



LAKE HAVASU CITY

PUBLIC WORKS DEPARTMENT ♦ WASTEWATER DIVISION

1150 MCCULLOCH BLVD N ♦ LAKE HAVASU CITY, AZ 86403

www.lhcaz.gov ♦ 928.855.3999

INDUSTRIAL WASTE QUESTIONNAIRE

1. Company Name: _____
Address: _____
Mailing Address: _____
Phone No.: _____ Email: _____

2. Name, title, and phone number of person authorized to represent this company in official dealings with the Sewer Authority and/or Lake Havasu City:

Name _____ Title _____ Tel. No. _____
(Please print or type)

3. Alternate person to contact concerning information provided herein:

Name _____ Title _____ Tel. No. _____
(Please print or type)

4. Identify the type of business conducted (auto repair, machine shop, etc.):

5. Provide a narrative description of the manufacturing, production, or service activities your company conducts:

6. Standard Industrial Classification Number(s) for your facilities, if known:

7. This facility generates the following types of wastewater (Check all that apply):

	<u>Average Gallons</u> <u>per day</u>	<u>Estimated</u>	<u>Measured</u>
A. <input type="checkbox"/> Domestic wastes (Restrooms, employee showers, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>
B. <input type="checkbox"/> Cooling water, non-contact product	_____	<input type="checkbox"/>	<input type="checkbox"/>
C. <input type="checkbox"/> Cooling water, contact product	_____	<input type="checkbox"/>	<input type="checkbox"/>
D. <input type="checkbox"/> Boiler/Tower blowdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
E. <input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
F. <input type="checkbox"/> Equipment/Facility washdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
G. <input type="checkbox"/> Air pollution control unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
H. <input type="checkbox"/> Building air conditioning	_____	<input type="checkbox"/>	<input type="checkbox"/>
I. <input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	<input type="checkbox"/>

8. Wastes are discharged to (check all that apply):

	<u>Average Gallons</u> <u>per day</u>	<u>Estimated</u>	<u>Measured</u>
A. <input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
B. <input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
C. <input type="checkbox"/> Surface water	_____	<input type="checkbox"/>	<input type="checkbox"/>
D. <input type="checkbox"/> Ground water	_____	<input type="checkbox"/>	<input type="checkbox"/>
E. <input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/>	<input type="checkbox"/>
F. <input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
G. <input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	<input type="checkbox"/>

Provide name and address of waste hauler(s), if used:

9. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

Yes No

10. Number of employee shifts worked per 24-hour day: _____

11. Average number of employees per shift: _____

12. Starting times of each shift: 1st _____ am 2nd _____ am 3rd _____ am
 _____ pm _____ pm _____ pm

Note to Owner: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, Information and data provided in this questionnaire 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 specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your company after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of loss of sewer service, fine and / or imprisonment.

Date

Signature of Owner/Authorized Official
(Seal if applicable)

Owner/Official Name (Please Print)

RETURN COMPLETED DOCUMENT TO: Lake Havasu City / Wastewater Division
 ATTN: Jason Semmens, Industrial Waste Inspector
 1150 McCulloch Blvd N
 Lake Havasu City, AZ 86403