

ACCOUNT NUMBER (IF KNOWN): _____



WATER WORKS and SANITARY SEWER BOARD
Of the City of Montgomery
Environmental Services
2000 Interstate Park Drive
Montgomery, AL 36109

PRETREATMENT QUESTIONNAIRE

FORM COMPLETED BY: _____ DATE: _____

1. COMPANY NAME:

2. MAILING ADDRESS/LOCATION OF BUSINESS IN MONTGOMERY, AL:

3. BILLING ADDRESS:

4. OFFICIAL CONTACT:

Name: _____

Phone: _____

5. DESCRIPTION OF BUSINESS ACTIVITIES:

ACCOUNT NUMBER (IF KNOWN): _____

6. DESCRIBE IN AS MUCH DETAIL AS POSSIBLE WHAT IS TO BE DISCHARGED TO THE SANITARY SEWER (EXCLUDE NORMAL SANITARY WASTEWATER):

7. ESTIMATE THE QUANTITY IN GALLONS PER DAY OF WASTEWATER TO BE DISCHARGED (EXCLUDING NORMAL SANITARY WASTEWATER):

8. LIST ANY PRETREATMENT FACILITIES TO BE USED AT THIS LOCATION:

EMBALMING SINK	YES or NO
GARBAGE DISPOSAL	YES or NO IF YES NUMBER OF HOUSING UNITS: _____
GREASE DRUM	YES or NO
GREASE INTERCEPTOR	YES or NO IF YES SIZE OF DEVICE: _____
GREASE TRAP	YES or NO IF YES GPM OF DEVICE: _____
HOLDING TANK(S)	YES or NO
OIL/WATER SEPARATOR	YES or NO
SAND TRAP	YES or NO
SILVER RECOVERY UNIT	YES or NO

9. CHECK ALL KITCHEN EQUIPMENT PRESENT AT THIS FACILITY:

THREE COMPARTMENT SINK	<input type="checkbox"/>
FRYER	<input type="checkbox"/>
COMMERCIAL STOVE	<input type="checkbox"/>
OTHER:	_____

10. LIST ANY TOXICANTS KNOWN OR ANTICIPATED TO BE PRESENT IN THE DISCHARGE. IT IS A GOOD IDEA TO CONSULT SAFETY DATA SHEETS (SDS) FOR THIS INFORMATION. THE WATER WORKS BOARD OPERATES A BIOSOLIDS PROGRAM AND ASKS THAT METALS BE PARTICULARLY LOOKED AT FOR THIS QUESTIONNAIRE.

