



CITY OF BRENTWOOD
Pretreatment Program
Industrial Wastewater Survey

Public Works- Operations
 Environmental Compliance
 2251 Elkins Way
 Brentwood, CA 94513
 Phone: (925)516-6076
 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-Operations
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)516-6076.

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		
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: _____		

Wastewater is discharged or lost to (check all that apply):	
<input type="checkbox"/> Sanitary sewer*	<input type="checkbox"/> Septic Tank
<input type="checkbox"/> Storm drain	<input type="checkbox"/> Evaporation
<input type="checkbox"/> Ground	<input type="checkbox"/> Consumed in product/process
<input type="checkbox"/> Landfill	<input type="checkbox"/> Waste Hauler
<input type="checkbox"/> Other (describe): _____	
<input type="checkbox"/> Other (describe): _____	
*Average measured or estimated (check one) gallons of wastewater discharged per day to sanitary sewer NOT including sanitary/domestic wastes: _____	
<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated
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 by 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 that the information on this form is true and accurate to the best of my knowledge."

Signature of Authorized Person

Date

Printed Name

Printed Title