



**WATER & RESOURCE
RECOVERY CENTER (WRRC)**
795 Julien Dubuque Dr.
Dubuque, IA 52003
Office (563) 589-4176
jwiley@cityofdubuque.org
www.cityofdubuque.org/IPP

COMMERCIAL/INDUSTRIAL USER SURVEY

The City of Dubuque Water & Resource Recovery Center (WRRC) is required by federal law (EPA's Pretreatment Program, 40 CFR 403.8) to identify and evaluate all Industrial and Commercial Users that may discharge non-domestic wastewater into the public sewer system. This includes determining the types and amounts of pollutants being sent to the WRRC to ensure they do not interfere with the treatment process or cause environmental harm.

Please return the completed survey within 30 days.
You may choose from **three formats** and **three ways to submit**:

Survey Formats:

- Fillable PDF (download at www.cityofdubuque.org/IPP)
- Online form (Scan the QR Code)
- Printed hard copy



How to Submit:

Email: jwiley@cityofdubuque.org

Mail: John Wiley
Industrial Pretreatment Coordinator
City of Dubuque WRRC
795 Julien Dubuque Drive
Dubuque, IA 52003

QR Code: Scan the QR code or visit www.cityofdubuque.org/IPP to complete and submit online.

If you're viewing a printed copy of this survey, you can download the fillable PDF version at www.cityofdubuque.org/IPP.

If you have questions regarding this form, please contact Industrial Pretreatment Coordinator John Wiley at jwiley@cityofdubuque.org or (563) 589-4178.

SECTION A: Company Information

Company Name:	Website:
Company Physical Address, City, State, Zip:	Company Mailing Address, City, State, Zip:

SECTION B: Contact Information

Contact Name:	Title:
Office Phone:	Mobile Phone:
Email:	

SECTION C: General Information

1. Facility Type: <input type="checkbox"/> Business Office <input type="checkbox"/> Retail <input type="checkbox"/> Distribution <input type="checkbox"/> Restaurant <input type="checkbox"/> Vehicle Repair/Washing <input type="checkbox"/> Manufacturing/Production
Describe the primary business operations (services performed and/or products manufactured):
Applicable NAICS or SIC Codes: (Find at: www.census.gov/naics or www.osha.gov/data/sic-search)

2. BUSINESS ACTIVITY

1. Days per week of operation: Mon Tues Wed Thurs Fri Sat Sun
2. Hours per day of operation: 8 10 12 16 24 Other:
3. Average number of employees at facility per day:

4. Please check the category of business activities or processes conducted at this facility.

<input type="checkbox"/> Agricultural / Fertilizer / Animal Feed Production	<input type="checkbox"/> Metal Finishing / Plating / Fabrication/Etching
<input type="checkbox"/> Battery Manufacturing or Recycling	<input type="checkbox"/> Organic or Inorganic Chemical Manufacturing
<input type="checkbox"/> Breweries, Distilleries, or Wineries	<input type="checkbox"/> Paint, Printing, or Ink Formulation
<input type="checkbox"/> Cannabis or Hemp Processing	<input type="checkbox"/> Paper or Packaging Manufacturing / Recycling
<input type="checkbox"/> Car Wash / Vehicle Washing (Automatic or Manual)	<input type="checkbox"/> Petroleum or Chemical Storage / Distribution
<input type="checkbox"/> Cement, Concrete, or Asphalt Manufacturing	<input type="checkbox"/> Plastics Molding, Forming, or Extrusion
<input type="checkbox"/> Commercial Laundry or Industrial Laundry Services	<input type="checkbox"/> Power Generation or Energy Facilities
<input type="checkbox"/> Electrical / Electronics Component Manufacturing	<input type="checkbox"/> Rubber Manufacturing or Processing
<input type="checkbox"/> Food or Beverage Production / Processing	<input type="checkbox"/> Soap, Detergent, or Personal Care Product Manufacturing
<input type="checkbox"/> Glass Manufacturing or Fabrication	<input type="checkbox"/> Transportation Equipment Cleaning
<input type="checkbox"/> Hauled Waste Treatment or Disposal	<input type="checkbox"/> Vehicle Repair, Maintenance, or Fleet Services
<input type="checkbox"/> Laboratories (analytical, research, pharmaceutical)	<input type="checkbox"/> Wood Products / Furniture Manufacturing / Sawmill
<input type="checkbox"/> Medical, Dental, Veterinary, or Healthcare Facility	<input type="checkbox"/> Other (please specify): _____

Do processes at your facility fall under the EPA categories in 40 CFR 405 through 499?

List all that apply:

(Categories are listed in the table in Attachment A on page 6, and more information can be found on the EPA website: www.epa.gov/eg/industrial-effluent-guidelines)

SECTION D: Water Use

1. The facility uses water (gallons per day) from the following sources: *(check all that apply)*

Public Water _____ GPD Private Well _____ GPD
 Reclaimed Water _____ GPD Surface Water _____ GPD Other _____ GPD

2. The estimated amount of water (in Gallons per Day) used for the following purposes is
 Domestic uses (restrooms, showers, kitchens, laundry rooms) _____ GPD
 Boilers, cooling, or other unpolluted waste waters _____ ... GPD
 Non-Domestic activities (list processes and flows): _____

SECTION E: Chemicals and Disposal

1. Wastewater from this facility goes to the following: *(check all that apply)*

Sanitary Sewer Storm Sewer Ground (drain fields, wet well)
 Open Waters Waste Haulers Evaporation
 Other means of disposal: _____

2. Chemical storage: (check all that apply)

<input type="checkbox"/> Containers of 55 gallons or more	<input type="checkbox"/> Containers of 55 gallons or less
<input type="checkbox"/> Covered storage areas	<input type="checkbox"/> Uncovered storage
<input type="checkbox"/> Double containment	<input type="checkbox"/> Single containment
<input type="checkbox"/> No chemical storage on site	

3. Does this facility have and implement a Slug Control, or other spill prevention plan?

Yes No

4. Provide an attached list of all chemicals that are stored or used on site. For each chemical, provide a copy of the safety data sheet.

5. Provide a facility diagram showing processes, drains, chemical storage, and connections to the sewer system.

SECTION F: Treatment and Wastewater

Check all applicable pretreatment devices:

<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Oil/Water Separator	<input type="checkbox"/> Filtration
<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Centrifuge	<input type="checkbox"/> Screening
<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Biological Treatment	<input type="checkbox"/> Clarifiers
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Dissolved Air Floatation	<input type="checkbox"/> pH Adjustment
<input type="checkbox"/> Other:		

Are any sludges or liquid wastes generated which are not discharged to the sanitary sewer system (hauled offsite)?

If so, please describe:

SECTION G: Facility Permits

Please list all environmental permits held, including but not limited to Hazardous Waste, NPDES, Air Control: Include permit name, number, and expiration dates:

SECTION H: Certification

I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Printed name of Authorized Representative*

Signature

Date

Job Title*

Telephone Number

*Surveys must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. If these titles do not apply to your organization, the person who makes budget decisions for this facility must sign the application. (Ref: CFR part 403.12(l))

CONFIDENTIALITY: Any information submitted in this form may be claimed as confidential by the submitter; any such claim must be asserted at the time of submission by checking the box indicated below. If no claim of confidentiality is made at the time of submission, the information will be treated in accordance with Federal Regulation 40 CFR, Part 2 which, among other things, states that information describing the submitter's wastewater effluent cannot be treated as confidential.

CONFIDENTIAL

Disclosure: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to 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 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

You have completed the City of Dubuque WRRC Commercial/Industrial User Survey.

Please send the signed survey via email to:

jwiley@cityofdubuque.org

Or via standard mail to:

John Wiley
Industrial Pretreatment Coordinator
City of Dubuque Water & Resource Recovery Center
795 Julien Dubuque Drive
Dubuque, IA 52003

FOR INTERNAL USE ONLY | CITY OF DUBUQUE WRRC REVIEWER

Date Sent: _____ Date Due: _____ Date Received: _____

Reviewer Name / Signature: _____

LF Required Yes No

Notes / Comments:

Attachment A

List of Federally Regulated Categories

More information on these processes can be found at: www.epa.gov/eg/industrial-effluent-guidelines

40 CFR Part 405 – Dairy Products Processing	40 CFR Part 437 – Centralized Waste Treatment
40 CFR Part 406 – Grain Mills Manufacturing	40 CFR Part 438 – Metals Products & Machinery
40 CFR Part 407 – Canned and Preserved Fruits and Vegetables	40 CFR Part 439 – Pharmaceutical Manufacturing
40 CFR Part 408 – Canned and Preserved Seafood Processing	40 CFR Part 440 – Ore Mining and Dressing
40 CFR Part 409 – Sugar Processing	40 CFR Part 441 – Dental Office
40 CFR Part 410 – Textile Mills	40 CFR Part 442 – Transportation Equipment Cleaning
40 CFR Part 411 – Cement Manufacturing	40 CFR Part 443 – Paving and Roofing Materials
40 CFR Part 412 – Feedlots	40 CFR Part 444 – Waste Combustors
40 CFR Part 413 – Electroplating	40 CFR Part 445 – Landfills
40 CFR Part 414 – Organic Chemicals, Plastics, and Synthetic Fibers	40 CFR Part 446 – Paint Formulating
40 CFR Part 415 – Inorganic Chemicals Manufacturing	40 CFR Part 447 – Ink Formulating
40 CFR Part 417 – Soap and Detergent Manufacturing	40 CFR Part 449 – Airport Deicing
40 CFR Part 418 – Fertilizer Manufacturing	40 CFR Part 450 – Construction and Development
40 CFR Part 419 – Petroleum Refining	40 CFR Part 451 – Concentrated Aquatic Animal Production
40 CFR Part 420 – Iron and Steel Manufacturing	40 CFR Part 454 – Gum and Wood Chemicals
40 CFR Part 421 – Nonferrous Metals Manufacturing	40 CFR Part 455 – Pesticides
40 CFR Part 422 – Phosphate Manufacturing	40 CFR Part 457 – Explosives Manufacturing
40 CFR Part 423 – Steam Electric Power Generating	40 CFR Part 458 – Carbon Black Manufacturing
40 CFR Part 424 – Ferroalloy Manufacturing	40 CFR Part 459 – Photographic
40 CFR Part 425 – Leather Tanning and Finishing	40 CFR Part 460 – Hospitals
40 CFR Part 426 – Glass Manufacturing	40 CFR Part 461 – Battery Manufacturing
40 CFR Part 427 – Asbestos Manufacturing	40 CFR Part 463 – Plastic Molding & Forming
40 CFR Part 428 – Rubber Manufacturing	40 CFR Part 464 – Metal Molding & Casting (Foundries)
40 CFR Part 429 – Timber Products Processing	40 CFR Part 465 – Coil Coating
40 CFR Part 430 – Pulp, Paper, and Paperboard	40 CFR Part 466 – Porcelain Enameling
40 CFR Part 432 – Meat and Poultry Products	40 CFR Part 467 – Aluminum Forming
40 CFR Part 433 – Metal Finishing	40 CFR Part 468 – Copper Forming
40 CFR Part 434 – Coal Mining and Processing	40 CFR Part 469 – Electrical and Electronic Components
40 CFR Part 435 – Oil and Gas Extraction	40 CFR Part 471 – Nonferrous Metals Forming and Metal Powders
40 CFR Part 436 – Mineral Mining and Processing	