CITY OF RIO RANCHO
WASTEWATER SURVEY FOR
NONRESIDENTIAL ESTABLISHMENTS

SECTION A – GENERAL INFORMATION

1. Company Name:

Mailing Address:

Telephone Number: (___) ______

2. Address of production or manufacturing facility (If same as above, check___):

3. Person authorized to represent this firm in official dealings with City of Rio Rancho representatives.
   Name: __________________________________________
   Title: ___________________________________________
   Telephone Number: _______________________________

4. Alternate person (name, title, telephone number) to contact concerning information provided herein.
   Name: __________________________________________
   Title: __________________________________________
   Telephone Number: _______________________________
5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts:

7. Standard Industrial Classification Number(s) (SIC Code) for your facilities: \underline{_____} \underline{_____} \underline{_____} \underline{_____} \underline{_____} \underline{_____}

8. Does this facility use fats, oils or greases? [ ] Yes [ ] No
   Is a grease trap present? [ ] Yes [ ] No.

9. Does this facility use chemicals (excluding household cleaning items) in retail quantities? [ ] Yes [ ] No
   Are these chemicals stored onsite? [ ] Yes [ ] No
   List the type and quantity of chemicals used or stored at the facility.

10. Does this facility have floor drains? [ ] Yes [ ] No
11. This facility generates the following types of wastes (check all that apply):

   Average gallons per day

   a. [ ] Domestic wastes
      (restrooms, showers, sinks, drinking fountains etc.)
      [ ] estimated [ ] measured

   b. [ ] Cooling water, non-contact
      [ ] estimated [ ] measured

   c. [ ] Boiler/Tower Blowdown
      [ ] estimated [ ] measured

   d. [ ] Cooling water, contact
      [ ] estimated [ ] measured

   e. [ ] Process
      [ ] estimated [ ] measured

   f. [ ] Equipment/Facility Washdown
      (including washing bays, etc.)
      [ ] estimated [ ] measured

   g. [ ] Air Pollution Control Unit
      [ ] estimated [ ] measured

   h. [ ] Storm water runoff to sewer
      [ ] estimated [ ] measured

   i. [ ] Other (describe)
      [ ] estimated [ ] measured

12. This facility's wastes are discharged to (check all that apply):

   Average Gallons per day

   a. [ ] Sanitary Sewer
      [ ] estimated [ ] measured

   b. [ ] Storm Sewer
      [ ] estimated [ ] measured

   c. [ ] Surface Water
      [ ] estimated [ ] measured

   d. [ ] Ground Water
      [ ] estimated [ ] measured

   e. [ ] Waste haulers
      [ ] estimated [ ] measured

   f. [ ] Evaporation
      [ ] estimated [ ] measured

   g. [ ] Septic Tanks
      [ ] estimated [ ] measured

   h. [ ] Other
      [ ] estimated [ ] measured

Provide name and address of waste hauler(s), if used:


13. Does this facility have a Spill Prevention Control and Countermeasure Plan? [ ] Yes  [ ] No

Department of Public Works • Utilities Division
3200 Civic Center Circle NE • Rio Rancho • NM • 87144-4501
(505) 891-5017 • Office
(505) 891-5201 • Fax
14. Does this facility accept for disposal any septic tank waste (sewage from holding tanks such as vessels, chemical toilets, campers, trailers, and septic tanks)?  [ ] Yes  [ ] No

15. Does this facility have a Federal RCRA (Resource Conservation and Recovery Act) generator number or does it discharge any waste to the sewer system that is classified as hazardous?  [ ] Yes  [ ] No

If yes, complete the following HAZARDOUS WASTE INFORMATION:

Name of waste:

EPA Hazardous waste number:

If more than 100 kilograms (220 pounds) of any hazardous waste or any amount of acutely hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available.

<table>
<thead>
<tr>
<th>Name of Waste/Pollutant</th>
<th>Mass in Wastestream (this month)</th>
<th>Concentration in Wastestream (this month)</th>
<th>Mass in Wastestream (next 12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature of Facility Official

Sign Here>>
SECTION B - FACILITY OPERATION CHARACTERISTICS

B.1 Number of employee shifts worked per 24-hour day:

Average number of employees per shift is:

B.2 Starting times of each shift:  
1st _____ am - _____ pm
2nd _____ am - _____ pm
3rd _____ am - _____ pm

B.3 Principal product produced:

B.4 Raw materials and process additives used:

B.5 Production process is: [ ] Batch [ ] Continuous
[ ] Both ___% batch and ___% continuous
If production is batch, average number of batches per 24-hour day:

B.6 Hours of operation:  
[ ] _____ a.m. to _____ p.m.
[ ] continuous

Is production subject to seasonal variation? [ ] Yes [ ] No
If yes, briefly describe seasonal production cycle.

B.7 Are any process changes or expansions planned during the next three years? [ ] Yes [ ] No  
If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.
Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Facility Official: 

Printed Name:

Date: