

HENRY COUNTY PUBLIC SERVICE AUTHORITY  
WASTEWATER SURVEY FOR NONRESIDENTAL ESTABLISHMENTS  
APPLICATION FOR WASTEWATER DISCHARGE PERMIT

SECTION A. GENERAL INFORMATION

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

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

Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

A.2. Address of production or manufacturing facility. (If same as above, Check [ ] )

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

Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

A.3. Name, title, and telephone number of person authorized to represent this firm in official dealings with the Authority:

Name \_\_\_\_\_  
Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

A.4. Alternate person to contact concerning information provided herein:

Name \_\_\_\_\_  
Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

\_\_\_\_\_

*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 the issue the permit.*

***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  
(Seal if applicable)

A.6. Provide a brief narrative description of the description of the manufacturing, production, or service activities your firm conducts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A.7. Standard Industrial Classification Numbers (s) (SIC Code) for your facilities:

\_\_\_\_\_

A.8. This facility generates the following types of wastes (check all that apply):

	<u>Average gallons</u>		
	<u>per day</u>		
1. <input type="checkbox"/> Domestic wastes (restrooms, employee showers, etc.)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
2. <input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
3. <input type="checkbox"/> Boiler/tower blowdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
4. <input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
5. <input type="checkbox"/> Process	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
6. <input type="checkbox"/> Equipment/facility washdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

- |   |       |                                    |                                   |
|---|-------|------------------------------------|-----------------------------------|
| 7. <input type="checkbox"/> Air pollution control unit  | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 8. <input type="checkbox"/> Storm water runoff to sewer | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 9. <input type="checkbox"/> Other ((describe)           | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

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Total A.8.1-A.8.9 \_\_\_\_\_

A.9. Wastes are discharges to (check all that apply):

- |   | <u>Average gallons</u><br><u>per day</u> |                                    |                                   |
|---|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sanitary         | _____                                    | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Storm sewer      | _____                                    | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Surface water    | _____                                    | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Ground water     | _____                                    | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Waste haulers    | _____                                    | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Evaporation      | _____                                    | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Other (describe) | _____                                    | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

Provide name and address of waste hauler(s), if used.

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A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

- Yes       No

***If your facility did not check one or more of the items listed in A.8A through A.8. 9 above, you do not need to complete any further sections in this survey /application. Complete the remainder of this survey/application if any items A.8.4 through A.8. 9 were checked.***

SECTION B FACILITY OPERATION CHARACTERISTICS

B.1. Number of employee shifts worked per 24-hour day is \_\_\_\_\_.

B.2 Starting times of each shift:

1<sup>st</sup> \_\_\_\_\_ a.m./p.m.  
2<sup>nd</sup> \_\_\_\_\_ a.m./p.m.  
3<sup>rd</sup> \_\_\_\_\_ a.m./p.m.

*Note: The following information in this section must be completed for each product line.*

B.3. Principal product produced: \_\_\_\_\_

B.4. Raw materials and process additives used:

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

B.5. Production process is:

Batch       Continuous       Both \_\_\_\_\_ % batch \_\_\_\_\_ % continuous  
Average number of batches per 24-hour day \_\_\_\_\_

B.6. Hours of operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  Continuous

B.7. Is production subject to seasonal variation?  Yes  No

If yes, briefly describe seasonal production cycle.

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

B.8. Are any process changes or expansions planned during the next three years?

Yes       No

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

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 category or business activity (check all that apply).

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

B. Other Business Activity

- Dairy Products
- Slaughter/Meat Packing/Rendering
- Food/Edible Products Processor
- Beverage Bottler

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

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- 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 \_\_\_\_\_
- Rainwater diversion or storage \_\_\_\_\_
- Other chemical treatment, type \_\_\_\_\_
- Other physical treatment, type \_\_\_\_\_
- Other, type \_\_\_\_\_
- No pretreatment provide

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 analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

C.4. Priority Pollutant Information: Please indicate by placing an “x” in the appropriate box by each listed chemical whether it is “Suspected to be Absent”/, “Known to be Absent”, Suspected to be Present”, or “Known to be Present: in your manufacturing or service activity or generated as a by-product.

CHEMICAL COMPOUND	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/Day
<b>I. METALS &amp; INORGANICS</b>					
1. Antimony	[ ]	[ ]	[ ]	[ ]	_____
2. Arsenic	[ ]	[ ]	[ ]	[ ]	_____
3. Asbestos	[ ]	[ ]	[ ]	[ ]	_____
4. Beryllium	[ ]	[ ]	[ ]	[ ]	_____
5. Cadmium	[ ]	[ ]	[ ]	[ ]	_____
6. Chromium	[ ]	[ ]	[ ]	[ ]	_____
7. Copper	[ ]	[ ]	[ ]	[ ]	_____
8. Cyanide	[ ]	[ ]	[ ]	[ ]	_____
9. Lead	[ ]	[ ]	[ ]	[ ]	_____
10. Mercury	[ ]	[ ]	[ ]	[ ]	_____
11. Nickel	[ ]	[ ]	[ ]	[ ]	_____
12. Selenium	[ ]	[ ]	[ ]	[ ]	_____
13. Silver	[ ]	[ ]	[ ]	[ ]	_____
14. Thallium	[ ]	[ ]	[ ]	[ ]	_____
15. Zinc	[ ]	[ ]	[ ]	[ ]	_____
<b>II. PHENOLS AND CRESOLS</b>					
16. Phenol(s)	[ ]	[ ]	[ ]	[ ]	_____
17. Phenol, 2-chloro	[ ]	[ ]	[ ]	[ ]	_____
18. Phenol, 2,-dichloro	[ ]	[ ]	[ ]	[ ]	_____
19. Phenol, 2,4,6-trichloro	[ ]	[ ]	[ ]	[ ]	_____
20. Phenol, pentachloro	[ ]	[ ]	[ ]	[ ]	_____
21. Phenol, 2-nitro	[ ]	[ ]	[ ]	[ ]	_____
22. Phenol, 4-nitro	[ ]	[ ]	[ ]	[ ]	_____
23. Phenol, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	_____
24. Phenol, 2,4-dimethyl	[ ]	[ ]	[ ]	[ ]	_____
25. m-Cresol, p-chloro	[ ]	[ ]	[ ]	[ ]	_____
26. o-Cresol, 4,6-dinitro	[ ]	[ ]	[ ]	[ ]	_____

III. MONOCYCLIC

AROMATICS (EXCLUDING  
PHENOLS, CRESOLS, AND  
PHTHALATES)

27. Benzene	[ ]	[ ]	[ ]	[ ]	_____
28. Benzene, chloro	[ ]	[ ]	[ ]	[ ]	_____
29. Benzene, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
30. Benzene, 1,3-dichloro	[ ]	[ ]	[ ]	[ ]	_____
31. Benzene, 1,4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
32. Benzene, 1,2,4-trichloro	[ ]	[ ]	[ ]	[ ]	_____
33. Benzene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
34. Benzene, ethyl	[ ]	[ ]	[ ]	[ ]	_____
35. Benzene, nitro	[ ]	[ ]	[ ]	[ ]	_____
36. Toluene	[ ]	[ ]	[ ]	[ ]	_____
37. Toluene, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	_____
38. Toluene, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	_____

IV. PCBs & RELATED

COMPOUNDS

39. PCB-1016	[ ]	[ ]	[ ]	[ ]	_____
40. PCB-1221	[ ]	[ ]	[ ]	[ ]	_____
41. PCB-1232	[ ]	[ ]	[ ]	[ ]	_____
42. PCB-1242	[ ]	[ ]	[ ]	[ ]	_____
43. PCB-1243	[ ]	[ ]	[ ]	[ ]	_____
44. PCB-1254	[ ]	[ ]	[ ]	[ ]	_____
45. PCB-1260	[ ]	[ ]	[ ]	[ ]	_____
46. 2-Chloronephthalene	[ ]	[ ]	[ ]	[ ]	_____

V. ETHERS

47. Ether, bis(chloroethyl)	[ ]	[ ]	[ ]	[ ]	_____
48. Ether, bis(2chloroethyl)	[ ]	[ ]	[ ]	[ ]	_____
49. Ether, bis,(2- chlorosopropyl)	[ ]	[ ]	[ ]	[ ]	_____
50. Ether, 2-chloroethyl vinyl	[ ]	[ ]	[ ]	[ ]	_____
51. Ether, 4-bromophenyl phenyl	[ ]	[ ]	[ ]	[ ]	_____
52. Ether, 4-chlorophenyl phenyl	[ ]	[ ]	[ ]	[ ]	_____
53. Bis (2-chloroethoxy) methane	[ ]	[ ]	[ ]	[ ]	_____



VI. NITROSAMINES AND  
 OTHNITROGECONTAINING  
 COMPOUNDS

54. Nitrosamine, dimethyl	[ ]	[ ]	[ ]	[ ]	_____
55. Nitrosamine, diphenyl	[ ]	[ ]	[ ]	[ ]	_____
56. Nitrosamine, di-n-propyl	[ ]	[ ]	[ ]	[ ]	_____
57. Benzidine	[ ]	[ ]	[ ]	[ ]	_____
58. Benzidine,3,3'-dichloro	[ ]	[ ]	[ ]	[ ]	_____
59. Hydrazine, 1,2-diphenyl	[ ]	[ ]	[ ]	[ ]	_____
60. Acrylonitrile	[ ]	[ ]	[ ]	[ ]	_____

VII. HALOGENATED  
 ALIPHATICS

61. Methane, bromo-	[ ]	[ ]	[ ]	[ ]	_____
62. Methane, chloro-	[ ]	[ ]	[ ]	[ ]	_____
63. Methane, dichloro	[ ]	[ ]	[ ]	[ ]	_____
64. Methane, chlorodibromo	[ ]	[ ]	[ ]	[ ]	_____
65. Methane, dichlorobromo	[ ]	[ ]	[ ]	[ ]	_____
66. Methane, tribromo	[ ]	[ ]	[ ]	[ ]	_____
67. Methane, triichloro	[ ]	[ ]	[ ]	[ ]	_____
68. Methane, tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
69. Methane, trichlorofluoro	[ ]	[ ]	[ ]	[ ]	_____
70. Methane, dichlorodifluoro	[ ]	[ ]	[ ]	[ ]	_____
71. Ethane, 1,1-dichloro	[ ]	[ ]	[ ]	[ ]	_____
72. Ethane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
73. Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	_____
74. Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	_____
75. Ethane, 1,1,2,1-tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
76. Ethane, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
77. Ethene, chloro	[ ]	[ ]	[ ]	[ ]	_____
78. Ethene, 1,1-dichloro	[ ]	[ ]	[ ]	[ ]	_____
79. Ethene, trans-dichloro	[ ]	[ ]	[ ]	[ ]	_____
80. Ethene, trichloro	[ ]	[ ]	[ ]	[ ]	_____
81. Ethene, tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
82. Propane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
83. Propene, 2,4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
84. Betadiene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
85. Cyclopentadiene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____

VIII. PHTHALATE ESTERS

86. Phthalate, di-c-methyl	[ ]	[ ]	[ ]	[ ]	_____
87. Phthalate, di-n-ethyl	[ ]	[ ]	[ ]	[ ]	_____
88. Phthalate, di-n-butyl	[ ]	[ ]	[ ]	[ ]	_____
89. Phthalate, di-n-octyl	[ ]	[ ]	[ ]	[ ]	_____
90. Phthalate, bis(2-ethylhexyl)	[ ]	[ ]	[ ]	[ ]	_____
91. Phthalate, butyl benzyl	[ ]	[ ]	[ ]	[ ]	_____

XI. POLYCYCLIC AROMATIC

HYDROCARBONS

92. Acenaphthene	[ ]	[ ]	[ ]	[ ]	_____
93. Acenaphthylene	[ ]	[ ]	[ ]	[ ]	_____
94. Anthracene	[ ]	[ ]	[ ]	[ ]	_____
95. Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	_____
96. Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
97. Benzo, (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
98. Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	_____
99. Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	_____
100. Chrysene	[ ]	[ ]	[ ]	[ ]	_____
101. Dibenzo (a.n.) anthracene	[ ]	[ ]	[ ]	[ ]	_____
102. Fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
103. Fluorene	[ ]	[ ]	[ ]	[ ]	_____
104. Indeno (1,2,3,-cd) pyrene	[ ]	[ ]	[ ]	[ ]	_____
105. Naphthalene	[ ]	[ ]	[ ]	[ ]	_____
106. Phenanthrene	[ ]	[ ]	[ ]	[ ]	_____
107. Pyrene	[ ]	[ ]	[ ]	[ ]	_____

X. PESTICIDES

108. Acrolein	[ ]	[ ]	[ ]	[ ]	_____
109. Aldrin	[ ]	[ ]	[ ]	[ ]	_____
110. BHC (Alpha)	[ ]	[ ]	[ ]	[ ]	_____
111. BHC (Beta)	[ ]	[ ]	[ ]	[ ]	_____
112. BHC (Gamma) or Lindane	[ ]	[ ]	[ ]	[ ]	_____
113. BHC (Delta)	[ ]	[ ]	[ ]	[ ]	_____
114. Chlordane	[ ]	[ ]	[ ]	[ ]	_____
115. DDD	[ ]	[ ]	[ ]	[ ]	_____
116. DDE	[ ]	[ ]	[ ]	[ ]	_____
117. DDT	[ ]	[ ]	[ ]	[ ]	_____
118. Dieldrin	[ ]	[ ]	[ ]	[ ]	_____

119. Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
120. Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
121. Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
122. Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
123. Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
124. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
125. Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
126. Isophorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
127. TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
128. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

C.5. If you are unable to identify the chemical constituents of products you use that discharged in your wastewater, attach copies of the materials safety data sheets for such products.

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 two and three.

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

	<b>Estimated Gallons or Pounds/Year</b>
<input type="checkbox"/> Acids and Alkalites	_____
<input type="checkbox"/> Heavy Metal Sludge	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludge	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (specify)	_____
_____	_____
_____	_____
<input type="checkbox"/> Other Wastes (specify)	_____
_____	_____
_____	_____

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

On-site storage

Off-site storage

On-site disposal

Off-site disposal

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

## HENRY COUNTY PUBLIC SERVICE AUTHORITY

Facility Sampled: \_\_\_\_\_  
 Person Sampling: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sampling Location: \_\_\_\_\_  
 Sample Type:  Grab  Composite  
 Sample Description and Observations  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sample Split with Facility  Yes  No

Name of Facility Representative: \_\_\_\_\_  
 \_\_\_\_\_

Title of Facility Representative: \_\_\_\_\_  
 \_\_\_\_\_

Time/Date	Received By	Signature	Affiliation/Title

