



GEAUGA COUNTY BOARD OF COMMISSIONERS

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DEPARTMENT OF WATER RESOURCES

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Industrial/Commercial Pretreatment Program Wastewater Discharge Questionnaire

A. GENERAL INFORMATION:

1. Company Name _____
Mailing Address _____
City, State, and Zip _____
Facility Address _____

Contact Person _____ Title _____
Phone Number _____
Authorized Representative _____
Title _____ Phone _____
Email: _____

Standard Industrial Classification Code (SIC) _____

B. TYPE OF BUSINESS

1. Identify the type of business or activity at the facility

Retail _____
Examples (Sales, On-site sale of merchandise or products Only domestic waste etc.)

Service _____
(Medical/dental, or veterinary, Restaurants, Repair shop, Salon, Landscaping, car wash etc.)

Manufacturing _____
(Industrial, Machining, Grinding plating, production and assembly etc.)

General Business _____
(Basic office, Insurance Office, Bank only domestic waste etc.)

The primary activity for this facility is: Check the appropriate line(s) that best describes the facility activity and provide clarification if necessary.

___ Manufacturing/ Industrial _____
___ Electroplating/Galvanizing _____
___ Machine Shop/Foundry _____
___ Laundry/Cleaning _____
___ Stripping/Refinishing _____
___ Auto Repair/ Service _____
___ Printing/Photographic/Visual Arts _____

___ Warehousing _____
___ Research/Analytical Laboratory _____
___ Retail/ Wholesale Trade _____
___ Landscaping/ Lawn Care _____
___ Medical/Dental/Veterinary _____
___ Service (Specify) _____
___ Other (Specify) _____

C. WATER USAGE

1. Water sources: Check all that apply

Geauga County Utilities _____ Private Well _____ Hauled Water Supplies _____ Surface Water _____
 Chagrin Falls Water _____ Other _____ Specify Other _____

Source	Quantity in Gallon Per Day	Account Number

D. EMPLOYEES

1. Number of employees based on total payroll _____
2. Hour of operation _____
3. Number of shifts _____

Please complete indicating shifts worked, times, and number of employees per shift that best describes your facility operations.

	Shift		
	1 st Shift	2 nd Shift	3 rd Shift
Single shift			
Average Number of Employees per Shift			
Starting Time per Shift			
Work Days per Shift			

4. Are there regular shutdowns in business activities or production based on vacations, maintenance, operational set-ups, or seasonal productions?

Yes _____ **No** _____

If Yes, please explain.

IF THIS BUSINESS IS CLASSIFIED AS A RETAIL OR GENERAL BUSINESS WITH ONLY DOMESTIC WASTE PLEASE PROCEED FINAL PAGE AND SIGN AND DATE THE FORM.

E. OPERATION CHARACTERISTICS

1. Description of the manufacturing, business, or service activity performed at the facility.

2. If production occurs, describe the type and amount of products produced at the facility.

3. Description of the type and amount of raw material used daily in the manufacturing of products. Use actual chemical names and DO NOT use trade names or general terms.

4. Description of type and amount of process chemicals used daily such as solvents, cutting oils, degreasers, etc., utilized in any processes such as plating, etching, cleaning, grinding, etc. Use actual chemical names and DO NOT use trade names or general terms.

5. Does your operation engage in periodic cleaning operations resulting in cleaning agents or process fluids or residues being discharged to the sewer?

Yes _____ **No** _____

If yes, state the frequency, nature, and amount of the discharge.

6. Any water treatment equipment in use (water softeners, screen, filters, ion exchangers, or chemical additions)?

Yes _____ **No** _____

If yes, describe

7. Water use and discharge (Gallon Per Day)

Source	Quantity Used	Quantity Discharged	Discharged to				Discharge Type	
			Sanitary	Storm Drain	Stream / Surface of the Ground	Holding Tank To Be Hauled	Batch	Continuous
Sanitary								
Process								
Contact Cooling								
Non-Contact								
Contained in Product								
Other								

8. Total gallons per day, GPD, discharged to the sanitary sewer from Batch or Continuous
 Batch _____ GPD Is this quantity Estimated _____ or Metered _____
 Continuous _____ GPD Is this quantity Estimated _____ or Metered _____
9. Average number of batches per day. _____
10. Does your facility have a Spill and/or Slug Control Plan?
 Yes _____ No _____
 If yes, describe

F. WASTEWATER INFORMATION

1. Does the facility discharge all its wastewater/liquid to Geauga County Sanitary Sewer System?
 Yes _____ No _____
 If NO, describe

2. Are there corrosive or biological inhibiting chemicals added to facility cooling water, sanitary line, or treatment system which are discharged to the sanitary sewer?
 Yes _____ No _____
 If yes, describe

3. Is this facility/business subject to Federal Pretreatment Standards?
 Yes _____ No _____
4. Is any type of Pretreatment practiced at this facility?
 Yes _____ No _____
- If yes, please check all appropriate space.
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Sump | <input type="checkbox"/> Septic | <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Gasoline Trap |
| <input type="checkbox"/> Oil & Grease Separator | <input type="checkbox"/> Screen | <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Filtration | <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Spill Protection | <input type="checkbox"/> Air Floatation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Solvent Separation | <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Cyclone |
| <input type="checkbox"/> Waste Hauling | <input type="checkbox"/> Rainwater Diversion
or Storage | <input type="checkbox"/> Neutralization,
pH Correction | |
- Chemical Treatment (Specify) _____ Physical Treatment (Specify) _____
 Biological (Specify) _____ Other (Specify) _____

5. Describe your wastewater pretreatment equipment and/or process used.

6. Are there residuals from any of these pretreatment processes?

Yes _____ No _____

If Yes, how are they disposed of?

G. SAMPLING AND MONITORING

1. Is sampling of wastewater discharge being done at this facility?. Yes _____ No _____

2. Is sampling required by any agency? Yes _____ No _____

3. Are you following approved sampling procedures? Yes _____ No _____

4. Are records being kept a minimum of three years? Yes _____ No _____

5. Describe the sample location(s) being used. (manhole, batch tank, end of treatment etc.)

6. Check the parameters Sampled, (if any)

_____ pH _____ Temperature _____ Total Solids _____ Ammonia _____ Oil and Grease

Other (specify) _____

H. CHEMICAL AND HAZARDOUS STORAGE AND HANDLING
CHEMICALS

1. Are there designated storage areas for Chemicals? Yes _____ No _____

2. Are there floor drains in the area? Yes _____ No _____ Sealed _____

3. Are containers regularly checked leaks or spills? Yes _____ No _____

4. How are spent chemicals disposed?

HAZARDOUS MATERIALS

5. Are any hazardous material generated at the facility Yes _____ No _____

6. If Yes, is the hazardous material separated from the waste stream? Yes _____ No _____

7. List any hazardous materials or wastes discharged to the Sanitary Sewers including anything that would be hazardous prior to entering the sewer.

8. Describe the hazardous waste storage area including the storage location.

9. Are there any floor drains in the area? Yes _____ No _____ Sealed _____

10. Are there spill clean-up procedures in place for hazardous waste spills Yes _____ No _____

If Yes, describe the plan and if a clean-up procedure posted.

I. CHARACTERISTICS OF THE DISCHARGE

On the following pages are several lists of toxic and hazardous chemicals. Please review the lists and place an "X" in any appropriate box if the toxic pollutant is used at this facility in manufacturing, or service activities, or if it is a by-product which may be present and potentially be discharged to the sewer. Include the quantity and units.

J. POLLUTANTS

1. Indicate if any of these pollutants may be discharge to the sanitary sewer.

- | | | | | |
|---------------|------------------|----------------------------|---------------------|-------------------------------|
| ___ Aluminum | ___ Barium | ___ Boron | ___ Cobalt | ___ Fluoride |
| ___ Iron | ___ Manganese | ___ Titanium | ___ Ethylene Glycol | ___ Oil & Grease |
| ___ Chlorides | ___ MBAS | ___ Total Dissolved Solids | ___ Phosphorus | ___ Temperature > 104°F |
| ___ pH > 9.0 | ___ BOD >200mg/l | ___ COD >270 mg/l | ___ Ammonia | ___ Suspended Solids >200mg/l |

2. List any other toxic pollutants which may be present in your discharge.

3. Do you have any waste stream that discharges to the surface of the ground, surface water or ground water?
Yes ___ **No** ___
If Yes, please explain.

4. Does this discharge have a NPDES Permit?
Yes ___ **No** ___
If Yes, provide the NPDES permit number for the discharge.

K. NON-DISCHARGED WASTES

1. Is there any liquid wastes or sludge generated that is not disposed of in the sewer system?

Yes ___ No ___

If Yes, please indicate the waste and the amount and frequency of waste discharged to the sewer.

Waste	Quantity to Sewer (indicate units)	Quantity to Trash (indicate units)	Quantity Hauled off-site (indicate units)
Waste Solvent			
Waste Product			
Oil			
Grease			
Pretreatment Sludge			
Inks/Dyes			

Thinners			
Heavy Metals			
Organic Compounds			
Paints			
Acids & Alkalies			
Plating Wastes			
Pesticides			
Other – (Specify)			

5. HAULING COMPANY INFORMATION

Name, _____ Address, _____ Phone Number, _____ Email _____

AUTHORIZED REPRESENTATIVE STATEMENT

I certify that I have personally examined and am familiar with the information submitted. I have either gathered the information or inquired of those who are immediately responsible for information requested in this document and I believe the submitted information is true, accurate, and complete.

Printed Name of Authorized Representative

Signature

Title

Date