



# 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 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> 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:

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**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:

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

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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:

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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:

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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:

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, describe:

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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<br>or Storage | <input type="checkbox"/> Neutralization,<br>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:

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Are there residuals from any of these pretreatment processes?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, how are they disposed of?

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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.):

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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?

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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:

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Describe the hazardous waste storage area including the storage location:

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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:

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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:

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

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain:

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Does this discharge have a NPDES Permit?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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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](mailto:infowr@geauga.oh.gov)