

CITY OF TOLLESON  
PRETREATMENT DEPARTMENT

WASTEWATER DISCHARGE SURVEY/Request to discharge wastewater to the City of Tolleson

**NOTE TO SIGNING OFFICIAL:** In accordance with Title 40 of Federal Regulations Part 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.

A review of the completed survey will be done by the City of Tolleson Pretreatment department and will determine if any additional information or forms will be required, The City Pretreatment inspector will contact the business on further requirements.

The completed and signed questionnaire is to be mailed to the following address

CITY OF TOLLESON  
Pretreatment Section- Jim Lunsford  
9501 Pima  
Tolleson, AZ 85353  
Electronic Copy sent to jim.lunsford@tolleson.az.gov

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Purpose of this information  
Request to discharge wastewater to The City of Tolleson

( ) SURVEY ( ) INITIAL PERMIT APPLICATION ( ) PERMIT RENEWAL

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PLEASE COMPLETE THE FOLLOWING BY PRINTING OR TYPING YOUR RESPONSE

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Standard Industrial classification for all activities (SIC) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

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1. Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Facility Address: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Type of Business: \_\_\_\_\_

(Describe the manufacturing or service activities conducted on the premises)

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6. Number of Employees: \_\_\_\_\_ Shifts/Day: \_\_\_\_\_ Days/week: \_\_\_\_\_

7. How long have you been in business \_\_\_\_\_

8. Will business use city water Yes  No  ; If no explain:

\_\_\_\_\_

9. Average amount of wastewater expected to be discharged per month: \_\_\_\_\_ gallons  
Average amount of water expected to use per month \_\_\_\_\_ gallons

10. The type of wastewater discharged----- Domestic  Industrial  Both

11. Method of wastewater disposal:  City sewer  Other: \_\_\_\_\_

12. Do you utilize a wastewater pretreatment system prior to discharge-- Yes  No   
If yes explain:

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

13. Does the facilities generate, use or store any type of product that is considered hazardous? Yes  No  ; If yes, explain type and quantity:

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

14. Are there any floor drains in the facility---- Yes  No   
If yes, number of drains: \_\_\_\_\_

15. Number of floor drains that go to pretreatment system \_\_\_\_\_

16. Does the facility have recirculating cooling towers or boilers with blow down-  
Yes  No

17. Person to contact for information in this questionnaire:

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

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

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

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18. I certify 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 gathered and evaluated 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.

Signature: \_\_\_\_\_

Printed Name of Official: \_\_\_\_\_

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

CITY USE ONLY

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Standard Industrial Code (SIC) \_\_\_\_\_

Name and Title of the City of Tolleson Representative:

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

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

Comments:

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