Industrial/Commercial Survey

In accordance with 40 CFR 403.8(f)(2) of the Code of Federal Regulations and Mesa City Code Title 8, Chapter 4, the City of Mesa’s Industrial Pretreatment Section is required to identify, locate, and evaluate all possible industrial and commercial users that might be subject to Mesa’s Pretreatment Program. This “mandatory” survey is conducted to help prevent the discharge of wastewater that may:

- Damage components of the wastewater collection system;
- Expose personnel to health or safety hazards;
- Cause pass-through of pollutants at the wastewater reclamation plants, or interference with plant processes; or
- Contaminate bio-solids produced from such wastewater reclamation plants.

In accordance with Mesa City Code Title 8, Chapter 4, Section 17, your business is required to complete the below Industrial/Commercial Survey.

The completed survey should be submitted with construction plans. If you have any questions or need assistance, please contact my office.

Gene Gonzales  
City of Mesa, Water Resources Department  
Industial Pretreatment Supervisor  
P.O. Box 1466  
Mesa, AZ 85211-1466  
Phone (480) 644-5770, Fax (480) 644-4554  
gene.gonzales@mesaaz.gov

Business Name _____________________________ Phone ______________________

Physical Address ________________________________________________

Cross Streets ______________________________________________________

Mailing Address __________________________________________________

Person to contact regarding this survey _____________________________ Phone ______________________

Property Owner ____________________________________________ Phone ______________________

1. Type of Business  ❑ Industrial  ❑ Commercial  ❑ Manufacturing  ❑ Restaurant  ❑ Other ______________________

2. Provide a brief description of all operations at this facility, including primary products or services: ____________________________________________

3. Total number of employees:  ❑ 0-5  ❑ 6-15  ❑ 16-50  ❑ 51-100  ❑ 101-300  ❑ 300+  ❑ N/A

4. Seating Capacity (Restaurants):  ❑ 0-20  ❑ 21-50  ❑ 51-100  ❑ 101-200  ❑ 201-300  ❑ 300+  ❑ N/A

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5. Sewer is connected to: (check one)  ❑ City Sewer System  ❑ Private Septic Tank  ❑ Other  ❑ N/A
   (If “Other,” explain) ________________________________________________________________

6. Is a pretreatment device i.e. grease interceptor/greas trap, sand/oil interceptor, lint interceptor, sand trap, hair trap or any other pretreatment devices utilized prior to discharge to the sewer?  ❑ Yes  ❑ No  (If “Yes,” complete below)
   Type: ___________________________  Size/capacity: ___________________________
   Manufacturer: _______________________________  Model: ___________________________
   Location: ___________________________  Above or below grade: ____________________
   Subject to vehicle traffic: ☐ Yes  ☐ No

7. Will this utilize an Industrial process wastewater system or discharge from anyone of the following sources to the wastewater collection systems? i.e., silver recovery, acid neutralization, evaporation systems, cyanide destruction, metals precipitation, RO reject, cooling and boiler blow down etc.  ❑ Yes  ❑ No  (If “Yes,” complete below) Describe all treatment and ancillary discharges:

8. Estimate how much water the business will use for all activities during a typical working day:
   ☐ less than 1,000 gallons  ☐ 1,000 to 5,000 gallons  ☐ 5,000 to 25,000 gallons  ☐ more than 25,000 gallons

9. Will water be used for any process other than sanitary waste?  ☐ Yes  ☐ No
   (If “Yes,” explain) ________________________________________________________________

10. Will the facility generate or store any hazardous material, petroleum products, solvents, or chemicals?  ☐ Yes  ☐ No  (If “Yes,” list) ______________________________________________________________

11. Will any waste be hauled off-site:  ☐ Yes  ☐ No
    If “Yes,” please indicate the type of waste:
    ☐ Acid/Alkalis  ☐ Solvents  ☐ Heavy Metals  ☐ Oils & Grease  ☐ Radioactive  ☐ Paint
    ☐ Pesticides  ☐ Other  (If “Other,” explain) ______________________________________________________________

Information below is to be filled out by person answering this survey:

Printed Name: ____________________________________________  Title: ___________________________
Signature: ____________________________________________  Date: ___________________________
Phone: ____________________________________________
Email: ____________________________________________

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