

UWCHLAN TOWNSHIP

Wastewater Sewer System

INDUSTRIAL WASTEWATER DISCHARGE QUESTIONNAIRE / PERMIT APPLICATION

INSTRUCTIONS: Please complete all sections and return the signed questionnaire to:
Ms. Tara Giordano, Uwchlan Township, 715 North Ship Road, Exton, PA 19341-1940
Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.
Direct any questions to Joseph Boldaz at (610) 942-3000

SECTION A - GENERAL INFORMATION

1. Company Name: _____

2. Mailing Address: _____

_____ Municipality: _____

3. Facility Address: (If different from mailing address) _____

4. Name and title of responsible official: _____

_____ Telephone No.: () _____

5. Alternative person to contact concerning information provided herein:

Name and Title: _____

_____ Telephone No.: () _____

6. Check all applicable activities conducted at this facility:

- | | | |
|---|--|---|
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Research/Scientific |
| <input type="checkbox"/> Flammables, Explosives | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Restaurant/Brewery/Bar |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Office Unit | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Painting, Finishing | <input type="checkbox"/> Vehicle Storage & Equipment Washdown |
| <input type="checkbox"/> Governmental/Military | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Warehousing/Transport |
| <input type="checkbox"/> Information | <input type="checkbox"/> Plant Washdown | <input type="checkbox"/> Wholesale/Retail Trade |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Printing/Publishing | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Laundry, Cleaning | <input type="checkbox"/> Repair Shop, Garage | _____ |

Describe briefly: _____

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Provide a narrative description of any manufacturing, production, or service activities your firm conducts. Identify those activities producing non-domestic waste (Wastes other than those derived from restrooms):

2. Indicate applicable North American Industrial Classification System (NAICS) Code(s) for your facility: (If more than one applies, list in descending order of importance.)

a. _____ b. _____ c. _____

3. If your facility manufactures any of the products or employs any of the manufacturing processes listed below, and any of these processes generate wastewater or waste sludge, place a check in the corresponding box. (check all that apply).

- | | | |
|---|--|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Glass | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Gum & Wood Chemicals | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Plastics Processing |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Iron & Steel Manufacturing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Printing & Publishing |
| <input type="checkbox"/> Electric & Electronic Components | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Pulp & Paper Products |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Metal and Molding Casting | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Nonferrous Metals | <input type="checkbox"/> Slaughtering/Packing/Rendering |
| <input type="checkbox"/> Fertilizer Products | <input type="checkbox"/> Organic Chemicals | <input type="checkbox"/> Soaps & Detergents |
| <input type="checkbox"/> Food/Edible Products Processing | <input type="checkbox"/> Paint & Ink Formulating | <input type="checkbox"/> Steam Electric Power Generation |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Foundries | <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Timber Products Processing |

SECTION C - WATER USAGE

1. Water Sources: (Check as many as are applicable.)

Private Well; Surface Water; Water Utility (Specify): _____

2. Name on the water bill: _____

3. Water Service Account Number(s):

(1) _____ (2) _____ (3) _____ (4) _____

4. List estimated average water usage on premises (gallons per day): _____

SECTION D - PROCESS AND WASTE INFORMATION

1. This facility generates the following types (check all that apply) and quantities of liquid waste which are discharged to the sanitary sewer system:

	AVERAGE GALLONS PER DAY		
a. <input type="checkbox"/> Process Waste (Describe): _____		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
b. <input type="checkbox"/> Domestic wastes (restrooms, employee showers, etc.)		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
c. <input type="checkbox"/> Boiler Blowdown		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
d. <input type="checkbox"/> Cooling Water, contact		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
e. <input type="checkbox"/> Cooling Water, non-contact		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
f. <input type="checkbox"/> Plant and equipment washdown		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
g. <input type="checkbox"/> Air Pollution Control Liquid Waste		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
h. <input type="checkbox"/> Stormwater runoff to sanitary sewer		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
i. <input type="checkbox"/> Other (Describe): _____		<input type="checkbox"/>	estimated
		<input type="checkbox"/>	measured
Total			

2. For each of the non-domestic wastes identified in Section B1, indicate the method or methods of disposal (i.e. discharged to sanitary sewer, hauled off site, etc.)

3. For any of the liquid wastes, other than domestic wastes, which are discharged to the sanitary sewer system, identify any liquid or chemical substances which are added to the water during its use or as part of its treatment prior to its discharge to the sanitary sewer.

Company Name: _____

SECTION D - PROCESS AND WASTE INFORMATION (Cont'd)

- 4. Does any of your liquid waste pass through a grease trap, sediment trap, oil separator, or pretreatment facility (such as pH adjustment, solids screening or settling, etc.)? Yes No

If "yes", please describe the nature of the waste. Also, describe the pretreatment facility and specify its location, size, and maintenance schedule.

- 5. Does your facility use industrial solvents (other than sanitary cleaners)? Yes No

If "yes", please specify type, usage rate (gal/month), storage location (proximity to drains), and destination of spent solvent.

- 6. Does your facility use any dyes, paints, or inks? Yes No

If "yes", please specify type, usage rate (gal/month), storage location (proximity to drains), and destination of waste material, excess material, overspray, cleanup, or any portion not on or in final products.

- 7. Do you have any laboratory analyses of your wastewater discharge to the sanitary sewer system? If so, please attach a copy of the most recent analysis.

SECTION E - CERTIFICATION

(By individual named in Section A4.)

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.

Date

Signature of Official (Seal if applicable)