

9. Date(s) Facilities Constructed/Expanded: _____

10. This facility generates the following types of wastes (check all that apply):

	Avg. gallons per day	Estimated	Measured
<input type="checkbox"/> a. Domestic wastes (restrooms, employee showers, etc.)	_____	_____	_____
<input type="checkbox"/> b. Cooling water, non-contact	_____	_____	_____
<input type="checkbox"/> c. Boiler/Tower blowdown	_____	_____	_____
<input type="checkbox"/> d. Cooling Tower, contact	_____	_____	_____
<input type="checkbox"/> e. Process	_____	_____	_____
<input type="checkbox"/> f. Equipment/Facility washdown	_____	_____	_____
<input type="checkbox"/> g. Air Pollution Control Unit	_____	_____	_____
<input type="checkbox"/> h. Storm water runoff to sewer	_____	_____	_____
<input type="checkbox"/> i. Other (describe) _____	_____	_____	_____

11. Wastes are discharged to (check all that apply):

	Avg. gallons per day	Estimated	Measured
<input type="checkbox"/> a. Sanitary sewer*	_____	_____	_____
<input type="checkbox"/> b. Storm sewer	_____	_____	_____
<input type="checkbox"/> c. Surface water	_____	_____	_____
<input type="checkbox"/> d. Ground water	_____	_____	_____
<input type="checkbox"/> e. Waste haulers	_____	_____	_____
<input type="checkbox"/> f. Evaporation	_____	_____	_____
<input type="checkbox"/> g. Other (describe) _____	_____	_____	_____

* List date facility began discharging to City sewer: _____

12. Provide name and address of waste hauler(s), if used:

13. Is a Spill Prevention Control and Countermeasure Plan prepared for this facility? yes no

Note: If your facility did not check one or more of the items listed in 10.d through 10.i, then you do not need to complete any further sections in this questionnaire. If any items 10.d through 10.i were checked, complete the remainder of this questionnaire.

SECTION B - FACILITY OPERATION CHARACTERISTICS

1. Number of shifts per work day _____ 2. Number of work days per week _____

3. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____ Total _____

4. Shift start times: 1st _____ 2nd _____ 3rd _____

Note: The following information in this section must be completed for each product line.

5. Principal product produced: _____

6. Raw materials and process additives used: _____

7. Raw water source (City, County, other, explain): _____

8. Production process is: Batch Continuous Both; _____ % Batch _____ % Continuous
9. Is production subject to seasonal variation? yes no If yes, briefly describe seasonal production cycle.
-
10. 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 planned changes or expansions.

SECTION C - WASTEWATER INFORMATION

1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place check mark beside the category or business activity (check all that apply).

a. 34 Industrial Categories:

- | | | |
|--|--|---|
| 1) <input type="checkbox"/> Adhesives | 13) <input type="checkbox"/> Inorganic Chemicals | 25) <input type="checkbox"/> Plastics & Synthetic Materials |
| 2) <input type="checkbox"/> Aluminum forming | 14) <input type="checkbox"/> Iron & Steel | 26) <input type="checkbox"/> Plastics Processing |
| 3) <input type="checkbox"/> Auto & Other Laundries | 15) <input type="checkbox"/> Leather Tanning & Finishing | 27) <input type="checkbox"/> Porcelain Enamel |
| 4) <input type="checkbox"/> Battery Manufacturing | 16) <input type="checkbox"/> Mechanical Products | 28) <input type="checkbox"/> Printing & Publishing |
| 5) <input type="checkbox"/> Coal Mining | 17) <input type="checkbox"/> Nonferrous Metals | 29) <input type="checkbox"/> Pulp & Paper |
| 6) <input type="checkbox"/> Coil coating | 18) <input type="checkbox"/> Ore Mining | 30) <input type="checkbox"/> Rubber |
| 7) <input type="checkbox"/> Copper Forming | 19) <input type="checkbox"/> Organic Chemicals | 31) <input type="checkbox"/> Soaps & Detergents |
| 8) <input type="checkbox"/> Electric & Electronic Components | 20) <input type="checkbox"/> Paint & Ink | 32) <input type="checkbox"/> Steam Electric |
| 9) <input type="checkbox"/> Electroplating | 21) <input type="checkbox"/> Pesticides | 33) <input type="checkbox"/> Textile Mills |
| 10) <input type="checkbox"/> Explosives Manufacturing | 22) <input type="checkbox"/> Petroleum Refining | 34) <input type="checkbox"/> Timber |
| 11) <input type="checkbox"/> Foundries | 23) <input type="checkbox"/> Pharmaceuticals | |
| 12) <input type="checkbox"/> Gum & Wood Chemicals | 24) <input type="checkbox"/> Photographic Supplies | |

- b. Other Business Activity: Beverage Bottler Food/Edible Products Processor
 Dairy Products Slaughter/Meat Packing/Rendering

2. Pretreatment devices/processes used for treating wastewater or sludge (check as many as appropriate).

- | | |
|--|---|
| <input type="checkbox"/> No treatment provided | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Ion Exchange | |
| <input type="checkbox"/> Neutralization, pH Correction | |
| <input type="checkbox"/> Grease or oil separation, type: _____ | |
| <input type="checkbox"/> Biological treatment, type: _____ | |
| <input type="checkbox"/> Rainwater diversion or storage: _____ | |
| <input type="checkbox"/> Other chemical treatment, type: _____ | |
| <input type="checkbox"/> Other physical treatment, type: _____ | |
| <input type="checkbox"/> Other, type: _____ | |

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

4. Priority Pollutant Information: Please place an "X" in the appropriate box by each listed chemical, whether it is "suspected to be absent", "known to be absent", "suspected to be present" or "known to be present" in your manufacturing or service activity or generated as a by-product.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/Day
a. Metals & Inorganics					
1) Antimony	[]	[]	[]	[]	_____
2) Arsenic	[]	[]	[]	[]	_____
3) Asbestos	[]	[]	[]	[]	_____
4) Beryllium	[]	[]	[]	[]	_____
5) Cadmium	[]	[]	[]	[]	_____
6) Chromium	[]	[]	[]	[]	_____
7) Copper	[]	[]	[]	[]	_____
8) Cyanide	[]	[]	[]	[]	_____
9) Lead	[]	[]	[]	[]	_____
10) Mercury	[]	[]	[]	[]	_____
11) Nickel	[]	[]	[]	[]	_____
12) Selenium	[]	[]	[]	[]	_____
13) Silver	[]	[]	[]	[]	_____
14) Thallium	[]	[]	[]	[]	_____
15) Zinc	[]	[]	[]	[]	_____
b. Phenols & Cresols					
16) Phenol	[]	[]	[]	[]	_____
17) 2-chlorophenol	[]	[]	[]	[]	_____
18) 2,4-dichlorophenol	[]	[]	[]	[]	_____
19) 2,4,6-trichlorophenol	[]	[]	[]	[]	_____
20) Pentachlorophenol	[]	[]	[]	[]	_____
21) 2-nitrophenol	[]	[]	[]	[]	_____
22) 4-nitrophenol	[]	[]	[]	[]	_____
23) 2,4-dinitrophenol	[]	[]	[]	[]	_____
24) 2,4-dimethylphenol	[]	[]	[]	[]	_____
25) Parachlorometa cresol	[]	[]	[]	[]	_____
26) 4,6-dinitro-o-cresol	[]	[]	[]	[]	_____
c. Monocyclic Aromatics (excluding phenols, cresols & phthalates)					
27) Benzene	[]	[]	[]	[]	_____
28) Chlorobenzene	[]	[]	[]	[]	_____
29) 1,2-dichlorobenzene	[]	[]	[]	[]	_____
30) 1,3-dichlorobenzene	[]	[]	[]	[]	_____
31) 1,4-dichlorobenzene	[]	[]	[]	[]	_____
32) 1,2,4-trichlorobenzene	[]	[]	[]	[]	_____
33) Hexachlorobenzene	[]	[]	[]	[]	_____
34) Ethylbenzene	[]	[]	[]	[]	_____
35) Nitrobenzene	[]	[]	[]	[]	_____
36) Toluene	[]	[]	[]	[]	_____
37) 2,4-dinitro toluene	[]	[]	[]	[]	_____
38) 2,6-dinitro toluene	[]	[]	[]	[]	_____
d. PCBs & Related Compounds					
39) PCB-1016	[]	[]	[]	[]	_____
40) PCB-1221	[]	[]	[]	[]	_____
41) PCB-1232	[]	[]	[]	[]	_____
42) PCB-1242	[]	[]	[]	[]	_____
43) PCB-1248	[]	[]	[]	[]	_____
44) PCB-1254	[]	[]	[]	[]	_____
45) PCB-1260	[]	[]	[]	[]	_____
46) 2-chloronaphthalene	[]	[]	[]	[]	_____
e. Ethers					
47) Bis(2-chloroethyl) ether	[]	[]	[]	[]	_____
48) Bis(2-chloroisopropyl) ether	[]	[]	[]	[]	_____
49) 2-chloroethyl vinyl ether	[]	[]	[]	[]	_____
50) 4-bromophenyl phenyl ether	[]	[]	[]	[]	_____
51) 4-chlorophenyl phenyl ether	[]	[]	[]	[]	_____
52) Bis(2-chloroethoxy) methane	[]	[]	[]	[]	_____

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/Day
f. Nitrosamines & Other Nitrogen-Containing Compounds					
53) N-nitrosodimethylamine	[]	[]	[]	[]	_____

54) N-nitrosodiphenylamine	[]	[]	[]	[]	_____
55) N-nitrosodi-n-propylamine	[]	[]	[]	[]	_____
56) Benzidine	[]	[]	[]	[]	_____
57) Benzidine, 3,3-dichloro	[]	[]	[]	[]	_____
58) 1,2-diphenylhydrazine	[]	[]	[]	[]	_____
59) Acrylonitrile	[]	[]	[]	[]	_____
g. Halogenated Aliphatic					
60) Methyl bromide	[]	[]	[]	[]	_____
61) Methyl chloride	[]	[]	[]	[]	_____
62) Methylene chloride	[]	[]	[]	[]	_____
63) Chlorodibromomethane	[]	[]	[]	[]	_____
64) Dichlorobromomethane	[]	[]	[]	[]	_____
65) Bromoform	[]	[]	[]	[]	_____
66) Chloroform	[]	[]	[]	[]	_____
67) Carbon tetrachloride	[]	[]	[]	[]	_____
68) 1,1-dichloroethane	[]	[]	[]	[]	_____
69) 1,2-dichloroethane	[]	[]	[]	[]	_____
70) 1,1,1-trichloroethane	[]	[]	[]	[]	_____
71) 1,1,2-trichloroethane	[]	[]	[]	[]	_____
72) 1,1,2,2-tetrachloroethane	[]	[]	[]	[]	_____
73) Chloroethane	[]	[]	[]	[]	_____
74) Hexachloroethane	[]	[]	[]	[]	_____
75) Vinyl chloride	[]	[]	[]	[]	_____
76) 1,1-dichloroethylene	[]	[]	[]	[]	_____
77) 1,2-trans-dichloroethylene	[]	[]	[]	[]	_____
78) Trichloroethylene	[]	[]	[]	[]	_____
79) Tetrachloroethylene	[]	[]	[]	[]	_____
80) 1,2-dichloropropane	[]	[]	[]	[]	_____
81) 1,3-dichloropropylene	[]	[]	[]	[]	_____
82) Hexachlorobutadiene	[]	[]	[]	[]	_____
83) Hexachlorocyclopentadiene	[]	[]	[]	[]	_____
h. Phthalate Esters					
84) Dimethyl phthalate	[]	[]	[]	[]	_____
85) Diethyl phthalate	[]	[]	[]	[]	_____
86) Di-n-butyl phthalate	[]	[]	[]	[]	_____
87) Di-n-octyl phthalate	[]	[]	[]	[]	_____
88) Bis(2-ethylhexyl) phthalate	[]	[]	[]	[]	_____
89) Butyl benzyl phthalate	[]	[]	[]	[]	_____
i. Polycyclic Aromatic Hydrocarbons					
90) Acenaphthene	[]	[]	[]	[]	_____
91) Acenaphthylene	[]	[]	[]	[]	_____
92) Anthracene	[]	[]	[]	[]	_____
93) Benzo(a) anthracene	[]	[]	[]	[]	_____
94) Benzo(b) anthracene	[]	[]	[]	[]	_____
95) Benzo(k) fluoranthene	[]	[]	[]	[]	_____
96) Benzo(g,h,i) perylene	[]	[]	[]	[]	_____
97) Benzo(a) pyrene	[]	[]	[]	[]	_____
98) Chrysene	[]	[]	[]	[]	_____
99) Dibenzo(a,h) anthracene	[]	[]	[]	[]	_____
100) Fluoranthene	[]	[]	[]	[]	_____
101) Fluorene	[]	[]	[]	[]	_____
102) Indeno(1,2,3-cd) pyrene	[]	[]	[]	[]	_____
103) Naphthalene	[]	[]	[]	[]	_____
104) Phenanthrene	[]	[]	[]	[]	_____
105) Pyrene	[]	[]	[]	[]	_____
i. Pesticides					
106) Acrolein	[]	[]	[]	[]	_____
107) Aldrin	[]	[]	[]	[]	_____
108) BHC (alpha)	[]	[]	[]	[]	_____

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/Day
109) BHC (beta)	[]	[]	[]	[]	_____
110) BHC (gamma) or Lindane	[]	[]	[]	[]	_____
111) BHC (delta)	[]	[]	[]	[]	_____
112) Chlordane	[]	[]	[]	[]	_____

113) 4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
114) 4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
115) 4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
116) Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
117) Endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
118) Endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
119) Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
120) Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
121) Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
122) Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
123) Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
124) Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
125) TCDD (or dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
126) Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the Material Safety Data sheets (MSDS) for such products.

SECTION D - OTHER WASTES

1. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

- Yes (If yes, complete items 2 and 3.) No (If no, skip remainder of section D.)

2. These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids & Alkalis	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil &/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	<div style="border: 1px solid black; width: 200px; height: 15px;"></div>
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (specify)	_____
_____	_____
_____	_____
<input type="checkbox"/> Other Wastes (specify)	_____
_____	_____
_____	_____

3. For the above checked wastes, does your company practice:

- On-site Storage Off-site Storage On-site Disposal Off-site Disposal

Briefly describe the method(s) of storage or disposal checked above.