



**CH2M HILL**  
P.O. Box 5158  
Twin Falls, ID 83303-5158  
**Tel 208.734.9933**  
**Fax 208.734.9937**

Dear Wastewater Customer:

The City of Twin Falls is required by the Environmental Protection Agency (EPA) to conduct a Wastewater Survey of the users within our service area. The reason for this survey is to determine if any wastewater discharged would be detrimental to the wastewater collection and treatment system or the treatment process.

For purposes of notification, all industrial users (i.e., non-domestic users) are required to notify the Wastewater Treatment Facility of hazardous wastes in accordance with 40 CFR 403.12 (p). (See back of letter)

We are asking that you please fill out the attached questionnaire as accurately and thoroughly as possible, and return it to us in the envelope provided within the month. Please make sure the name of the company, address and a contact person is included on the form.

In the next few weeks after the survey has been submitted, you may be contacted by telephone or in person by a representative from CH2M HILL to answer any questions you may have and to gather any additional information we may need for this survey.

If you have any questions, please contact Rebekka Bicart at 734-9933, or email "rbicart@ch2m.com".

Thank you for your cooperation.

Sincerely,

Rebekka Bicart  
Industrial Pretreatment Coordinator  
CH2M HILL

40 CFR 403.12 p)(1) The Industrial User shall notify the POTW, the EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the POTW of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR part 261. Such notification must include the name of the hazardous waste as set forth in 40 CFR part 261, the EPA hazardous waste number, and the type of discharge (continuous, batch, or other). If the Industrial User discharges more than 100 kilograms of such waste per calendar month to the POTW, the notification shall also contain the following information to the extent such information is known and readily available to the Industrial User: An identification of the hazardous constituents contained in the wastes, an estimation of the mass and concentration of such constituents in the wastestream discharged during that calendar month, and an estimation of the mass of constituents in the wastestream expected to be discharged during the following twelve months. All notifications must take place within 180 days of the effective date of this rule. Industrial users who commence discharging after the effective date of this rule shall provide the notification no later than 180 days after the discharge of the listed or characteristic hazardous waste. Any notification under this paragraph need be submitted only once for each hazardous waste discharged. However, notifications of changed discharges must be submitted under 40 CFR 403.12 (j). The notification requirement in this section does not apply to pollutants already reported under the self-monitoring requirements of 40 CFR 403.12 (b), (d), and (e). (2) Dischargers are exempt from the requirements of paragraph (p)(1) of this section during a calendar month in which they discharge no more than fifteen kilograms of hazardous wastes, unless the wastes are acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e). Discharge of more than fifteen kilograms of non-acute hazardous wastes in a calendar month, or of any quantity of acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e), requires a one-time notification. Subsequent months during which the Industrial User discharges more than such quantities of any hazardous waste do not require additional notification. (3) In the case of any new regulations under section 3001 of RCRA identifying additional characteristics of hazardous waste or listing any additional substance as a hazardous waste, the Industrial User must notify the POTW, the EPA Regional Waste Management Waste Division Director, and State hazardous waste authorities of the discharge of such substance within 90 days of the effective date of such regulations. (4) In the case of any notification made under paragraph (p) of this section, the Industrial User shall certify that it has a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree it has determined to be economically practical.

For links to 40 CFR regulations go to [www.gpoaccess.gov](http://www.gpoaccess.gov) and click on Code of Federal Regulations.

## Wastewater Survey City of Twin Falls

1. Company Name: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Facility Address: \_\_\_\_\_  
*If same as above Check*   
Telephone: \_\_\_\_\_  
*If same as above Check*

3. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

4. Type of Business *Please Check all that apply to activities at your place of business.*  
 Retail - describe type (to the right), \_\_\_\_\_  
 Small Office - describe type (to the right) \_\_\_\_\_

*If you Checked either Retail or Small Office for your business type and none of the descriptions below apply to your business, please answer Questions 5 & 6, and skip all other questions. **Please be sure to sign and date this form prior to returning it.***

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Motels/Hotels/Clubs</b><br><i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease.</i> | <input type="checkbox"/> <b>Schools/Colleges/Universities</b><br><i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease.</i>                 |
| <input type="checkbox"/> <b>Laboratory – Pharmacies</b><br><i>Concern is hazardous materials, disposal of chemicals, potential for spills.</i>           | <input type="checkbox"/> <b>Laboratory – Commercial &amp; Schools/Colleges/Universities</b><br><i>Concern is hazardous materials, disposal of chemicals, potential for spills.</i> |
| <input type="checkbox"/> <b>Hospitals</b>  | <input type="checkbox"/> <b>Dental Clinics</b>   |
| <input type="checkbox"/> <b>Doctor’s Clinics</b>   | <input type="checkbox"/> <b>Photo Shops</b><br><i>Concern is with silver recovery.</i>   |
| <input type="checkbox"/> <b>Restaurants</b><br><i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease</i>          | <input type="checkbox"/> <b>Barrel Reclaimers</b>  |
| <input type="checkbox"/> <b>Print &amp; Photo Copy</b>   | <input type="checkbox"/> <b>Arts &amp; Crafts Shops</b><br><i>Concern is with paints &amp; glazes (ceramic &amp; other).</i>   |
| <input type="checkbox"/> <b>Garages/Full Service Gas Stations</b><br><i>Concern is flushing of antifreeze contaminated with metals.</i>                  | <input type="checkbox"/> <b>Radiator Shops</b>   |
| <input type="checkbox"/> <b>Paint &amp; Body Shops</b>   | <input type="checkbox"/> <b>Transportation Facilities</b><br><i>Concern is improper disposal of waste oils and inefficient grit traps.</i>   |
| <input type="checkbox"/> <b>Industrial / Commercial Laundries</b>  | <input type="checkbox"/> <b>Waste Haulers</b>  |
| <input type="checkbox"/> <b>Other - Describe principal activities or the nature of processes at the facility, in the space provided below.</b>           |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



