

Industry: _____

TINICUM TOWNSHIP

Industrial Wastewater Discharge Questionnaire

SECTION A - GENERAL INFORMATION

1. Company Name: _____
2. Mailing Address: _____
_____ Zip Code: _____
3. Plant Location (if different from mailing address): _____
_____ Zip Code: _____
4. Name and Title of Plant Contact Person: _____
_____ Phone No.: _____
5. Name and Title of Alternate Contact Person: _____
_____ Phone No.: _____
6. Standard Industrial Classification (SIC) Code(s): _____
7. Do you have an NPDES Permit? Yes No If yes, Permit No. _____
(Please provide a copy of your permit with this questionnaire)
8. Is discharge proposed or existing? Proposed Existing
If proposed, anticipated date of discharge commencement: _____
9. Number of Employees: _____ Number of Shifts: _____
Shift hours: 1st _____ 2nd _____ 3rd _____
Employees/Shift: 1st _____ 2nd _____ 3rd _____
Number of Days/Week plant will be in operation: _____

10. Is operation subject to seasonal variation? Yes No

If yes, list months of peak operation: _____

11. Will operation shut down for vacation, maintenance, or other reasons?

Yes No If yes, indicate months of shutdown. _____

SECTION B - WATER SOURCES AND USAGE

1. What is the source and volume of plant water used?:

	<u>Average Gallons Per Month</u>
Municipal	_____
Private Well	_____
Surface Water	_____
Other (specify): _____	_____
TOTAL	_____

2. Name on the water bill: _____

3. Water Service Account Number(s): (1) _____
(2) _____
(3) _____

SECTION C - U.S. ENVIRONMENTAL PROTECTION AGENCY PRIORITY POLLUTANTS

1. Please indicate by checking the appropriate box after each listed chemical on the following 2 pages, if it satisfies any of the following criteria:

- a. present or is suspected to be present in the wastewater discharge.
- b. will be used in your manufacturing or service activity.
- c. generated as a by-product but not discharged.

Some compounds are known by other names.

2. If you plan to use any of the listed compounds in any phase of your manufacturing process or for any other purpose in you facility, please attach the Materials Safety Data Sheets (MSDS) for these compounds to this questionnaire.

Environmental Protection Agency

Priority Pollutants

<u>Chemical Compound</u>	<u>Known Discharged</u>	<u>Suspected Discharged</u>	<u>Used But Not Discharged</u>	<u>Chemical Compound</u>	<u>Known Discharged</u>	<u>Suspected Discharged</u>	<u>Used But Not Discharged</u>
1. asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. g-BHC (gamma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. bis (2-chloroethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. bis (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. bis (2-isopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. bis (2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. bromodichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. bromoform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. bromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. 4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. 4-chloro-3-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. manganese (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. 2-chloroethyl vinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. chloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. 2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. 2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. 4-chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. 4,4-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. 4,4-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. 4,4-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. dibenzo (a,h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 3,4-benzofluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. dibromochloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. benzo (g,h,i) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60. 1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. benzo (k) flouranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. 1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. a-BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. 1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. b-BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. 3,3'-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. d-BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. 1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Protection Agency

Priority Pollutants

Chemical Compound	Known Discharged	Suspected Discharged	Used But Not Discharged	Chemical Compound	Known Discharged	Suspected Discharged	Used But Not Discharged
65. 1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97. isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. 1,1-dichloroethene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98. methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. 1,2-trans-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99. naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. 2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100. propene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. 1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101. 2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. (cis & trans) 1,3-dichloro-nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102. 4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103. N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104. N-nitroso(n-propyl)amine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. 2,4-dimethylphenolpropylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105. N-nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. dimethyl phthalatenitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106. PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107. PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108. PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. 4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109. PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. 2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110. PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. 2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111. PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. 2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112. PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. 1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113. pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. a-endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114. phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. b-endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115. phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116. pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. endrinpyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117. 2,3,7,8-tetrachlorodibenzo-ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118. 1,1,2,2-tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119. tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120. toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121. toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122. 1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123. 1,1,1-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124. 1,1,2-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125. trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. hexachloro-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126. 2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127. vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

SECTION D - PROCESS AND WASTE INFORMATION

1. If your facility employs processes in any of the following industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

- | | |
|--|--|
| <input type="radio"/> Adhesives | <input type="radio"/> Nonferrous Metals |
| <input type="radio"/> Aluminum Forming | <input type="radio"/> Ore Mining |
| <input type="radio"/> Battery Manufacturing | <input type="radio"/> Organic Chemicals |
| <input type="radio"/> Beverage Bottler | <input type="radio"/> Paint and Ink |
| <input type="radio"/> Car Wash\Laundry | <input type="radio"/> Pesticides |
| <input type="radio"/> Coal Mining | <input type="radio"/> Petroleum Refining |
| <input type="radio"/> Coil Coating | <input type="radio"/> Pharmaceuticals |
| <input type="radio"/> Copper Forming | <input type="radio"/> Photographic Supplies |
| <input type="radio"/> Dairy Products | <input type="radio"/> Plastics Processing |
| <input type="radio"/> Electric & Electronic Components | <input type="radio"/> Plastics\Synthetics |
| <input type="radio"/> Electroplating | <input type="radio"/> Porcelain Enamel |
| <input type="radio"/> Explosives Manufacturing | <input type="radio"/> Printing and Publishing |
| <input type="radio"/> Food\Edible Products Processor | <input type="radio"/> Pulp and Paper |
| <input type="radio"/> Foundries | <input type="radio"/> Rubber |
| <input type="radio"/> Gum & Wood Chemicals | <input type="radio"/> Soaps and Detergents |
| <input type="radio"/> Inorganic Chemicals | <input type="radio"/> Steam Electric |
| <input type="radio"/> Iron & Steel | <input type="radio"/> Textile Mills |
| <input type="radio"/> Leather Tanning & Finishing | <input type="radio"/> Timber |
| <input type="radio"/> Mechanical Products | <input type="radio"/> Slaughter\Meat Packing\Rendering |

2. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts. (Use additional sheets if necessary).

3. Manufacturing process will be: Continuous Batch

4. Principal product(s) produced: _____

Industry: _____

5. Is this industry subject to EPA Categorical Pretreatment Standards? Yes No
(facilities checking any of the items listed in Section D1 may be a categorical industry)
If yes, state which standards apply: _____

Will the discharge comply with these standards? Yes No

6. Raw materials and process additives used (Please attach any Material Safety Data Sheets (MSDS)):

7. Are any process changes or expansions planned during the next three years?
 Yes No

If yes, attach a separate sheet to this form describing the nature of the planned changes or expansions.

8. This facility will generate the following types of wastes (check all that apply):

Average gallons per month

- | | | |
|---|-------|--|
| a. <input type="radio"/> Restrooms, showers, etc. | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| b. <input type="radio"/> Cooling water, non-contact | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| c. <input type="radio"/> Boiler/Tower blowdown | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| d. <input type="radio"/> Cooling water, contact | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| e. <input type="radio"/> Process | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| f. <input type="radio"/> Equipment/Facility wash down | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| g. <input type="radio"/> Air Pollution Control | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| h. <input type="radio"/> Storm water runoff to sewer | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| i. <input type="radio"/> Other (describe): | _____ | <input type="radio"/> estimated <input type="radio"/> measured |

TOTAL - 8a to 8i:

9. Wastes will be discharged to (check all that apply):

Average gallons per month

- | | | |
|---|-------|--|
| <input type="radio"/> Sanitary Sewer | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Storm sewer | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Surface Water | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Ground Water | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Waste Haulers | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Evaporation | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Other (describe): | _____ | <input type="radio"/> estimated <input type="radio"/> measured |

TOTAL _____

Note: If you did not check one or more of the items listed in Section D, Items 8d through 8i above, please proceed to, and complete Section I of this survey questionnaire. If any of the items in 8d through 8i were checked, complete the remainder of this survey questionnaire.

SECTION E - SEWER INFORMATION

1. Do you plan to meter your wastewater discharge to the sewer system?

Yes No

Meter will be located: In-Plant Outside metering manhole

2. Will the discharge to the sewer system be: Intermittent Continuous

3. Is industrial waste segregated or combined with domestic waste?

Combined Segregated

If combined, with which wastes? _____

4. List average water usage for process purposes, resultant average wastewater discharge and average rate of product production.

	Process A	Process B	Process C
a. Process description	_____	_____	_____
b. SIC Code	_____	_____	_____
c. Is process (check)	<input type="checkbox"/> batch <input type="checkbox"/> continuous <input type="checkbox"/> both	<input type="checkbox"/> batch <input type="checkbox"/> continuous <input type="checkbox"/> both	<input type="checkbox"/> batch <input type="checkbox"/> continuous <input type="checkbox"/> both
d. If batch, number per day	_____	_____	_____

5. Is this industry subject to EPA Categorical Pretreatment Standards? Yes No
(facilities checking any of the items listed in Section D1 may be a categorical industry)
If yes, state which standards apply: _____

Will the discharge comply with these standards? Yes No

6. Raw materials and process additives used (Please attach any Material Safety Data Sheets (MSDS)):

7. Are any process changes or expansions planned during the next three years?
 Yes No
If yes, attach a separate sheet to this form describing the nature of the planned changes or expansions.

8. This facility will generate the following types of wastes (check all that apply):

Average gallons per month

- | | | |
|---|-------|--|
| a. <input type="radio"/> Restrooms, showers, etc. | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| b. <input type="radio"/> Cooling water, non-contact | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| c. <input type="radio"/> Boiler/Tower blowdown | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| d. <input type="radio"/> Cooling water, contact | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| e. <input type="radio"/> Process | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| f. <input type="radio"/> Equipment/Facility wash down | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| g. <input type="radio"/> Air Pollution Control | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| h. <input type="radio"/> Storm water runoff to sewer | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| i. <input type="radio"/> Other (describe): | _____ | <input type="radio"/> estimated <input type="radio"/> measured |

TOTAL - 8a to 8i: _____

9. Wastes will be discharged to (check all that apply):

Average gallons per month

- | | | |
|---|-------|--|
| <input type="radio"/> Sanitary Sewer | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Storm sewer | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Surface Water | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Ground Water | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Waste Haulers | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Evaporation | _____ | <input type="radio"/> estimated <input type="radio"/> measured |
| <input type="radio"/> Other (describe): | _____ | <input type="radio"/> estimated <input type="radio"/> measured |

TOTAL _____

Note: If you did not check one or more of the items listed in Section D, Items 8d through 8i above, please proceed to, and complete Section I of this survey questionnaire. If any of the items in 8d through 8i were checked, complete the remainder of this survey questionnaire.

SECTION E - SEWER INFORMATION

1. Do you plan to meter your wastewater discharge to the sewer system?

- Yes No

Meter will be located: In-Plant Outside metering manhole

2. Will the discharge to the sewer system be: Intermittent Continuous

3. Is industrial waste segregated or combined with domestic waste?

- Combined Segregated

If combined, with which wastes? _____

4. List average water usage for process purposes, resultant average wastewater discharge and average rate of product production.

	Process A	Process B	Process C
a. Process description	_____	_____	_____
b. SIC Code	_____	_____	_____
c. Is process (check)	__ batch	__ batch	__ batch
	__ continuous	__ continuous	__ continuous
	__ both	__ both	__ both
d. If batch, number per day	_____	_____	_____

- f. Average water use * _____
- g. Average wastewater discharge * _____
- h. Peak wastewater discharge * _____
- i. Is wastewater discharge _____ batch _____ batch _____ batch
 _____ continuous _____ continuous _____ continuous
 _____ both _____ both _____ both
- j. If batch, number per day _____
- k. Average rate of product production _____
 (specify units) _____
- * gallons/day

5. Please list the following discharge flows and specify units:

	<u>Units</u>
Average daily flow _____	_____
Average weekly flow _____	_____
Peak daily flow _____	_____
Maximum monthly flow _____	_____

6. Period of Maximum Discharge (time) _____ Rate (gph) _____
 Period of Minimum Discharge (time) _____ Rate (gph) _____

7. Plant sewer connections to public systems. (List multiple connections separately).

	<u>Size of Plant Sewers</u>	<u>Pipe Material</u>	<u>Is Connection at a Manhole?</u>	<u>Location</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

8. Does your facility have any floor drains which tie into the sanitary sewer system?
 Yes No

If yes, please specify locations, drain pipe sizes and floor drain use. Also, indicate what protective measures have been taken to prevent the discharge of process wastewater or chemical spills or leaks to the sanitary sewer system through these drains (Use additional sheets if necessary).

PLEASE PROVIDE 2 COPIES OF SITE PLAN, NOTING ALL DRAINS, PROCESS WATER PIPING, PRETREATMENT EQUIPMENT, ETC.

SECTION F - CHARACTERISTICS OF DISCHARGES

1. Indicate by checking the constituents that will, or may be present in your wastewater discharge as a result of your plant's operations.

- | | |
|---|---|
| <input type="radio"/> Algicides | <input type="radio"/> Oil and Grease (animal/vegetable) |
| <input type="radio"/> Ammonia | <input type="radio"/> Oil and Grease (petroleum) |
| <input type="radio"/> Coolants | <input type="radio"/> Pesticides |
| <input type="radio"/> Disinfectants | <input type="radio"/> PCB's |
| <input type="radio"/> Dissolved Metals & Cyanide* | <input type="radio"/> Phosphorus |
| <input type="radio"/> Dyes, Paints, or Inks | <input type="radio"/> Radioactive Substances** |
| <input type="radio"/> Flammable Substances | <input type="radio"/> Rubber, Latex, Plastic, Glass |
| <input type="radio"/> Fluorides | <input type="radio"/> Salt Brines |
| <input type="radio"/> Grindings or Metal Shavings | <input type="radio"/> Shredded Garbage |
| <input type="radio"/> High pH (caustics etc.) | <input type="radio"/> Solvents** |
| <input type="radio"/> High Temperature Wastes | <input type="radio"/> Sulfates |
| <input type="radio"/> Hydrocarbons | <input type="radio"/> Sulfides |
| <input type="radio"/> Low pH (acids) | <input type="radio"/> Surfactants (detergents) |
| <input type="radio"/> Nitrates | |
| <input type="radio"/> Others: _____ | |

* Metals include antimony, arsenic, cadmium, chromium, copper, lead, manganese, mercury, nickel, silver, and zinc.

** Specify: _____

2. If any wastewater analyses have been performed on the wastewater discharges from your facilities, attach a copy of the three most recent reports to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken. (Attach sketches, plans, etc. as necessary)

3. Does your company keep a continuous record of wastewater pH? Yes No

SECTION G - WASTEWATER PRETREATMENT

1. Is any form of pretreatment (see list below) used or planned for this facility?

- Yes No

If no, skip to Section H.

2. Check below the type of pretreatment in use or planned for this facility.

- Air flotation
- Centrifuge
- Chemical precipitation
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation - Type: _____
- Grease trap
- Grit removal
- Ion exchange
- Neutralization/pH adjustment
- Ozonation
- Reverse osmosis
- Screens
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment - type: _____
- Rainwater diversion or storage: _____
- Other chemical treatment: _____
- Other physical treatment: _____
- No pretreatment provided
- Other: _____

3. Please furnish a process flow diagram and copies of any design drawings for any existing or planned pretreatment system. Include process equipment by-products, by-product disposal method, concentrations, waste and by-product volumes, design and operating conditions.

4. Are any additions or modifications planned for the existing pretreatment process within the next three (3) years?

- Yes No

5. Does your facility have a spill prevention and containment plan in effect.

- Yes No

If yes, provide a copy of the plan with this questionnaire.

SECTION H - NON-DISCHARGED WASTES

1. Will there be any wastes, by-products, or sludges received or generated and not disposed of in the sewer system? Yes No

If no, skip the remainder of Section H. If yes, these wastes may best be described and quantified as (check all that apply):

	<u>Estimated Quantity per Year</u>	<u>Units</u>
<input type="radio"/> Acid and Alkalies	_____	_____
<input type="radio"/> Grease	_____	_____
<input type="radio"/> Heavy Metals	_____	_____
<input type="radio"/> Herbicides	_____	_____
<input type="radio"/> Inks /Dyes	_____	_____
<input type="radio"/> Oil	_____	_____
<input type="radio"/> Organic Compounds	_____	_____
<input type="radio"/> Paints	_____	_____
<input type="radio"/> Pesticides	_____	_____
<input type="radio"/> Plating Wastes	_____	_____
<input type="radio"/> Pretreatment Sludges	_____	_____
<input type="radio"/> Thinners	_____	_____
<input type="radio"/> Waste Solvents	_____	_____
<input type="radio"/> Other (Specify): _____	_____	_____

2. For the above checked wastes, does your company practice:
 On-site storage On-site disposal Off-site storage Off-site disposal

3. Describe methods of storing these wastes, including storage locations, size and type of containers, and methods for containing leaks and spills.

4. If an outside firm will remove any of the above checked wastes, state the name(s) and address(es) of the waste haulers:

1. _____	2. _____
_____	_____
_____	_____
_____	_____

Permit No.: _____

Permit No.: _____

5. Will any of your substances require Resource Conservation and Recovery Act (RCRA) Permits? Yes No

If yes, please specify: _____

EPA Generator Number: _____

SECTION I - CERTIFICATION

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 questionnaire 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.

Signature of Official

Date

Note to signing official: In accordance with Title 40 of the Code of Federal Regulations (CFR), Part 403, Section 403.14, the information and data provided in this questionnaire, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR, Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.