



Industrial/Commercial Pretreatment Program Wastewater Discharge Questionnaire

A. GENERAL INFORMATION

Company Name: _____

Mailing Address: _____

City, State, and Zip: _____

Facility Address: _____

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

Authorized Representative: _____

Title: _____ Phone: _____

Email: _____

Standard Industrial Classification Code (SIC): _____

B. TYPE OF BUSINESS

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

Water Sources (check all that apply):

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

| Source | Quantity in Gallon Per Day | Account Number |
|--------|----------------------------|----------------|
| | | |
| | | |

D. EMPLOYEES

Number of employees based on total payroll: _____

Hours of operation: _____

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 | | | |
| Workdays per Shift | | | |

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 TO THE FINAL PAGE TO COMPLETE AND DATE THE FORM.

IF BUSINESS IS SERVICE OR MANUFACTURING, CONTINUE TO SECTION E.

ATTACH ADDITIONAL SHEETS AS NEEDED.

E. OPERATION CHARACTERISTICS

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

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

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:

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:

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

Yes No

If YES, state the frequency, nature, and amount of the discharge:

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

Yes No

If YES, describe:

Water use and discharge (Gallon Per Day)

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

Total gallons per day (GPD) discharged to the sanitary sewer from Batch and/or Continuous operation:

Batch: _____ GPD Is this quantity Estimated: _____ or Metered: _____

Continuous: _____ GPD Is this quantity Estimated: _____ or Metered: _____

Average number of batches per day: _____

Does your facility have a Spill and/or Slug Control Plan?

Yes No

If YES, describe:

F. WASTEWATER INFORMATION

Does the facility discharge all its wastewater/liquid to Geauga County Sanitary Sewer System?

Yes No

If NO, describe:

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:

Is this facility/business subject to Federal Pretreatment Standards?

Yes No

Is any type of Pretreatment practiced at this facility?

Yes No

If YES, please check all appropriate spaces:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Sump | <input type="checkbox"/> Septic | <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Amalgam Separator |
| <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 Flootation |
| <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 | <input type="checkbox"/> Sand Separator |

Chemical Treatment (Specify): _____ Physical Treatment (Specify): _____

Biological (Specify): _____ Other (Specify): _____

Describe your wastewater pretreatment equipment and/or process used:

Are there residuals from any of these pretreatment processes?

Yes No

If YES, how are they disposed of?

G. SAMPLING AND MONITORING

Is sampling of wastewater discharge being done at this facility?

Yes No

Is sampling required by any agency?

Yes No

Are you following approved sampling procedures?

Yes No

Are records being kept a minimum of three years?

Yes No

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

Check the parameters sample (if any):

pH Temperature Total Solids Ammonia Oil and Grease

Other (specify) _____

H. CHEMICAL AND HAZARDOUS STORAGE AND HANDLING CHEMICALS

Are there designated storage areas for Chemicals?

Yes No

Are there floor drains in the area?

Yes No Sealed?

Are containers regularly checked for leaks or spills?

Yes No

How are spent chemicals disposed of?

I. HAZARDOUS MATERIALS

Are any hazardous material generated at the facility?

Yes No

If YES, is the hazardous material separated from the waste stream?

Yes No

List any hazardous materials or waste discharged to the Sanitary Sewers including anything that would be hazardous prior to entering the sewer:

Describe the hazardous waste storage area including the storage location:

Are there any floor drains in the process area?

Yes No Sealed?

Are there spill clean-up procedures in place for hazardous waste spills?

Yes No

If YES, describe the plan and where the clean-up procedures are posted:

J. 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.

K. POLLUTANTS

Indicate if any of these pollutants may be discharged to the sanitary sewer:

| | | | | |
|------------------------------------|---------------------------------------|---|--|--|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Barium | <input type="checkbox"/> Boron | <input type="checkbox"/> Cobalt | <input type="checkbox"/> Fluoride |
| <input type="checkbox"/> Iron | <input type="checkbox"/> Manganese | <input type="checkbox"/> Titanium | <input type="checkbox"/> Ethylene Glycol | <input type="checkbox"/> Oil & Grease >100mg/l |
| <input type="checkbox"/> Chlorides | <input type="checkbox"/> MBAS | <input type="checkbox"/> Total Dissolved Solids | <input type="checkbox"/> Phosphorus | <input type="checkbox"/> Temperature > 104°F |
| <input type="checkbox"/> pH >9.0 | <input type="checkbox"/> BOD >200mg/l | <input type="checkbox"/> COD >270 mg/l | <input type="checkbox"/> Ammonia | <input type="checkbox"/> Suspended Solids >200mg/l |

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

Do you have any waste stream that discharges to the ground, surface water or ground water?

Yes No

If YES, please explain:

Does this discharge have a NPDES Permit?

Yes No

If YES, provide the NPDES permit number for the discharge:

L. NON-DISCHARGED WASTES

Is there any liquid waste or sludge generated that is 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) | | | |

Is there any liquid waste or sludge generated that is hauled offsite for disposal?

Yes No

If YES, provide hauling contractor information below:

| Name | Address | Phone Number | Email |
|-------|---------|--------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PLEASE SKETCH A LAYOUT OR PROVIDE A BLUEPRINT FOR THE FACILITIES PROCESS

DISCHARGE. (i.e. Drains, Plumbing Plan, Discharge)

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.

Authorized Representative Signature

Title

Authorized Representative Printed Name

Phone Number

Date

Email

RETURN COMPLETED FORM TO:

Department of Water Resources

Attn: Pretreatment

12611 Ravenwood Dr., Suite 390,

Chardon, OH 44024

Or email to: infowr@geauga.oh.gov