



City of Brighton
500 South 4th Avenue
Brighton, CO 80601
303.655.2000 Office
303.655.2170 Fax
www.brightonco.gov

UTILITIES DEPARTMENT

Dear Business Owner,

As a Business owner or manager you know how important it is to provide a safe and reliable service or product. Similarly, the City of Brighton Utilities Department is faced with the task of providing a safe and reliable utility service everyday. In order for the City to better assess its water and wastewater services and plan for the future, the City is requesting your assistance in responding to the attached survey so that we may better identify the needs of our customers, increase protection of existing services, and satisfy state and federal regulations. We are encouraging all businesses to complete the attached survey within 10 business days of receipts so that we may get an accurate and complete assessment of all industrial and commercial water and wastewater customers.

Please return completed surveys to:

**City of Brighton
Utilities Department
Environmental Division
500 S. 4th Avenue
Brighton, CO 80601**

Or fax the completed survey to: **FAX: 303-655-2065**

If you have any questions about the attached survey or need assistance in completing it please contact the Environmental Division at 303-655-2121; or visit www.brightonco.gov

Thanks for completing the survey. Please do not hesitate to call us if there is any question that we can assist you with.



**UTILITY SURVEY:
INDUSTRIAL AND COMMERCIAL CUSTOMERS**

**Look over the plumbing in your business and answer the questions below.
Attach additional sheets if necessary.**

Thank you for helping protect your potable water supply.

A. GENERAL INFORMATION

1. Name of Business: _____
Mailing Address: _____ Phone: _____

Site Address: _____

2. Name and Title of Contact Person: _____

3. Utility Bill/Account Number: _____

B. PRODUCTS, SERVICES, WASTEWATER INFORMATION

1. Major products manufactured or services provided at this location:

2. Number of employees at this location:
Full Time: _____
Part Time: _____
- Shifts worked per day: _____ Hours: _____

3. What is the Standard Industrial Classification (SIC) Code(s) for the business at this location (if known)? _____

EPA Generator ID number? _____

4. Types of waste discharged to City sanitary sewer system. Check all that apply:

- _____ Sanitary waste from bathrooms
- _____ Cleanup waste from floor drains
- _____ Kitchen waste / food preparation & processing
- _____ Wastewater from manufacturing process(es)
- _____ Wastewater from laundry equipment or car wash
- _____ Wastewater from dry cleaning equipment
- _____ Wastewater from paint booth(s)
- _____ Wastewater from parts cleaning or preparation
- _____ Cooling water discharge
- _____ Other (describe) _____

5. Are there wastewater pretreatment devices installed? Yes No

If yes, please check all that apply and describe the location:

- | | |
|---------------------------------|----------------------------|
| _____ Sand/Oil Separator | _____ Clarifier |
| _____ Grease Interceptor | _____ Evaporator |
| _____ Grease Trap (under sinks) | _____ Distillation Unit |
| _____ Amalgam Separator | _____ Neutralization Tanks |
| _____ Hair Trap | _____ Paint Separator |
| _____ Silver Separator | |
| _____ Other (Describe) _____ | |

a. If pretreatment devices have been installed, how often are they cleaned? _____

b. Name pumping service company (if used): _____

6. Are there floor drains or sinks in locations other than bathrooms? Yes No
If yes, describe the location (you may draw a plan or sketch if necessary) _____

If yes, what chemical or substance may enter them? _____

C. BACKFLOW PREVENTION

1. Are backflow prevention devices installed at the facility? Yes No Don't Know

(Air Gap/Atmospheric Vacuum Breaker/Pressure Vacuum Breaker/Double Check/Reduce Pressure Principle)

Describe the type of devices and their location (you may draw a plan or sketch if needed)

Type of Assembly	Make	Model	Serial #	Location	Date Last Inspected by Certified Technician

Please be aware that test reports must be kept at least for 3 years.

2. Are any of the following components found within the property (check all that apply):

- Boiler
- Fire Protection System
- Swimming Pool, Pond or Ornamental Fountain
- Irrigation System
- Outdoor Hose Bibbs
- Second source of water/auxiliary supply: raw water from wells, water tanks
- Tanks, Vats or Vessels containing toxic substances, chemicals or liquids
- Chemical Injector or Feeder Systems
- Corrosion or Scale Inhibitors
- Air Conditioning Cooling Tower
- Solar Heating System
- Hydraulic Aspirators
- Pumps

3. Is process water in use at this site? Yes No

(Process Water: Water used in a manufacturing or treatment process or in the actual product manufactured)

4. Does your operation have any of the following types of facilities? (check all that apply):

- Medical, Dental or Laboratory Facilities
- Laundry or Dry Cleaning Facilities
- Photo Processing or Printing Equipment
- Plating Facilities

5. Does your business have tanker trucks to transport chemicals? Yes No

D. CHEMICAL STORAGE

1. Are bulk chemicals received and stored for use in this business? Yes No
If yes, list chemicals and approximate quantities. (Use additional pages if necessary)

a. What methods are in place to prevent toxic and/or hazardous chemicals from entering the sanitary or storm sewer system? (Check all that apply)

- Secondary Containment
- Designated Storage Areas
- Safety and Handling Training for all workers
- Designated disposal procedures are in place
- Flammables Cabinet
- Safety Cabinet
- Other (Describe) _____

2. Is there a Spill Containment & Control Plan in use at this location? Yes No N/A

3. Does a waste hauling company remove waste motor oil, chemicals or other industrial waste? Yes No Name of waste hauling company: _____

Name of Individual Completing the Above Survey: _____

Title: _____ Date: _____

Thank you for completing the survey

Regulatory Information

Federal regulations [40 CFR 403.8(f)(2)(i)] require Publicly Owned Treatment Works to identify and locate all possible industrial users that might be subject to the federally mandated Industrial Pretreatment Program. In addition, Sec. 13-12-290 of the City of Brighton Municipal Code requires any user to comply with the submission of a completed environmental waste survey, when necessary, to determine the industrial user status.

Cross Connection Control Regulations: Colorado Revised Statute, 1973, as amended. Sections 25-1-107, 25-1-108, 25-1-109, and 25-1-114., Colorado Primary Drinking Water Regulations - Article 12, City of Brighton Municipal Code 15-36-40 (Ord. 1426, 1992, Ord. 1508, 1997, Ord. 1589, 1999). Current city ordinances allow for penalties to be assessed for non-compliance, up to \$300 per day (Ord. 1735. 7, 2002)