

**NEWTOWN, BUCKS COUNTY,  
JOINT MUNICIPAL AUTHORITY**  
**Wastewater Discharge Questionnaire**  
(Revised October 2011)

**SECTION A - GENERAL INFORMATION**

1. Company Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Facility Location (if different from mailing address): \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Name and Title of Facility Contact Person: \_\_\_\_\_

\_\_\_\_\_ Phone No.: \_\_\_\_\_

5. Name and Title of Alternate Contact Person: \_\_\_\_\_

\_\_\_\_\_ Phone No.: \_\_\_\_\_

6. Standard Industrial Classification (SIC) Code(s): \_\_\_\_\_

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

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

8. Do you have an NPDES Permit?  Yes  No If yes, Permit No. \_\_\_\_\_  
(Please provide a copy of your permit with this questionnaire)

Company Name: \_\_\_\_\_

9. Is discharge proposed or existing?       Proposed     Existing  
If proposed, anticipated date of discharge commencement: \_\_\_\_\_

10. Number of Employees: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_

Shift hours: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Employees/Shift: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Number of Days/Week facility will be in operation:

\_\_\_\_\_

11. Is operation subject to seasonal variation?     Yes     No

If yes, list months of peak operation: \_\_\_\_\_

12. 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 or will be the source and volume of facility water used?:

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

2. Name on the water bill:

\_\_\_\_\_

3. Water Service Account Number(s): (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Average gallons per month

- a.  Restrooms, showers, etc. \_\_\_\_\_  estimated  measured
- b.  Cooling water, non-contact \_\_\_\_\_  estimated  measured
- c.  Boiler/Tower blowdown \_\_\_\_\_  estimated  measured
- d.  Cooling water, contact \_\_\_\_\_  estimated  measured
- e.  Process \_\_\_\_\_  estimated  measured
- f.  Equipment/Facility wash down \_\_\_\_\_  estimated  measured
- g.  Air Pollution Control \_\_\_\_\_  estimated  measured
- h.  Storm water runoff to sewer \_\_\_\_\_  estimated  measured
- i.  Other (describe): \_\_\_\_\_  estimated  measured

**TOTAL - 4a to 4i :** \_\_\_\_\_

5. Wastes are or will be discharged to (check all that apply):

Average gallons per month

- Sanitary Sewer \_\_\_\_\_  estimated  measured
- Storm sewer \_\_\_\_\_  estimated  measured
- Surface Water \_\_\_\_\_  estimated  measured
- Ground Water \_\_\_\_\_  estimated  measured
- Waste Haulers \_\_\_\_\_  estimated  measured
- Evaporation \_\_\_\_\_  estimated  measured
- Other (describe): \_\_\_\_\_  estimated  measured

**TOTAL** \_\_\_\_\_

**Note:** If you did not check one or more of the items listed in Section B, Items 4c through 4i above, please proceed to, and complete Section I of this survey questionnaire. If any of the items in 4c through 4i were checked, complete the remainder of this survey questionnaire.

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

1. Using the following discharge criteria, please check the appropriate box after each listed chemical on the following 2 pages:
  - **Known Discharged** - present in the wastewater discharge.
  - **Potentially Discharged** - possibly or potentially present in the wastewater discharge.
  - **Used But Not Discharged** - used, or 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, or they are contained in any compounds used 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.

EPA  
Priority Pollutants

<u>Chemical Compound</u>	<u>Known</u> <u>Discharged</u>	<u>Suspected</u> <u>Discharged</u>	<u>Used but Not</u> <u>Discharged</u>	<u>Chemical Compound</u>	<u>Known</u> <u>Discharged</u>	<u>Suspected</u> <u>Discharged</u>	<u>Used but Not</u> <u>Discharged</u>
1. Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. 3,3-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. 1,1-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. 1,2-trans-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. 2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. 1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. 1,2-dichloropropylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. 2,4-dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. 2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. 2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. 1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 1,1,1-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. 1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. 4-chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. 1,1,2-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. 4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. 1,1,2,2-tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Bis(2-chloroisopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Bis(2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Bis(2-chloroethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Methyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. 2-chloroethyl vinyl ethers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Methyl bromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. 2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Bromoform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. 2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Dichlorobromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Parachlorometa cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. 2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Chlorodibromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. 1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. 1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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55. Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83. Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. 2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85. Tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. 4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86. Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. 2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87. Trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. 4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88. Vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89. Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. N-nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. N-nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91. Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92. 4,4-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93. 4,4-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Bis(2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94. 4,4-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95. Alpha-endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Di-N-Butyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96. Beta-endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97. Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Diethyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98. Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99. Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. benzo(a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Benzo(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101. Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Benzo(b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102. Alpha-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Benzo(b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103. Beta-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104. Gamma-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105. Delta-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106. PCB-1242 (Arochlor 1242)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Benzo(ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107. PCB-1254 (Arochlor 1254)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108. PCB-1221 (Arochlor 1221)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109. PCB-1232 (Arochlor 1232)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Dibenzo(h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110. PCB-1248 (Arochlor 1248)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Priority Pollutants

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111. PCB-1260 (Arochlor 1260)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
112. PCB-1016 (Arochlor 1016)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
113. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
114. Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
115. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
116. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
117. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
118. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
119. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
120. Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
121. Cyanide, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
122. Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
123. Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
124. Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
125. Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
126. Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
127. Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
128. Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
129. 2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Company Name: \_\_\_\_\_

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

Other: \_\_\_\_\_

2. Manufacturing process will be:  Continuous  Batch

3. Principal product(s) produced: \_\_\_\_\_

4. 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



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

\_\_\_\_\_

\_\_\_\_\_

6. 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.

**SECTION E - SEWER INFORMATION**

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

Yes  No

Meter will be located:  In-Facility  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__ continuous both__	batch continuous both_	__ batch __ continuous __ both
d. If batch, number per day	_____	_____	_____
f. Average water use *	_____	_____	_____
g. Average wastewater discharge *	_____	_____	_____
h. Peak wastewater discharge *	_____	_____	_____
i. Is wastewater discharge	batch__ continuous both__	batch __ continuous both	__ batch __ continuous __ both
j. If batch, number per day	_____	_____	_____
k. Average rate of product production (specify units)	_____	_____	_____

\* gallons/day

Company Name: \_\_\_\_\_

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. Facility sewer connections to public systems. (List multiple connections separately).

Size of Facility <u>Sewers</u>	Pipe <u>Material</u>	Is Connection <u>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).

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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 facility's operations.

- |  |  |
|--|--|
| <input type="checkbox"/> Algicides                   | <input type="checkbox"/> Oil and Grease (animal/vegetable) |
| <input type="checkbox"/> Ammonia                     | <input type="checkbox"/> Oil and Grease (petroleum)        |
| <input type="checkbox"/> Coolants                    | <input type="checkbox"/> Pesticides                        |
| <input type="checkbox"/> Disinfectants               | <input type="checkbox"/> PCB's                             |
| <input type="checkbox"/> Dissolved Metals & Cyanide* | <input type="checkbox"/> Phosphorus                        |
| <input type="checkbox"/> Dyes, Paints, or Inks       | <input type="checkbox"/> Radioactive Substances**          |

Company Name: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Flammable Substances        | <input type="checkbox"/> Rubber, Latex, Plastic, Glass |
| <input type="checkbox"/> Fluorides                   | <input type="checkbox"/> Salt Brines                   |
| <input type="checkbox"/> Grindings or Metal Shavings | <input type="checkbox"/> Shredded Garbage              |
| <input type="checkbox"/> High pH (caustics etc.)     | <input type="checkbox"/> Solvents**                    |
| <input type="checkbox"/> High Temperature Wastes     | <input type="checkbox"/> Sulfates                      |
| <input type="checkbox"/> Hydrocarbons                | <input type="checkbox"/> Sulfides                      |
| <input type="checkbox"/> Low pH (acids)              | <input type="checkbox"/> Surfactants (detergents)      |
| <input type="checkbox"/> Nitrates                    |  |
| <input type="checkbox"/> 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 the type of pretreatment process or equipment used 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

Company Name: \_\_\_\_\_

- 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="checkbox"/> Acid and Alkalies	_____	_____
<input type="checkbox"/> Grease	_____	_____
<input type="checkbox"/> Heavy Metals	_____	_____
<input type="checkbox"/> Herbicides	_____	_____
<input type="checkbox"/> Inks /Dyes	_____	_____
<input type="checkbox"/> Oil	_____	_____
<input type="checkbox"/> Organic Compounds	_____	_____

Company Name: \_\_\_\_\_

Estimated Quantity per Year   Units

- Paints \_\_\_\_\_
- Pesticides \_\_\_\_\_
- Plating Wastes \_\_\_\_\_
- Pretreatment Sludges \_\_\_\_\_
- Thinners \_\_\_\_\_
- Waste Solvents \_\_\_\_\_
- 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.