


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.

<p>Please return the completed survey within 30 days. You may choose from three formats and three ways to submit:</p> <p>Survey Formats:</p> <ul style="list-style-type: none"> • Fillable PDF (download at www.cityofdubuque.org/IPP) • Online form (Scan the QR Code) • Printed hard copy 	<p>How to Submit: Email: jwiley@cityofdubuque.org</p> <p>Mail: John Wiley Industrial Pretreatment Coordinator City of Dubuque WRRC 795 Julien Dubuque Drive Dubuque, IA 52003</p> <p>QR Code: Scan the QR code or visit www.cityofdubuque.org/IPP to complete and submit online.</p> <p>If you're viewing a printed copy of this survey, you can download the fillable PDF version at www.cityofdubuque.org/IPP.</p>
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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

Describe the primary business operations (services performed and/or products manufactured):

SECTION D: Industrial/Commercial Discharge

Normal domestic wastewater is from restrooms and small kitchens, similar to the wastewater from a home.

1. Does your facility discharge any waste or wastewater other than normal domestic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your facility generate waste or wastewater that is disposed of offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Provide an estimate of daily discharge to the sewer system in gallons per day (GPD).	_____ GPD
4. Is your facility an Food Service Establishments (FSE) preparing food and cleaning food related equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your facility have a grease trap, interceptor, or other device to control the discharge of fats, oil, and/or grease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Is your facility engaged in vehicle washing , detailing, or exterior/interior cleaning? 7. Does your facility include vehicle maintenance or repair services ? 8. Does your facility have an oil/water separator, grit/sediment trap, or other pit/device installed to manage vehicle-related wastewater? 9. Does your facility discharge any wash water, rinse water, or maintenance wastewater to the sanitary sewer system?	<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
10. What is the average and max gallons of wastewater discharged per day from the sources described above?	

SECTION E: 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.

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