

**SECTION A - GENERAL INFORMATION**

1. Company Name: \_\_\_\_\_

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

3. Facility Address: (if different from mailing address)

\_\_\_\_\_ ZipCode \_\_\_\_\_

4. Name and title of person completing this survey: \_\_\_\_\_

\_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

5. Alternate person to contact concerning information provided herein:

Name and title: \_\_\_\_\_

\_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

6. Property Owner: \_\_\_\_\_

7. Confidentiality

Please indicate those sections of the questionnaire that should remain confidential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WASTEWATER DISCHARGE SURVEY (Cont'd.)**

**SECTION B - PRODUCT OR SERVICE INFORMATION**

1. Check all activities which are present at your facility:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Electroplating         | <input type="checkbox"/> Funeral Service                 | <input type="checkbox"/> Manufacturing   |
| <input type="checkbox"/> Flammables, explosives | <input type="checkbox"/> Government                      | <input type="checkbox"/> Medical care    |
| <input type="checkbox"/> Food processing        | <input type="checkbox"/> Laboratory                      | <input type="checkbox"/> Military        |
| <input type="checkbox"/> Food service           | <input type="checkbox"/> Laundry, cleaning               | <input type="checkbox"/> Office unit     |
| <input type="checkbox"/> Painting, finishing    | <input type="checkbox"/> Research                        | <input type="checkbox"/> Warehousing     |
| <input type="checkbox"/> Plant washdown         | <input type="checkbox"/> Residential                     | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> Printing, photo        | <input type="checkbox"/> Retail trade                    | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Repair shop, garage    | <input type="checkbox"/> Vehicle & equipment<br>washdown | _____                                    |

2. Give a brief description of all services at this facility including primary products or services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does your firm discharge non-domestic waste<sup>(1)</sup> into the sewer collection system?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, complete Section C, and skip Sections D through F.

<sup>(1)</sup> Non-domestic wastes include any wastes produced from business activities, including cooling water, cleanup water and process discharges. Check "yes" unless all wastes are from restrooms and showers.

**WASTEWATER DISCHARGE SURVEY (Cont'd.)**

**SECTION C - CERTIFICATION**

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 hereby certify under the penalties of 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities, all information contained in this document is true, accurate, and complete.

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Signature of Official \_\_\_\_\_ Date \_\_\_\_\_

**SECTION D - WATER USAGE**

1.	Water Sources	Annual Flow (gal/yr.)
	A. Municipal system	_____
	B. Private wells	_____
	C. Other (specify)	_____
2.	Water Usage	Annual Flow (gal/yr.)
	A. Cooling water	_____
	B. Boiler make-up	_____
	C. Process water	_____
	D. Sanitary purpose (5,120 gal/emp/yr.)	_____
	E. Plant maintenance/clean up	_____
	F. Other (specify)	_____
	<b>TOTAL</b>	_____

**WASTEWATER DISCHARGE SURVEY (Cont'd.)**

3.	Water Discharge/Loss	Annual Flow (gal/yr.)
A.	Municipal sewer/sanitary	
	1. Process	_____
	2. Sanitary	_____
	3. Cooling	_____
B.	Natural receiving waters/storm sewer	_____
C.	Waste hauler	_____
D.	Evaporation	_____
E.	Contained in product	_____
F.	Other (specify)	_____
	TOTAL	_____

NOTE: Total flows for 1, 2, and 3 (in Section D) should be equal.

**SECTION E - PLANT OPERATIONAL CHARACTERISTICS**

1. Shift Information:

A. Number of shifts per Workday \_\_\_1\_\_\_ \_\_\_2\_\_\_ \_\_\_3\_\_\_

B. Workdays: \_\_\_Monday\_\_\_ \_\_\_Tuesday\_\_\_ \_\_\_Wednesday\_\_\_  
\_\_\_Thursday\_\_\_ \_\_\_Friday\_\_\_ \_\_\_Saturday\_\_\_ \_\_\_Sunday\_\_\_

C. Average Number of Employees per Shift: 1st\_\_\_ 2nd\_\_\_ 3rd\_\_\_

D. Shift Start Times: 1st\_\_\_\_\_ 2nd\_\_\_\_\_ 3rd\_\_\_\_\_

E. Shift End Times: 1st\_\_\_\_\_ 2nd\_\_\_\_\_ 3rd\_\_\_\_\_

**WASTEWATER DISCHARGE SURVEY (Cont'd.)**

2. Is operation subject to seasonal variation:  Yes  No

If "yes," indicate: Months of peak operation \_\_\_\_\_

Maximum water flow (gallons per day) \_\_\_\_\_

3. Does operation shut down for vacation, maintenance, or other reasons?

Yes  No

4. How many years has the company been established at this location? \_\_\_\_\_

5. Indicate applicable Standard Industrial Classification (SIC) Code(s) for all processes: (If more than one applies, list in descending order of importance. Attach additional sheets if necessary.)

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

D. \_\_\_\_\_ E. \_\_\_\_\_ F. \_\_\_\_\_

6. List chemicals and other raw materials which are used in bulk or present in quantities greater than: liquids - 50 gallons; solids - 500 pounds; gases - 500 pounds: (Attach additional sheets if necessary.)

<u>Material</u>	<u>Quantity</u> (indicate units)	<u>Material</u>	<u>Quantity</u> (indicate units)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Has a Spill Prevention Control and Countermeasure Plan been prepared for the facility?

Yes  No

**WASTEWATER DISCHARGE SURVEY (Cont'd.)**

8. Are any process changes or expansions planned during the next three (3) years that would alter wastewater volumes or characteristics? Consider production processes, as well as air or water pollution processes.

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

9. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if necessary.)

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10. Has your wastewater discharge to the sewer ever been analyzed for chemical contaminants?

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

If "yes", attach a copy of the most recent results.

**SECTION F - WASTEWATER PRETREATMENT**

1. Is any form of pretreatment (see list below) practiced at this facility?

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

Check the appropriate item for types of pretreatment used at this facility:

- A. Gas/oil interceptor \_\_\_\_\_
- B. Grease trap \_\_\_\_\_
- C. Sedimentation \_\_\_\_\_
- D. Filtration \_\_\_\_\_
- E. Chemical addition\* \_\_\_\_\_

**WASTEWATER DISCHARGE SURVEY (Cont'd.)**

- F. Neutralization/pH adjustment \_\_\_\_\_
- G. Biological\* \_\_\_\_\_
- H. Equalization \_\_\_\_\_
- I. Silver recovery \_\_\_\_\_
- J. Other (specify) \_\_\_\_\_  
\_\_\_\_\_
- K. Specify\*: \_\_\_\_\_  
\_\_\_\_\_