

**PRETREATMENT QUESTIONNAIRE/APPLICATION**

**SECTION - GENERAL INFORMATION**

A-1 COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER: ( *INCLUDE FAX AND OR E-MAIL IF AVAILABLE* )


A-2 ADDRESS OF FACILITY IF DIFFERENT FROM ABOVE:


A-3 NAME, TITLE, AND TELEPHONE NUMBER OF PERSON **AUTHORIZED** TO REPRESENT THIS FACILITY IN OFFICIAL/LEGAL DEALINGS WITH LOCAL, STATE, AND FEDERAL AUTHORITIES: ( *INCLUDE FAX AND /OR E-MAIL IF AVAILABLE* )


A-4 ALTERNATE PERSON TO CONTACT CONCERNING THIS FACILITY:

NAME:	TITLE:	
PHONE:	FAX:	E-MAIL:

A-5 IDENTIFY THE TYPE OF BUSINESS CONDUCTED (AUTO REPAIR, MEDICAL OFFICE, RETAIL, MACHINE SHOP, PAINTING, WAREHOUSING, ETC): **Please be as specific as possible.** In the event you conduct more than one type of business at this location – identify each one (chemical blending, transport, vehicle repair, 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/APPLICATION 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/APPLICATION WILL BE USED TO ISSUE SUCH.

THIS IS TO BE SIGNED BY AN AUTHORIZED OFFICIAL OF YOUR FACILITY AFTER COMPLETION OF THIS FORM AND REVIEW OF THE INFORMATION BY THE SIGNING OFFICIAL. (OWNER, DIRECTOR, MANAGER)

*“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 AND 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.”*

SIGNATURE OF OFFICIAL:
PRINT NAME OF SIGNING OFFICIAL:
DATE:

**WATER / WASTEWATER SUPPLY INFORMATION:**

**INDICATE THE SOURCE OF YOUR WATER SUPPLY AND DESTINATION OF LIQUID (SEWER) WASTES.**

**CHECK ALL THAT APPLY.**

<input type="checkbox"/>	MUNICIPAL WATER (CITY)
<input type="checkbox"/>	PRIVATE WELL
<input type="checkbox"/>	OTHER (SPECIFY)
<input type="checkbox"/>	SEPTIC TANK
<input type="checkbox"/>	MUNICIPAL SEWER (CITY)
<input type="checkbox"/>	OTHER (SPECIFY)

**IF THE FACILITY IS ON CITY WATER AND/OR SEWER SERVICES, PROVIDE THE NAME OF THE PERSON AND THE ADDRESS UTILITY BILL IS FORWARDED TO:**


**ACCOUNT NUMBER ON CITY UTILITY BILL:**

--

**A-6 PROVIDE A BRIEF DESCRIPTION OF THE SERVICES PROVIDED BY YOUR FACILITY:**


A-7 NAICS CODE FOR YOUR FACILITY. This number is found on your Texas Workforce Commission Quarterly Report or can be obtained from that agency. It is #5 at the top of the form.

--

A-8 INDICATE WHAT TYPE OF USAGE THIS FACILITY AVERAGES (*CHECK ALL THAT APPLY*) USAGE CAN BE DETERMINED BY CHECKING THE CONSUMPTION ON YOUR WATER BILL, MEASURED IN THOUSANDS (2= 2,000), DIVIDE BY THE AVERAGE NUMBER OF OPERATING DAYS PER MONTH.

	DOMESTIC WASTES, ( <i>RESTROOMS, SHOWERS, ETC</i> )		ESTIMATE	MEASURED
	COOLING WATER, NON-CONTACT		ESTIMATE	MEASURED
	BOILER, TOWER BLOWDOWN		ESTIMATE	MEASURED
	COOLING WATER CONTACT		ESTIMATE	MEASURED
	PROCESS		ESTIMATE	MEASURED
	EQUIP./FACILITY WASHDOWN		ESTIMATE	MEASURED
	AIR POLLUTION CONTROL UNIT		ESTIMATE	MEASURED
	OTHER ( <i>DESCRIBE</i> )		ESTIMATE	MEASURED

TOTAL GALLONS OF WATER PER DAY \_\_\_\_\_

PROCESS - AS PART OF A MIXTURE OR ARTICLE CONTAINING A CHEMICAL SUBSTANCE, OR WASTES GENERATED FROM A COMMERCIAL COOKING OPERATION.

DOMESTIC – WATER USED IN RESTROOMS, SHOWERS, HAND SINKS.

A-9 WASTES ARE DISCHARGED TO ( <i>CHECK ALL THAT APPLY</i> )	TYPE	AVG. GALLONS	INDICATE WHICH	APPLIES
	SANITARY SEWER		ESTIMATE	MEASURED
	STORM SEWER		ESTIMATE	MEASURED
	STORM WATER RUNOFF TO SANITARY SEWER		ESTIMATE	MEASURED
	SURFACE WATER		ESTIMATE	MEASURED
	WASTE HAULER		ESTIMATE	MEASURED
	EVAPORATION		ESTIMATE	MEASURED
	OTHER (SPECIFY)		ESTIMATE	MEASURED

TOTAL GALLONS PER DAY \_\_\_\_\_

A-10 IS A SPILL PREVENTION CONTROL AND COUNTER-MEASURE PLAN PREPARED FOR THIS FACILITY?

\_\_\_\_\_ YES/NO

IF SO, ENCLOSE COPY OF PLAN WHEN WAS THE PLAN UPDATED? \_\_\_\_\_

DATE OF EMPLOYEE TRAINING ON SPILLS \_\_\_\_\_

A-11 IS A SLUG CONTROL PLAN PREPARED FOR THE FACILITY? \_\_\_\_\_ YES/NO

IF SO, ENCLOSE COPY OF PLAN WHEN WAS THE PLAN UPDATED? \_\_\_\_\_

DATE OF EMPLOYEE TRAINING ON THE SLUG CONTROL PLAN \_\_\_\_\_

A-12 IS A TOXIC ORGANIC MANAGEMENT PLAN PREPARED FOR THE FACILITY?

\_\_\_\_\_ YES/NO

IF SO, ENCLOSE COPY OF PLAN WHEN WAS THE PLAN UPDATED? \_\_\_\_\_

SECTION B - FACILITY OPERATION CHARACTERISTICS

B-1 NUMBER OF SHIFTS WORKED PER 24 HOUR DAY \_\_\_\_\_

AVERAGE NUMBER OF EMPLOYEES **PER SHIFT** \_\_\_\_\_

B-2 DAYS/HOURS OF FACILITY OPERATION: \_\_\_\_\_ TO \_\_\_\_\_

INDICATE DAYS THAT ARE NON-PROCESS, ( DAYS THAT NORMAL PRODUCTION OR SERVICE WORK DOES NOT OCCUR) ( IE. SATURDAY AND SUNDAY):

\_\_\_\_\_

ARE THERE DAYSTHAT ARE DESIGNATED AS CLEAN UP OR WASH DOWN DAYS?

\_\_\_\_\_ YES/NO IF SO, LIST THOSE DAYS:\_\_\_\_\_

**B-3 PRODUCTS PRODUCED, MANUFACTURED OR REPAIRED AT YOUR FACILITY**


**RAW MATERIAL, CHEMICALS, PROCESS ADDITIVES USED:**


**B-4 BY – PRODUCTS PRODUCED:**


B-5 LIST THOSE PRODUCTS THAT HAVE THE POTENTIAL TO BE DISCHARGED TO THE SANITARY SEWER SYSTEM.. FOR EACH PRODUCT THAT ENTERS OR HAS THE POTENTIAL TO ENTER THE SANITARY SEWER SYSTEM, INCLUDE THE MSDS (*MATERIAL SAFETY DATA SHEETS*) AND A COMPLETED PRODUCT USE INFORMATION SHEET WHICH ARE ENCLOSED AT THE BACK OF THIS FORM.

MAKE ADDITIONAL COPIES AS NEEDED.


B-6 DISCHARGE OF LIQUID WASTES:

\_\_\_\_\_ BATCH DISCHARGE (PLANNED OR TIMED DISCHARGE TO SEWER)

\_\_\_\_\_ AVERAGE NUMBER OF BATCHES PER 24 HOUR DAY

\_\_\_\_\_ TIME/DAY OF BATCH DISCHARGE

\_\_\_\_\_ CONTINUOUS DISCHARGE

\_\_\_\_\_ BOTH \_\_\_\_\_% BATCH \_\_\_\_\_% CONTINUOUS

B-7 IS PRODUCTION, SERVICE SUBJECT TO SEASONAL VARIATION?

\_\_\_\_\_ YES/NO

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.

B-9 ENCLOSE A SITE PLAN, WITH DETAILS TO SHOW ALL SEWERS, SEWER CONNECTIONS, DRAINS, EQUIPMENT CONNECTED TO THE WATER SUPPLY OR SEWER, LOCATION OF ALL CHEMICAL STORAGE AREAS, UNDERGROUND AND ABOVE GROUND STORAGE TANKS. (THIS CAN BE HAND DRAWN IF AN ENGINEERS DRAWING IS UNAVAILABLE AND WILL NEED TO BE LABELED TO MATCH THE PROCESS DETAIL DESCRIBED BELOW)

PROVIDE A DETAILED SUMMARY OF THE OPERATION OF YOUR BUSINESS AND INCLUDE ANY APPLICABLE DETAILS FOR PROCESSES THAT ARE CONNECTED TO THE WATER OR SEWER. THE SUMMARY AND SCHEMATIC OR FLOW CHART WILL NEED TO INDICATE EACH STEP FROM THE BEGINNING TO END AND INCLUDE WHERE APPROPRIATE ANY CHEMICAL USAGE. SEE EXAMPLE BELOW.

Customer delivers vehicle to be painted at Point A (should correspond to site plan)  
Vehicle is taken to washrack at Point B where detergent used is (name of product) - MSDS and Product Use Sheet attached  
Vehicle is sanded and primed at Point C - MSDS and Product Use Sheet  
Vehicle is painted at Point D - MSDS and Product Use Sheet  
Vehicle is complete

**Amount of production at this facility for the previous year:** \_\_\_\_\_

Ex: # of vehicles serviced, papers published, pounds of laundry, film developed, tools repaired, etc. Provide computer printouts if available.

\*\*\*\*Provide a chemical inventory for all products used or stored at the facility, to include quantities and use. Material Safety Data Sheets for each product will need to be included with this questionnaire. Chemical Inventory Form Attached.

## SECTION C WASTEWATER INFORMATION

IF YOUR FACILITY EMPLOYS PROCESSES IN ANY OF THE 35 INDUSTRIAL CATEGORIES OR BUSINESS ACTIVITIES LISTED BELOW AND ANY OF THESE PROCESSES GENERATE WASTEWATER OR SLUDGE, PLACE A (X) BESIDE THE CATEGORY OR BUSINESS ACTIVITY (INDICATE ALL THAT APPLY)

ALUMINUM FORMING	BATTERY MANUFACTURING
CARBON BLACK MANUFACTURING	CENTRALIZED WASTE TREATMENT
COIL COATING	COPPER FORMING
ELECTRICAL & ELECTONIC COMP.	ELECTROPLATING
FEEDLOTS	FERTILIZER MANUFACTURING
GLASS MANUFACTURING	GRAIN MILLS
INK FORMULATING	INORGANIC CHEMICAL MANUFACTURING
IRON & STEEL	LEATHER TANNING & FINISHING
METAL FINISHING	METAL MOLDING & CASTING
NONFEROUS METAL FORMING	NONFEROUS METAL MANUFACTURING
OIL AND GAS EXTRACTION	ORGANIC CHEMICALS, PLASTICS & SYNTHETIC FIBERS
PAINT FORMULATING	PAVING & ROOFING
PETROLEUM REFINING	PESTICIDE CHEMICALS MANUFACTURING
PHARMACEUTICALS	PORCELAIN ENAMELING
PULP, PAPER & PAPERBOARD	RUBBER MANUFACTURING
SOAP & DETERGENT MANUFACTURING	STEAM ELECTRIC
TIMBER PRODUCTS	TRANSPORTATION EQUIPMENT CLEANING
WASTE COMBUSTERS	

C-2 PRETREATMENT DEVICES OR PROCESSES USED FOR HANDLING AND/OR TREATING WASTEWATER OR SLUDGE (INDICATE ALL THAT APPLY)

X	DEVICE	TYPE AND SIZE
	AIR FLOTATION	
	CENTRIFUGE	
	CHEMICAL PRECIP.	
	CHLORINATION	
	CYCLONE	
	FILTRATION	
	FLOW EQUALIZATION	
	OIL/WATER SEPARATION	
	FOOD WASTE INTERCEPTOR (GREASE TRAP)	
	GRIT REMOVAL	
	ION EXCHANGE	
	NEUTRALIZATION, pH ADJUSTMENT	
	OZONATION	
	REVERSE OSMOSIS	
	SCREEN	
	SEDIMENTATION	
	DOMESTIC SEPTIC TANK	
	SOLVENT SEPARATION	
	SPILL PROTECTION	
	SUMP	
	BIOLOGICAL TREATMENT	
	RAINWATER DIVERSION OR STORAGE	
	OTHER CHEMICAL TREATMENT	
	OTHER PHYSICAL TREATMENT	
	OTHER ( SPECIFY )	

C-3 IF ANY WASTEWATER ANALYSIS HAVE BEEN PERFORMED ON THE WASTEWATER DISCHARGE FROM YOUR FACILITY THAT HAS NOT BEEN PREVIOUSLY SUBMITTED, ATTACH A

COPY OF THE MOST RECENT DATA WITH THIS QUESTIONNAIRE. BE SURE TO INCLUDE THE DATE OF THE ANALYSIS, NAME OF LABORATORY, CHAIN OF CUSTODY, AND LOCATION (S) FROM WHICH SAMPLE (S) WERE TAKEN. ATTACH SKETCH, PLANS, ETC.. AS NEEDED.

**PRIORITY POLLUTANTS INFORMATION MUST BE COMPLETED FOR ALL FACILITIES.**

**Each pollutant will need to have the appropriate mark indicated on the sheets.**

C-4 PRIORITY POLLUTANT INFORMATION: 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
<b>I. METALS, ORGANICS</b>				
ANTIMONY				
ARSENIC				
ASBESTOS				
BERYLLIUM				
CADMIUM				
CHROMIUM				
COPPER				
CYANIDE				
LEAD				
MERCURY				
NICKEL				
SELENIUM				
SILVER				
THALLIUM				
ZINC				
<b>II. PHENOLS, CRESOLS</b>				
PHENOL				
PHENOL,2-CHLORO				
PHENOL,2,4-DICHLORO				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
<b>II. PHENOLS, CRESOLS</b>				
PHENOL,2,4,6 TICHOLOR				
PHENOL, PENTACHLORO				
PHENOL, 2 - NITRO				
PHENOL, 4 - NITRO				
PHENOL, 2-4 DINITRO				
PHENOL,2 4 DIMETHYL				
N-CRESOL, P-CHLORO				
O-CRESO, 4,6 DINITRO				
<b>III. MONCYCLIC AROMATIC</b>				
BENZENE				
BENZENE,CHLORO				
BENZENE, 1,2 DICHLORO				
BENZENE,1, 3DICHLORO				
BENZENE, 1, 4 DICHLORO				
BENZENE, 1,2,4TRICHLOR				
BENZENE, HEXACHLORO				
BENZENE, ETHYL				
BENZENE, NITRO				
TOLUENE				
TOLUENE, 2, 4DINITRO				
TOLUENE, 2, 6DINITRO				
<b>IV. PCBS &amp; RELATED</b>				
PCB - 1016				
PCB - 1221				
PCB - 1232				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
<b>IV. PCBS &amp; RELATED</b>				
PCB - 1242				
PCB - 1248				
PCB - 1254				
PCB - 1260				
2 CHLORONAPHTHALENE				
<b>V. ETHERS</b>				
ETHER, BIOCHLOROMETHYL				
ETHER, 2 CHLOROSOPROPYL				
ETHER, 2 CHLOROETHYL VINYL				
ETHER, 2 CHLOROSOPROPYL				
ETHER, 2 CHLOROETHYL VINYL				
ETHER, 4 BROMPHENYLPHENYL				
ETHER, 4 CHLOROPHENYL				
BIO2CHLOROETHOXYMETHAN E				
<b>VI. NITROSAMINES</b>				
NITROSAMINE, DIMETHYL				
NITROSAMINE, DIPHENYL				
NITROSAMINE, DI-NPROPYL				
BENZIDINE				
BENZIDINE3, 3DICHLORO				
BENZINDINEL, 2 DIPHENYL				
<b>VII. HALOGENATED</b>				
METHANE, BROMO				
METHANE, CHLORO				
METHANE, CHORODIBROMO				
METHANE, DICHLOROBROMO				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
METHANE, TRICHLORO				
METHANE, TRIBROMO				
METHANE, DICHLORODIFLOURO				
ETHANE, 1, DICHLORO				
ETHANE,1,2,DICHLORO				
ETHANE,1,1,1,TRICHLORO				
ETHANE,1,1,2, TRICHLORO				
ETHANE, 1,1,2,1 TETRACHLORO				
ETHANE, HEXACHLORO				
ETHENE,CHLORO				
ETHENE,1, 1 DICHLORO				
ETHENE, TRANSDICHLORO				
ETHENE, TRICHLORO				
ETHENE, TETRACHLORO				
PROPANE,1,3 DICHLORO				
PROPENE,2,4 DICHLORO				
CYCLOPENTADIENE, HEXACHLORO				
<b>VIII. PHTHALATE ESTERS</b>				
PHTHALATE, DIEMETHYL				
PHTHALATE, DIAETHYL				
PHTHALATE, DIABUTYL				
PHTHALATE, DIACTYL				
PHTHALATE, BIO2- ETHYLHEXYL				
PHTHALATE, BUTYLBENZYL				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
<b>IX. AROMATIC HYDROCARBONS</b>				
ACENSPHTYLENE				
ACENAPHTHENE				
ANTHRACENE				
BENZO(a)ANTHTACENE				
BENZO(b)FLOURANTHENE				
BENZO(k)FLOURANTHENE				
BENZO(ghi)PERYLENE				
BENZO(a)PYRENE				
CHRYSENE				
DIBENZO(an)ANTHRACENE				
FLOURANTHENE				
FLOURENE				
INDENO(123cd)PYRENE				
NAPHTHALENE				
PHENANTHRENE				
PYRENE				
<b>X. PESTICIDES</b>				
ACROLIEA				
ALDRIN				
BHC(alpha)				
BHC(beta)				
BHC(GAMMA) OR LINDANE				
BHC (DELTA)				



SECTION D - OTHER WASTE

D-1 ARE ANY LIQUID WASTES OR SLUDGES FROM THIS FACILITY DISPOSED OF BY MEANS OTHER THAN DISCHARGE TO THE SEWER SYSTEM?

\_\_\_\_\_ YES/NO

D-2 THESE WASTES MAY BE DESCRIBED AS: INDICATE WITH AN "X" ALL THAT APPLY. REFER TO WASTE MANIFESTS TO CALCULATE AMOUNTS.

X	WASTE	EST. GALLONS/POUNDS PER YEAR
	ACIDS/ALKALIS	
	GRIT/SAND	
	HEAVY METAL SLUDGES	
	INKS/DYES	
	WASTE OIL/GREASE	
	ORGANIC COMPOUNDS	
	PAINTS	
	PESTICIDES	
	PLATING WASTES	
	SLUDGES	
	SOLVENTS/THINNERS	
	<i>FOOD WASTE INTERCEPTOR WASTES (GREASE TRAP)</i>	
	OTHER WASTES (SPECIFY)	
	OTHER HAZARDOUS WASTES (SPECIFY)	

D-3 FOR THE ABOVE CHECKED WASTES, DOES YOUR FACILITY PRACTICE?

	ON SITE STORAGE		OFF SITE STORAGE
	ON SITE DISPOSAL		OFF SITE DISPOSAL

BRIEFLY DESCRIBE THE METHOD(S) OF STORAGE OR DISPOSAL CHECKED.


D-4 PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBER, AND REGISTRATION NUMBER FOR ALL WASTE HAULERS (*INCLUDING GARBAGE PICKUP*) USED BY YOUR FACILITY.


ATTACH A COPY OF THE MANIFESTS (*TRIP TICKETS*) FOR ANY WASTES THAT WERE PICKED UP FROM YOUR FACILITY IN THE PREVIOUS SIX MONTHS. (*IE. GREASE TRAP, OIL FILTERS, SOLVENTS, CLEANERS*)

D-5 ARE THERE ANY UNDERGROUND OR ABOVE GROUND STORAGE TANKS LOCATED ON THE FACILITY PROPERTY?

\_\_\_\_\_ YES/NO      \_\_\_\_\_ UNDERGROUND      \_\_\_\_\_ ABOVE GROUND

IF YES, PROVIDE LOCATION, SIZE, AND TEXAS NATURAL RESOURCE CONSERVATION COMMISSION OR RAILROAD COMMISSION REGISTRATION NUMBER, IF REGISTERED. ATTACH SKETCH OR PLAN.


\_\_\_\_\_ YES/NO RELEASE DETECTION SYSTEM (FOR UNDERGROUND STORAGE TANKS)  
SECTION E - REGULATION INFORMATION

E-1 ARE YOU PRESENTLY REGULATED BY ANY STATE OR FEDERAL AGENCY? IF SO, PROVIDE THE NAME OF THE AGENCY, PERMIT # (IF APPLICABLE) AND THE CONTACT PERSON FOR THE AGENCY. (IE. STORM WATER, AIR, ETC.)

\_\_\_\_\_ YES/NO


SECTION F- POLLUTION PREVENTION

F-1 DESCRIBE ANY POLLUTION PREVENTION AND /OR WASTE REDUCTION ACTIVITIES THAT YOU DO AT THIS LOCATION. (ATTACH ADDITIONAL SHEETS AS NEEDED) INCLUDE ANY DATA, INCLUDING SCHEMATICS, RECYCLING CONTRACTS, ETC. TO FURTHER DOCUMENT ACTIVITIES.

**EXAMPLES**

SCRAP METAL, ALUMINUM CANS, BATTERIES, PAPER, CARDBOARD, ETC

ADDITIONAL THINGS TO CONSIDER – HAVE YOU INSTALLED A WATER OR ENERGY EFFICIENT DEVICE, WATER RE-USE SYSTEM, REDUCED THE AMOUNT OF CHEMICALS USED OR STORED, ETC.


CHECK OFF LIST OF DOCUMENTS THAT NEED TO BE INCLUDED IN THE SUBMITTAL OF THIS

QUESTIONNAIRE/APPLICATION. INDICATED IN BOLD ARE REQUIRED DOCUMENTS FOR EVERY FACILITY.

	SITE PLAN ( <i>* IF ANY CHANGES HAVE BEEN MADE SINCE THE LAST QUESTIONNAIRE SUBMITTAL</i> )
	WASTEWATER ANALYSIS ( <i>* IF NOT PREVIOUSLY SUBMITTED</i> )
	PRODUCT USE INFORMATION SHEETS * FOR ANY NEW PRODUCTS ADDED SINCE LAST QUESTIONNAIRE ( <i>IF QUESTIONNAIRE IS A RENEWAL</i> )
	MSDS SHEETS FOR PRODUCTS THAT DO, OR HAVE THE POTENTIAL TO ENTER THE SANITARY SEWER * FOR ANY NEW PRODUCTS ADDED SINCE LAST QUESTIONNAIRE ( <i>IF QUESTIONNAIRE IS A RENEWAL INCLUDE A LIST OF ANY PRODUCTS THAT HAVE BEEN DELETED SINCE LAST SUBMITTAL</i> ).
	<b>MANIFESTS FOR ANY WASTE HAULED IN PREVIOUS 6 MONTHS</b>
	TOXIC ORGANIC MANAGEMENT PLAN
	SPILL PREVENTION PLAN/SLUG CONTROL PLAN * (IF NOT PREVIOUSLY SUBMITTED OR IF IT HAS BEEN UPDATED) These plans should be updated annually.
	PLANNED EXPANSION OR PROCESS CHANGE PLAN
	<b>POLLUTION PREVENTION/WASTE MINIMIZATION DOCUMENTATION</b>
	<b>CHEMICAL INVENTORY Updated information required every time</b>
	<b>PRODUCTION AMOUNTS Updated information required every time</b>
	<b>PROCESS DETAIL Updated information required every time</b>

PRODUCT USE INFORMATION SHEET

1. **PRODUCT TRADE NAME:**  
Use product trade name as indicated in the section of the material data safety sheet for the product.
2. **HOW PRODUCT IS USED:**  
Describe the process in which the product is used. (i.e.; photographic developer; used to develop Lithographic negatives) ( plate developer; used to develop lithographic plates)
3. **AVERAGE MONTHLY VOLUME OF CONCENTRATE:**  
Enter the amount of the product concentrate used during an average month.
4. **WATER DILUTION RATION(WATER/CONCENTRATE):**  
Enter the number of parts of water added to the number of parts of concentrate prior to use ( i.e.; use three parts water to one part concentrate would be 3/1)
5. **TOTAL AVERAGE MONTHLY VOLUME:**  
Multiply the average monthly volume of concentrate and the water dilution ration to determine this total.
6. **THIS WASTE IS METERED TO THE SANITARY SEWER SYSTEM: YES or NO**  
If a processor is used which automatically replenishes and the overflow is discharged to the sanitary sewer system, indicate yes.
7. **THIS WASTE IS BATCH DISCHARGE TO THE SEWER SYSTEM? YES or NO**  
If a self contained processor is used which automatically replenishes and the overflow is discharged to the sanitary sewer system indicate yes.
8. **WASTE IS PRETREATED PRIOR TO DISCHARGE TO SEWER SYSTEM: YES or NO**  
Pretreatment can be neutralization of acids by adding a caustic, reclamation of pollutant, any treatment of wastes which changes the characteristic of the waste prior to discharge. If yes please answer question 9.
9. **PRETREATMENT PROCESS(ES):**  
Describe pretreatment processes and techniques.

#### PRODUCT USE INFORMATION SHEET

1. Product tradename: \_\_\_\_\_

2. How product is used: \_\_\_\_\_

---

3. Average monthly volume of concentrate: \_\_\_\_\_

4. Water dilution ratio (water/concentrate): \_\_\_\_\_

5. Total average monthly volume: \_\_\_\_\_

6. This waste is metered to the sanitary sewer system: \_\_\_\_\_ Yes \_\_\_\_\_ No

7. This waste is batch discharged to the sanitary sewer system: \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Waste is pretreated prior to discharge to sanitary sewer system: \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Pretreatment process(es): \_\_\_\_\_

---

---

---

10. Comments: \_\_\_\_\_

---

11. Company name: \_\_\_\_\_

**Date:** \_\_\_\_\_

CHEMICAL INVENTORY LIST

CHEMICAL	DESCRIBE USE	DESCRIBE	MSDS	PRODUCT USE	QUANTITY
----------	--------------	----------	------	-------------	----------

		STORAGE AREA	ATTACHED	FORM INCLUDED	STORED