



# GEAUGA COUNTY BOARD OF COMMISSIONERS

James W. Dvorak   Timothy C. Lennon   Ralph Spidalieri

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DEPARTMENT OF WATER RESOURCES • Steven Oluic, Ph.D., Director  
470 Center Street • Building 3 • Chardon, Ohio 44024-1068

## **Commercial / Industrial Sewage Questionnaire**

The Geauga County Department of Water Resources requires that all commercial and industrial users complete the following questionnaire. The information provided will be used to update our Wastewater Pretreatment files and assist us in monitoring what types of wastes are being discharged into the County's sanitary sewer system. Please completely fill out and sign this questionnaire. Any questions which do not pertain to your company, please complete using "N/A."

Please return Questionnaire to: GCDWR Pretreatment, 470 Center St., Bldg. 3, Chardon, Ohio 44024

Or by email to: [ronw@gcdwr.org](mailto:ronw@gcdwr.org)

If you have any questions, Please refer to GCDWR Rules and Regulations Chapter VI. which can be found on our website [www.gcdwr.org](http://www.gcdwr.org). Or contact Ronald Walker at [ronw@gcdwr.org](mailto:ronw@gcdwr.org) or (440)279-1976.

### **General Information**

Name of Establishment: \_\_\_\_\_ Sewer Account Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Is this a home based business?    Yes    No

Is this a multi-unit building?    Yes    No      If Yes, which Unit?

**Contact Information**

**Individual Responsible for Operation**

**Individual Providing Information**

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Type of Business (Please check all that apply)**

Manufacturing/Assembly

Storage/Warehouse

Vehicle/Equipment Wash

Sales/Distribution

Medical/Dental Office

Retail Sales only

Auto Services

Food Establishment/Service

Other:

Number of seats: \_\_\_\_\_

**Briefly describe your business Activities including Services, Processes, Products and hours of operation (attach additional sheets if needed):**

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**Please list all Raw Materials used at this facility, if applicable (attach additional sheets if needed):**

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**Does this facility have:**

Any Floor Drains in the Work Areas?  Yes  No

Boiler Heating System?  Yes  No

Cooling Towers?  Yes  No

A septic tank for wastewater disposal?  Yes  No

Municipal Sewer Service?  Yes  No

If Wastewater is discharged to municipal sewer, please indicate the type:

Note: "Domestic" wastewater includes wastewater produced from the non-commercial preparation of food, or wastewater containing only human wastes and other similar matter from the sanitary conveniences of dwellings and commercial, industrial or institutional buildings. All other wastewater should be considered "Industrial".

Domestic

Industrial

**Please check the boxes of all processes/activities that occur at this facility.**

- |  |   |
|--|---|
| <input type="checkbox"/> Asbestos Manufacturing                | <input type="checkbox"/> Metal Finishing (plating, anodizing, coating, etching) |
| <input type="checkbox"/> Auto body Shop, Vehicle Repair        | <input type="checkbox"/> Metal Products manufacturing                           |
| <input type="checkbox"/> Auto/Truck Wash                       | <input type="checkbox"/> Metal molding, casting, forming                        |
| <input type="checkbox"/> Battery Manufacturing                 | <input type="checkbox"/> Machining-Sheet Metal Shop                             |
| <input type="checkbox"/> Cement Manufacturing                  | <input type="checkbox"/> Painting/Finishing                                     |
| <input type="checkbox"/> Copper/Aluminum Forming               | <input type="checkbox"/> Paint/Ink Formulation                                  |
| <input type="checkbox"/> Coil Coating/Can Making               | <input type="checkbox"/> Petroleum Refining                                     |
| <input type="checkbox"/> Chemical Manufacturing                | <input type="checkbox"/> Pharmaceutical Manufacturing                           |
| <input type="checkbox"/> Dairy Products                        | <input type="checkbox"/> Photo Processing                                       |
| <input type="checkbox"/> Dry Cleaning/Laundries                | <input type="checkbox"/> Plastics Manufacturing/Molding                         |
| <input type="checkbox"/> Electrical/Electronic Component Manuf | <input type="checkbox"/> Porcelain Coating                                      |
| <input type="checkbox"/> Electroplating                        | <input type="checkbox"/> Printed Circuit Board Manufacturing                    |
| <input type="checkbox"/> Feedlot                               | <input type="checkbox"/> Pulp, Paper, Paperboard Manufacturing                  |
| <input type="checkbox"/> Fertilizer manufacturing              | <input type="checkbox"/> Rubber Manufacturing/Processing                        |
| <input type="checkbox"/> Flammables/Explosives Use             | <input type="checkbox"/> Radioactive Materials Use                              |
| <input type="checkbox"/> Fuel Oil Dealer                       | <input type="checkbox"/> Smelting   |

- |  |   |
|--|---|
| <input type="checkbox"/> Funeral Services                    | <input type="checkbox"/> Soap/Detergent Manufacturing |
| <input type="checkbox"/> Glass Manufacturing                 | <input type="checkbox"/> Steam/Power Generation       |
| <input type="checkbox"/> Grain Mill                          | <input type="checkbox"/> Sugar Processing             |
| <input type="checkbox"/> Iron/Steel Manufacturing            | <input type="checkbox"/> Textile Manufacturing        |
| <input type="checkbox"/> Laboratory                          | <input type="checkbox"/> Timber Products              |
| <input type="checkbox"/> Leather Tanning/refinishing         | <input type="checkbox"/> Woodworking Shop             |
| <input type="checkbox"/> Medical/Dental Procedures/Surgeries | <input type="checkbox"/> Other: _____                 |

**Chemical Inventory-Does this business use any of the materials listed below?**

If you are unsure of the category, please list any other chemicals used on a separate sheet.

If Yes, Please Identify

Inks/Dyes/Paints	Yes	No	_____
Acids/Caustics	Yes	No	_____
Solvents/Incl. Cleaning	Yes	No	_____
Flammables/Explosives	Yes	No	_____
Grease/Oils	Yes	No	_____
Pesticides/Herbicides	Yes	No	_____
Metals/Inorganics	Yes	No	_____
Mercury or Silver Compounds	Yes	No	_____
Halogenated Aliphatics	Yes	No	_____
Ethers	Yes	No	_____
Monocyclic Aromatics	Yes	No	_____
Phenols/Cresols	Yes	No	_____
Phthalate Esters	Yes	No	_____
Polycyclic Hydrocarbons	Yes	No	_____
Nitrosamines	Yes	No	_____
Nitrogen Containing Compounds	Yes	No	_____
Radioactive Isotopes	Yes	No	_____

**Is any wastewater from this facility treated before it leaves this facility?**  Yes  No

If yes, what kind of treatment was performed?

- Sand/Sediment Interceptor
- Oil/Grease Interceptor
- pH Correction
- Chemical or Physical Treatment Specify: \_\_\_\_\_
- Other Specify: \_\_\_\_\_
- Silver Recovery
- Amalgam Separator
- Solvent Recovery

**Has any chemical analysis been performed on wastewater flows from this facility in the last three years?**  Yes  No

Note: If yes, please attach a copy of all analyses performed on wastewater from this facility in the past three years.

**Are there any wastes generated at this facility that are not discharged to sanitary sewer?**

- Yes  No

Note: If yes, please describe the waste and the disposal method used for the waste.

(Other Waste, Disposal Method)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Does this facility generate any hazardous waste as defined by RCRA in 40 CFR 126?**  Yes  No

If yes, please list what Hazardous wastes are generated and its disposal method in the blanks below. Please attach additional sheets if necessary.

(Hazardous Waste, Disposal Method)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please provide the following information any onsite waste treatment vendors and any companies that haul solid, liquid, hazardous or non-hazardous wastes from this facility for offsite treatment and/or disposal.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please estimate this facility's average monthly water usage for the winter and summer months.**

Average Monthly Gallons Used: \_\_\_\_\_ Winter: \_\_\_\_\_ Summer: \_\_\_\_\_

**Do you anticipate any future Changes in your current operation or processes?**

Yes  No

Please sketch a layout or provide a blueprint of the facility that labels the activities performed in each area, all water sources and all wash down sinks and floor drains. (Please attach additional sheets as needed.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction, any other information provided may be claimed confidential by the submitter. Such claims must be asserted at the time of submission by stamping the words "Confidential Business Information" or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

**Certification 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 fines and imprisonment for knowing violations."

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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