



Board of Public Utilities

Cheyenne Water and Sewer Departments

2416 Snyder Ave
P.O. Box 1469 (mailing)
Cheyenne, Wyoming 82003

Phone (307) 637-6460
www.cheyennebopu.org

INDUSTRIAL WASTEWATER DISCHARGE SURVEY

Facility information:

Company Name _____

Facility Address: _____ City: _____

State: _____ Zip: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Contact Name: _____ Phone: _____

1. Description of Business at this address:

2. Number of Employees: _____

3. Startup date at present address: ____/____ (month/year)

4. Facility discharges wastewater to: __ City Sanitary Sewer __ Septic Tank __ other

5. Incoming water volume (city water and well), in gallons per month:

Gallons from water bill _____ Gallons estimate (if no bill) _____

6. Does this facility have a grease interceptor, a sand interceptor or an oil/water separator (OWS)?

_____ yes _____ no If yes, when was it last cleaned:

Grease trap/interceptor _____ Sand interceptor or OWS _____

7. If this is a dental facility, is a functioning dental amalgam separator installed? ____ yes ____ no

8. Indicate all types of wastewater discharged to the sanitary sewer:

Sanitary waste from employees (e.g., restroom, shower, lunch room)
_____ Gallons per day

Non-Contact Cooling Water (Used for cooling – no contact with raw materials, parts or products)
_____ Gallons per day

Lawn irrigation
(Used for irrigating outdoor green spaces) _____gallons per day

Industrial Waste
(Wastewater other than sanitary or non-contact cooling water; please describe sources of Industrial Waste in space below): _____gallons per day

8. Indicate the general type(s) of business function(s) at this address by checking the appropriate activities:

Industrial/Manufacturing Commercial/Retail Dental Office
 Warehouse/Distribution Service Provider Office Functions Only

If “Industrial/Manufacturing” or “Service Provider” or “Dental Office” was checked, please complete item #9 below. Otherwise please proceed directly to Item #10.

9. Check all items that further describe the operation at your address:

ASSEMBLY

Vehicle
 Firearms
 Other: _____

BUILDING MATERIALS

Concrete Aggregate
 Roofing
 Lumber/Wood
 Windows
 Other: _____

CHEMICAL PRODUCTS

Abrasive Materials
 Adhesives/Sealants
 Cleaning Agents/Products
 Coatings
 Compressed Gases
 Cosmetics
 Fertilizers/Pesticides

HEALTH CARE

Mortuary
 Medical Clinic
 Veterinary Hospital/Clinic
 Hospital
 Other: _____

LABORATORY

Water Quality/Wastewater
 Food
 Government
 Medical
 Research Development
 Other: _____

DENTAL OFFICE

Dental Office
 Orthodontist, Oral Surgeon, Periodontist
 Other: _____

PLASTIC PRODUCTS

- Extrusion
- Auto Body
- Injection Molding
- Other: _____

UTILITIES

- Electric Power Generation
- Heating/Cooling
- Public Works
- Wastewater Treatment
- Water Treatment
- Other: _____

PRINTED PRODUCTS

- Multiple Substances
- Paper
- Plastics Printing
- Printing Plates
- Silk Screening
- Other: _____

OTHER

- Advertising Items
- Animal Waste Treatment
- Animal/Agriculture
- Biological Products
- Design Fabrication
- Jewelry Manufacturing
- Pesticide Application
- Tank Manufacturing
- Tapes/Adhesives/Coatings
- Water Treatment Equipment
- Wood Products
- Other: _____

PUBLIC FACILITIES

- Arena
- Prison/Jail
- Swimming Pool
- Other: _____

SERVICE

- Cabinet Manufacturing
- Carpet Cleaning
- Furniture Repair/Refinishing
- Other: _____

10. Contact Information for Person Completing Form:

Name (Print): _____ Phone: _____

E-Mail Address: _____ FAX #: _____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Printed Name: _____ Title: _____

Signature: _____

Date: _____