

**City of Sheridan
Wastewater Division
Pretreatment Survey**

**Sheridan Wastewater Treatment Facility
Pretreatment
Attn: Doug Rideout, Mike Verley
393 Fort Rd
Sheridan, WY 82801**

1.0 General Information (Please print or type)

Business Name: _____

Mailing Address: _____

City: _____ Zip: _____

Telephone: _____

Address of facility discharging wastewater (if different from mailing address)

Address: _____

City: _____ Zip: _____

Telephone: _____

Authorized Company Representative.

Name: _____ Title: _____

Mailing Address: _____

City: _____ Zip: _____

Telephone: _____

Cell phone: _____

Email: _____

Person to be contacted regarding this questionnaire.

Name: _____ Title: _____

Mailing Address: _____

City: _____ Zip: _____

Telephone: _____

Cell phone: _____

Email: _____

2.0 Business Information

Describe your business activities (processes, products, etc.)

Are there any floor drains in the work or storage areas at you facility? Yes ☐ No ☐

Does your facility discharge domestic wastewater? Yes ☐ No ☐
(i.e., wastewater from a kitchen, cafeteria, bathroom, or locker room)

Restaurant/food preparation present? Yes ☐ No ☐
If yes, please explain.

Photography, x-ray, or print shop? Yes ☐ No ☐
If yes, include additional silver information.

Is any of your wastewater treated prior to discharge to the sanitary sewer? Yes ☐ No ☐
(i.e., metals treatment, pH neutralization, filtration, etc.)

Indicate pretreatment devices or processes that are used for treating wastewater.
(Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Grease Trap/Interceptor | <input type="checkbox"/> Sand interceptor | <input type="checkbox"/> Oil separation |
| <input type="checkbox"/> Solvent separation | <input type="checkbox"/> Septic tank | <input type="checkbox"/> Precipitation |
| <input type="checkbox"/> Flocculation | <input type="checkbox"/> pH adjustment | <input type="checkbox"/> Chlorination |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Air flotation | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Filtration | <input type="checkbox"/> Grit removal |
| <input type="checkbox"/> Ion exchange | <input type="checkbox"/> Ozonation | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Biological (specify): _____ <input type="checkbox"/> Other (specify): _____ | | |

Describe the treatment and/or treatment unit(s):

Place an “X” or “√” in the box next to each of the following operations or activities and sub category that are performed at you facility:

TABLE 1
Operations and Activities

- | | |
|---|--|
| <input type="checkbox"/> Air compressor(s) | <input type="checkbox"/> Floor wash-down, stripping |
| <input type="checkbox"/> Anodizing | <input type="checkbox"/> Food processing/manufacturing |
| <input type="checkbox"/> Assembly operation | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Automotive industries | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Beverage (alcoholic) | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Non-medical |
| <input type="checkbox"/> Bottling | <input type="checkbox"/> Analytical- not medical |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Beverage (Non-Alcoholic) | <input type="checkbox"/> Type_____ |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Meat/Poultry processing |
| <input type="checkbox"/> Bottling | <input type="checkbox"/> Medical device manufacture |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Metal forming (Deformation of metal) |
| <input type="checkbox"/> Boiler system(s) | <input type="checkbox"/> Metal machining |
| <input type="checkbox"/> Cafeteria onsite | <input type="checkbox"/> Cutting |
| <input type="checkbox"/> Full service (cooking) | <input type="checkbox"/> Grinding |
| <input type="checkbox"/> Limited service (no cooking) | <input type="checkbox"/> Forming |
| <input type="checkbox"/> Chemical etching/milling | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Chemical manufacturing | <input type="checkbox"/> Surface finishing |
| <input type="checkbox"/> Organic | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Inorganic | <input type="checkbox"/> Liquid |
| <input type="checkbox"/> Circuit board/related products manufacturing | <input type="checkbox"/> Powder coating |
| <input type="checkbox"/> Conversion coating | <input type="checkbox"/> Parts washing |
| <input type="checkbox"/> Phosphatizing | <input type="checkbox"/> Pharmaceutical manufacture |
| <input type="checkbox"/> Chromating | <input type="checkbox"/> Photographic processing/developing |
| <input type="checkbox"/> Other_____ | <input type="checkbox"/> Plastic processing (forming operations) |
| <input type="checkbox"/> Collection of (various waste stream types) | <input type="checkbox"/> Printing (print shop) |
| <input type="checkbox"/> Receiving | <input type="checkbox"/> Product testing |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Repair shop |
| <input type="checkbox"/> Operation of chiller(s) | <input type="checkbox"/> Type_____ |
| <input type="checkbox"/> Operation of cooling tower(s) | <input type="checkbox"/> Sterilizers |
| <input type="checkbox"/> Cooling water (contact) | <input type="checkbox"/> Tank/Piping washouts |
| <input type="checkbox"/> Cooling water (non-contact) | <input type="checkbox"/> UST groundwater remediation |
| <input type="checkbox"/> Dairy products processing/manufacturing | <input type="checkbox"/> Washing |
| <input type="checkbox"/> Degreasing | <input type="checkbox"/> Car |
| <input type="checkbox"/> Dry cleaner | <input type="checkbox"/> Truck |

- ☐ Dentist office
 - ☐ Amalgam separator
 - ☐ Use of film X-ray
- ☐ Medical office
 - ☐ Type_____
- ☐ Electroless plating
- ☐ Electroplating
- ☐ Evaporation, distillation. UF/RO membrane, or other on site waste stream recovery/recycle system
- ☐ Flammables/explosives
 - ☐ Used as part of operations
 - ☐ Stored
 - ☐ Present on premise
- ☐ Heavy machinery
- ☐ Restaurant
 - ☐ Fast food
 - ☐ Deli
 - ☐ Bakery
- ☐ Water treatment/conditioning system
 - ☐ Reverse osmosis
 - ☐ Ion exchange
 - ☐ Activated carbon
 - ☐ Other_____
- ☐ X-Ray processing
- ☐ Other commercial/industrial not listed
 - ☐ Type_____

For each item checked in TABLE 1, describe the type of wastewater discharged for each operation/activity:

Operation/activity from table 1	Description of wastewater discharged from operation/activity

Do you anticipate any operational or process changes in the future? ☐ Yes ☐ No

If yes please explain:

Attach a copy of any chemical analyses performed on you process wastewater flows within the last three (3) years:

☐ Analyses attached

☐ No analyses available

Indicate the total annual process (non-domestic) wastewater discharge from this facility:

For the operations/activities boxes checked in TABLE 1, please check the box in either TABLE 2 or TABLE 3 that best correspond to the volume of process (non-domestic) wastewater that is discharged from you facility. Please note that TABLE 2 is based on annual flow volumes and TABLE 3 is based on daily flow volumes – use the table that is more convenient for you.

TABLE 2 -- ANNUAL FLOW VOLUMES	
1 – 10,000 gal/year	<input type="checkbox"/>
10,001 – 100,000 gal/year	<input type="checkbox"/>
100,001 -- 500,00 gal/year	<input type="checkbox"/>
500,001 -- 1,000,000 gal/year	<input type="checkbox"/>
1,000,001 -- 2,000,000 gal/year	<input type="checkbox"/>
More than 2,000,000 gal/year	<input type="checkbox"/>
None (process wastewater is hauled by a contract waste hauler, recycled, etc.)	<input type="checkbox"/>
TABLE 3 -- DAILY FLOW VOLUMES	
Less than 1,000 gal/day	<input type="checkbox"/>
1,001 -- 10,000 gal/day	<input type="checkbox"/>
10,001 -- 25,000 gal/day	<input type="checkbox"/>
25,001 -- 50,000 gal/day	<input type="checkbox"/>
50,001 -- 100,000 gal/day	<input type="checkbox"/>
More than 100,000 gal/day	<input type="checkbox"/>
None (process wastewater is hauled by a contract waste hauler, recycled, etc.)	<input type="checkbox"/>

What source did the wastewater discharge information come from?

☐ Estimate

☐ Water bill

☐ Flow meter

☐ Other _____

3.0 Waste disposal

Provide the following information on all waste hauler(s) and/or onsite treatment vendor(s) if used:

Waste hauler #1

Name: _____
Address: _____
City: _____ Zip: _____
Telephone: _____

Waste hauler #2

Name: _____
Address: _____
City: _____ Zip: _____
Telephone: _____

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claims must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly indentifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

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 the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information:

Name: _____ Title: _____
(Please print)

Signature: _____ Date: _____

For questions regarding this questionnaire, please contact the Wastewater Division at 307-674-7038

This survey must be completed by the petitioner and reviewed by a City of Sheridan authorized official prior to issuance of a building permit.

☐ Pretreatment required

☐ No pretreatment required

☐ Discharge allowed

☐ No discharge allowed

Comments:

Reviewing Official: _____ Title: _____
(Please print)

Signature: _____ Date: _____