



Ash Creek Special Service District

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Industrial Wastewater Discharge Application Questionnaire/Baseline Monitoring Report

Communication Information

Facility name, address telephone number and Email address.

Facility mailing address. If same as above, check ☐

Business Description

Type of business (vehicle maintenance, metal finisher, laundry, etc.)

Standard Industrial Classification (SIC) Code: _____

Mobile Food Service Y/N (Circle one)

If yes, have you completed the Southwest Utah Public Health questionnaire Department's checklist. We will need a copy, including written approval from the commissary that's receiving your wastewater.

Normal days and hours of operation.

Is operation seasonal? Y/N (Circle one) If yes describe:

Number of Employees: _____

If applicable describe nature of and average production rate

Wastewater discharge

Will this facility discharge waste other than from restrooms? Y/N (Circle one)

If yes describe discharge, source of waste stream, flow rates and expected pollutants in waste stream.

Are any process waste streams treated? Y/N (Circle one)

If yes, describe treatment system

Is discharge of any process waste stream intermittent _____ steady _____

Are process waste streams metered? Y/N _____

Spill prevention and control Y/N _____

List amounts of any industrial chemicals and fluids stored on site. Use additional sheet if necessary.

All MSDS sheets associated with chemicals and fluids.

Describe storage facilities and proximity to any floor drains.

3 Bay Underground Grease Interceptor installed Y/N (Circle One)

Are there procedures/guidelines that would prevent accidental discharges to the sewer system? Y/N

If yes describe:

Waste generation

List volumes generated and disposal methods for wastes such as solvents, oils, trap wastes, etc.

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 ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed 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 fines and imprisonment for knowing violations.

Name (type or print)

Signature

Date

Title

For questions contact Brad Johnson (Pretreatment Ash Creek SSD) at 435-635-2348 ext. 121 or email brad@ashcreekssd.utah.gov