Industrial Pretreatment Program Questionnaire
For Commercial / Industrial Businesses

City of Goodyear
Water Services
Industrial Pretreatment Program
Email : Buildingsafety@Goodyearaz.gov and
IPP@Goodyearaz.gov

The City of Goodyear is required by EPA 40 CFR 403.8 (f) (2) to identify and locate any industrial and commercial facility that may impact the Publicly Owned Treatment Works (POTW). In support of this requirement, the Pretreatment Program uses an Industrial Pretreatment Questionnaire to evaluate the potential for facilities within our service area to impact the POTW.

Information collected by the questionnaire is used in the determination if any industrial or commercial wastewater at the facility could:

- **Interfere with daily POTW operations**
- **Limit the usefulness of biosolids produced by POTW**
- **Endanger the health or safety of wastewater collection system workers**
- **Pass through the POTW's treatment process, ultimately harming human health and/ or the environment**

If your facility has received a questionnaire, please complete it to the best of your ability. Do not leave any field blank. For questions please call the Pretreatment Program at 623-932-3010. When finished, please mail or fax the completed and signed questionnaire to the address/fax number above.

SECTION A—GENERAL INFORMATION

1. Company Name: _____

   Mailing Address: _____

   Telephone No. _____Fax_____ e-mail_____

2. Facility or production information (if different than above):

   Address _____

   Telephone No. _____Fax_____ e-mail_____

   New construction [ ] Existing Business [ ] Tenant Improvement [ ]

3. Name, title, and telephone number of personal authorized to represent this company in official dealings with the Industrial Pretreatment Program (Control Authority):

   Name/Title_____ Phone No._____

   Name/Title_____ Phone No._____

   Name/Title_____ Phone No._____

4. Identify type of business activities or services conducted at this site:

	Restaurant		Bakery		Medical Clinic
	Auto Shop		Deli/Market		Nursing Home
	Car Wash		School		Brewery
	Grocery Store		Salon		Coffee Shop
	Convenient Store		Pet Grooming		Barber/Beauty Shop
	Laundry Mat		Dental Office		Other

Describe other activities not mentioned:_____

5. Describe this company's manufacturing processes (if any). **If any part of the company's operations or processes create non-domestic wastewater, describe below.** [ ] NA

_____

_____

6. List Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) codes for the facility operations:

_____ _____

_____ _____

7. List number of employees and shift starting times for the facility

	# of employees	Start time	
1st Shift	_____	_____	a.m. / p.m.
2nd Shift	_____	_____	a.m. / p.m.
3rd Shift	_____	_____	a.m. / p.m.

8. Hours of operation: Su ____ Mon ____ Tue ____ Wed ____ Thurs ____ Fri ____ Sat ____

9. Average water use (in gallons) per month _____ Estimated [ ] Measured [ ]

10. Water account number: _____ (if available)

SECTION B—WASTEWATER INFORMATION

1. Check all types of wastewater generated or expected to be generated at the facility:

Domestic	[ ]	Equipment / Facility Wash-Down	[ ]
Non-Contact Cooling Water	[ ]	Air Pollution Control Equipment	[ ]
Contact Cooling Water	[ ]	Boiler / Tower Blow-Down	[ ]
Process Water	[ ]	Storm water Run-Off	[ ]
Food Preparation water	[ ]	Other(s) Explain_____	
		_____	

2. Wastewater discharges from the facility go/will go to the following: (check all that apply)

Sanitary Sewer	[ ]	Groundwater (dry well, injection well/leach field)	[ ]
Storm Sewer	[ ]	Evaporation (basin/pond)	[ ]
Waste Haulers	[ ]	Other (Explain)	[ ]

Total Estimated Wastewater Production(GPD) _____

3. Does your facility use or propose to use any of the following to treat wastewater discharges derived from on-site operations and/or activities (check all that apply and list any other treatment and explain).

	Sand & oil interceptor		Lint / Hair interceptor
	Solids interceptor		Grease interceptor - Hydraulic
	Acid/base neutralization		Grease interceptor - Gravity
	Grease trap		Other pretreatment system - explain

Other proposed pretreatment system_____

New Construction - Include proposed interceptor manufacturer documentation and specifications including sizing calculation with the submission of this IPQ. Please refer to https://goodyear.municipal.codes/Code/12A-3 for pretreatment and interceptor guidelines.

4. Disclose amount of property plumbing fixtures attached to grease line:

Fixture Count					
	3 Comp Sink		Garbage Disposal		Mop Sink
	Prep Sink		Floor Sink		Hand Sink
	2 Comp Sink		Floor Drain		Wok
	Dish Washer		Trench Drain		Other:

5. What is the service interval for the proposed interceptor or pre-treatment system?
_____ **[ ] NA**

6. Date(s) of last service for the pre-treatment system/equipment, if currently installed.
_____ **[ ] NA**

7. Name, address and phone number of the business(s) that is currently servicing your pre-treatment system/ equipment: _____ **[ ] NA**

8. If currently installed, what size and/or capacity the existing interceptor or pretreatment equipment used at your existing facility (ex: 350-gal oil/water separator): **[ ] NA**

_____

SECTION C—CHEMICAL STORAGE AND WASTE DISPOSAL / SLUG DISCHARGE POTENTIAL

1. Please disclose if there are drains in storage area(s) connected to the sanitary sewer

[ ] Yes, there are drains in storage rooms or distribution areas.
[ ] No, here are no drains in storage rooms or distribution areas.

2. Closed-Loop Cooling Systems: Attach a general description of each system including total volume of cooling water, SDS for chemical additives used, service descriptions and intervals, and proposed plan of disposal for wastewater created from the system(s). **All Industrial Users must have approval from City of Goodyear Pretreatment Program prior to the discharge of closed-loop cooling systems into the sanitary sewer.** [ ] NA

3. Attach SPCC/Slug Control policy or describe all precautions taken to prevent accidental discharge of chemicals to the sewer or storm drains (e.g., secondary containment, spill clean-up kits, berms, employee training)

_____

_____

4. List the type(s) and volume(s) of liquid waste hauled off-site and hauler information, if any.

Type	Volume
_____	_____
_____	_____
_____	_____

SECTION D—BACKFLOW PREVENTION

1. How many backflow prevention devices are on sight? _____

2. Locations and serial numbers of backflow preventers: _____

_____

_____

SECTION E—CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Company Official: _____

Title of Company Official: _____

Signature of Company Official: _____

Date: _____