

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

Uniform requirements for Contributors into the publicly owned treatment works (POTW) for the Town of Boone are located in Title V of the Town of Boone Code of Ordinances (SUO) and can be read at Town Hall during normal business hours or at amlegal.com/boone_nc. The information provided on this questionnaire serves two functions:

1. To determine if your facility is in need of a Wastewater Permit (IUP) for the discharge of wastewater to the Publicly Owned Treatment Works (POTW).
2. If an IUP is required, this survey shall serve as the application for that IUP and the information will be used to issue the IUP.

PLEASE REFER TO THE GUIDANCE FOR COMPLETING THE INDUSTRIAL USER SURVEY/APPLICATION INSTRUCTIONS, AVAILABLE AT: <http://portal.ncdenr.org/web/wq/swp/ps/pret/permwrite>

STATUS of APPLICANT / APPLICATION - PLEASE CHECK ONE

- New Permit for Proposed Discharge
Anticipated Date of initial process wastewater discharge _____
Note This application must be reviewed by and written permission obtained from the Town of Boone BEFORE process wastewater is discharged
- Existing Unpermitted Discharge
- Permit Renewal for Existing SIU Permit, existing non-SIU permit, or other written permission from POTW.
Note If this application requests a greater amount of wastewater discharge [flow], a greater amount of pollutant discharge or a discharge of different pollutants than specified in the last wastewater permit application for this facility, or any other significant changes, please indicate this as needed in the applicable Questions, especially Questions A8 and E7.

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403.14, information and data provided in this questionnaire which identifies the content, volume, 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 and Title V of the Town of Boone Code of Ordinances (SUO) Section 50.340.

This is to be signed by the Authorized Representative of your firm, as defined in 40 CFR Part 403.12 (I) and SUO [Section 50.327B](#) after adequate completion of this form and review of the information by the signing representative.

I, _____ (print name), _____ (print title),
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 submitted is, to the best of my knowledge and belief, accurate and complete. I am an authorized representative of the user and am authorized to execute this certification on behalf of the user. I am aware that there are significant penalties for submitting false information in violation of this certification, including the possibility of fines and/or imprisonment.

I also certify that I have completed the necessary notification as required by the POTW to document my qualification as an Authorized Representative as set forth in 40 CFR Part 403.12 (I) and [SUO Section 50.327B](#)

Date

Signature of Representative
(Seal, if applicable)

Please return this survey to:

Town of Boone WWTP
PO Drawer 192
Boone, NC 28607

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION A – GENERAL INFORMATION

1. For the production or manufacturing facility for which this application is being completed:

Facility name	
Physical address	
Mailing address (if different)	
General Telephone Number	
General Fax Number	
Website	

2. If applicable, general information about the corporate office, parent company, etc. [] N/A

Company name	
Physical address	
Mailing address (if different)	
General Telephone Number	
General Fax Number	
Website	

3. Primary Authorized Representative authorized to represent this firm in official dealings with the Publicly Owned Treatment Works (POTW).

Name	
Title	
Telephone/Cell/Fax	
Email	
Primary work location:	___ Facility ___ Corporate Office ___ Other – List address here:

4. Alternate Authorized Contact for when the Primary Authorized Representative is not available.

Name	
Title	
Telephone/Cell/Fax	
Email	
Primary work location:	___ Facility ___ Corporate Office ___ Other – List address here:

5. On-Site Contact. If neither person identified in items 3 and 4 above are located at the production or manufacturing facility for which this application is being completed provide an on-site contact person available to answer questions regarding statements made on this survey as well as conduct a walkthrough of the facility:

Name	
Title	
Telephone/Cell/Fax	
Email	

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION A – GENERAL INFORMATION - continued

6. Identify the general type of manufacturing, production and/or service(s) conducted at the site (i.e. electroplating, printing, painting, food processing, warehousing, meat packing, machine shop, etc.). Greater detail to be provided in question A. 7.
7. Provide a detailed narrative description of the manufacturing/production process(es) and/or service activities identified in question A. 6. and conducted at the facility identified in question A. 1.

8. Are any process changes or expansions planned during the next five years? Yes No

If yes, describe the nature of the planned changes or expansions. As needed, clarify if answers to other application questions are for before or after the change/expansion. If the facility has an existing permit, indicate if these changes could or will result in the facility requesting changes to their existing permit.

9. List the Standard Industrial Classification Number(s) (SIC #) or North American Industry Classification System (NAICS) codes for your facility. If listing more than one code, indicate the percentage of production.

SIC/NAICS code:			
Percentage of production			

10. In what month and year were the facility's operation(s) at this location (as specified in A. 7. above) established and under what name?

Facility Name	Month	Year

11. Has your facility undergone any changes in licensed ownership since the date noted in question A. 10? Yes No If yes, complete table.

Facility Name	Month	Year

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

Section B – Flow Diagram/Schematics, Site Layout, and Pretreatment System Flow Diagram

[See the Guidance Document for Completing the Industrial User Wastewater Survey and Discharge Permit Application available at: <http://portal.ncdenr.org/web/wq/swp/ps/pret/permwrite>]

PRODUCTION/PROCESS SCHEMATIC FLOW DIAGRAM (REQUIRED)

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

Section B – Flow Diagram/Schematics, Site Layout, and Pretreatment System Flow Diagram

[See the Guidance Document for Completing the Industrial User Wastewater Survey and Discharge Permit Application available at: <http://portal.ncdenr.org/web/wq/swp/ps/pret/permwrite>]

PLANT SITE LAYOUT (REQUIRED)

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

Section B – Flow Diagram/Schematics, Site Layout, and Pretreatment System Flow Diagram

[See the Guidance Document for Completing the Industrial User Wastewater Survey and Discharge Permit Application available at: <http://portal.ncdenr.org/web/wq/swp/ps/pret/permwrite>]

WASTEWATER PRETREATMENT SYSTEM FLOW DIAGRAM (IF APPLICABLE)

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION C – FACILITY OPERATION CHARACTERISTICS

Office/Administrative Staff

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# Employees							
Start/End Time							

Production Staff

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 st Shift	# Employees							
	Start Time							
	End Time							
2 nd Shift	# Employees							
	Start Time							
	End Time							
3 rd Shift	# Employees							
	Start Time							
	End Time							

Shift Activities

	SHIFT	DESCRIPTION OF SHIFT ACTIVITIES
Monday	1 st	
	2 nd	
	3 rd	
Tuesday	1 st	
	2 nd	
	3 rd	
Wednesday	1 st	
	2 nd	
	3 rd	
Thursday	1 st	
	2 nd	
	3 rd	
Friday	1 st	
	2 nd	
	3 rd	
Saturday	1 st	
	2 nd	
	3 rd	
Sunday	1 st	
	2 nd	
	3 rd	

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION D – PROCESS INFORMATION

NOTE: The following information must be completed for each product line. Please make copies of this page if necessary.

Information revealed in this section may be held confidential and proprietary under 40 CFR 403.14 at the request of the Industrial User and the approval of the POTW. **The request for confidentiality must be made at the time of the initial submission of the application.** Should such a request be made and accepted in compliance with [SUO Section 50.340](#), these page(s) will be removed before review by any non-regulatory personnel.

- 1. Principal product(s) produced:

- 2. Raw materials and process additives used:

- 3. Maximum and average production rate of this particular product line (please specify units being reported):

Average Production Rate	Maximum Production Rate	Units

- 4. The production process is Batch Continuous
If batch, please enter the average number of batches per 24 hours.

If both, please enter % of production
 %] Batch %] Continuous

5. Days and hours of operation for this product line: From: _____ to _____

6. Days and Hours of discharge for this product line: From: _____ to _____

7. Is production subject to seasonal variation? Yes No

If yes, briefly describe the seasonal production cycles:

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION E – WATER USE AND WASTEWATER DISCHARGE INFORMATION

1. Please indicate source(s) of water used at your facility:

Source Type	Check One	If yes,...
Well	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many are there? How many are in use at this time?
City	<input type="checkbox"/> Yes <input type="checkbox"/> No	List all Account numbers:
Surface Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identify the source:
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

2. Does this facility provide any treatment to the incoming water to improve the water quality prior to its use in the facility, (i.e. deionization, reverse osmosis, ultra filtration, pH adjustment, etc.)? Yes No

If yes, complete table.

Treatment Process	Chemicals Used	Wastewater Generated and Volume (gpd)

3. This facility uses water for the following:
(Please record "n/a" if the application/use does not apply to the operations at your facility.)

Type of Application /Use	Detailed Description of Applicable Operation(s) and/or Equipment	Maximum Volume Used (gallons/day)	Average Volume Used (gallons/day)	[E]stimated or [M]easured
Process				<input type="checkbox"/> E <input type="checkbox"/> M
Water Into Product				<input type="checkbox"/> E <input type="checkbox"/> M
Process Related Facility/Equipment Washdown*				<input type="checkbox"/> E <input type="checkbox"/> M
Process Contact Cooling or Warming Water				<input type="checkbox"/> E <input type="checkbox"/> M
Process Related Air-Pollution Control Unit				<input type="checkbox"/> E <input type="checkbox"/> M
Process Related Employee Showers				<input type="checkbox"/> E <input type="checkbox"/> M
Lab				<input type="checkbox"/> E <input type="checkbox"/> M
Maintenance Shop				<input type="checkbox"/> E <input type="checkbox"/> M
Boilers (Please specify if live and/or dry steam is used.)				<input type="checkbox"/> E <input type="checkbox"/> M
Backwash Water				<input type="checkbox"/> E <input type="checkbox"/> M
Pump Sealant Water				<input type="checkbox"/> E <input type="checkbox"/> M
General Facility/Equipment Washdown*				<input type="checkbox"/> E <input type="checkbox"/> M
Other non-contact water uses: boilers; non-contact cooling/warming water, general air conditioning, cooling towers, chillers, HVAC, etc.				<input type="checkbox"/> E <input type="checkbox"/> M
Domestic (e.g. restroom(s), non-process related employee showers, cafeteria, kitchen, breakroom etc.)				<input type="checkbox"/> E <input type="checkbox"/> M
Other, please describe				<input type="checkbox"/> E <input type="checkbox"/> M
Total				

*Please document clean up schedules in Shift activities in Section C.

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION E – WATER USE AND WASTEWATER DISCHARGE INFORMATION (continued)

4. The facility generates wastewater from the following areas and that water is discharged where

If the source of wastewater discharged does not exist at your facility record "n/a". If there is no discharge from the applicable source, record "no discharge".

Source of Wastewater	Wastewater is Discharged To Where	Pretreated?	Volume Discharged (gallons/day)	Estimated (E) or Measured (M)
a. Process		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
b. Water Into Product		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
c. Process Related Facility/Equipment Washdown*		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
d. Process Contact Cooling or Warming Water		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
e. Process Related Air-Pollution Control Unit		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
f. Process Related Employee Showers		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
g. Lab		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
h. Maintenance Shop		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
i. Backwash Water		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
j. Pump Sealant Water		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
k. General Facility/Equipment Washdown*		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
l. Other non-contact water uses: boilers; non-contact cooling/warming water, general air conditioning, cooling towers, chillers, HVAC, etc.		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
m. Domestic (e.g. restroom(s), non-process related employee showers, cafeteria, kitchen, breakroom etc.)		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
n. Groundwater/Remediated Groundwater		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
o. Storm Water Runoff		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
p. Tank Bottoms		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
q. Other, please specify		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> E <input type="checkbox"/> M
r. Total Discharged to POTW				

*Please document clean up schedules in Shift activities in Section C.

5. Identify the daily maximum flow limit requested. Please explain any differences between the requested flow limit and actual flows listed in E. 4.

Requested Daily Maximum Flow Limit, gpd:	
Requested Monthly Average Flow Limit, gpd:	
Explanation:	

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION F – CHEMICALS, POLLUTANTS, WASTES

1. Complete Checklist for Priority, Conventional, Non-Conventional, and Other Pollutants.

All chemicals require that TWO columns are checked

Chemical Name	Chemical Abstract Number [CAS#]	Present at Facility	Absent at Facility	Present in Discharge to POTW	Absent in Discharge to POTW	Concentration in Discharge, (mg/l)
Acid Extractable Organic Compounds (EPA Method 625)						
2-Chlorophenol	95-57-8					
2,4-Dichlorophenol	120-83-2					
2,4-Dimethylphenol	105-67-9					
2,4-Dinitrophenol	51-28-5					
2-Methyl-4,6-dinitrophenol	534-52-1					
4-Chloro-3-methylphenol	59-50-7					
2-Nitrophenol	88-75-5					
4-Nitrophenol	100-02-7					
Pentachlorophenol	87-86-5					
Phenol	108-95-2					
2,4,6-Trichlorophenol	88-06-2					
Base Neutral Organic Compounds (EPA Method 625)						
1,2,4-Trichlorobenzene	120-82-1					
1,2-Dichlorobenzene	95-50-1					
1,2-Diphenylhydrazine	122-66-7					
1,3-Dichlorobenzene	541-73-1					
1,4-Dichlorobenzene	106-46-7					
2,4-Dinitrotoluene	121-14-2					
2,6-Dinitrotoluene	606-20-2					
2-Chloronaphthalene	91-58-7					
3,3-Dichlorobenzidine	91-94-1					
4-Bromophenyl phenyl ether	101-55-3					
4-Chlorophenyl phenyl ether	7005-72-3					
Acenaphthene	83-32-9					
Acenaphthylene	208-96-8					
Anthracene	120-12-7					
Benzidine	92-87-5					
Benzo (a) anthracene	56-55-3					
Benzo (a) pyrene	50-32-8					
Benzo (b) fluoranthene	205-99-2					
Benzo (ghi) perylene	191-24-2					
Benzo (k) fluoranthene	207-08-9					
Bis (2-chloroethoxy) methane	111-91-1					
Bis (2-chloroethyl) ether	111-44-4					
Bis (2-chloroisopropyl) ether	102-60-1					
Bis (2-ethylhexyl) phthalate [DEHP]	117-81-7					
Butyl benzyl phthalate [BBP]	85-68-7					
Chrysene	218-01-9					
Di-n-butyl phthalate [DBP]	84-74-2					
Di-n-octyl phthalate [DOP]	117-84-0					

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)

All chemicals require that TWO columns are checked

Chemical Name	Chemical Abstract Number [CAS#]	Present at Facility	Absent at Facility	Present in Discharge to POTW	Absent in Discharge to POTW	Concentration in Discharge, (mg/l)
Base Neutral Organic Compounds (continued)						
Dibenzo (a,h) anthracene	53-70-3					
Diethyl phthalate [DEP]	84-66-2					
Dimethyl phthalate [DMP]	131-11-3					
Fluoranthene	206-44-0					
Fluorene	86-73-7					
Hexachlorobenzene	118-74-1					
Hexachlorobutadiene	87-68-3					
Hexachlorocyclopentadiene	77-47-4					
Hexachloroethane	67-72-1					
Indeno (1,2,3-cd) pyrene	193-39-5					
Isophorone	78-59-1					
N-nitroso-di-n-propylamine	621-64-7					
N-nitrosodimethylamine	62-75-9					
N-nitrosodiphenylamine	86-30-6					
Naphthalene	91-20-3					
Nitrobenzene	98-95-3					
Phenanthrene	85-01-8					
Pyrene	129-00-0					
Metals						
Aluminum						
Antimony	7440-36-0					
Arsenic	7440-38-2					
Beryllium	7440-41-7					
Cadmium	7440-43-9					
Chromium	7440-47-3					
Copper	7440-50-8					
Lead	7439-92-1					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Silver	7440-22-4					
Thallium	7440-28-0					
Zinc	7440-66-6					
Other Inorganic Pollutants						
Barium	7440-39-3					
Chloride						
Cyanide	57-12-5					
Fluoride						

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION E – SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)

All chemicals require that TWO columns are checked

Chemical Name	Chemical Abstract Number [CAS#]	Present at Facility	Absent at Facility	Present in Discharge to POTW	Absent in Discharge to POTW	Concentration in Discharge, (mg/l)
Purgeable Volatile Organic Compounds [VOCs] (EPA Method 624)						
1,1,1-Trichloroethane	71-55-6					
1,1,2,2-Tetrachloroethane	79-34-5					
1,1,2-Trichloroethane	79-00-5					
1,1-Dichloroethane	75-34-3					
1,1-Dichloroethylene	75-35-4					
1,2-Dichloroethane	107-06-2					
1,2-Dichloropropane	78-87-5					
2-Chloroethyl vinyl ether	110-75-8					
Acrolein	107-02-8					
Acrylonitrile	107-13-1					
Benzene	71-43-2					
Bromodichloromethane	75-27-4					
Bromoform	75-25-2					
Bromomethane	74-83-9					
Carbon tetrachloride	56-23-5					
Chlorobenzene	108-90-7					
Chloroethane	75-00-3					
Chloroform	67-66-3					
Chloromethane	74-87-3					
Cis 1,3-Dichloropropene						
Dibromochloromethane	594-18-3					
Ethylbenzene	100-41-4					
Methylene chloride	75-09-2					
Tetrachloroethylene	127-18-4					
Toluene	108-88-3					
Trans 1,3-Dichloropropene						
Trans-1,2-Dichloroethylene	156-60-5					
Trichloroethylene	79-01-6					
Trichlorofluoromethane						
Vinyl chloride	75-01-4					

Other Pollutants of Concern						
Xylene						
BOD						
TSS						
Ammonia						
Total Phosphorus						
Total Nitrogen						
Oil & Grease						
range of Ph						

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)

2. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, please attach to this survey a copy of the lab report, chain of custodies and location of where the samples were taken for the most recent sampling date. **Do not attach analyses performed by the POTW or analytical data already delivered to the POTW.** Attached POTW already has Not applicable

3. **If this facility is applying as a categorical industrial user for the first time, baseline monitoring report elements described in SUO Section 50.355(B)(5) -(7) are required in addition to this application unless noted otherwise in the cover letter.** Attached Not applicable

4. Does the facility complete a Toxic Release Inventory?
 Yes, attached Yes, POTW already has No

5. Please list boiler and cooling tower treatment additives or MSD sheets and dosage rates for each.

Type of Boiler or Cooling Unit	Treatment Additive Name	Purpose of Additive	Dosage, with units

6. Do you have any storage tank(s) at your facility? Yes No If yes, complete the chart below.

Tank ID	<input type="checkbox"/> Inside or <input type="checkbox"/> Outside	<input type="checkbox"/> Above or <input type="checkbox"/> Below Ground	Volume (in gallons)	Contents	Associated with <input type="checkbox"/> Process; <input type="checkbox"/> Wastewater treatment; <input type="checkbox"/> Groundwater remediation;	Spill Containment Devices

7. Are any liquid wastes or sludges (i.e. acids, alkalis, heavy metal sludges, inks, dyes, oil, grease, organic compounds, paints, pesticides, plating wastes, pretreatment sludges, solvents, thinners, waste product, etc.) from this firm disposed of by means other than discharge to the sewer system? Yes No
 If yes, please complete the following:

Nature of hauled Waste and date Last hauled	Waste hauler's name, EPA ID# and address	Treatment Facility's Name, EPA ID# and address	Disposal facility's Name, EPA ID# and Address	Est. Gallons or Pounds per Year hauled off

8. Is this facility a small quantity, large quantity, or conditionally exempt Hazardous Waste Generator?
 Small Quantity Large Quantity Conditionally Exempt Not Applicable

Facility's EPA Hazardous Waste Generator ID#:	
Waste Codes:	

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION G – WASTEWATER TREATMENT, FLOW, AND SAMPLING EQUIPMENT

1. Is the wastewater generated by this facility treated prior to discharge to the POTW? [] Yes [] No

If yes, please complete the chart below. If a particular pretreatment unit only treats part of the wastewater, indicate this below and in the diagram required by Section B.

Pretreatment Unit	[Y]es [N]o	Additional Information	Chemicals Used
Activated Carbon			
Air Stripping			
Biological Treatment		<input type="checkbox"/> Activated Sludge <input type="checkbox"/> Rotating Biological Contactor (RBC) <input type="checkbox"/> Trickling Filter <input type="checkbox"/> Sequencing Batch Reactor (SBR) <input type="checkbox"/> Other _____	
Chemical Precipitation			
Chlorination, for disinfection			
Cyanide Destruction			
Defoaming Agents			
Dissolved Air Floatation (DAF)		list all individual units of DAF here <input type="checkbox"/> equalization <input type="checkbox"/> pH adjustment <input type="checkbox"/> chemical precipitation <input type="checkbox"/> Other _____	
Flow equalization, aerated		Size(gallons) _____ Before _____ After _____ Pretreatment	
Flow equalization, not aerated		Size(gallons) _____ Before _____ After _____ Pretreatment	
Grease and Oil Removal for employee cafeteria, kitchen, breakroom, etc.		<input type="checkbox"/> Grease Trap, Size _____ <input type="checkbox"/> Oil Water Separator <input type="checkbox"/> Other _____	
Grease and Oil Removal for food manufacturing process wastewater		<input type="checkbox"/> Grease Trap, Size _____ <input type="checkbox"/> Oil Water Separator <input type="checkbox"/> Other _____	
Grease and Oil Removal for non-food manufacturing process wastewater		<input type="checkbox"/> Grease Trap, Size _____ <input type="checkbox"/> Oil Water Separator <input type="checkbox"/> Other _____	
Heat Reclamation/Exchange			
Ion Exchange (for wastewater treatment)			
Neutralization, pH adjustment			
Ozonation			
Reverse Osmosis (for wastewater treatment)			
Septic Tank			
Silver Recovery			
Solids Separation, Clarification, Dewatering, Removal, etc.		<input type="checkbox"/> Belt Press <input type="checkbox"/> Centrifugation <input type="checkbox"/> Clarification <input type="checkbox"/> Cyclone <input type="checkbox"/> Filter Press <input type="checkbox"/> Filtration <input type="checkbox"/> Flocculation <input type="checkbox"/> Grit Removal <input type="checkbox"/> Microfiltration <input type="checkbox"/> Nanofiltration <input type="checkbox"/> Screening <input type="checkbox"/> Sedimentation <input type="checkbox"/> Septic Tank <input type="checkbox"/> Ultrafiltration <input type="checkbox"/> Other _____	
Solvent Separation			
Spill protection			

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION G – WASTEWATER TREATMENT, FLOW, AND SAMPLING EQUIPMENT (continued)

2. Describe wastewater flow measuring methods and/or equipment. If applicable, list the meter's current interval, flow volume, pulse frequency and reporting units:

3. List procedures employed to ensure the accuracy of flow measurement method/equipment.

Frequency of Cleaning:	
Calibration method:	
calibration performed by:	
Training/credentials of calibration staff:	
Date of most recent calibration:	
Copy of Calibration Certificate	POTW already has _____ OR Copy attached _____

4. Describe the sampling method and associated equipment utilized at the facility. Identify staff or contract lab responsible for sampling. Describe sampling technician training.

Sampling Equipment/Method:	
Sampling staff:	
Training/credentials of sampling staff:	

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION H – CATEGORICAL STATUS

1. Check any products listed below that are manufactured or activities that are performed at this facility:

- | | |
|---|--|
| <input type="checkbox"/>]40 CFR 467 Aluminum Forming | <input type="checkbox"/>]40 CFR 432 Meat Products |
| <input type="checkbox"/>]40 CFR 427 Asbestos Manufacturing | <input type="checkbox"/>]40 CFR 433 Metal Finishing |
| <input type="checkbox"/>]40 CFR 461 Battery Manufacturing | <input type="checkbox"/>]40 CFR 464 Metal Molding & Casting |
| <input type="checkbox"/>]40 CFR 431 Builders Paper & Board Mills | <input type="checkbox"/>]40 CFR 436 Mineral Mining & Processing |
| <input type="checkbox"/>]40 CFR 407 Canned & Preserved Fruits & Veg. | <input type="checkbox"/>]40 CFR 471 Nonferrous Metal, Form & Powders |
| <input type="checkbox"/>]40 CFR 408 Canned & Preserved Seafood | <input type="checkbox"/>]40 CFR 421 Nonferrous Metals Manufacturing |
| <input type="checkbox"/>]40 CFR 458 Carbon Black Manufacturing | <input type="checkbox"/>]40 CFR 414 OCPSF |
| <input type="checkbox"/>]40 CFR 411 Cement Manufacturing | <input type="checkbox"/>]40 CFR 435 Oil & Gas Extraction |
| <input type="checkbox"/>]40 CFR 437 Centralized Waste Treatment | <input type="checkbox"/>]40 CFR 440 Ore Mining & Dressing |
| <input type="checkbox"/>]40 CFR 434 Coal Mining | <input type="checkbox"/>]40 CFR 446 Paint Formulating |
| <input type="checkbox"/>]40 CFR 465 Coil Coating | <input type="checkbox"/>]40 CFR 443 Paving & Roofing Materials Mfg. |
| <input type="checkbox"/>]40 CFR 468 Copper Forming | <input type="checkbox"/>]40 CFR 455 Pesticide Manufacturing |
| <input type="checkbox"/>]40 CFR 405 Dairy Products Processing | <input type="checkbox"/>]40 CFR 419 Petroleum Refining |
| <input type="checkbox"/>]40 CFR 469 Electrical, Electronics Components | <input type="checkbox"/>]40 CFR 439 Pharmaceutical Manufacturing |
| <input type="checkbox"/>]40 CFR 413 Electroplating | <input type="checkbox"/>]40 CFR 422 Phosphate Manufacturing |
| <input type="checkbox"/>]40 CFR 457 Explosives Manufacturing | <input type="checkbox"/>]40 CFR 459 Photographic Supplies |
| <input type="checkbox"/>]40 CFR 412 Feedlots | <input type="checkbox"/>]40 CFR 463 Plastics Molding & Forming |
| <input type="checkbox"/>]40 CFR 424 Ferroalloy Manufacturing | <input type="checkbox"/>]40 CFR 466 Porcelain Enameling |
| <input type="checkbox"/>]40 CFR 418 Fertilizer Manufacturing | <input type="checkbox"/>]40 CFR 430 Pulp, Paper, & Paperboard |
| <input type="checkbox"/>]40 CFR 464 Foundries, Metal Mold & Casting | <input type="checkbox"/>]40 CFR 428 Rubber Manufacturing |
| <input type="checkbox"/>]40 CFR 426 Glass Manufacturing | <input type="checkbox"/>]40 CFR 417 Soap & Detergent Manufacturing |
| <input type="checkbox"/>]40 CFR 406 Grain Mills | <input type="checkbox"/>]40 CFR 423 Steam Electric Power Generation |
| <input type="checkbox"/>]40 CFR 454 Gum & Wood Chemical Manufacturing | |
| <input type="checkbox"/>]40 CFR 460 Hospitals | <input type="checkbox"/>]40 CFR 409 Sugar Processing |
| <input type="checkbox"/>]40 CFR 447 Ink Formulating | <input type="checkbox"/>]40 CFR 410 Textile Mills |
| <input type="checkbox"/>]40 CFR 415 Inorganic Chemical Manufacturing | <input type="checkbox"/>]40 CFR 429 Timber Products Processing |
| <input type="checkbox"/>]40 CFR 420 Iron & Steel Manufacturing | <input type="checkbox"/>]40 CFR 442 Transportation Equipment Cleaning |
| <input type="checkbox"/>]40 CFR 425 Leather Tanning & Finishing | <input type="checkbox"/>] OTHER _____ |

If any are checked, continue with Questions 2 and 3 of this Section

Otherwise, check here _____ and skip to next Section.

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION H – CATEGORICAL STATUS - continued

2. Is there a discharge from any of the above checked categorical operations to the POTW? Yes No
 If Yes, complete table.

Process operation name	40 CFR, subpart, operations, etc	40 CFR New Source Date	Date initial process start-up	Date(s) major change *

* Date(s) of commencement of construction of any major upgrades, updates, refits, or reinstallations of the operation since the start-up date.

From the above, is this facility a New Source Existing Source Unknown

3. Are there any “dilution” wastestreams that flow through the current/proposed monitoring point?
 Yes No
 If Yes, ensure these wastestreams are clearly identified as such in question E,4.

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION I – SLUG/SPILL PREVENTION and WASTE MINIMIZATION

1. Enter employees responsible for notifying the POTW in the event of a spill, bypass, pretreatment facility upset, or other unusual discharge or problem and employees authorized to close down production if needed, along with information about training and procedures.

If information is formalized in a Plan of some kind, list Plan Number and page #.

	Notification of POTW	Plan Name, page #	Authority to close down production	Plan Name, page #
Designated Employee(s)				
Training of those employees				
Procedures				
How other staff know when and how to contact designated individuals?				

2. Does the facility have measures, equipment, and/or plans to protect the POTW and/or sanitary sewer in the event of accidental spills, slugs, or other inappropriate discharges)? Yes No
 If yes, complete table.
 For measures that are formalized in a Plan of some kind (eg., Spill Prevention Control and Countermeasure Plan, Spill/Slug Control Plan, Toxic Organic Management Plan), list Plan Number and page #.
 Note: the POTW may request copies of the identified plans.

Measures to protect POTW and/or sanitary sewer	Plan Name and page #s, if applicable

3. Does your company have a pollution prevention/waste minimization/recycling/reuse program established, or have had a pollution prevention or other waste minimization audit conducted? Yes No
 If yes, complete Table.

Name of Plan/Audit	Most recent copy attached	POTW already has copy

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

4. Please check "current", "projected" or "N/A" for all codes below relating to your facility's wastewater discharge.

<u>N/A</u>	<u>Current</u>	<u>Projected</u>	<u>Code</u>	<u>Description</u>
[]	[]	[]	W13	Improved maintenance scheduling, record keeping, or procedures
[]	[]	[]	W14	Changed production schedule to minimize equipment and feedstock changeovers
[]	[]	[]	W19	Other changes in operating practices (<u>please explain</u>) _____
[]	[]	[]	W21	Instituted procedures to insure that materials do not stay in inventory beyond shelf life
[]	[]	[]	W22	Began to test outdated material – continue to use if still effective
[]	[]	[]	W23	Eliminated shelf-life requirements for stable materials
[]	[]	[]	W24	Instituted better labeling procedures
[]	[]	[]	W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
[]	[]	[]	W29	Other changes in inventory control (<u>please explain</u>) _____
[]	[]	[]	W31	Improved storage or stacking procedures
[]	[]	[]	W32	Improved procedures for loading, unloading and transfer operations
[]	[]	[]	W33	Installed overflow alarms, and/or automatic shutoff valves
[]	[]	[]	W34	Installed secondary containment
[]	[]	[]	W35	Installed vapor recovery systems
[]	[]	[]	W36	Implemented inspections or monitoring program of potential spill or leak sources
[]	[]	[]	W39	Other spill and leak prevention (<u>please explain</u>) _____
[]	[]	[]	W41	Increased purity of raw materials
[]	[]	[]	W42	Substituted raw materials
[]	[]	[]	W49	Other raw materials modifications (<u>please explain</u>) _____
[]	[]	[]	W51	Instituted recirculation within a process
[]	[]	[]	W52	Modified equipment, layout, and/or piping
[]	[]	[]	W53	Use of different process catalyst
[]	[]	[]	W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
[]	[]	[]	W55	Change from small volume containers to bulk containers to minimize discarding of empty containers

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

<u>N/A</u>	<u>Current</u>	<u>Projected</u>	<u>Code</u>	<u>Description</u>
[]	[]	[]	W58	Other process modifications (please explain) _____ _____
[]	[]	[]	W59	Modified stripping/cleaning equipment
[]	[]	[]	W60	Changed to mechanical stripping/cleaning devices (from solvents or other materials)
[]	[]	[]	W61	Changed to aqueous cleaners (from solvents or other materials)
[]	[]	[]	W62	Reduced the number of solvents used to make waste more amendable to recycling
[]	[]	[]	W63	Modified containment procedures for cleaning units
[]	[]	[]	W64	Improved draining procedures
[]	[]	[]	W66	Modified or installed rinse systems
[]	[]	[]	W67	Improved rinse equipment design
[]	[]	[]	W68	Improved rinse equipment operation
[]	[]	[]	W71	Other cleaning and degreasing operation (please explain) _____ _____
[]	[]	[]	W72	Modified spray systems or equipment
[]	[]	[]	W73	Substituted coating materials used
[]	[]	[]	W74	Improved application techniques
[]	[]	[]	W75	Changed from spray to other system
[]	[]	[]	W78	Other surface preparation and finishing (please explain) _____ _____
[]	[]	[]	W81	Changed product specifications
[]	[]	[]	W82	Modified design or composition of product
[]	[]	[]	W83	Modified packaging
[]	[]	[]	W89	Other product modifications (please explain) _____ _____
[]	[]	[]	W99	Other (please explain) _____ _____

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION J – OTHER PERMITS

1. List all environmental control permits currently managed for or by this facility. Examples: air, National Pollutant Discharge Elimination System (NPDES), Industrial User Permits (IUP), Resources Conservation and Recovery Act (RCRA), groundwater, storm water, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Permit Type	Permit Number	Issuing Agency

2. With regard to the parent company and all subsidiaries, list all wastewater discharge permits issued to cover similar operations to those at this facility. Examples: National Pollutant Discharge Elimination System (NPDES), Industrial User Permits (IUP), groundwater, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Facility and Location	Permit Type	Permit Number	Issuing Agency

3. With regard to the parent company and all subsidiaries, list all environmental permits applied for in the United States where issuance was denied OR the permit was terminated prior to the expiration date. Examples: air, NPDES, IUP, RCRA, groundwater storm water, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Permit Type	Issuing Agency	Date	Facility Name and Location	Reason for Denial/Termination