



# Pre-Treatment Questionnaire

## Development Review Committee

**You are required to fill out Section 1 below. You are also required to sign and date the last page of this document.** You are **not** required to fill out Section 2 if the proposed project is any of the following:

- Only performing construction on an existing building shell.
- Only requesting a subdivision plat.
- A site plan where you do not know what the final use of the site will be.

Section 1 - Required for all projects.			
Business Information:			
Business Name:	Phone:	Email Address:	
Business Address:	City: <b>Orem</b>	State: <b>UT</b>	Zip:
Mailing Address:	City:	State:	Zip:
Signing Official(s) Name & Title:			
Contact Official(s) Name & Title:			

Section 2 - Required for all projects where the final use is known.	
Use:	
MSDS shall filed before business operations.	
Please provide the Standard Industrial Classification Code of the use:	
Briefly describe any manufacturing or services activities that will be performed:	
List principal raw materials that will be used:	

List types of chemicals that will be used:		
List principal products or services of the business:		
Provide the number of employees:		
If the project is a daycare, provide the number of students:		
If the project is a nursing or care facility, provide the number of residents:		
What type of discharge will you have?	<input type="checkbox"/> Batch - a controlled release of discharge	<input type="checkbox"/> Continuous
If discharge will be batch, how many gallons of discharge will you have per batch?		
If discharge is continuous, what will the average continuous discharge be in gallons per day?		
Will production at this business be seasonal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
<b>Rain Water:</b>		
Private wells gallons per day:		
Orem Culinary water gallons per day:		
Lindon Culinary water gallons per day:		
Provide all other gallons of water per day and describe source:		
Describe pretreatment equipment that will be utilized or installed, this may include include interceptors, grease traps, flow meters, pH monitors, etc.:		

Water Consumption:		
Boiler feed gallons per day:		
Sanitary gallons per day:		
Cooling gallons per day:		
Process gallons per day:		
In Production gallons per day:		
Other gallons per day:		
Total gallons per day:		
Average Volume of Water Loss:		
Sanitary Discharge water loss in gallons per day:		
Waste Hauler water loss in gallons per day:		
Evaporation water loss in gallons per day:		
Natural Outlet water loss in gallons per day:		
In Product water loss in gallons per day:		
Other water loss in gallons per day:		
Total water loss in gallons per day:		
Spill Prevention:		
Is there a spill prevention or slug management plan for this facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please attach a copy to your plans.		

I am familiar with the information contained in this questionnaire and swear the information is true, complete, and accurate. If any of the answers to the questions contained in this questionnaire change, the business will immediately notify the City of Orem of the proposed changes. Notification does not constitute approval of the proposed changes.

<b>Signature of Official:</b>	Date:
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If you have any questions, please contact Orem City Industrial Pretreatment at 801-229-7491. This questionnaire may be emailed to Development Services, Business Licensing, or the Industrial Pretreatment Coordinator.