

**MOUNT PLEASANT WATERWORKS
INDUSTRIAL PRETREATMENT PROGRAM
NON-DOMESTIC WASTE SURVEY QUESTIONNAIRE**

SECTION A - GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number:

Zip Code _____ Telephone No. (_____) _____

A.2. Address of production or manufacturing facility. (If same as above, check _____.)

Zip Code _____ Telephone No. (_____) _____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, 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.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

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 information 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)

A.3. Name, title, and telephone number of person authorized to represent this firm in official dealings with the Wastewater Authority and/or City:

A.4. Alternate person to contact concerning information provided herein:

Name _____ Title _____ Tel. No. _____

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing meat packing, food processing, etc.).

A.6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

A.7. Standard Industrial Classification Number (s) (SIC Code) for your facilities:

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

	<u>Average gallons per day</u>		
1. <input type="checkbox"/> Domestic wastes (Restrooms, employee showers, etc.)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
2. <input type="checkbox"/> Cooling water, Non-contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
3. <input type="checkbox"/> Boiler/Tower Blowdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
4. <input type="checkbox"/> Cooling Water Contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
5. <input type="checkbox"/> Process	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
6. <input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
7. <input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
8. <input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
9. <input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

Total A.8.1 - A.8.9 _____

A.9. Wastes are discharged to (check all that apply):

	<u>Average gallons per day</u>		
<input type="checkbox"/> Sanitary wastewater	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Waste Haulers	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

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

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes no

A.11. List any environmental control permits issued to the facility and any discharge limits associated with those permits.

Note: If your facility **did not** check one or more of the items listed in A.8.4 through A.8.9 above, then you do not need to complete any further sections in this survey/application. If any items A.8.4 through A.8.9 **were** checked, complete the remainder of this survey/application.

SECTION B - FACILITY OPERATION CHARACTERISTICS

B.1. Number of employee shifts worked per 24-hour day is _____.
Average number of employees per shift is _____.

B.2. Starting times of each shift: 1st _____ am _____ pm 2nd _____ am _____ pm 3rd _____ am _____ pm

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

B.3. Principal product produced: _____

B.4. Raw materials and process additives used: (Use separate sheet, if needed)

#Day or Gal/Day _____

B.5. Production process is:

Batch Continuous Both %batch _____
 %continuous _____

Average number of batches per 24-hour day _____

B.6. Hours of operation: _____ a.m. to _____ p.m. continuous

B.7. Is production subject to seasonal variation? yes no
 If yes, briefly describe seasonal production cycle.

B.8. Are any process changes or expansions planned during the next three (3) years? yes no
 If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

B.9. Average monthly water usage: _____

SECTION C - WASTEWATER INFORMATION

C.1. If your facility employs processes in any of the 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).

Industrial Categories:

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

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

- | | |
|---|---|
| <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"/> Solvent separation |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Spill protection |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grease or oil separation, type _____ | <input type="checkbox"/> Biological treatment, type _____ |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Rainwater diversion or storage |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Other chemical treatment, type _____ |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Other physical treatment, type _____ |
| <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Other, type _____ |
| <input type="checkbox"/> Ozonation | <input type="checkbox"/> No pretreatment provided |

C.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 date of analysis, name of laboratory performing the analysis, and location(s) from which samples(s) were taken (attach sketches, plans, etc., as necessary).

C.4. Priority Pollutant Information: Please indicate by placing 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
I. METALS AND 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	[]	[]	[]	[]
II. PHENOLS AND CRESOLS				
1. Phenol(s)	[]	[]	[]	[]
2. Phenol, 2-chlor	[]	[]	[]	[]
3. Phenol, 2,4-dichloro	[]	[]	[]	[]
4. Phenol, 2,4,6-trichloro	[]	[]	[]	[]
5. Phenol, pentachloro	[]	[]	[]	[]

CHEMICAL COMPOUND	Known Present	Suspected Present	Known Absent	Suspected Absent
6. Phenol, 2-nitro	[]	[]	[]	[]
7. Phenol, 4-nitro	[]	[]	[]	[]
8. Phenol, 2,4-dinitro	[]	[]	[]	[]
9. Phenol, 2,4-dimethyl	[]	[]	[]	[]
10. m-Cresol, p-chloro	[]	[]	[]	[]
11. o-Cresol, 4,6-dinitro	[]	[]	[]	[]
III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS & PHTHALATES)				
1. Benzene	[]	[]	[]	[]
2. Benzene, chloro	[]	[]	[]	[]
3. Benzene, 1,2-dichloro	[]	[]	[]	[]
4. Benzene, 1,3-dichloro	[]	[]	[]	[]
5. Benzene, 1,4-dichloro	[]	[]	[]	[]
6. Benzene, 1,2,4-trichloro	[]	[]	[]	[]
7. Benzene, hexachloro	[]	[]	[]	[]
8. Benzene, ethyl	[]	[]	[]	[]
9. Benzene, nitro	[]	[]	[]	[]
10. Toluene	[]	[]	[]	[]
11. Toluene, 2,4-dinitro	[]	[]	[]	[]
12. Toluene, 2,6-dinitro	[]	[]	[]	[]
IV. PCBs AND RELATED COMPOUNDS				
1. PCB-1016	[]	[]	[]	[]
2. PCB-1221	[]	[]	[]	[]
3. PCB-1232	[]	[]	[]	[]
4. PCB-1242	[]	[]	[]	[]
5. PCB-1248	[]	[]	[]	[]
6. PCB-1254	[]	[]	[]	[]
7. PCB-1260	[]	[]	[]	[]
8. 2-Chloronaphthalene	[]	[]	[]	[]
V. ETHERS				
1. Ether, bis (Chloromethyl)	[]	[]	[]	[]
2. Ether, bis (2-chloroethyl)	[]	[]	[]	[]
3. Ether, bis (2-chlorosoprophyl)	[]	[]	[]	[]
4. Ether, 2-chloroethyl vinyl	[]	[]	[]	[]
5. Ether, 4-bromophenyl phenyl	[]	[]	[]	[]
6. Ether, 4-chlorophenyl phenyl	[]	[]	[]	[]
7. Bis (2-chloroethoxyl) methane	[]	[]	[]	[]
VI. Nitrosamines and Other Nitrogen-containing Compounds				
1. Nitrosamine, dimethyl	[]	[]	[]	[]
2. Nitrosamine, diphenyl	[]	[]	[]	[]
3. Nitrosamine, Di-n-propyl	[]	[]	[]	[]
4. Benzidine	[]	[]	[]	[]
5. Benzidine, 3,3'-dichloro	[]	[]	[]	[]
6. Hydrazine, 1,2-diphenyl	[]	[]	[]	[]
7. Acrylonitrile	[]	[]	[]	[]

VII. HALOGENATED ALIPHATICS					
1. Methane, bromo-	[]	[]	[]	[]	[]
2. Methane, chloro-	[]	[]	[]	[]	[]
3. Methane, dichloro	[]	[]	[]	[]	[]
4. Methane, chlorodibromo	[]	[]	[]	[]	[]
5. Methane, dichlorobromo	[]	[]	[]	[]	[]
6. Methane, tribromo	[]	[]	[]	[]	[]
7. Methane, trichloro	[]	[]	[]	[]	[]
8. Methane, tetrachloro	[]	[]	[]	[]	[]
9. Methane, trichlorofluoro	[]	[]	[]	[]	[]
10. Methane, dichlorodifluoro	[]	[]	[]	[]	[]
11. Ethane, 1,1-dichloro	[]	[]	[]	[]	[]
12. Ethane, 1,2-dichloro	[]	[]	[]	[]	[]
13. Ethane,1,1,1-trichloro	[]	[]	[]	[]	[]
14. Ethane,1,1,2-trichloro	[]	[]	[]	[]	[]
15. Ethane, 1,1,2,1-tetrachloro	[]	[]	[]	[]	[]
16. Ethane, hexachloro	[]	[]	[]	[]	[]
17. Ethene, chloro	[]	[]	[]	[]	[]
18. Ethene, 1,1-dichloro	[]	[]	[]	[]	[]
19. Ethene, Trans-dichloro	[]	[]	[]	[]	[]
20. Ethene, trichloro	[]	[]	[]	[]	[]
21. Ethene, tetrachloro	[]	[]	[]	[]	[]
22. Propane, 1,2-dichloro	[]	[]	[]	[]	[]
23. Propene, 1,2-dichloro	[]	[]	[]	[]	[]
24. Butadiene, hexachloro	[]	[]	[]	[]	[]
25. Cyclopentadiene, hexachloro	[]	[]	[]	[]	[]
VIII. PHTHALATE ESTERS					
1. Phthalate, di-c-methyl	[]	[]	[]	[]	[]
2. Phthalate, di-n-ethyl	[]	[]	[]	[]	[]
3. Phthalate, di-n-butyl	[]	[]	[]	[]	[]
4. Phthalate, di-n-octyl	[]	[]	[]	[]	[]
5. Phthalate, Bis (2-ethylhexyl)	[]	[]	[]	[]	[]
6. Phthalate, Butyl benzyl	[]	[]	[]	[]	[]
IX. POLYCYCLIC AROMATIC HYDROCARBONS					
1. Acenaphthene	[]	[]	[]	[]	[]
2. Acenaphthylene	[]	[]	[]	[]	[]
3. Benzo, (a) anthracene	[]	[]	[]	[]	[]
4. Benzo,(b) fluoranthene	[]	[]	[]	[]	[]
5. Benzo (k) fluoranthene	[]	[]	[]	[]	[]
6. Benzo (ghi) perylene	[]	[]	[]	[]	[]
7. Benzo (a) pyrene	[]	[]	[]	[]	[]
8. Chrysene	[]	[]	[]	[]	[]
9. Dibenzo (a,n) anthracene	[]	[]	[]	[]	[]
10. Fluoranthene	[]	[]	[]	[]	[]
11. Fluorene	[]	[]	[]	[]	[]
12. Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]	[]
13. Naphthalene	[]	[]	[]	[]	[]
14. Phenanthrene	[]	[]	[]	[]	[]
15. Pyrene	[]	[]	[]	[]	[]

X. PESTICIDES				
1. Acrolein	[]	[]	[]	[]
2. Aldrin	[]	[]	[]	[]
3. BHC (Alpha)	[]	[]	[]	[]
4. BHC (Beta)	[]	[]	[]	[]
5. BHC (Gamma) or Lindane	[]	[]	[]	[]
6. BHC (Delta)	[]	[]	[]	[]
7. Chlordane	[]	[]	[]	[]
8. DDD	[]	[]	[]	[]
9. DDE	[]	[]	[]	[]
10. DDT	[]	[]	[]	[]
11. Dieldrin	[]	[]	[]	[]
12. Endosulfan (Alpha)	[]	[]	[]	[]
13. Endosulfan (Beta)	[]	[]	[]	[]
14. Endosulfan Sulfate	[]	[]	[]	[]
15. Endrin	[]	[]	[]	[]
16. Endrin aldehyde	[]	[]	[]	[]
17. Heptachlor	[]	[]	[]	[]
18. Heptachlor epoxide	[]	[]	[]	[]
19. Isophorone	[]	[]	[]	[]
20. TCDD (or Dioxin)	[]	[]	[]	[]
21. Toxaphene	[]	[]	[]	[]

C.5. If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the materials safety data sheets for such products.

SECTION D - OTHER WASTES

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

[] yes [] no

If "no," skip remainder of Section D.
If "yes," complete items 2 and 3.

D.2. These wastes may best be described as:

Estimated Gallons or Pounds/Year

- [] Acids and Alkalies _____
- [] Heavy Metal Sludges _____
- [] Inks/Dyes _____
- [] Oil and/or Grease _____
- [] Organic Compounds _____
- [] Paints _____
- [] Pesticides _____
- [] Plating Wastes _____

Priority Pollutants shown in Section C.4.

Pollutants	Concentration (mg/L)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Flow at time sample collected _____ MGD

d. Priority Pollutants at each regulated process:

Process #	Pollutants	Concentration (mg/L)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E.4. Does the wastewater discharged:

- a) Create a fire or explosion hazard?
- b) Have pH lower than 5.0?
- c) Contain a substance that can obstruct the flow in the collection system?