Dear Business Owner,

As a Business owner or manager you know how important it is to provide a safe and reliable service or product. Similarly, the City of Brighton Utilities Department is faced with the task of providing a safe and reliable utility service everyday. In order for the City to better assess its water and wastewater services and plan for the future, the City is requesting your assistance in responding to the attached survey so that we may better identify the needs of our customers, increase protection of existing services, and satisfy state and federal regulations. We are encouraging all businesses to complete the attached survey within 10 business days of receipt so that we may get an accurate and complete assessment of all industrial and commercial water and wastewater customers.

Please return completed surveys to:

City of Brighton
Utilities Department
Environmental Division
500 S. 4th Avenue
Brighton, CO 80601

Or fax the completed survey to: FAX: 303-655-2065

If you have any questions about the attached survey or need assistance in completing it please contact the Environmental Division at 303-655-2121; or visit www.brightonco.gov

Thanks for completing the survey. Please do not hesitate to call us if there is any question that we can assist you with.
UTILITY SURVEY:
INDUSTRIAL AND COMMERCIAL CUSTOMERS

Look over the plumbing in your business and answer the questions below. Attach additional sheets if necessary.

Thank you for helping protect your potable water supply.

A. GENERAL INFORMATION

1. Name of Business: ____________________________
   Mailing Address: ____________________________
   Phone: ________________
   ____________________________
   ____________________________
   Site Address: ____________________________
   ____________________________
   ____________________________

2. Name and Title of Contact Person: ______________
   ____________________________

3. Utility Bill/Account Number: __________

B. PRODUCTS, SERVICES, WASTEWATER INFORMATION

1. Major products manufactured or services provided at this location:
   ____________________________
   ____________________________
   ____________________________
   ____________________________

2. Number of employees at this location:
   Full Time: ________________
   Part Time: ________________
   Shifts worked per day: ________
   Hours: ________________
   ____________________________
   ____________________________
3. What is the Standard Industrial Classification (SIC) Code(s) for the business at this location (if known)? ____________________________

EPA Generator ID number? ____________________________

4. Types of waste discharged to City sanitary sewer system. Check all that apply:

- ______ Sanitary waste from bathrooms
- ______ Cleanup waste from floor drains
- ______ Kitchen waste / food preparation & processing
- ______ Wastewater from manufacturing process(es)
- ______ Wastewater from laundry equipment or car wash
- ______ Wastewater from dry cleaning equipment
- ______ Wastewater from paint booth(s)
- ______ Wastewater from parts cleaning or preparation
- ______ Cooling water discharge
- ______ Other (describe) ____________________________

5. Are there wastewater pretreatment devices installed? □ Yes □ No

If yes, please check all that apply and describe the location:

- ______ Sand/Oil Separator   ______ Clarifier
- ______ Grease Interceptor   ______ Evaporator
- ______ Grease Trap (under sinks)   ______ Distillation Unit
- ______ Amalgam Separator   ______ Neutralization Tanks
- ______ Hair Trap   ______ Paint Separator
- ______ Silver Separator   ______ Other (Describe) ____________________________

a. If pretreatment devices have been installed, how often are they cleaned?____________________

b. Name pumping service company (if used): ____________________________

6. Are there floor drains or sinks in locations other than bathrooms? □ Yes □ No

If yes, describe the location (you may draw a plan or sketch if necessary)____________________

If yes, what chemical or substance may enter them? ____________________________
C. BACKFLOW PREVENTION

1. Are backflow prevention devices installed at the facility?  □ Yes  □ No  □ Don’t Know
(Air Gap/Atmospheric Vacuum Breaker/Pressure Vacuum Breaker/Double Check/Reduce Pressure Principle)
Describe the type of devices and their location (you may draw a plan or sketch if needed)

<table>
<thead>
<tr>
<th>Type of Assembly</th>
<th>Make</th>
<th>Model</th>
<th>Serial #</th>
<th>Location</th>
<th>Date Last Inspected by Certified Technician</th>
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Please be aware that test reports must be kept at least for 3 years.

2. Are any of the following components found within the property (check all that apply):
   - Boiler
   - Fire Protection System
   - Swimming Pool, Pond or Ornamental Fountain
   - Irrigation System
   - Outdoor Hose Bibbs
   - Second source of water/auxiliary supply: raw water from wells, water tanks
   - Tanks, Vats or Vessels containing toxic substances, chemicals or liquids
   - Chemical Injector or Feeder Systems
   - Corrosion or Scale Inhibitors
   - Air Conditioning Cooling Tower
   - Solar Heating System
   - Hydraulic Aspirators
   - Pumps

3. Is process water in use at this site?  □ Yes  □ No
   (Process Water: Water used in a manufacturing or treatment process or in the actual product manufactured)

4. Does your operation have any of the following types of facilities? (check all that apply):
   - Medical, Dental or Laboratory Facilities
   - Laundry or Dry Cleaning Facilities
   - Photo Processing or Printing Equipment
   - Plating Facilities

5. Does your business have tanker trucks to transport chemicals?  □ Yes  □ No
D. CHEMICAL STORAGE

1. Are bulk chemicals received and stored for use in this business? □ Yes □ No
   If yes, list chemicals and approximate quantities. (Use additional pages if necessary)

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2. Is there a Spill Containment & Control Plan in use at this location? □ Yes □ No □ N/A

3. Does a waste hauling company remove waste motor oil, chemicals or other industrial waste? □ Yes □ No  Name of waste hauling company:__________________

   Name of Individual Completing the Above Survey: ______________________________________________

   Title:_____________________________________________________ Date:_______________________________

Thank you for completing the survey

Regulatory Information

Federal regulations [40 CFR 403.8(f)(2)(i)] require Publicly Owned Treatment Works to identify and locate all possible industrial users that might be subject to the federally mandated Industrial Pretreatment Program. In addition, Sec. 13-12-290 of the City of Brighton Municipal Code requires any user to comply with the submission of a completed environmental waste survey, when necessary, to determine the industrial user status.