



INDUSTRIAL WASTE AND PRETREATMENT QUESTIONNAIRE

Public Works Department • 946 West Center • Lindon, UT 84042 • (801) 796-7954

Business Name:	Phone:
Business Address:	Mailing Address:
Signing Official	Contact Official
Type or Print Name:	Type or Print Name:
Type or Print Name:	Type or Print Name:
Phone:	Phone:
Standard Industrial Classification Cod (SIC #):	Material Safety Data Sheets (MSDS) Shall Be Filed with the City Before Business Operations
Briefly Describe Manufacturing or Service Activities:	List Principal Raw Materials Used:
List Types of Chemicals Used (Include All Cleaning Solvents, Soaps, Etc.):	List the Principal Products or Services of the Business:
Type of Discharge <input type="radio"/> Batch <input type="radio"/> Continuous If Batch, average number in a 24 hr period: _____ Are there scheduled shut downs? <input type="radio"/> Yes <input type="radio"/> No If yes, when: _____	Is production seasonal: <input type="radio"/> Yes <input type="radio"/> No If yes explain: _____
Raw Water Sources: Private Wells: gal/day Orem Culinary: gal/day Other (Specify): _____ gal./day	Describe water treatment processes in use or proposed:
Water consumption in Facility in Gallons Per Day:	Cooling: Boiler Feed: Process: Sanitary: In Product: Other:
Average Volume in Gallons per day of Discharge of water loss to:	City Sewer: Evaporation: Natural Outlet: Waste Hauler: In Product: Other:
Is Discharge to City Sewer System: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Intermittent <input type="radio"/> Steady	Is there a spill prevention countermeasure plan in effect for this facility: <input type="radio"/> Yes <input type="radio"/> No If yes please attach a copy.

I am familiar with the information contained in this questionnaire and swear that the information is true, complete, and accurate. If any of the answers to questions contained in this questionnaire change, the business will immediately notify the City of Orem of the proposed change(s). Notification does not constitute approval of the proposed change(s).

Signature of Official

Date

Acknowledgment

State of Utah)
)SS.
County of Utah)

The foregoing affidavit was acknowledged before me this _____ day of _____, 20____ who duly acknowledged to me that he did execute the same.

My commission expires: _____

Notary Public