

Pretreatment Data Disclosure Short Form

Company Name: _____
Facility Address: _____
Mailing Address: _____

Representative Completing this Form:
Name: _____ Title: _____
Business Telephone Number: _____
Emergency Name: _____ Emergency Number: _____

Briefly describe type of business and the products/services that you sell:

Number of Employees: _____	Normal Operating Schedule: _____	
Is the building hooked to the City Sewer?	Yes	No
If not will it be? _____		
Do you use Fats, Oils and/or Grease in your business?	Yes	No
Is there a Grease Interceptor?	Yes	No
Is there a Grease Trap?	Yes	No
Do you or will you use Chemicals in your business?	Yes	No
Are there floor drains at you facility?	Yes	No
Do you or will you discharge Wastewater (other than domestic water from bathrooms, toilets, etc.) to the sewer system?	Yes	No
Do you have an Accidental Spill Prevention Plan?	Yes	No
Does your business use film-developing equipment (including X-ray)?	Yes	No
If so, do you recover the silver?	Yes	No

“I certify under penalty of law, this document and all of the attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personal property gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system of those persons directly responsible of gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

_____ Name of Signing Official (Print/Type)	_____ Title
_____ Signature	_____ Date

City of Caldwell Waste Water Treatment Plant
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Caldwell, ID 83605
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