CHESTER COUNTY WASTEWATER RECOVERY (CWR)
DISCHARGE PERMIT APPLICATION
WASTEWATER SURVEY QUESTIONNAIRE

SECTION A - GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number:

_____

_____

_____

Zip Code _____ Telephone No. ( ) _____ E-mail_____

A.2. Address of production or manufacturing facility. (If same as above, check ☐.)

_____

_____

Zip Code _____ Telephone No. ( ) _____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit. Any information submitted in this form may be claimed as confidential by the submitter; any such claim must be asserted at the time of submission by writing the phrase "CONFIDENTIAL BUSINESS INFORMATION" on each page containing such information.

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 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Authorized Representative:

_____
Type or Print Name

_____
Date

_____
Signature

_____
Title

A.3. Chief Company Executive at this location:

Name _____ Title _____

Telephone No. _____ Email _____

A.4. Company representative to serve as contact person:

Name _____ Title _____

Telephone No. _____ Email _____

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.)

_____

A.6. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

_____ _____ _____ _____ _____ _____ _____ _____

A.7. If your facility employs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

Industrial Categories

1. ☐ Aluminum Forming
2. ☐ Asbestos Manufacturing
3. ☐ Battery Manufacturing
4. ☐ Canned and Preserved Fruits and Vegetables Processing
5. ☐ Canned and Preserved Seafood Processing
6. ☐ Carbon Black Manufacturing
7. ☐ Cement Manufacturing
8. ☐ Centralized Waste Treatment
9. ☐ Coal Mining
10. ☐ Coil Coating
11. ☐ Concentrated Animal Feeding Operations (CAFO)
12. ☐ Concentrated Aquatic Animal Production
13. ☐ Copper Forming
14. ☐ Dairy Products Processing
15. ☐ Electric and Electronic Components Manufacturing
16. ☐ Electroplating
17. ☐ Explosives Manufacturing
18. ☐ Ferroalloy Manufacturing
19. ☐ Fertilizer Manufacturing
20. ☐ Glass Manufacturing
21. ☐ Grain Mills Manufacturing
22. ☐ Gum & Wood Chemicals Manufacturing
23. ☐ Hospitals
24. ☐ Ink Formulating
25. ☐ Inorganic Chemicals Manufacturing
26. ☐ Iron and Steel Manufacturing

27. ☐ Landfills
28. ☐ Leather Tanning and Finishing
29. ☐ Meat and Poultry Products
30. ☐ Metal Finishing
31. ☐ Metal Molding and Casting
32. ☐ Metal Products and Machinery
33. ☐ Mineral Mining and Processing
34. ☐ Nonferrous Metals Forming and Metal Powders
35. ☐ Nonferrous Metals Manufacturing
36. ☐ Oil & Gas Extraction
37. ☐ Ore Mining & Dressing
38. ☐ Organic Chemicals, Plastics, & Synthetic Fibers
39. ☐ Paint Formulating
40. ☐ Paving and Roofing Materials (Tars and Asphalt)
41. ☐ Pesticide Chemicals
42. ☐ Petroleum Refining
43. ☐ Pharmaceutical Manufacturing
44. ☐ Photographic
45. ☐ Phosphate Manufacturing
46. ☐ Plastics Molding & Forming
47. ☐ Porcelain Enameling
48. ☐ Pulp, Paper & Paperboard
49. ☐ Rubber Manufacturing
50. ☐ Soap and Detergent Manufacturing
51. ☐ Steam Electric Power Generating
52. ☐ Sugar Processing
53. ☐ Timber Products Processing
54. ☐ Textile Mills
55. ☐ Transportation Equipment Cleaning
56. ☐ Waste Combustors
57. ☐ Other (Identify)_____

A.8. Indicate the source(s) of your water supply and the volume of water supplied in gallons per day (gpd) for a typical working day. (Note: This is <u>not</u> the monthly water purchase volume but a representative working day volume.)

	Source	Account No.	Average Water Purchase Volume (gpd)
(☐)	Public Water System	_____	_____
(☐)	Private Well		_____

A.9. Are there any floor drains connected to the sanitary sewer system? _____
If so, please provide a schematic of the location (s).

A.10. Provide your best estimates of the breakdown of water consumption within your plant in gallons per day (gpd) and indicate (with an "x") if the volume is based on actual measurement or was estimated.

			Average Gallons Per Day		
1.	☐	Domestic Waste (restrooms, employee showers, water fountains, canteen, etc.)	_____	☐ estimated	☐ measured
2.	☐	Cooling Water, Non-Contact	_____	☐ estimated	☐ measured
3.	☐	Boiler/Tower Blowdown	_____	☐ estimated	☐ measured
4.	☐	Cooling Water, Contact	_____	☐ estimated	☐ measured
5.	☐	Process	_____	☐ estimated	☐ measured
6.	☐	Equipment/Facility Washdown	_____	☐ estimated	☐ measured
7.	☐	Air Pollution Control Unit	_____	☐ estimated	☐ measured
8.	☐	Storm Water Runoff to Sewer	_____	☐ estimated	☐ measured
9.	☐	Contaminated Ground Water Recovery		☐ estimated	☐ measured
10.	☐	Medical Wastewater	_____	☐ estimated	☐ measured
11.	☐	Other (i.e., irrigation)	_____	☐ estimated	☐ measured
		_____ (indicate)			
		Total	_____	☐ estimated	☐ measured

Total A.10.1-A.10.11

A.11. Does your company presently (or expect to) discharge any of the water listed A.10 above to a sewer system for treatment by CWR's publicly owned treatment works (POTW)?
☐ Yes ☐ No

(If no, go to question A.15 on page 7 unless you are currently requesting sewer system from CWR and are completing this questionnaire as a part of the application process.)

A.12. Indicate (with an "X") below the disposal method currently (or projected) used for each type of water consumption or usage at your facility. (Refer to question A.10 above for Type of Usage categories that apply to your operation.)

WASTEWATER DISPOSAL OPTIONS

	Type of Usage	Discharged to Public Sewer	Septic Tank	Land Application	Discharge to Stream	Other Disposal (specify type)
(1)	Domestic/sanitary water (from restroom, showers, water foundations, canteens, etc.)				NPDES #	
(2)	Cooling Water				NPDES #	
(3)	Boiler Water				NPDES #	
(4)	Process Water (including clean-up)				NPDES #	
(5)	Other Water Usage (i.e., irrigation)				NPDES #	
	_____ (indicate)					

A.13 (a) If ANY COOLING WATER is discharged to the public sewer system, please check and complete the following information that applies to your system:

☐ (1) Cooling water is recycled; only system bleed-off to sewer.

☐ (2) Cooling water is once-thru (not recycled); all system water that is not evaporated is discharged to sewer.

☐ (3) Cooling water is for:

___air conditioning/humidification
___machinery
___product formulation
___other _____(indicate)

☐ (4) Chemical additives in cooling water:
Type (example: chromium algaecide)
_____(indicate)
Amount and frequency (example: 25 gal/wk)
_____(indicate)

☐ (5) Other than the carrier piping, the cooling water contacts the following prior to discharge to sewer:

___nothing: is non-contact prior to discharge.
___machine parts
___hydraulic, lubricating fluid
___product
___other wastewater
___other _____(indicate)

(b) If ANY BOILER WATER is discharged directly to the public sewer system, please check and complete the following information that applies to your system:

☐ (1) Excess boiler feed water discharged directly to sewer.

☐ (2) Excess boiler feed water recycled to make-up tank.

☐ (3) Make-up tank overflow is discharged to:

___public sewer system
___storm sewer system or ditch/culvert
___other _____(indicate)

☐ (4) Boiler blowdown is:

___automatic
___manual operation
___discharged to public sewer system
___discharge to storm sewer system or ditch/culvert
___discharged to other _____(indicate)

☐ (5) Chemicals added to boiler water:

Point where added _____, type _____, amount and frequency _____.

☐ (6) Estimated volume of boiler discharge to public sewer during typical working day:

___gallons of boiler feed/boiler make-up water discharged on_____days per week.
___gallons of boiler blowdown discharged on _____days per week.

A.14 Is only domestic and sanitary sewer and/or cooling water and/or boiler water discharged to the public sewer system from your facility? ☐ Yes ☐ No

If yes, complete this question and the preceding questions on pages 1 – 5 of this questionnaire including the required signature on page 1 and return only these pages to CWR.

If no, meaning other types of water (i.e., process wastewater) are discharged from your facility to the public sewer system, complete the entire questionnaire including the rest of this question and the required signature on page 1 and return **all** pages to CWR.

(a) Do you have a grease trap on-line at your facility?
☐ Yes ☐ No If yes, how many? _____.

(b) If yes, does this grease trap serve a food preparation area at your facility?
☐ Yes ☐ No

(c) Approximately how often is this grease trap checked _____ or pumped out _____.

(d) When was the last time it was pumped? _____.
By whom? _____.
Where is it taken for disposal? _____.

A.15 If no water of any type is discharged to a public sewer system, indicate below how wastewater disposal is made and return pages 1 - 7 of this questionnaire with all applicable information completed (including the signature on page 1) to CWR.

☐ On-site disposal – septic tank
☐ On-site disposal – treatment and discharge to stream;
NPDES Permit # _____.
☐ Other disposal _____ (i.e., off-site hauling; on-site land application).

NOTE: IF YOU HAVE QUESTIONS CONCERNING THIS QUESTIONNAIRE, PLEASE CONTACT DEVON BAGLEY AT (803) 377-3541 or dbeaty@cwr.services.

MAILING ADDRESS:
DEVON BAGLEY
CWR
POST OFFICE BOX 279
RICHBURG, SC 29729

SECTION B – PRODUCT OR SERVICE INFORMATION

B.1. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

_____

_____

_____

_____

B.2 Check or list all additional support activities conducted at your premises that have not been reported as primary production or service activities in Section A (page 2):

☐	Machine shop, repair shop	☐	Vehicle washing and/or servicing
☐	Laboratory	☐	Printing
☐	Photographic processing	☐	Electroplating
☐	Garage	☐	Finishing, painting
☐	Engine or vehicle steam cleaning	☐	Cafeteria
☐	Chemical storage	☐	Other (specify) _____

B.3 List each wet manufacturing process or other support activity that contributes to the wastewater discharge from your premises (provide SIC Code, when applicable), and provide the requested flow data for each wet process or activity (attach additional sheets if necessary):

	Wet Process Or Wet Activity	SIC Code	Estimated Flow and Frequency
Example:	Clean up: finishing machines	2261 cotton woven finishing	1,500 gal. once per week

1. _____
2. _____
3. _____
4. _____
5. _____

B.4 In the following table, list the principle compounds (use generic names not trade names) used in your operation and indicate whether each is a raw material or catalyst/intermediate or indicate other use; please provide the estimated quantities used (Attach additional sheets if necessary):

PRINICPAL COMPOUNDS USED

Generic Name	Raw Material	Catalyst/ intermediate	Other use (indicate)	Estimated Quantity Used Per Working Day lbs/day or gal/day (typical work day)

Note: As supplemental information to this Table, copies of applicable Material Safety Data Sheets may also be submitted as attachments, but not in lieu of providing the information requested in B.4 above.

B.5. Please complete the following Priority Pollutant Listing. For each pollutant, please check whether it is a) known to be present or b) known to be absent in your operation. Suitable responses should be based on the following descriptions:

a) Known to be present: The compound has been detected in the wastewater discharge by reasonable lab analytical procedures or by reference (i.e., from supplier or literature) and is known to be present in the raw materials or product and in the wastewater discharge.

b) Known to be absent: The application of reasonable analytical procedures designed to detect the material have yielded negative results (below detectable limits).

	Chemical Compound	Known Present	Known Absent
I.	**METALS AND INORGANICS**		
1.	Antimony	☐	☐
2.	Arsenic	☐	☐
3.	Asbestos	☐	☐
4.	Beryllium	☐	☐
5.	Cadmium	☐	☐
6.	Chlorides	☐	☐
7.	Chromium	☐	☐
8.	Copper	☐	☐
9.	Cyanide	☐	☐
10.	Lead	☐	☐
11.	Mercury	☐	☐
12.	Molybdenum	☐	☐
13.	Nickel	☐	☐
14.	Selenium	☐	☐
15.	Silver	☐	☐
16.	Sulfates	☐	☐
17.	Thallium	☐	☐
18.	Total Dissolved Solids	☐	☐
19.	Zinc	☐	☐
II.	**PHENOLS AND CRESOLS**		
20.	Phenol(s)	☐	☐
21.	Phenol, 2-chloro	☐	☐
22.	Phenol, 2,4-dichloro	☐	☐
23.	Phenol, 2,4,6-trichloro	☐	☐
24.	Phenol, pentachloro	☐	☐
25.	Phenol, 2-nitro (para-nitro)	☐	☐
26.	Phenol, 4-nitro (ortho-nitro)	☐	☐
27.	Phenol, 2,4-dinitro	☐	☐
28.	Phenol, 2,4-dimethyl	☐	☐
29.	m-Cresol, p-chloro (4-chloro-3-methyl phenol)	☐	☐
30.	o-Cresol, 4,6-dinitro (4,6-dinitro-2-methylphenol)	☐	☐
III.	**MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS, AND PHTHALATES)**		
31.	Benzene	☐	☐
32.	Benzene, chloro	☐	☐
33.	Benzene, 1,2-dichloro (ortho-dichloro)	☐	☐
34.	Benzene 1,3-dichloro (meta-dichloro)	☐	☐
35.	Benzene 1,4-dichloro (para-dichloro)	☐	☐

Chemical Compound		Known Present	Known Absent
36.	Benzene 1,2,4-trichloro	☐	☐
37.	Benzene, hexachloro (perchloro)	☐	☐
38.	Benzene, ethyl	☐	☐
39.	Benzene, nitro	☐	☐
40.	Toluene (methyl benzene)	☐	☐
41.	Toluene, 2,4-dinitro	☐	☐
42.	Toluene, 2,6-dinitro	☐	☐
IV	**PCBs AND RELATED COMPOUNDS**		
43.	PCB-1016	☐	☐
44.	PCB-1221	☐	☐
45.	PCB-1232	☐	☐
46.	PCB-1242	☐	☐
47.	PCB-1248	☐	☐
48.	PCB-1254	☐	☐
49.	PCB-1260	☐	☐
50.	2-Chloronaphthalene	☐	☐
V.	**ETHERS**		
51.	Ether, bis (chloromethyl)	☐	☐
52.	Ether, bis (2-chloroethyl)	☐	☐
53.	Ether, bis (2-chlorosoprophyl)	☐	☐
54.	Ether, 2-chloroethyl vinyl	☐	☐
55.	Ether, 4-bromophenyl phenyl	☐	☐
56.	Ether, 4-chlorophenyl phenyl	☐	☐
57.	Bis (2-chloroethoxy) methane	☐	☐
VI.	**NITROSAMINES AND OTHER NITROGEN-CONTAINING COMPOUNDS**		
58.	Nitrosamine, dimethyl	☐	☐
59.	Nitrosamine, diphenyl	☐	☐
60.	Nitrosamine, di-n-propyl	☐	☐
61.	Benzidine	☐	☐
62.	Benzidine, 3,3-dichloro	☐	☐
63.	Hydrazine, 1,2-diphenyl (hydrazobenzene)	☐	☐
64.	Acrylonitrile	☐	☐
VII.	**HALOGENATED ALIPHATICS**		
65.	Methane, bromo-	☐	☐
66.	Methane, chloro- (methyl chloride)	☐	☐
67.	Methane, dichloro	☐	☐
68.	Methane, chlorodibromo	☐	☐
69.	Methane, dichlorobromo	☐	☐
70.	Methane, tribromo	☐	☐

Chemical Compound		Known Present	Known Absent
71.	Methane, trichloro (chloroform)	☐	☐
72.	Methane, tetrachloro (carbon tetrachloride, carbon tet.)	☐	☐
73.	Methane, trichlorofluoro (fluorocarbon II)	☐	☐
74.	Methane, dichlorodifluoro (fluorocarbon 12)	☐	☐
75.	Ethane, chloro (ethylchloride)	☐	☐
76.	Ethane, 1,1-dichloro (ethylidene chloride)	☐	☐
77.	Ethane, 1,2-dichloro	☐	☐
78.	Ethane, 1,1,1-trichloro	☐	☐
79.	Ethane, 1,1,2-trichloro (vinyl trichloride)	☐	☐
80.	Ethane, 1,1,2,2-tetrachloro (acetylene tetrachloride)	☐	☐
81.	Ethane, hexachloro (perchloro, perc)	☐	☐
82.	Ethene (ethylene), chloro (vinyl chloride)	☐	☐
83.	Ethene (ethylene), 1,1-dichloro	☐	☐
84.	Ethene (ethylene), trans-dichloro	☐	☐
85.	Ethene (ethylene), trichloro	☐	☐
86.	Ethene (ethylene), tetrachloro	☐	☐
87.	Propane, 1,2-dichloro (propylene dichloride)	☐	☐
88.	Propene, 1,3-dichloro (1,3 dichloropropylene)	☐	☐
89.	Butadiene, hexachloro	☐	☐
90.	Cyclopentadiene, hexachloro	☐	☐
VIII. PHTHALATE ESTERS			
91.	Phthalate, di-n-methyl	☐	☐
92.	Phthalate, di-n-ethyl	☐	☐
93.	Phthalate, di-n-butyl	☐	☐
94.	Phthalate, di-n-octyl	☐	☐
IX. POLYCYCLIC AROMATIC HYDROCARBONS			
95.	Phthalate, bis (2-ethylhexyl)	☐	☐
96.	Phthalate, butyl benzyl	☐	☐
97.	Acenaphthene	☐	☐
98.	Acenaphthylene	☐	☐
99.	Benzo (a) anthracene	☐	☐
100.	Benzo (b) fluoranthene	☐	☐
101.	Benzo (k) fluoranthene	☐	☐
102.	Benzo (ghi) perylene	☐	☐
103.	Benzo (a) pyrene	☐	☐

Chemical Compound		Known Present	Known Absent
104.	Chrysene	☐	☐
105.	Dibenzo (a,n) anthracene (1,2,5,6 dibenzanthracene)	☐	☐
106.	Fluoranthene	☐	☐
107.	Fluorene	☐	☐
108.	Indeno (1,2,3-cd) pyrene	☐	☐
109.	Naphthalene	☐	☐
110.	Phenanthrene	☐	☐
111.	Pyrene	☐	☐
112.	Anthracene	☐	☐
X PESTICIDES			
113.	Acrolein	☐	☐
114.	Aldrin	☐	☐
115.	BHC (Alpha)	☐	☐
116.	BHC (Beta)	☐	☐
117.	BHC (Gamma) or Lindane	☐	☐
118.	BHC (Delta)	☐	☐
119.	Chlordane	☐	☐
120.	DDD	☐	☐
121.	DDE	☐	☐
122.	DDT	☐	☐
123.	Dieldrin	☐	☐
124.	Endosulfan (Alpha)	☐	☐
125.	Endosulfan (Beta)	☐	☐
126.	Endosulfan Sulfate	☐	☐
127.	Endrin	☐	☐
128.	Endrin aldehyde	☐	☐
129.	Heptachlor	☐	☐
130.	Heptachlor expoxide	☐	☐
131.	Isophorone	☐	☐
132.	TCDD (Dioxin)	☐	☐
133.	Toxaphene	☐	☐

B.6. If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the Material Safety Data Sheets for such products.

B.7. (a) For any of the Priority Pollutants which have been indicated as Known to be Present in the preceding table (B.5), please a) provide the following information concerning the source or location of this compound in your operation and b) provide your best estimate of the quantity of each Priority Pollutant discharged to the public sewer (indicate units if different from lbs/day). Attach additional sheets if necessary.

KNOWN PRESENT PRIORITY POLLUTANTS FROM B.5

Priority Pollutant name or # from Table B.5	Area where used or generated	Est. amt. discharged to public sewer (lbs/day)	Indicate raw material, catalyst, or by-product
test			
test			
test			
test			
test			

(b) If information is available from laboratory analyses of the wastewater discharged, please provide the wastewater concentration of any Priority Pollutant indicated in Table B.5 as present. When no lab results are available, please include the estimated wastewater concentration and indicate that it is an estimated quantity.

Pollutant Name	Concentration in Wastewater (mg/L)	From Lab Analysis	or	Estimated
EXAMPLE: phenol	0.12 mg/L	X		

B.8 Conventional Wastewater Characteristics

If laboratory data is available that would further characterize the wastewater in terms of concentrations of the following basic parameters, please provide this information along with any other parameters that characterize the wastewater (example: titanium concentration = 8 mg/L). For concentrations which are estimated, please indicate this in the last column.

CONVENTIONAL WASTEWATER CHARACTERISTICS
INFORMATION FROM LAB DATA

Parameter	Conc. (mg/L)	Date(s) of analysis	Sample Type: Grab	Sample Type: Composite	Est. Conc. mg/L
EXAMPLE: titanium	8	5/5/02		avg. 3 / 24 hr.	
1. BOD					
2. Suspended Solids					
3. COD					
4. Sulfates					
5. TTO					
6. NH3-N					
7. pH					
8. Temperature					
9. TKN					
10. Total Grease & Oil					
10a. - Hydrocarbon Portion					
11. Chlorides					
12. Phosphates					
13. TDS					
14.					
15.					

Source of laboratory analyses results included above:

_____ In-house lab
_____ Commercial lab _____ (Name)

NOTE: Copies of lab analyses results can be attached as supplemental data.

SECTION C – PLANT OPERATIONAL CHARACTERISTICS

C.1. In the following two (2) tables, list all major processes at your facility with a discharge to public sewer as continuous or batch and provide the other related data:

Continuous discharge – means having wastewater flow during all or almost all of the time during which the process is in operation.

Batch discharge – means having a wastewater discharge in discrete intervals at which time either all or a designated volume of the wastewater is dumped.

CONTINUOUS WET PROCESSES

Process Description & SIC Code (if applicable)	Wastewater Discharge Rate (indicate units in gpm or gpd) Meas. Rate	Est. Rate
EXAMPLE: glue formulation / SIC 2643		2 gpm
1.		
2.		
3.		
4.		
5.		

BATCH WET PROCESSES (specify other units)

Process Description SIC Code	Average Volume (gal.)	Average Rate (gal/min)	Discharge *Frequency (time)
EXAMPLE: caustic vat; (2261) sizing solution	1,800	30 gpm	twice/wk Sat., Wed.
1.			
2.			
3.			
4.			
5.			

(Attach other sheets if needed)

*NOTE: PLEASE INDICATE THE DAY(S) IF A DISCHARGE USUALLY OCCURS ON THE SAME DAY(S) OF THE WEEK (INCLUDING WEEKENDS).

C.2

(a) List any processes subject to seasonal variation: _____

_____

(b) Indicate month(s) of peak operation and production: _____

_____

(c) Indicate month(s) of low seasonal production: _____

_____

C.3 Is there a scheduled shut down (i.e., for clean up purposes or for July 4th week)?
[ ] Yes [ ] No

If yes, when? _____.

C.4. (a) Number of production shifts per work day _____ for approximately ____ months per year.

(b) Number of work days per week _____ for approximately _____ months per year.

(c) Average number of employees per shift:

First _____ non-production/
Second _____ (office / admin.) _____.
Third _____ TOTAL Employees _____.

(d) Shift Times:

First _____ am, pm to _____ am, pm.

Second _____ am, pm to _____ am, pm.

Third _____ am, pm to _____ am, pm.

Office/Admin. _____ am, pm to _____ am, pm.

C.5

(a)	Clean-up: in your operation indicate all applicable (see example below)	Clean-up Time and Frequency
_____	a special clean up shift	_____
_____	portion of a shift	_____
_____	clean up day	_____

Example:		
_____	portion of a shift(s)	3:00 – 4:00 pm, M-F

(b) Explain what is cleaned (i.e., what vats are dumped) and what type of cleaners (i.e., alkaline or acid) are used?

_____

_____

C.6 Discharge to public sewer system:

(a) How many days per week does your plant discharge wastewater that is ultimately treated by CWR?

Process wastewater ____ days
Domestic/sanitary wastewater ___ days

(b) How many hours per day does your plant discharge process wastewater?
_____ hours.

(c) List below the approximate percent of your total daily wastewater discharge that occurs during each shift.

First shift ____ % Second shift ____ % Third shift ____ %
Clean up shift _____ % Explain _____.

Example: Clean up shift 5%; only Tues. and Sat. pm

SECTION D - WASTESTREAM CHARACTERISTICS

D.1. Number of discharges from regulated processes (those with an existing or proposed categorical limit) to sanitary sewer system and their locations.

_____

D.2. (a) **Provide a schematic drawing** showing the regulated process wastestreams, domestic wastewater flows, cooling water, boiler blowdown, etc. Show each connection or discharge point location relative to your facility. Please identify street(s) and buildings in the sketch such that these connection point locations could be generally located in the field. Number each connection point in the sketch and indicate in the following table whether the wastewater at that point from your facility is domestic only, process only, or combined. Attach a separate sheet for sketch.

(b)

Connection Location # (Refer to sketch)	Type Wastewater Discharged @ Each Connection to Public Sewer (indicate with "X")		
	Domestic Only	Process Only	Combined
#1			
#2			
#3			
#4			

D.3 Does your company have a designated sampling manhole or flow monitoring station that can be used by CWR to obtain a representative sample of your process wastewater discharge? [ ] Yes [ ] No If yes, indicate where and on which line connecting to the public sewer that this sampling point is located in the sketch from D.2 above. _____.

D.4 If your company has a wastewater flow measuring system approved by CWR from which readings are obtained for user charge billings, please provide the following information:

(a) Flow meter type and brand _____(i.e., sonar / Honeywell, float / Stevens)

(b) Recorder brand _____.

(c) Recorder chart type _____ (i.e., strip or circular; 7 day, 30 day, etc.)

(d) Flow control point
1. Flume type (shape) _____ (i.e., Parshall, Palmer Bolus)
2. Weir type (shape) _____ (i.e., 22 ½° V-notch)

(e) Date of most recent calibration _____.

(f) Name of calibration company _____.

D.5 Are any laboratory monitoring and analyses conducted on your process wastewater discharge? ☐ Yes ☐ No

If yes, check all applicable:

___ on a scheduled basis
___ by outside commercial lab _____ Name
_____ Certification Number
___ by in-house equipment and personnel
___ in-house lab is state certified
___ parameters analyzed by in-house lab_____.
_____.

D.6 Has your plant instituted any in-plant controls to reduce water pollution?
☐ Yes ☐ No

Please indicate those applicable:

___ water recycle
___ chemical substitutions
____ water reuse
____ material reclamation
____ other: _____.

D.7 Are any process changes or expansions planned during the next three years?
☐ Yes ☐ No

If yes, briefly describe the proposed change and what changes can be expected in the wastewater discharge.

_____

_____

_____

SECTION E – WASTEWATER VOLUMES, PRETREATMENT, AND SLUDGE

E.1 Provide in the table below your best estimate of the following from your operation:

VOLUME OF WASTEWATER

Type of Discharge or Loss	Avg. Vol. gal/day		Indicate with "X" Estimated	or Meas.
a. 1. on-site treatment facility (not to public sewer)	_____	gpd	_____	_____
2. on-site septic tank	_____	gpd	_____	_____
b. storm sewer (does not tie into public sewer system or to on-site treatment systems)	_____	gpd	_____	_____
c. evaporation (losses)				
1. boilers	_____	gpd	_____	_____
2. cooling towers	_____	gpd	_____	_____
d. waste haulers (name _____)	_____	gpd	_____	_____
_____	_____	gpd	_____	_____
e. contained in product	_____	gpd	_____	_____
f. other _____.	_____	gpd	_____	_____
g. wastewater discharged to public sewer				
1. domestic & sanitary sewage (restrooms, employee cafeteria, etc.)	_____	gpd	_____	_____
2. process wastewater (include clean up)	_____	gpd	_____	_____
3. cooling water				
contact	_____	gpd	_____	_____
non-contact	_____	gpd	_____	_____
4. boiler blowdown	_____	gpd	_____	_____
5. other_____(list)	_____	gpd	_____	_____

E.2. Please indicate any pretreatment devices or processes used at your facility for treating wastewater (prior to its being discharged to the public sewer system) or sludge. Check as many as appropriate.

- ☐ Air Flotation
- ☐ Carbon Filtration
- ☐ Centrifuge
- ☐ Chemical Precipitation
- ☐ Chlorination
- ☐ Clarifiers
- ☐ Cyclone
- ☐ Filtration
- ☐ Flow Equalization
  - ☐ with aeration
- ☐ Grease or Oil Separation, type _____
- ☐ Grease Trap
- ☐ Grit Removal
- ☐ Ion Exchange
- ☐ Neutralization, pH Correction
  - ☐ automatic feed ☐ manual feed
  - ☐ add acid ☐ add base
- ☐ Ozonation
- ☐ Reverse Osmosis
- ☐ Screen
- ☐ Settling Basins
- ☐ Septic Tank
- ☐ Solvent Separation
- ☐ Spill Prevention
- ☐ Sump
- ☐ Biological Treatment, type _____
- ☐ Rainwater Diversion or Storage
- ☐ Other Chemical Treatment, type _____
- ☐ Other Physical Treatment, type _____
- ☐ Other, type _____
- ☐ No Pretreatment Provided

E.3 If you have plans for installation of pretreatment units, please describe the units and the anticipated schedule for installation.

_____

_____

_____

(a) Please provide a schematic flow diagram of the pretreatment units at your plant, label each unit process (i.e., pH adjustment, filtration), also indicate at which point any planned pretreatment units would be placed on the flow diagram. Attach a separate sheet for schematic.

(b) Does the South Carolina Department of Health & Environmental Control require a certified operator be responsible for your pretreatment system?

☐ Yes ☐ No

If yes, what level of certification is required?

☐ A-Bio, ☐ B-Bio, ☐ C-Bio, ☐ D-Bio

☐ A-PC, ☐ B-PC, ☐ C-PC, ☐ D-PC

(c) Who is the person currently responsible for your pretreatment system?

_____.

What is their certification number? _____.

E.4. Does the wastewater discharged:

a) Create a fire or explosion hazard? ☐ Yes ☐ No

b) Have a pH lower than 5.0? ☐ Yes ☐ No

c) Contain a substance that can obstruct the flow in the collection system? ☐ Yes ☐ No

d) Have a temperature of greater than 140°F? ☐ Yes ☐ No

e) Contain petroleum oil, non-biodegradable cutting oil, or products of mineral oil origin? ☐ Yes ☐ No

f) Contain pollutants, which may create toxic gases, vapors, or fumes? ☐ Yes ☐ No

g) Consist of trucked or hauled wastes? ☐ Yes ☐ No

If yes, indicate which process(es) _____.

E.5. Are any liquid wastes or sludges generated at your facility disposed of by means other than discharge to the sewer system leading to CWR?

☐ Yes ☐ No

If yes, complete the following table:

Waste/Sludge Description	Estimated Annual Quantity Generated (units)	Mark with "X" if material is Classified Hazardous	Stored On-Site	Disposed On-Site
☐ acids and/or alkalies				
☐ metal sludges				
☐ inks/dyes				
☐ oil and/or grease				
☐ paints				
☐ pesticides				
☐ plating wastes				
☐ pretreatment sludges				
☐ solvents/thinners				
☐ other hazardous wastes (specify)				
☐ other wastes (specify)				

E.6. (a) Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

☐ Yes ☐ No

(b) If yes, is notification of CWR included in your Plan?

☐ Yes ☐ No

(c) Please list the materials stored or produced at your facility which are considered in your Spill Prevention Control and Countermeasure Plan:

_____ _____ _____ _____

_____ _____ _____ _____

(d) If no and if materials are stored or produced at your facility which through accidental spills or through seepage could enter sewer lines leading to the public sewer system, please contact CWR at 377-3541 to discuss with Devon Bagley any requirements for notification information to be established for your operations.

E.7. List any environmental control permits issued to the facility and any discharge limits associated with those permits.

_____

SECTION F – PFAS/PFOA/PFOS

F.1. Does your facility produce any products, byproducts, wastes or other materials that you know to contain or that you would reasonably suspect to contain any PFAS chemical? If yes, identify any such products, byproducts, wastes or other materials as well as concentration or amounts and provide any data or supporting information.

F.2. Do you purchase, have onsite, or otherwise obtain or use any raw materials, commercial products or other substances or materials that contain or that you would reasonably suspect to contain any PFAS chemicals including fire suppression? If yes, identify any such raw materials, commercial products or other substances or materials as well as concentration or amounts and provide any data or supporting information.

F.3. Do you have or have access to, or are you aware of, any information or data on the occurrence, concentration or amount of any PFAS chemicals or constituents in water, air, solid waste or other discharges, emissions or waste streams from or associated with your facilities? Please provide any data you have access to. In addition identify the nature, source and location of any data of which you are aware, but which is not in your possession or under your control, relating to the occurrence, concentration or amount of any PFAS chemicals or constituents identified as being present at your facility.

F.4 Provide any other information, sampling and analysis and other data as well as copies of documents that you believe would be helpful in understanding any use or production of any PFAS chemicals by your organization.