Public Works Department

Industrial/Commercial Waste Questionnaire

Submit this completed and signed questionnaire via mail or email.

Town of Wellington
Attention : Mike Flores
6190 NE Frontage Rd.
Wellington, CO 80549

Email: FOG@wellingtoncolorado.gov
Phone: 970-568-3381

I. Contact Information

1. **Property owner:**
   Name: _____
   Mailing Address: _____
   Contact Name: _____
   Phone: _____ Email: _____
   Site Address (if not the same as mailing address): _____
   City: _____ Zip: _____ Phone: _____

2. **Business owner:**
   Business Name: _____
   Mailing Address: _____
   Contact Name: _____ Title: _____
   Phone: _____ Email: _____
   Site Address (if not the same as mailing address): _____
   City: _____ Zip: _____ Phone: _____

II. Facility Operations and Wastewater Information

1. **Type of Business** (Commercial or Industrial): _____

2. **Description of business activity** (processes, products, services, etc.):
   _____
   _____
   _____

3. **Check all activities which are or will be present at your facility:**

☐ Assembly	☐ Laboratory	☐ Photo Processing
☐ Automotive Services	☐ Machine Shop	☐ Research
☐ Biotechnology	☐ Manufacturing	☐ Retail
☐ Dental Office	☐ Material Transfer/Distribution	☐ Car/Equip. Wash
☐ Dry Cleaning/Laundry	☐ Medical Office	☐ Wholesale Trade

☐ Electroplating
☐ Flammables/Explosives
☐ Food Processing
☐ Food Service/Restaurant
☐ Metal Finishing
☐ Office (Non-Medical)
☐ Painting/Stripping/Finishing
☐ Printing
☐ Warehousing
☐ Other (Specify):
_____
_____

4. **Total number of employees at this facility:** _____

5. **Hours of operation:** (Define shift start-end times and list the average number of employees who work each shift)

Shifts (Start-End Times)	Sun	Mon	Tue	Wed	Thu	Fri	Sat
#1							
#2							
#3							

6. **Is your business a Food Service Establishment (FSE)? (This is any business that makes, prepares and or servers food)**
   ☐ Yes ☐ No

   If yes, which of the following devices do you have installed?
   ☐ Grease Interceptor – Interceptors are large capacity tanks normally found outside buildings and may handle larger flows of 50+ gallons per minute.
   ☐ Grease Trap – Traps are much smaller in size reside inside kitchens and may handle flows in the 10-50 gallon per minute range.
   ☐ Neither.

7. **Is your business a Brewery, Distillery, or Winery?**
   ☐ Yes ☐ No

   If yes, please fill out the Brewery, Distillery, or Winery Survey (attached).

8. **Is your business a Dental Office?**
   ☐ Yes ☐ No

   If yes, please fill out the Dental survey (attached).

9. **Is your business an auto repair shop, machine shop, truck/car wash facility or service station?**
   ☐ Yes ☐ No

If yes, does your facility operate a combination sand and oil separator?
☐ Yes ☐ No

10. **Indicate the type and number of solutions or materials used in manufacturing, cleaning, or other operations whose containers exhibit hazard warning labels.** (Attach additional sheets as needed or SDS documents. Amounts used should be listed in gallons/per day).

_____
_____

11. **Description of facilities** (Kitchen, # of restrooms. laundry facility, chemical storage, etc.):

_____
_____
_____

12. **Are there any floor drains in the work storage areas at your facility?**
☐ Yes ☐ No

If yes, please list location(s): _____
_____
_____

13. **Water use** (What it is used for and the approximate quantities in gallon/day?):

_____
_____

14. **Does your facility have any pretreatment devices or processes used for treating wastewater or sludge?** (Grease interceptor, grease trap, DAF {Dissolved Air Floatation}, filtration, pH adjustments, etc.):

_____
_____
_____

III. PFAS Survey

Emerging Contaminants Survey: Per or polyfluoroalkyl substances (PFAS) also called forever chemicals.
On July 13, 2020, the Colorado Department of Public Health and Environment adopted Policy 20-1 to protect drinking water from per or polyfluoroalkyl substances (PFAS). These compounds are linked to multiple health effects. The following survey assists staff to meet policy requirements as well as identifying potential programing to assist Wellington businesses with alternatives, chemical storage, or disposal of PFAS compounds.
Disclaimer: This exercise is for gathering information for future regulatory requirements per CDPHE and EPA.

1. **Please indicate the type(s) of fire suppression system(s) your business uses. Check all that apply:**
   - ☐ Handheld (Fire extinguisher style)
   - ☐ Ceiling/Centralized delivery system
   - ☐ Vent or Hood System (nozzles are visible under the hood)

2. **Does the label on the fire suppression system contain the letter "B" or AFFF, AR-AFFF, FFFP, AR-FFFP, FP, FPAR? Fire extinguishers also can be multi labeled, ex. ABC.**
   - ☐ Yes
   - ☐ No
   - ☐ Unknown, not able to determine.

3. **To the best of your knowledge, has there ever been a fire at your place of business?**
   - ☐ Yes
   - ☐ No
   - ☐ Unknown

4. **Do you know whether Class B firefighting foam has been stored or spilled from its container, at your place of business?**
   - ☐ Yes
   - ☐ No
   - ☐ Unknown

5. **Are any of the following products used in your business manufacturing process? Check all that apply:**
   - ☐ Chemguard foam
   - ☐ Scotchgard
   - ☐ Tridol
   - ☐ Dry chemicals used for type B fires. Class B foams are marked with any of the following designations (AFFF, AR-AFFF, FFFP, AR-FFFP, FP, FPAR)
   - ☐ ANKOR WETTING AGENT F
   - ☐ Clepo Chrome Mist Suppressant
   - ☐ Fumetrol 140 Mist Suppressant
   - ☐ Benchmark Benchbrite STX
   - ☐ Benchmark CFS
   - ☐ MacDermid Proquel B
   - ☐ MacDermid Macuplex STR
   - ☐ Plating Process Systems PMS-R
   - ☐ Femetrol-140
   - ☐ Brite Guard AF-1 fume control.
   - ☐ Gore-Tex
   - ☐ Teflon or Teflon tape coating (including PTFE coatings)
   - ☐ Unknown
   - ☐ None of the above

6. **Does your business store, use, manufacture, or machine any of the following agents? Check all that apply:**
   - ☐ Electrostatic control agents
   - ☐ Friction control agents
   - ☐ Dirt Repellents
   - ☐ Anti-Adhesives

IV. Certificate of Information

The undersigned is a principle or managerial agent for the survey respondent with authority concerning requirements for wastewater discharge from the facility.

I hereby certify, under penalty of law, that this document and all of its attachments were prepared under my direction or supervision according to a process designed to ensure that qualified personnel properly gather and evaluate the information submitted. The information is, to the best of my knowledge and belief, true, accurate, and complete.

Name: _____ Title: _____

Signature: _____ Date: _____