

WASTEWATER SURVEY FOR MACHINE SHOPS:
APPLICATION FOR WASTEWATER DISCHARGE PERMIT

SECTION A - GENERAL INFORMATION

A.1. Company name, address of production or manufacturing facility, and telephone number:

		APN:
Zip Code:	Telephone No. ()	

A.2. Mailing address and telephone number: (If same as above, check [].)

		Telephone No. ()
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A.3. Person authorized to represent this firm in official dealings with the Sewer Authority and /or City:

Name:	Title:	Tel. No.()
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A.4. Alternate person to contact concerning information provided herein

Name:	Title:	Tel. No.()
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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 wastewater 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.

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)
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A.5. Provide a brief narrative of the manufacturing, production, or service activities your firm conducts.

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

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

		<u>Average gallons per day</u>				
1.	<input type="checkbox"/> Domestic wastewater (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"/> Electroplating	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
10.	<input type="checkbox"/> Electroless Plating	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
11.	<input type="checkbox"/> Anodizing	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
12.	<input type="checkbox"/> Coating (Chromating, Phosphating or Coloring)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
13.	<input type="checkbox"/> Chemical Etching and Milling	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
14.	<input type="checkbox"/> Printed Circuit Board Manufacturing	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
15.	<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
Total A.8.1 - A.8.9		_____				

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 Does your facility perform any of the following subprocess operations in addition to the six regulated processes mentioned in A8.9 - A8.14? If so, estimate the amount of wastewater from each of the subprocesses which are discharged to the municipal sewer in gallons per day (gpd). (Check all that apply)

Average gallons
per day

<input type="checkbox"/> Machining	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Cleaning	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Grinding	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Polishing	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Tumbling	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Burnishing	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Impact Deformation	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Pressure Deformation	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Heat Treating	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Thermal Cutting	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Welding	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Brazing	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/> Soldering	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured

[]	Frame Spraying	[]	estimated	[]	measured
	<u>Average Gallons</u> <u>per day</u>				
[]	Electric Discharge Machining	[]	estimated	[]	measured
[]	Electrochemical Machining	[]	estimated	[]	measured
[]	Electron Beam Machining	[]	estimated	[]	measured
[]	Laser Beam Machining	[]	estimated	[]	measured
[]	Shearing	[]	estimated	[]	measured
[]	Plasma Arc Machining	[]	estimated	[]	measured
[]	Ultrasonic Machining	[]	estimated	[]	measured
[]	Sintering	[]	estimated	[]	measured
[]	Laminating	[]	estimated	[]	measured
[]	Hot Dip Coating	[]	estimated	[]	measured
[]	Sputtering	[]	estimated	[]	measured
[]	Vapor Plating	[]	estimated	[]	measured
[]	Thermal Infusion	[]	estimated	[]	measured
[]	Salt Bath Descaling	[]	estimated	[]	measured
[]	Solvent Degreasing	[]	estimated	[]	measured
[]	Paint Stripping	[]	estimated	[]	measured
[]	Painting	[]	estimated	[]	measured
[]	Electrostatic Painting	[]	estimated	[]	measured
[]	Electropainting	[]	estimated	[]	measured
[]	Vacuum Metalizing	[]	estimated	[]	measured
[]	Assembly	[]	estimated	[]	measured
[]	Calibration	[]	estimated	[]	measured
[]	Testing	[]	estimated	[]	measured
[]	Mechanical Plating	[]	estimated	[]	measured
[]	Sand Blasting	[]	estimated	[]	measured
[]	Other Abrasive	[]	estimated	[]	measured

C.2 If any chemical 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).

Note: Where any regulated waste stream is sent to the sanitary sewer, a baseline sample of the influent and effluent are necessary in order to be issued the required wastewater discharge permit.

C.3 Priority Pollutant Information: Please indicate by filling in the appropriate box by each listed chemical whether it is (1) "Known to be Present", (2) "Suspected to be Present", (3) "Known to be Absent", (4) "Suspected to be Absent", (5) "Known or Suspected Concentration/day".

CHEMICAL COMPOUND	1	2	3	4	5
I. METALS & INORGANICS					
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	[]	[]	[]	[]	[]
II. PHENOLS AND CRESOLS					
16. Phenol(s)	[]	[]	[]	[]	[]
17. Phenol, 2-chloro	[]	[]	[]	[]	[]
107. Pyrene	[]	[]	[]	[]	[]

SECTION D - OTHER WASTES

D.1 Are any liquid wastes or sludges 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.

D.2 These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalies	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Shop Rags	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes	_____

<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 method(s) of storage or disposal checked above.
