



INDUSTRIAL WASTE QUESTIONNAIRE

Note: Please read all attached instructions prior to completing this application.

SECTION A - GENERAL INFORMATION

1. Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

b. Is the operator identified in 1.a. the owner of the facility? Yes [ ] No [ ]

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

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

2. Facility Address:

Street : \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Business Mailing Address:

Street or P.O. Box: \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Designated signatory authority of the facility (attach similar information for each authorized representative):

Name : \_\_\_\_\_  
Title : \_\_\_\_\_  
Address: \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

5. Designated facility contact:

Name : \_\_\_\_\_  
Title : \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

6. Facility Category – Check the one box which you believe represents the most accurate description of your facility and its discharges.

Industrial Manufacturing

- a. \_\_\_\_\_ subject to Federal EPA Categorical Standards
- b. \_\_\_\_\_ discharging toxic substances/prohibited pollutants but not subject to federal EPA Categorical Standards.
- c. \_\_\_\_\_ discharging or having the potential to discharge hi-level conventional (BOD, TSS, pH, oil & grease, fecal coliforms) pollutant loads.
- d. \_\_\_\_\_ sanitary or non-toxic discharges, but using solvents, toxic and/or hazardous chemicals that could potentially be discharged to the sewers.
- e. \_\_\_\_\_ discharging only sanitary wastes and/or non-toxic discharges.

Non-Manufacturing/Commercial

\_\_\_\_\_ non-manufacturing businesses that generate only a small amount of domestic waste from their employees.

\_\_\_\_\_ non-manufacturing businesses that generate domestic waste but may potentially discharge one or more conventional pollutants (BOD, TSS, pH, oil and grease, fecal coliform) at higher levels. (Example: restaurants, grease)

Miscellaneous

- a. \_\_\_\_\_ Residential
- b. \_\_\_\_\_ Housing developments or apartment complexes that have no possibility of generating a process waste.
- c. \_\_\_\_\_ Schools or governmental agencies that generate only domestic waste from students or employees.
- d. \_\_\_\_\_ Governmental or Quasi-public agencies

\_\_\_\_\_ discharging toxic substances/prohibited pollutants, but who are not subject to Federal EPA Categorical Standards.

\_\_\_\_\_ sanitary or non-toxic discharges using solvents, toxic and/or hazardous chemicals that could potentially be discharged to the sewers.

## SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

### Industrial Categories\*

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastics and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility, including primary products or services (attach additional sheets if necessary):

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3. Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies. List in descending order of importance):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

4. PRODUCT VOLUME:

PRODUCT (Brand Name) (levels with others and no u.l.)	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per day (Daily Units)	
	Average	Maximum	Average	Maximum
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION C - WATER SUPPLY**

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Municipal Water Utility (specify City): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

2. Name of the water bill: \_\_\_\_\_

Name : \_\_\_\_\_  
 Street : \_\_\_\_\_  
 City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Water service account number: \_\_\_\_\_

4. List average water usage on premises:  
 [New facilities may estimate]

	Type	Average Water Usage (gpd)	Indicate Estimated (E) or Measured (M)
a.	Contact cooling water		
b.	Non-contact cooling water		
c.	Boiler feed		
d.	Process		
e.	Sanitary		
f.	Air pollution control		
g.	Contained in product		
h.	Plant and equipment washdown		
i.	Irrigation and lawn watering		
j.	Other		
k.	TOTAL of a through j		

**SECTION D – SEWER INFORMATION**

1. a. For an Existing Business:

Is the building presently connected to the public sanitary sewer system?

Yes: Sanitary sewer account number: \_\_\_\_\_  
 No: Have you applied for a sanitary sewer hookup?     Yes     No

b. For a New Business:

(i) Will you be occupying an existing vacant building (such as in an industrial park)?  
 Yes     No

(ii) Have you applied for a building permit if a new facility will be constructed?  
 Yes     No

(iii) Will you be connected to the public sanitary sewer system?  
 Yes     No

2. List size, descriptive location, and how flow of each facility sewer which connects to the Town's sewer system (if more than three, attach additional information on another sheet).

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the Town sewer?

- [ ] Yes If the answer to this question is “yes”, complete the remainder of this application.  
[ ] No If the answer to this questions is “no”, skip to Section “H”.

2. Provide the following information on wastewater flow rate.

[New facilities may estimate]

a. Hours/Day Discharged (e.g., 8 hours/day):

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ TH\_\_\_\_\_ F\_\_\_\_\_ SAT\_\_\_\_\_ SUN\_\_\_\_\_

b. Hours of Discharge (e.g., 9 A.M. to 5 P.M.):

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ TH\_\_\_\_\_ F\_\_\_\_\_ SAT\_\_\_\_\_ SUN\_\_\_\_\_

c. Peak Hourly Flow Rate (GPD) \_\_\_\_\_

d. Maximum Daily Flow Rate (GPD) \_\_\_\_\_

e. Annual Daily Average (GPD) \_\_\_\_\_

3. If batch discharge occurs (or will occur), indicate:

[New facilities may estimate]

a. Number of batch discharges per day: \_\_\_\_\_

b. Average discharge per batch (GPD): \_\_\_\_\_

c. Time of batch discharges: \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)

d. Flow rate (gallons/minute): \_\_\_\_\_

e. Percent of Total Discharge: \_\_\_\_\_

4. SCHEMATIC FLOW DIAGRAM:

For each major activity in which wastewater is (or will be) generated, draw a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use wastewater and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit process in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

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Facilities that checked activities in Question 1 of Section B are considered Categorical Industrial Users and should skip to Question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge]

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 AND 7 ONLY IF YOU ARE SUBJECT TO CATEORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge]

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following TTO information.

- a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

Yes  
 No

- b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information?

Yes  
 No

- c. Has a Toxic Organics Management Plan (TOMP) been developed?

Yes (please attach a copy)  
 No

8. Do you have (or plan to have) automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If so, please indicate the present or future locations of this equipment on the sewer schematic and describe the equipment below:

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9. Are any process changes or expansions planned during the next three (3) years that could alter wastewater volumes or characteristics? Consider production process as well as air or water pollution treatment processes that may affect the discharge.

Yes  
 No (skip Question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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11. Are any materials or water reclamation systems in use or planned?

- Yes
- No (skip Question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

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## SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. All measurements, tests and analyses of the characteristics of waters and wastes shall be determined in accordance with the most recent U.S. Environmental Protection Agency-approved methods and procedures (40 C.F.R Part 403 and 40 C.F.R Part 136). Measurements and tests shall be determined at the control manhole provided, or at any suitable sampling site.

Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. New dischargers should fill out Table 1. Tenants filing for a Wastewater Treatment Permit Application must **also** fill out Table 2.

### Table 1

For all (non-regulated) pollutants, and indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used.

### Table 2

Indicate which constituents are present or suspected to be present in effluent (discharge water) in Table 2. Table 2 **MUST** be filled out if filing for a Wastewater Treatment Permit Application.

- a) In addition, tenants applying for a Wastewater Treatment Permit must also provide a list of all chemicals used at the facility. Attach a Material Safety Data Sheet (MSDS) for each chemical.

**Priority Pollutants (from 40 CFR 401.5)**

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthlene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon Tetrachloride								
Chlorobenzene								
1, 2, 4 - Trichlorobenzene								
Hexachlorobenzene								
1, 2 - Dichloroethane								
1,1,1 - Trichloroethane								
Hexachloroethane								
1, 1 - Dichloroethane								
1, 1, 2 - Trichloroethane								
1, 1, 2, 2 - Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl) ether								
17 BIS (chloro methyl) ether								
2 - Chloroethyl vinyl ether								
2 - Chloronaphthalene								
2, 4, 6 - Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2 - Chlorophenol								
1, 2 - Dichlorobenzene								
1, 3 - Dichlorobenzene								
1, 4 - Dichlorobenzene								
3, 3 - Dichlorobenzidine								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
1, 1 - Dichloroethylene								
1, 2 - Trans-Dichloroethylene								
2, 4 - Dichloropheno								
1, 2 - Dichloropropane								
1, 2 - Dichloropropylene								
1, 3 - Dichloropropylene								
2, 4 - Dimethylphenol								
2, 4 - Dinitrotoluene								
2, 6 - Dinitrotoluene								
1, 2 - Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4 - Chlorophenyl phenyl ether								
4 - Bromophenyl phenyl ether								
Bis (2-chlorisopropyl) ether								
Bis (2-chloroethoxy) methane								
Methylene Chloride								
Methyl Chloride								
Methyl Bromide								
Bromoform								
Dichlorobromomethane								
Trichloroflouromethane								
Dichlorodiflouromethane								
Chlorodibromomethane								
Hexachlorobutadlene								
Hexachlorocyclopentadlene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2 - Nitrophenol								
4 - Nitrophenol								
2, 4 - Dinitrophenol								
4, 6 - Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis (2-ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a) anthracene								
Benzo(a) pyrene								
3, 4 - benzofluoranthene								
Benzo(k) fluoranthane								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi) perylene								
Fluorene								
Phenanthrene								
Dibenzo (a,h) anthracene								
Indeno (1, 2, 3 - cd) pyrene								
Pyrene								
Tetrachloroethylene								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Toluene								
Trichloroethylene								
Vinyl Chloride								
Aldrin								
Dieldrin								
Chlordane								
4, 4 <sup>1</sup> - DDT								
4, 4 <sup>1</sup> - DDE								
4, 4 <sup>1</sup> - DDD								
Alpha - endosulfan								
Beta - endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								



Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Alpha - BHC								
Beta - BHC								
Gamma - BHC								
Delta - BHY								
PCB - 1242								
PCB - 1254								
PCB - 1221								
PCB - 1232								
PCB - 1248								
PCB - 1260								
PCB - 1016								
Toxaphene								
(TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD <sub>5</sub>								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH <sub>4</sub> -N								
Oil and Grease								
TSS								
TOC								
Kjeldahl N								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO <sub>4</sub> )								
Sulfide (S)								
Sulfite (SO <sub>3</sub> )								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

**Table 2**

Check the box beside each constituent which is present or suspected to be present in the effluent (discharge water).

Parameter 216	present	Parameter 216	present
Color 00080		Copper 01042	
Ammonia 00610		Iron 01045	
Organic Nitrogen 00605		Lead 01051	
Nitrate 00620		Magnesium 00927	
Nitrite 00615		Manganese 01055	
Phosphorus 00665		Mercury 71900	
Sulfate 00945		Molybdenum 01062	
Sulfide 00745		Nickel 01067	
Sulfite 00740		Selenium 01147	
Bromide 71870		Silver 01077	
Chloride 00940		Potassium 00937	
Cyanide 00720		Sodium 00929	
Fluoride 00951		Thallium 01059	
Aluminum 01105		Titanium 01152	
Antimony 01097		Tin 01102	
Arsenic 01002		Zinc 01092	
Beryllium 01012		Algaecides* 74051	
Barium 01007		Chlorinated organic compounds* 74052	
Boron 01022		Pesticides* 74053	
Cadmium 01027		Oil & grease 00550	
Calcium 00216		Phenols 32730	
Cobalt 01047		Surfactants 38260	
Chromium 01034		Chlorine 50060	
Fecal coliform bacteria 74055		Radioactivity* 74050	

## SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?

Yes

No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three (3) years?

Yes, describe: \_\_\_\_\_

No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

Air flotation

Centrifuge

Chemical precipitation

Chlorination

Cyclone

Filtration

Flow equalization

Grease or oil separation, type: \_\_\_\_\_

Grease trap

Grinding filter

Grit removal

Ion exchange

Neutralization, pH correction

Ozonation

Reverse osmosis

Screen

Sedimentation

Septic tank

Solvent separation

Spill protection

Sump

Biological treatment, type: \_\_\_\_\_

Rainwater diversion or storage

Other chemical treatment, type: \_\_\_\_\_

Other physical treatment, type: \_\_\_\_\_

Other, type: \_\_\_\_\_

4. Description:

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

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5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

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7. Do you have a treatment operator? Yes [ ] No [ ]

(If Yes,) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Full time: \_\_\_\_\_ (specify hours)

Part time: \_\_\_\_\_ (specify hours)

8. Do you have a manual on the correct operation of your treatment equipment?

Yes [ ] No [ ]

9. Do you have a written maintenance schedule for your treatment equipment?

Yes [ ] No [ ]

## SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information:

Work Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Shifts per work day	_____	_____	_____	_____	_____	_____	_____
Empl's Per shift:	1 <sup>st</sup>	_____	_____	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____
	3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____
Shifts start and end times:	1 <sup>st</sup>	_____	_____	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____
	3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

[ ] Continuous through the year, or  
 [ ] Seasonal - Circle the months of the year during which the business activity occurs:

J    F    M    A    M    J    J    A    S    O    N    D

Comments: \_\_\_\_\_  
 \_\_\_\_\_

3. Indicate whether the facility discharge is:

[ ] Continuous through the year, or  
 [ ] Seasonal - Circle the months of the year during which the business activity occurs:

J    F    M    A    M    J    J    A    S    O    N    D

Comments: \_\_\_\_\_  
 \_\_\_\_\_

4. Is there a scheduled shutdown or vacation?     Yes     No

If yes, indicate when:

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5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

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6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (MSDS), if available, for all chemicals identified:

Chemical

Quantity

<u>Chemical</u>	<u>Quantity</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

7. BUILDING LAYOUT:

Draw (to scale) the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

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## SECTION I - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?

Yes  No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?

Yes  No  If yes: Where do they discharge to?

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (Check all that apply).

- an onsite disposal system
- public sanitary sewer system (e.g., through a floor drain)
- storm drain
- to ground
- other, specify:
- not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

- Yes - (Please enclose a copy with the application)
- No
- N/A. Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

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**SECTION J - NON-DISCHARGED WASTES**

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section J.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

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

- a. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Permit No.  
(if applicable): \_\_\_\_\_

Permit No.  
(if applicable): \_\_\_\_\_

5. Have you been issued any Federal, State or local environmental permits?

- Yes
- No

If yes, please list the permit(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Non-Discharged Wastes

Are any waste liquids or sludges removed from facility site?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, these may best be described and quantified as:

TYPE	ESTIMATED GALLONS/YEAR
_____ Waste Solvent	_____
_____ Waste Product	_____
_____ Oil	_____
_____ Grease	_____
_____ Pretreatment Sludge	_____
_____ Inks/Dyes	_____
_____ Thinner	_____
_____ Paints	_____
_____ Acids & Alkalis	_____
_____ Plating Wastes	_____
_____ Pesticides	_____
_____ Other (specify)	_____

7. Does your company remove the above wastes from the facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "NO", state the name(s) and address(es) of all waste haulers.

a. _____ _____ _____ Zip _____ Permit No. _____ (If applicable)	b. _____ _____ _____ Zip _____ Permit No. _____ (If applicable)
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8. Are any sludges, liquids, etc. placed with trash for disposal?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Does the Industry have a copy of Sewer Rules & Regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is No, contact Corporation at 295-0044, Ext. 224 immediately and request a copy.

b. Does your facility comply with those discharge standards described in Article III of the Rules & Regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know \_\_\_\_\_

**SECTION K - AUTHORIZED SIGNATURES**

COMPLIANCE CERTIFICATION:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

Yes [ ]                      No [ ]                      Not yet discharging [ ]

2. If No:

a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 of knowing violations.

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number



QUONSET POINT WASTEWATER TREATMENT FACILITY  
WASTEWATER TREATMENT PERMIT APPLICATION

Part I General Information

A. Status

Application

a. \_\_\_\_\_ New Permit      b. \_\_\_\_\_ Renewal

Discharge

a. Existing Facility  
\_\_\_\_\_ Existing Discharge  
  
\_\_\_\_\_ Proposed Discharge  
  
b. \_\_\_\_\_ New Construction

B. Facility Information

1. Name of Facility

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

2. Facility Contact

a. Name \_\_\_\_\_  
  
b. Title \_\_\_\_\_  
  
c. Telephone \_\_\_\_\_

3. Facility Address:

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

Mailing Address (complete if different from B.3 above)

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

Part II – SIC Codes

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

Part III Authorizations

A. Designate Company Organization:

\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership

B. Name and Title of Signing Official:

\_\_\_\_\_  
(Name) (Title)

C. Name(s) of Authorized Agent(s):

Name \_\_\_\_\_  
(Title)

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_  
(Title)

Address \_\_\_\_\_

Phone \_\_\_\_\_

D. NOTE: The Corporation will accept the above-named persons as the user's (Company's) authorized agent or representative until notified otherwise.

An authorized agent or authorized company representative is a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or per a vote of the directors if the company is a corporation; a general partner or proprietor if the company is a partnership or sole proprietorship respectively; or a duly authorized representative of an individual designated above if such representative is responsible for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results and other documents in the company's name and otherwise bind the company. Please complete and submit appropriate certification form on the following pages with this application.

The Corporation will not accept documents signed by persons other than the Company's authorized agent(s) or authorized representative(s).

E. CONFIDENTIALITY

Any information submitted to the Quonset Development Corporation pursuant to the pretreatment regulations may be claimed as confidential by the submitter. This claim must be asserted at the time of the submission in the manner described below. If no claim is made at the time of the submission, the Corporation or authorized state or federal agencies may make the information available to the public without further notice. Effluent data, however, shall at all times be available to the public without restrictions

A business confidentiality claim may be asserted by attaching or placing on this information, a cover sheet, or a stamped or typed legend upon each page, or other suitable form of notice employing language such as "trade secret", "proprietary", or "company confidential." Allegedly confidential portions of otherwise non-confidential documents should be clearly identified as such, and may be submitted separately to facilitate identification and handling by the Corporation. If confidential treatment is desired only until a certain date or until the occurrence of a certain event, notice should also state such.

Information covered by such claims will be disclosed only to the extent, and by means of the procedures, set forth in the federal EPA regulations at 40- CFR 2.

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 information submitted 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.

---

Date

---

Signature of Official (Seal if applicable)

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(Print Name & Title)



CERTIFICATION OF AUTHORITY, PARTNERSHIP

I, \_\_\_\_\_, certify

that I am a general partner of the company herein: that \_\_\_\_\_

who signed this \_\_\_\_\_ on behalf of the

company, was then \_\_\_\_\_ of said company; that  
(Title)

said Permit Application \_\_\_\_\_ was duly signed for and in

behalf of said company by authority of its governing body and is within the scope of the

company's powers.

\_\_\_\_\_

CERTIFICATION OF AUTHORITY, SOLE PROPRIETORSHIP

I, \_\_\_\_\_, certify

that I am the sole proprietor and \_\_\_\_\_ of the  
(Title)

company herein: that \_\_\_\_\_ who

signed this \_\_\_\_\_ on behalf of the

company, was then \_\_\_\_\_ of said company; that  
(Title)

said \_\_\_\_\_ Permit Application \_\_\_\_\_ was duly signed for and in

behalf of said company and is within the scope of the company's powers.

\_\_\_\_\_

CORPORATE CERTIFICATION OF AUTHORITY

I, \_\_\_\_\_, certify

that I am the \_\_\_\_\_ of the  
(Title)

corporation herein: that \_\_\_\_\_

who signed this Permit Application \_\_\_\_\_ on behalf of the

corporation, was then \_\_\_\_\_

of said corporation; that said document was duly signed for and in behalf of said

corporation by authority of its governing body and is within the scope of the

corporation's powers.

\_\_\_\_\_

CORPORATE CERTIFICATION OF VOTE

At a duly authorized meeting of the Board of Directors of the

\_\_\_\_\_ held on \_\_\_\_\_  
(Name of Corporation) (Date)

at which all the Directors were present or waived notice, it was voted that

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

of this company shall be, and hereby is, authorized to execute permit applications, permits, contracts, bonds, monitoring results, and other documents in the name and on behalf of said company, and to affix the corporate seal thereto, and such execution of any documents in this company's name on its behalf by its \_\_\_\_\_

(Title)

shall be valid and binding upon this company.

A true copy

ATTEST \_\_\_\_\_  
Clerk

Place of business \_\_\_\_\_

\_\_\_\_\_

I hereby certify that I am the clerk of the \_\_\_\_\_

that \_\_\_\_\_ is the duly elected

\_\_\_\_\_ of said company, and that the above vote has not

(Title)

been amended or rescinded and remains in full force and effect as of the date of this

permit/ permit application.

\_\_\_\_\_  
Clerk

(CORPORATE SEAL)