**Montague Water Pollution Control Facility**

**Wastewater Survey for Nonresidential Establishments and Wastewater Discharge Permit Renewa**l

**SECTION A - GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **A.1.** | | **Owner Information** | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Company Name: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Mailing Address: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | City: | | | |  | | | | | | | State: | | | |  | | | | Zip: | | | |  | | |
|  | | Contact Person: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Title: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Telephone: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | E-mail Address: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A.2.** | | **Facility Information (Operator)** | | | | | | |  | | | Same as Owner | | | | | | | | | | | | | |
|  | | Company Name: | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Mailing Address: | | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | City: | | |  | | | | | | State: | | | | |  | | | | Zip: | | |  | | |
|  | | Contact Person: | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Title: | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Telephone: | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | E-mail Address: | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | No. of Employees: | | |  | | | Shifts/day: | | | | | |  | | | | Hours/day: | | | | | |  | |
| **A.3.** | **Designated Primary Contact** (check one) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | Same as Owner Contact | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | Same as Facility Contact | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | Other (fill in below) | | | | | | | | | | | | | | | | | | | | | | |
|  | Company Name: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Mailing Address: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | City: | | |  | | | | | | State: | | | | |  | | | | Zip: | | |  | | | | |
|  | Contact Person: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | E-mail Address: | | |  | | | | | | | | | | | | | | | | | | | | | | |

A.4 Identify the type of business conducted ie: auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc. and SIC number.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A.5. | Does the facility have an industrial waste discharge permit with the Town of Montague or has it had one previously? | | | | | | | | | |
|  | Check one: | |  | Yes | |  | No | | | |
|  | If “Yes”, list Permit Number | | | |  | | | | | |
|  |  | | | | | | | | | |
| A.6. | List and attach other discharge or environmental permits (NPDES, RCRA, Air, etc) | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
| A.7. | List facility Standard Industrial Classification (SIC) or North American Industrial Classification System (NAICS) codes (your tax/finance dept should have this information). | | | | | | | | | |
|  | SIC Look-up | | <http://www.osha.gov/pls/imis/sic_manual.html> | | | | | | | |
|  | NAICS Look-up | | <http://www.naics.com/search.htm> | | | | | | | |
|  |  | Enter SIC Codes below or | | | | | | Enter NAICS Codes below | | |
|  |  |  | | | | | |  | | |
| A 8. | Are your manufacturing or commercial operations subject to national categorical pretreatment standards?  (Standards found at <http://cfpub.epa.gov/npdes/npdesreg.cfm?program_id=45>) | | | | | | | | | |
|  | Check one: | |  | Yes | |  | No | |  | Unknown |
|  |  | | | | | | | | | |

A.9 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

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A.10 Is Water used in manufacturing Process? [ ] Yes [ ] No

Source of Water? [ ] City [ ] Private Well [ ] Metered [ ] Unmetered

Water Account Numbers (*Please indicate if meter is used for landscape [L] or fire protection [FP] only)*

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

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Water Usage (*Total of all Sources)*

Maximum \_\_\_\_\_\_\_\_\_ Gallons / Time of Day \_\_\_\_\_\_\_\_ Minimum \_\_\_\_\_\_\_\_\_\_Gallons / Time

**SECTION B - FACILITY OPERATION CHARACTERISTICS**

B.1. List all raw materials used and or stored on site. Add attachment if necessary

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

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Provide name and address of waste hauler(s) if used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B.2. Is a spill Prevention Control and Countermeasure Plan prepared for the facility? [ ] YES [ ] NO

B.3. Is production subject to seasonal variation? [ ] YES [ ] NO

If yes, briefly describe seasonal production cycle.

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| --- | --- | --- |
| B.4 | Attach sketch(es) of general plant process and waste line layouts including location of floor drains and manholes. Include any existing or proposed pretreatment systems along with locations and sizes of all existing and proposed connections to the POTW wastewater collection system. Also include details of present and/or proposed monitoring facilities. (List sketch/plan name and reference) | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

B.5. Are any process changes or expansions planned during the next three years?[ ] YES [ ] NO

If yes, briefly describe below or attach a separate sheet to this form briefly describing the nature of the planned changes or expansions.

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

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B.6 Facility waste discharges

**. WASTEWATER DISCHARGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List Individual wastewater discharge(s) in Gallons per Day | | | | |
| Process | Average discharge | Maximum discharge | Estimated or measured | Type of discharge (batch, continuous, none) |
| Domestic wastes |  |  | Est.[ ] Meas.[ ] |  |
| Equipment/Facility wash down |  |  | Est.[ ] Meas.[ ] |  |
| Storm water run-off to sewer |  |  | Est.[ ] Meas.[ ] |  |
|  |  |  | Est.[ ] Meas.[ ] |  |
|  |  |  | Est.[ ] Meas.[ ] |  |
| List Individual process wastewater discharge(s) in Gallons per Day | | | | |
| Process | Average discharge | Maximum discharge |  | Type of discharge (batch, continuous, none) |
|  |  |  | Est.[ ] Meas.[ ] |  |
|  |  |  | Est.[ ] Meas.[ ] |  |
|  |  |  | Est.[ ] Meas.[ ] |  |
|  |  |  | Est.[ ] Meas.[ ] |  |
|  |  |  | Est.[ ] Meas.[ ] |  |
|  |  |  | Est.[ ] Meas.[ ] |  |
| Cooling wastewater |  |  | Est.[ ] Meas.[ ] |  |
| Boiler wastewater |  |  | Est.[ ] Meas.[ ] |  |
| **Total Process to sewer** |  |  | Est.[ ] Meas.[ ] |  |
| **Total discharge to sewer** |  |  | Est.[ ] Meas.[ ] |  |
| List the average water loss in gallons per day | | | | |
|  |  |  | Est.[ ] Meas.[ ] |  |
|  |  |  | Est.[ ] Meas.[ ] |  |
| Landscape Irrigation |  |  | Est.[ ] Meas.[ ] |  |
| Contained in Product |  |  | Est.[ ] Meas.[ ] |  |
| Liquid Waste Hauled |  |  | Est.[ ] Meas.[ ] |  |
| Evaporation |  |  | Est.[ ] Meas.[ ] |  |
| NPDES permitted discharge |  |  | Est.[ ] Meas.[ ] |  |
| ***Total Loss (Not to Sewer)*** |  | | Est.[ ] Meas.[ ] |  |

SECTION C - WASTEWATER INFORMATION

C.1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the business category.

|  |  |
| --- | --- |
| Industrial Categories | |
| 1. [ ] Adhesives | 18. [ ] Ore Mining |
| 2. [ ] Aluminum Forming | 19 [ ] Organic Chemicals |
| 3. [ ] Auto & Other Laundries | 20. [ ] Paint & Ink |
| 4. [ ] Battery Manufacturing | 21. [ ] Pesticides |
| 5. [ ] Coal Mining | 22. [ ] Petroleum Refining |
| 6. [ ] Coil Coating | 23. [ ] Pharmaceuticals |
| 7. [ ] Copper Forming | 24. [ ] Photographic Supplies |
| 8. [ ] Electric & Electronic Components | 25. [ ] Plastics & Synthetic Materials |
| 9. [ ] Electroplating | 26. [ ] Plastics Processing |
| 10. [ ] Explosives Manufacturing | 27. [ ] Porcelain Enamel |
| 11. [ ] Foundries | 28. [ ] Printing & Publishing |
| 12. [ ] Gum & Wood Chemicals | 29. [ ] Pulp & Paper |
| 13. [ ] Inorganic Chemicals | 30. [ ] Rubber |
| 14. [ ] Iron & Steel | 31. [ ] Soaps & Detergents |
| 15. [ ] Leather Tanning & Finishing | 32. [ ] Steam Electric |
| 16. [ [ Mechanical Products | 33. [ [ Textile Mills |
| 17. [ ] Nonferrous Metals | 34. [ ] Timber |
| Other Business Activities | |
| [ ] Dairy Products | [ ] Food/Edible Products Processor |
| [ ] Slaughter/Meat Packing/Rendering | [ ] Beverage Bottler/ Brewery |

C.2. Pretreatment devices or processes used for treating wastewater or sludge (check asmany as appropriate):

[ ] Air flotation [ ] Centrifuge

[ ] Chemical precipitation [ ] Chlorination

[ ] Cyclone [ ] Filtration

[ ] Flow Equalization [ ] Rainwater diversion or storage

[ ] Grease or oil separation, type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Grease trap [ ] Grit removal

[ ] Ion exchange [ ] Neutralization - pH correction

[ ] Ozonation [ ] Reverse Osmosis

[ ] Screen [ ] Sedimentation

[ ] Septic tank [ ] Solvent separation

[ ] Spill protection [ ] Sump

[ ] Biological treatment - type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Other chemical treatment - type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Other physical treatment - type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Other - type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] No pretreatment required

C.3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analyses, name of laboratory or person performing the analysis, and location(s) from which samples were taken ( attach sketches, plans etc. as necessary).

SECTION D - OTHER WASTES

D.1. Are any liquid wastes or sludge from this firm disposed of by means other than discharge to the sewer system?

[ ] YES [ ] NO

If "no" skip remainder of Section D. If "yes" complete items 2 and 3 of Section D.

D.2. These wastes may be best describes as:

Estimated Gallons or Pounds/year:

[ ] Acids and Alkalis [ ] Heavy metal Sludges

[ ] Inks/Dyes [ ] Oil and/or Grease

[ ] Organic Compounds [ ] Paints

[ ] Pesticides [ ] Plating Wastes

[ ] Pretreatment Sludges [ ] Solvents/Thinners

[ ] Other Hazardous Wastes (specify)

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[ ] Other Wastes (specify)

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D.3. For the above checked wasted, does your company practice:

[ ] on-site storage

[ ] off-site storage

[ ] on-site disposal

[ ] off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

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

|  |
| --- |
| *This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official*.  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 believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |