

**Industrial Pretreatment Survey**  
**Avondale Municipal Code Chapter 24-105**

Date Received: \_\_\_\_\_

1. Business or Company Name: \_\_\_\_\_

2. Water/Sewer Service Account Number, if applicable (provided on your utility bill): \_\_\_\_\_

3. NAICS/SIC Code for your business (see last page): \_\_\_\_\_

4. Business Location Address:

\_\_\_\_\_  
\_\_\_\_\_

5. Mailing Address (if different than above):

\_\_\_\_\_  
\_\_\_\_\_

6. Person to be contacted regarding this questionnaire:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

7. Person to be contacted onsite:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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8. Description of Business Activities (use additional pages if necessary):

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9. Industrial Activities: If your business utilizes any of the “industrial/activity” categories shown in the following table, mark yes beside all categories that apply in “utilizes” column. If the “utilizes” column (industrial/activity) is checked yes and your business discharges wastewater and/or waste sludge/solids into the City’s sewer collection system, mark yes in the “Sewer Disposal” column for all that apply.

Utilizes (Yes)	Sewer Disposal (Yes)	Industrial/Activity Categories
<input type="checkbox"/>	<input type="checkbox"/>	Adhesives
<input type="checkbox"/>	<input type="checkbox"/>	Automotive Painting
<input type="checkbox"/>	<input type="checkbox"/>	Automotive Repairs/Serviceing
<input type="checkbox"/>	<input type="checkbox"/>	Boiler Blowdown



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<input type="checkbox"/>	<input type="checkbox"/>	Commercial Car Wash
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Laundry
<input type="checkbox"/>	<input type="checkbox"/>	Cooling Water Blowdown
<input type="checkbox"/>	<input type="checkbox"/>	Demineralization (Reverse Osmosis, Ion Exchange Resins)
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Cleaning/Washing
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Repairs/Serviceing
<input type="checkbox"/>	<input type="checkbox"/>	Film/X-ray Developing
<input type="checkbox"/>	<input type="checkbox"/>	Food Preparation
<input type="checkbox"/>	<input type="checkbox"/>	Gum/Wood Chemicals
<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equipment Repairs/Serviceing
<input type="checkbox"/>	<input type="checkbox"/>	Hospital/Medical Clinic
<input type="checkbox"/>	<input type="checkbox"/>	Inorganic Chemicals
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory (Medical/Science/Analytical/Soils/Assay)
<input type="checkbox"/>	<input type="checkbox"/>	Light Equipment Repairs/Serviceing
<input type="checkbox"/>	<input type="checkbox"/>	Printing
<input type="checkbox"/>	<input type="checkbox"/>	Radiator Repairs
<input type="checkbox"/>	<input type="checkbox"/>	Medical/Health Services
<input type="checkbox"/>	<input type="checkbox"/>	Mine Support (Good and Services
<input type="checkbox"/>	<input type="checkbox"/>	Mineral Exploration (Drilling/Geology)
<input type="checkbox"/>	<input type="checkbox"/>	Ore Mining
<input type="checkbox"/>	<input type="checkbox"/>	Organic Chemicals
<input type="checkbox"/>	<input type="checkbox"/>	Paint/Ink Dyes
<input type="checkbox"/>	<input type="checkbox"/>	Pesticides/Herbicides/Biocides
<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Products
<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceuticals (Medical Drugs/Chemicals)
<input type="checkbox"/>	<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	<input type="checkbox"/>	Soaps/Detergents
<input type="checkbox"/>	<input type="checkbox"/>	Solvents/Cleaners



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10. Types of Wastes (Describe the types of wastes that your business discharges into the city's sewer collection System):

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11. Does your facility have any of the following (check all that apply):

Check	Items
<input type="checkbox"/>	Chemical Containments
<input type="checkbox"/>	Floor Drains
<input type="checkbox"/>	Ion Exchanges
<input type="checkbox"/>	Grease Traps/Grease Inceptors
<input type="checkbox"/>	Reverse Osmosis
<input type="checkbox"/>	Sand Traps/Sumps
<input type="checkbox"/>	Silver Recovery
<input type="checkbox"/>	Solvent Recovery
<input type="checkbox"/>	Steam Cleaners
<input type="checkbox"/>	Water-Sand Separators
<input type="checkbox"/>	Yard Drains

12. Do you have company/personal vehicles that travel to or from work within local mining areas?

Yes  No  (Continue to Number 14)

13. If yes, how many vehicles and what type? \_\_\_\_\_

14. How often do they travel to the mines? \_\_\_\_\_

15. Where do you wash these vehicles? \_\_\_\_\_

16. Fixtures, please provide the number of fixtures currently on site:

Type of Sink Fixture	Number
One Compartment Sink	
Two Compartment Sink	
Three Compartment Sink	
Hand Sink	
Food Preparation Sink	
Floor Sink	
Mop Sink	
Garbage Disposal	
Dishwasher	
Floor Drain	



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17. Storm Water, does your business have any connections to the city's storm water collection system?

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18. Signature of person completing this questionnaire:

I certify under penalty of law that this Industrial Pretreatment Survey 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 on 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 imprisonment for knowing violations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_





Tire retread and repair shop	326212
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