



Water Reclamation Division
Industrial Pretreatment
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fcgov.com/utilities

COMMERCIAL/INDUSTRIAL WASTEWATER SURVEY

(Attach additional pages if needed)

Business Name: _____

Address: _____

Phone Number: _____

Date this Survey was Completed: _____

Name & Title of Contact Person at Business: _____

Type of Business (include products manufactured or services rendered):

Business Hours: _____

Number of Employees: _____

Average Monthly Water Usage (from utility bill or estimate): _____

Check all types of wastewater discharged to City sanitary sewer:

☐ Sanitary (from restrooms, showers, etc.)

☐ Kitchen

☐ Manufacturing process(es)

☐ Equipment or facility washdown

☐ Painting operations

☐ Boiler blowdown

☐ Photographic film or x-ray processing

☐ Laboratory

☐ Medical

☐ Other: _____

If wastewater types other than sanitary or kitchen were checked, describe the process(es) that generate the wastewater:

List chemicals and quantities used or stored at the facility:

Signature: _____ **Date:** _____

Title: _____