



**CITY OF BRENTWOOD
Pretreatment Program
Industrial Wastewater Survey**

Public Works
Environmental Compliance
2251 Elkins Way
Brentwood, CA 94513
Phone: (925)516-6060
Fax: (925)516-6061
www.brentwoodca.gov

In accordance with the City of Brentwood’s Pretreatment Program, complete and submit this survey to:

**City of Brentwood Public Works
Environmental Compliance
2251 Elkins Way
Brentwood, CA 94513**

Or email at Wastewater@brentwoodca.gov

This survey will be reviewed by the City’s Environmental Compliance staff to determine the industrial processes occurring at non-residential facilities discharging wastewater to the City of Brentwood’s sanitary sewer system. For questions regarding this survey, please contact Environmental Compliance staff at (925)516-6060.

SECTION A: GENERAL INFORMATION

Name of Facility		Date of Establishment
Physical Address		
Mailing Address (<input type="checkbox"/> check box if same as above)		
Authorized Representative Contact and Signatory Official (per 40 CFR Part 403.12(l))		
Name		Title
Email		Phone
Alternate Facility Contact		
Name		Title
Email		Phone
Type of Business(es) Conducted (auto repair, restaurant, food processing, etc.)		

SECTION B: BUSINESS INFORMATION

Brief description of primary activities performed (e.g., products manufactured, services provided, customer base)

List the basic materials used, sold, and/or distributed in the operation at your facility:						
Standard Industrial Classification (SIC) Code(s)- List all (<input type="checkbox"/> check box if industry is categorical per 40 CFR)						
Operating Schedule- Fill out below with operating hours per day (e.g., 8:00 am – 5:00 pm)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# of Employees			Shift Hours			
1 st Shift						
2 nd Shift						
3 rd Shift						
List any solvents or hazardous materials used or stored at your facility						
Chemical Used in Process/Product				Quantity (gallons or lbs/day)	Spill Contained?	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION C: DISCHARGE INFORMATION

This facility generates the following types of wastewater (check all that apply):		
<input type="checkbox"/> Sanitary/domestic (toilets, sinks, showers) <input type="checkbox"/> Non-contact cooling water <input type="checkbox"/> Boiler/tower blowdown <input type="checkbox"/> Process water (industrial, commercial) <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Contact cooling water (HVAC) <input type="checkbox"/> Equipment/facility washdown <input type="checkbox"/> Air pollution control equipment <input type="checkbox"/> Stormwater runoff to sewer	
Average measured or estimated (check one) <input type="checkbox"/> Measured <input type="checkbox"/> Estimated		

gallons of wastewater generated per day: _____

This facility generates the following types of wastewater (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Sanitary/domestic (toilets, sinks, showers)* | <input type="checkbox"/> Contact cooling water (HVAC) |
| <input type="checkbox"/> Non-contact cooling water | <input type="checkbox"/> Equipment/facility washdown |
| <input type="checkbox"/> Boiler/tower blowdown | <input type="checkbox"/> Air pollution control equipment |
| <input type="checkbox"/> Process water (industrial, commercial) | <input type="checkbox"/> Stormwater runoff to sewer |
| <input type="checkbox"/> Other (describe): _____ | |
| <input type="checkbox"/> Other (describe): _____ | |

***Average measured or estimated (check one)** Measured Estimated
gallons of wastewater discharged per day
NOT including sanitary/domestic wastes: _____

Describe any pretreatment devices or processes used for treating wastewater or sludge (e.g., grease trap/interceptor, amalgam separators, filtration, neutralization (pH adjustment), etc.)

SECTION D: CERTIFICATION

Note to Authorized Person: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

"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 upon 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 fine and/or imprisonment for knowing violations."

Signature of Authorized Person

Date

Printed Name

Printed Title