

**CITY OF CHICO INDUSTRIAL PRETREATMENT PROGRAM  
WASTEWATER SURVEY**

**Company Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Facility Location** \_\_\_\_\_

**Date operations began (or will begin) at this location** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Business Owner** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Local contact concerning this business:**

**Name** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Title** \_\_\_\_\_

Please provide the information requested below concerning your business. **Contact the CIPP at (530) 894-4304** if you have any questions regarding this form.

1. Describe the type of business conducted at the facility (e.g., machine shop, metal finishing, food processing, etc.) Include SIC Code if known.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ SIC Code: \_\_\_\_\_

2. List activities conducted at this facility that result in a discharge to the sewer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is discharge to sewer (check one):

\_\_\_ intermittent/batch                      \_\_\_ continuous

4. Number of employees:

\_\_\_ permanent                                  \_\_\_ seasonal  
\_\_\_ temporary                                  During which months? \_\_\_\_\_

5. Number of shifts per day \_\_\_\_\_ Hours of operation \_\_\_\_\_

6. Number of floor drains \_\_\_\_\_ Number of restrooms \_\_\_\_\_

7. Sources of water supplied to facility (check all that apply):

\_\_\_ City water                                  \_\_\_ well water  
\_\_\_ Other \_\_\_\_\_

8. List any wastewater or supply water treatment equipment or processes in use at this facility (currently or in the near future).

---

---

---

9. Are any of the following in use (or will be in use in the near future) at your facility ? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> metal finishing process | <input type="checkbox"/> cooling tower           |
| <input type="checkbox"/> printing (not copying)  | <input type="checkbox"/> sump/separators         |
| <input type="checkbox"/> photoprocessing         | <input type="checkbox"/> steam cleaning          |
| <input type="checkbox"/> x-ray technology        | <input type="checkbox"/> chemical storage        |
| <input type="checkbox"/> wash racks              | <input type="checkbox"/> hazardous waste storage |
| <input type="checkbox"/> grease traps            |  |

10. Is water used for any of the following? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Cooling                                     | <input type="checkbox"/> Comes in contact with product |
| <input type="checkbox"/> Boiler feed                                 | <input type="checkbox"/> Contained in product          |
| <input type="checkbox"/> Equipment/facility washdown                 | <input type="checkbox"/> Treatment units               |
| <input type="checkbox"/> Other nondomestic water use. Describe _____ |  |

11. Methods of discharge and/or disposal used at your facility (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> discharge to City sewer                 | <input type="checkbox"/> discharge to septic system |
| <input type="checkbox"/> discharge to natural outlet/storm drain |   |
| <input type="checkbox"/> collected by waste hauler               |   |

12. Is there a Spill Prevention and Countermeasure Plan for this facility? \_\_\_\_\_

13. Is there a Hazardous Materials Inventory filed with Butte County Environmental Health Department for this facility? \_\_\_\_\_ If yes, please attach a copy to this form for our files.

14. Average daily discharge calculated over one year. Attach copies of the past 12 months of sewer bills (if available): \_\_\_\_\_ **gal/day (GPD)** \_\_\_ estimated \_\_\_ measured