

**COMMERCIAL WASTEWATER QUESTIONNAIRE**

*TOWN OF RIDGWAY  
POST OFFICE BOX 10  
RIDGWAY, CO 81432-0010  
(970) 626-5308*

Please answer all questions as completely as possible and return this questionnaire prior to requesting water or sewer connections.

**GENERAL INFORMATION**

1. Company name: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. City, State, Zip: \_\_\_\_\_
4. Address of Premises: \_\_\_\_\_
5. Owner/Manager/Lessee: \_\_\_\_\_
6. Title of above: \_\_\_\_\_
7. Phone number: \_\_\_\_\_

Brief Description of Commercial or Service activity at above premises:

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

Total number of all fixtures: \_\_\_\_\_

Size of Water Service connection required: \_\_\_\_\_  
(To be determined by plumbing contractor or building official)

Please list all chemicals, cleaning agents and concentrations used in your business activity. Include Material Safety Data Sheets on all chemicals and anything other than household cleaning agents. List concentrations used and total quantity used with each individual use. Also include information on biological parameters (i.e., BOD, ISS, VSS, bacterial, etc) of the wastewater, if available.

Chemical/agent/concentration/total quantity used

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

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NOTE: A scaled drawing of the facility layout will be required for all industrial facilities.

*I certify that to the best of my knowledge and belief, the information contained in this questionnaire is true, complete and accurate.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Company Official

**TO BE COMPLETED BY THE TOWN OF RIDGWAY**

Is a Discharge Permit application required for this facility?     Yes     No

If Yes, permit application # \_\_\_\_\_

*The Town of Ridgway may refuse to provide domestic water and/or sewer service if it feels that the integrity of the Town's water supply could be compromised.*

Reviewed by: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_