

**CITY OF IDAHO FALLS
INDUSTRIAL PRETREATMENT DISCLOSURE FORM**

COMPLETE ALL APPLICABLE SECTIONS. INFORMATION MUST BE TYPED OR CLEARLY PRINTED. ATTACH INFORMATION AS NEEDED. SIGNING OFFICIAL MUST HAVE AUTHORIZATION TO PROVIDE SUCH INFORMATION ON BEHALF OF THE COMPANY.

1. Company Name: _____
(Please print or type)

2. Division Name (if applicable): _____

3. Mailing Address: a. Street or PO Box _____
b. City, State & Zip Code _____

4. Facility Address: a. Street or PO Box _____
b. City, State & Zip Code _____

5. Type of Business: _____

6. Final Product Manufactured: _____

7. SIC: _____ NAICS: _____
(Standard Industrial Classification) (North American Industry Classification System)

8. Wastewater Constituents:

<u>Parameter</u>	<u>Concentration (MG/L)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Wastewater Average Daily Discharge Flow:

Process: _____ Sanitary: _____

Cooling: _____ Total: _____

a. Daily, Monthly, Seasonal Variation: _____

b. Time and Duration of Discharge: _____

10. Discharge to wastewater system: Attach as Exhibit "A" a plan to the property showing accurately the site plan, floor plan, sewers, sewer connections, inspections manholes, and sampling chambers by size, location.

11. Description of facility: Attach as Exhibit "B" a description of the activities, facilities and plant

processes including all materials discharged to the sewers or treatment facilities.

12. Prohibited pollutants being discharged as regulated by City Sewer Use Ordinance.

<u>*POLLUTANT</u>	<u>CONCENTRATION (MG/L)</u>	
	<u>DAILY MAXIMUM</u>	<u>DAILY AVERAGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Chemical Classification:

Flammable	Explosive	Corrosive	Reactive
Noxious/Fuming	Toxic	Radioactive	Inhibitory to POTW

13. Is Industry in compliance with City Industrial Pretreatment Ordinance? _____(Yes) _____(No).

14. Is additional pretreatment required? _____(Yes) _____(No).

If yes, describe pretreatment necessary

15. Compliance Schedule: (Must conform to requirements of City Pretreatment Ordinance). Attach Additional sheets as necessary.

16. Products produced: (Attach additional sheets as necessary).

<u>TYPE</u>	<u>AMOUNT AND RATE OF PRODUCTION</u>	<u>PROCESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Raw materials used, to include chemicals used in process that could be discharged to sanitary System: (Attach additional sheets as necessary).

AMOUNT UTILIZED

<u>TYPE</u>	<u>AVERAGE/DAY</u>	<u>MAXIMUM/DAY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Environmental control permits: List any environmental control permits held by or for your facility.

Telephone: _____

Date: _____

Owner/Manager: _____

(Please print or type)

Organization /Title: _____

Address: _____

Email : _____

City: _____ **State:** _____ **Zip Code:** _____

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 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: _____