



INDUSTRIAL PRETREATMENT UP-DATE SURVEY

In accordance with Title 40 of the Code of Federal Regulations, Part 403.14, information and data provided in this permit application which identifies the nature and frequency of discharge shall be available to the public, without restriction. Requests for confidential treatment of other information shall be governed by procedures defined in 40 CFR Part 2. The completed and signed application is to be mailed within thirty (30) days of your receipt to:

City of Surprise
 Water Resource Management -Environmental Division
 16000 N Civic Center Plaza
 Surprise, AZ 85374-9002

OFFICIAL USE ONLY	
<input type="checkbox"/>	Survey
<input type="checkbox"/>	Class I Permit Application
<input type="checkbox"/>	Class II Permit Application
<input type="checkbox"/>	Zero Discharge
<input type="checkbox"/>	Baseline Monitoring Report
<input type="checkbox"/>	Other _____
Analyst: _____	
Date: _____	
Phone: 623.222.7000 or 623.222.7035 Fax 623.222.7001	

Legal Name:		Facility Name:	
Mailing Address:		Address:	
City/State/Zip:		City/State/Zip:	
Name of Owner:		Name of Operator:	
Name of Owner:		Name of Operator:	
* Facility Contact:		Property Owner:	
* Title:		Property Management:	
* Phone Number:		Phone Number:	
Type of Business:			
ASSR Code #			
Description of Operations:			
Is Water used in manufacturing Process? <input type="checkbox"/> Yes <input type="checkbox"/> No		Source of Water? <input type="checkbox"/> City <input type="checkbox"/> Private Well <input type="checkbox"/> Metered <input type="checkbox"/> Unmetered	
If yes, describe:			
Water Account Numbers <i>(Please indicate if meter is used for landscape [L] or fire protection [FP] only)</i>		Daily Water Usage (Total of all Sources)	
1. _____ 2. _____		Maximum _____ Gallons / Time of Day _____	
3. _____ 4. _____		Minimum _____ Gallons / Time of Day _____	
5. _____ 6. _____		Average _____ Gallons	
Total Facility Wastewater Discharged in Gallons per Day:		Building sewer is connected to?	
Average _____ Maximum _____		<input type="checkbox"/> City <input type="checkbox"/> Septic <input type="checkbox"/> Other:	

* Current Contact

3. PRETREATMENT

Pretreatment Equipment	Size/Capacity	Location
pH Neutralization		
Silver Recovery		
Interceptor		
Grease Trap		
Other		

4. HAZARDOUS WASTE

Does the facility generate **any** hazardous waste? Yes No (*List Below*)

Is **any** hazardous waste discharged to the sewer (i.e. Washdowns, rinses, and spills)? Yes No

If Yes, was the City of Surprise notified? Yes No

Does the facility submit Form R? Yes No (*Submit Copies*)

Industry and Hazardous Waste Number	Contaminate/Waste/Substance	Chemical Abstract Number	Hauled (H) Discharged to Sewer (DS) Other (O)

Waste Disposal Information

Waste Transporter	Address	Phone	Permit/Certification

5. CHEMICAL USAGE – STORAGE

	Onsite Yes	Onsite No	Discharged to Sewer (Yes/No)	Maximum Amount Stored On-Site	Amount Used in Process	Disposal Method
Acid						
Caustic						
Organic						
Flammable						

6. ENVIRONMENTAL CONTROL PERMITS

List **all** environmental control permits pending, issued, or revoked to this facility

Description of Permit	Permit Number	Issuing Agency	Expiration Date	Status

7. CERTIFICATION BY COMPANY OFFICIAL

I Certify under penalty of law that I am familiar with, and have personally examined the information in this application and all attached documents, and based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Submittal of false information in this application shall result in denial of a permit being issued.

Name of Authorized Representative _____
Official Title

Signature _____ _____ _____
Date _____ Phone

Note: Please provide all MSDS's for chemicals listed above.