



**City of Loveland**

**Utilities Department**  
Water Division  
200 N. Wilson Avenue | Loveland, CO 80537  
970-962-3000 | TDD 970-962-2620  
[lovgov.org/utilities](http://lovgov.org/utilities)

## **City of Loveland - Industrial Pretreatment Program**

### **Preliminary Wastewater Discharge Survey Form**

Dear Utility Customer,

The City of Loveland Department of Water & Power is required by Federal law [40 CFR 403.8(f)] and State law (Department of Public Health & Environment Regulation #63) to obtain information about commercial business customers connected to the sewer system.

As part of our efforts to comply with Federal and State regulations, the City obtains information necessary to evaluate the business operation and if measures are needed to prevent issues in the sewer collection system or at the wastewater treatment facility.

Complete the preliminary wastewater discharge survey and return it to the Pretreatment Program. **The survey must be signed by** an Authorized Representative of the business, not the architect, contractor, engineer, plumber, etc.

After review of the completed questionnaire, you will be notified if additional information is needed, or of any action(s) required to comply with the City's Pretreatment Program.

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in Chapter 13.10 of the City of Loveland Municipal Code. Information and data provided in this questionnaire which identifies the content, volume, quality and frequency of discharge shall be available to the public without restriction.

If you have any questions regarding the survey, please contact the Pretreatment Program at (970) 962-3719.

Thank you.

## City of Loveland - Industrial Pretreatment Program

### Preliminary Wastewater Discharge Survey Form

If a section does not apply mark N/A to show it was reviewed.

**Return this survey to: Pretreatment Program, 920 S. Boise Avenue, Loveland, CO 80537**

Local establishment name: \_\_\_\_\_

Doing business as (*if different than above*): \_\_\_\_\_

Loveland business address: \_\_\_\_\_ Unit: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Business contact person: \_\_\_\_\_ Title: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Website: \_\_\_\_\_

Is this an existing commercial establishment/business?  Yes  No

Starting date at the above location? \_\_\_\_\_

If the business is owned by a state-wide or national company with offices outside of Loveland, provide contact information for the state or national office:

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

If the business leases the property upon which the establishment is located, provide the following information:

Property Owner name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Indicate the use/uses of the building at the above address by checking the appropriate box(es):

<input type="checkbox"/> Apartment complex	<input type="checkbox"/> Assisted living	<input type="checkbox"/> Religious	<input type="checkbox"/> Educational
<input type="checkbox"/> Alcohol production	<input type="checkbox"/> Manufacturing/ Fabricate	<input type="checkbox"/> Warehouse	<input type="checkbox"/> RV dump
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Vehicle or Equipment Service/Repair		<input type="checkbox"/> Vehicle or Equipment wash	
<input type="checkbox"/> Office (attorney, consultant, insurance, etc.)		<input type="checkbox"/> Sales (retail, wholesale, etc.)	
<input type="checkbox"/> Laundry			
<input type="checkbox"/> Service (bank, barber, hair or nail salon, gym/fitness club, massage, painter, etc.)			
<input type="checkbox"/> Food Prep/Service (bakery, bar & grill, catering, fast food, restaurant, food truck, etc.)			
<input type="checkbox"/> Other: _____			

Provide a description of the business operation, products manufactured, produced, or assembled, services provided:

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Hours of operation: \_\_\_\_\_

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Other than normal restroom and breakroom waste, is there any liquid waste, sludge, or other waste material from the business operation?  Yes  No

If yes, describe the types of waste: \_\_\_\_\_

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Could any of the above be discharged to the sanitary sewer system?  Yes  No

Any floor drain(s) or trench drain(s) present in the work, production, or storage areas?  Yes  No

Will this facility use, store, or generate any toxic, flammable, corrosive, or hazardous materials?  Yes  No

If yes, identify and provide maximum quantity on-site (or attach itemized list if available).

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Does the facility process incorporate or discharge Per/Poly fluoroalkyl chemical Substances (PFAS)?  Yes  No

Could any of the above be discharged to the sewer (intentionally or unintentionally)?  Yes  No

Are there any treatment or storage devices (such as an interceptor, separator, holding tank, drum, filter, screen, pH adjustment, chemical treatment, etc.):  Yes  No

If yes, describe type and size: \_\_\_\_\_

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Is there a sump pump?  Yes  No

If yes, does it discharge to sanitary sewer?  Yes  No

Is there an outside drain (loading dock, trash enclosure, etc.)?  Yes  No

If yes, does it drain to sanitary sewer?  Yes  No

Certification

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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

An **Authorized Representative** (described below) of the business listed above **must sign** this survey. Check the appropriate box:

- Sole Proprietorship/Partnership** - If the business is a Sole-Proprietorship or Partnership an authorized representative shall mean a general partner or the proprietor.
- LLC** - If the Business is an LLC an authorized representative shall mean a member or manager of the LLC.
- Corporation** - If the Business is a Corporation, the authorized representative shall mean the president, vice-president, secretary or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation.
- Government** - If the business is a federal, state, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility.

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Printed Name

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Title

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Signature

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Date