

## City of Davenport | Water Pollution Control Plant Industrial Waste and Sewer Use Evaluation Page 1 of 3

The City of Davenport is required to identify and locate all possible Industrial Wastewater System Users that may be subject to the City's Pretreatment Program, to identify the character and volume of pollutants in industrial user wastewater discharge, and to update the pretreatment program list at least yearly per federal, state, and local regulation. The objective of this survey is to determine whether your facility may be subject to the requirements of the City of Davenport's Pretreatment Program. Requests for confidential treatment of information provided on this form shall be governed by procedures specified in the provisions of 561-2 of the lowa Administrative Code. In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and the local Sewer Use Ordinance, information and data provided in this form which identifies the content, volume, and frequency of discharge shall be available to the public without restrictions.

<u> </u>											
Section 1   Facility Location and Contacts											
Local Facility	Name										
Owner Name	e (If different)										
Facility Addre	ess				City			ST		Zip	
Mailing Addr	ess (If different)				City			ST		Zip	
Primary and Secondary Contacts. Name of primary and secondary responsible person onsite at the facility authorized to represent the company in official dealings with the Pretreatment Office and/or the City.											
Primary Contact Name					Secondary Contact Name						
Title	•		Title								
Phone #			Phone #	:							
Email				Email							
This statement is to be signed by an authorized official of your firm, as defined in the local Sewer Use Ordinance or the Federal Regulations; 40 CFR 403.12 (I), after completion of this form.											
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.											
Submitted By	,		Title				Phone				
Section 2   Go	eneral Facility	Information									
Provide a brief narrative description of the type of business, manufacturing processes, or service activities your company conducts at the site identified. Attached additional pages if necessary.											



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SIC and descri accounting re https://www standard-inde	ption cords .sec. <sub>§</sub> ustria	I Classification (as. SIC codes mage, or by visiting the gov/corpfin/dival-classification-coccupants of the size o	y be found or he following ision-of-corp sic-code-list	n tax fo websit ooratio	orms, te on-finance-	] Emp	oloyees [	☐ Customers				
Occupancy. Check all		Retail # of Employ		yees		# of C	Customers		# of Toilets			
that apply.		Office	# of Employ	/ees	ees		Customers		# of Toilets			
		Warehouse	# of Employ	/ees		# of Customers			# of Toilets			
		If Warehouse,	indicate type	e of warehouse below								
		Refrigerator or Freezer			Dry Goods		Other					
Incoming Water and Its Use. Indicate the source of incoming water to your facility and the average volume used per day for each applicable item.  Check the appropriate box indicating whether the usage amounts are (M) measured or (E) estimated.  Identify Water Source: PU: Private utility (include account #)¹ PW: Private well GW: Groundwater remediation wells PP: Private ponds SW: Surface water, please identify O: Any other, if applicable explain  ¹Water bill quantities are typically listed in units of 100 cubic feet (ccf). 7.48 gallons = 1 cubic feet.					Vater Used Fo	r	Is Source Metered?	Is Use Average Gallo Measured or Estimated Day				
					ess Water  n down / Clear  er  r into Product  uality Control							
					estic - Toilets, s, Showers, etc er Feed / Blow n							
					act Cooling Wa Contact Cooling er/ Cooling Too	ng						
					ation							
					r (explain)							
Section 3   Ch	emic	al Storage and S	pill Preventi	on					l			
Does your fac	ility h	ave any chemic	al storage co	ntaine	rs, bins or pon	ıds?	☐ Yes	□ No				
If yes, on a separate sheet describe the location(s), content(s), size(s), type(s) and frequency and method of cleaning. Also indicate on a diagram or comment on the proximity of these containers to sewer or storm drain(s). Email to <a href="mailto:victoria.gleason@davenportiowa.com">victoria.gleason@davenportiowa.com</a> .												



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Does your facility have floor drains? ☐ Yes ☐ No										
If your facility has chemical storage container(s), bin(s), or				An on-site disposal system						
•	d(s), could an accidental spill lead to disc eck all that apply)	charge to		Public sanitary sewer system						
				The ground outside						
				Storm drain or receiving ditch						
				Other, Explain						
Is there any waste disposal other than sewer or trash (ie: incineration, used solvents and/or oil pick up)?										
If yes, on a separate sheet describe other disposal methods. Email to <u>victoria.gleason@davenportiowa.com</u> .										
Section 4  Pretreatment Information										
Are there any pretreatment device(s) or process(es) used for treating wastewater before being discharged to the sanitary sewer?   Yes  No										
Are there any pretreatment device(s) or process(es) changes planned for this facility within the next three (3) years?										
□ Yes □ No										
If you answered yes to either of the above, check all pretreatment device(s) or process(es) used or proposed for treating wastewater or sludge.										
	Activated Carbon	Dissolved Air	Flot	ation		Oil/Water Separation				
	Activated Sludge	Filtration				Ozonation				
	Air Stripping	Flocculation				Reverse Osmosis				
	Centrifugation	Flow Equaliza	Flow Equalization			Screening				
	Chemical Precipitation	Grease Trap				Septic Tank				
	Chlorination	Grit Removal				Silver Recovery				
	Cyanide Destruction	Ion Exchange	ļ			Solvent Separation				
	Cyclone	Neutralize n	h a H	iust		Other Explain				

Save Completed Evaluation For Your Records.

Email the completed survey to wpcplab@davenportiowa.com.

Questions? Call the Davenport Water Pollution Control Plant Lab at 563.326.7877.