



ISO 14001:2015 ♦ NC Star Public Sector ♦ OHSAS 18001:2007

**INDUSTRIAL USER  
WASTEWATER SURVEY &  
PERMIT APPLICATION**

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

The information provided on this questionnaire serves two functions:

- 1. To determine if your facility is in need of a Significant Industrial User (SIU) Permit for the discharge of wastewater to the Publicly Owned Treatment Works (POTW) sanitary sewer system.
- 2. If a SIU Permit is required, this survey shall serve as the application for that Permit and the information will be used to issue the permit.

PLEASE REFER TO THE ATTACHED GUIDANCE FOR COMPLETING THE INDUSTRIAL USER SURVEY/ APPLICATION INSTRUCTIONS.

PLEASE CHECK ONE (definitions of these conditions may be found in the Application Guidance):

- New Permit for Proposed Discharge –  
Anticipated date of initial process wastewater discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Existing Unpermitted Discharge
- Permit Renewal for Existing SIU Permit, existing non-SIU permit, or other written permission from POTW. Does this application request a greater amount of wastewater discharge [flow], a greater amount of pollutant discharge or a discharge of different pollutants than specified in the last wastewater permit application for this facility, or any other significant changes?  Yes  No

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403.14, information and data provided in this questionnaire which identifies the content, volume, 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.

This is to be signed by an authorized representative of your firm, as defined in 40 CFR Part 403.12 (l) and WSACC SUO section 1.2 (3) after adequate completion of this form and review of the information by the signing representative.

I, \_\_\_\_\_ (*print name*), 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 submitted is, to the best of my knowledge and belief, accurate and complete. I am an authorized representative of the user and am authorized to execute this certification on behalf of the user. I am aware that there are significant penalties for submitting false information in violation of this certification, including the possibility of fines and/or imprisonment.

I also certify that I qualify for signatory authority, as set forth in 40 CFR Part 403.12 (l) and WSACC SUO section 1.2(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Representative (Seal, if applicable)

\_\_\_\_\_  
Title

Please return this survey to:

**Environmental, Health & Safety Compliance Manager  
Water and Sewer Authority of Cabarrus County  
6400 Breezy Lane  
Concord, NC 28025**

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION A – GENERAL INFORMATION**

1. For the production or manufacturing facility for which this application is being completed:

<b>Facility name</b>	
<b>Physical address</b>	
<b>Mailing address (if different )</b>	
<b>Telephone number</b>	
<b>Fax number</b>	
<b>Website</b>	

2. If applicable, general information about the corporate office, parent company, etc.:  N/A

<b>Company name</b>	
<b>Physical address</b>	
<b>Mailing address (if different)</b>	
<b>Telephone number</b>	
<b>Fax number</b>	
<b>Website</b>	

3. Primary Authorized Representative authorized to represent this firm in official dealings with the Publicly Owned Treatment Works (POTW) and; please indicate if this person is located at the site of the production/manufacturing facility:

<b>Name</b>	
<b>Title</b>	
<b>Phone numbers (office, cell, fax)</b>	
<b>Email</b>	
<b>Work location</b>	

4. Alternate Authorized Contact for when the Primary Authorized Representative is not available.

<b>Name</b>	
<b>Title</b>	
<b>Phone numbers (office, cell, fax)</b>	
<b>Email</b>	
<b>Work location</b>	

5. On-site Contact. If neither person identified in #3 and #4 above are located at the production or manufacturing facility for which this application is being completed provide an on-site contact person available to answer questions regarding statements made on this survey as well as conduct a walkthrough of the facility:

<b>Name</b>	
<b>Title</b>	
<b>Phone numbers (office, cell, fax)</b>	
<b>Email</b>	

6. Identify the general type of manufacturing, production and/or service(s) conducted at the site (i.e. electroplating, printing, painting, food processing, warehousing, meat packing, machine shop, etc.). Greater detail to be provided in question A.7.

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION A – GENERAL INFORMATION (continued)**

7. Provide a detailed narrative description of the manufacturing/production process(es) and/or service activities identified in question A. 6 and conducted at the facility identified in question A. 1.

8. Are any process changes or expansions planned during the next five years?     Yes     No

If yes, describe the nature of the planned changes or expansions. As needed, answer questions based on current conditions as well as conditions after the changes or expansion.

9. List the Standard Industrial Classification Number(s) (SIC #) or North American Industry Classification System (NAICS) codes for your facility. If more than one code is listed, indicate the percentage of production.

<b>SIC/NAICS code</b>			
<b>Percentage of production</b>			

10. In what month and year were the Facility's operation(s) at this location (as specified in A. 7. above) established and under what name?

<b>Facility Name</b>	<b>Month</b>	<b>Year</b>

11. Has your facility undergone a change in licensed ownership since the date noted in question A. 10?  
 Yes     No

If yes, please list the date(s) of all ownership changes.

<b>Facility Name</b>	<b>Month</b>	<b>Year</b>

## INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

### SECTION B – FLOW DIAGRAMS/SCHEMATICS AND SITE LAYOUT

The following diagrams and/or flow schematics are required as part of this application. The diagrams or flow schematics can be separate or combined, can be hand drawn and do not necessarily have to be drawn to scale. Submit each diagram on 8 ½ x 11 inch paper, if possible. If a larger size is needed, the diagram(s) should be no larger than 11 x 17 inches. **Examples are included in application guidance.**

#### PRODUCTION/PROCESS SCHEMATIC FLOW DIAGRAM (REQUIRED)

The schematic flow diagram is a simple line drawing that illustrates the nature and flow of your plant's processes, placing particular emphasis on the processes that generate wastewater. It also includes any associated wastewater pre-treatment processes/systems. At a minimum, the schematic flow diagram should include the following:

Each plant process that generates wastewater

Include all process steps and tanks (with volumes)

Identify the chemicals/raw materials used in each step/tank/vessel

Each process and waste stream should be labelled, named, or have a unique identifying number

Include operation names used in any applicable categorical process

Each process step related to the manufacturing/process but that does not actually contact the process (for example, water circulated through jackets or piping in a process operation where the water is kept from contacting the item/object)

Discharge points for each process/waste stream (including non-monitored industrial wastewater)

Non-process lines/operations

#### PLANT SITE LAYOUT (REQUIRED)

The site layout locates each activity included in the schematic flow diagrams in a geographical setting. At a minimum the site layout should include the following:

Building Outlines, Property Lines

Water lines and meters

Sewer Lines (including floor drains) and all connections to sewer, label lines as process and/or domestic

Storm Drains

Production Areas, Office Areas and Warehouse Areas

Process wastewater lines leaving the facility

Sewer Taps

Cooling Towers, Boilers

Storage Tanks

Chemical Storage Areas

Waste Storage Areas

Pretreatment Areas

Compliance Sampling and Flow Measurement Locations (potential locations for non-permitted industries)

Single location where all industrial wastewater discharge can be monitored (for non-permitted industries, describe potential locations)

Please note on site layout if generated wastewater requires pumping to reach sewer system

#### WASTEWATER PRETREATMENT SYSTEM FLOW DIAGRAM (IF APPLICABLE)

At a minimum, this schematic flow diagram should include the following:

Flow schematic showing order of treatment units

Include all treatment process tanks

Identify the chemicals/additives in each tank/vessel

Identify tank volumes

Identify wastewater flows going into pretreatment, especially if some treated separately

Each treatment process and waste stream should be labelled, named, or have a unique identifying number

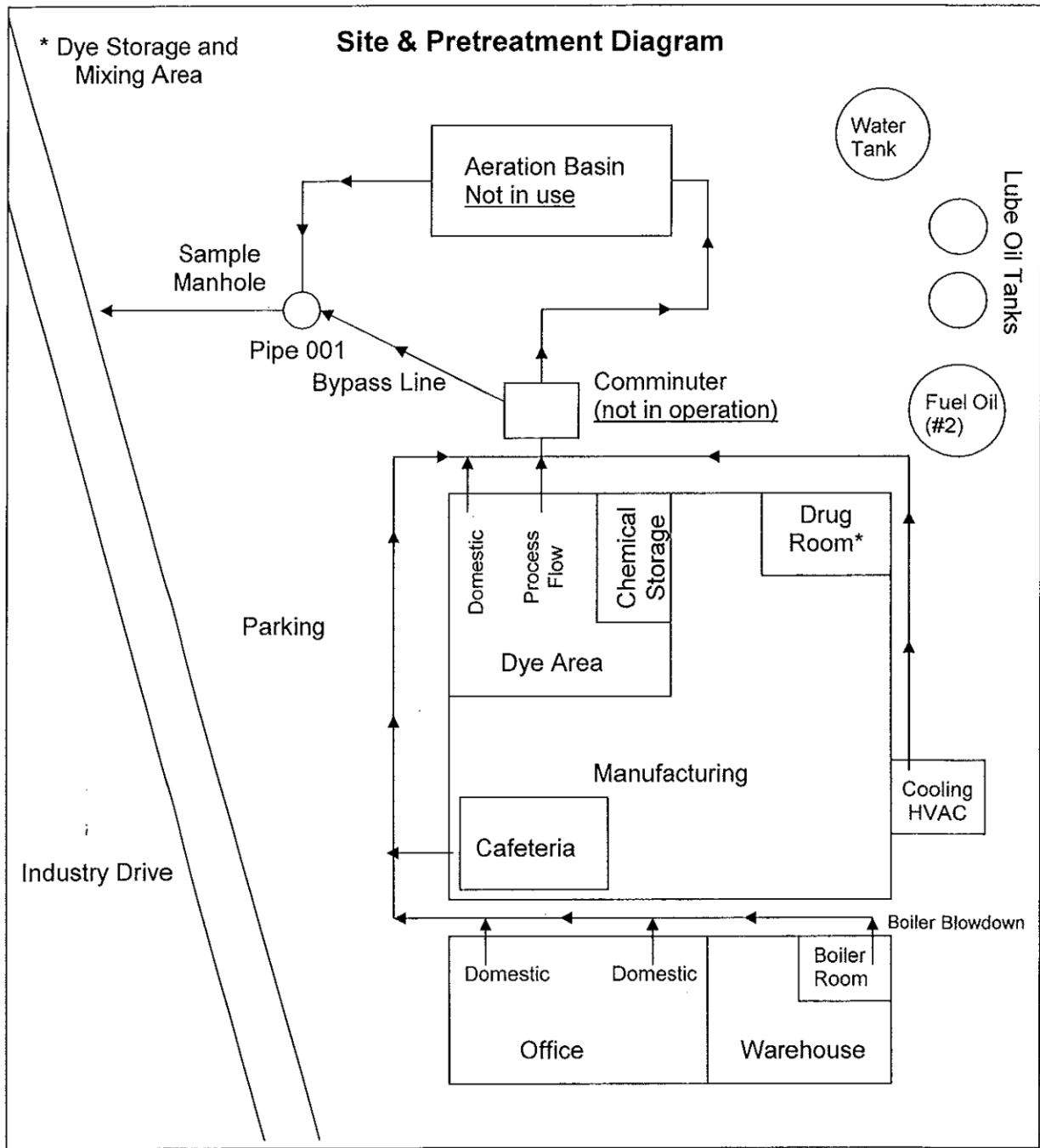
Piping and control Features

Compliance sampling point

Process Diagram

Process	Raw Materials	Process Chemicals	Water Used (gallons/day)	Wastewater Generated (gallons/day)
Knit	Nylon	N/A	N/A	N/A
Sew	Nylon, Cotton	N/A	N/A	N/A
Dye	Hose Note: Boiler Blowdown is a related non process wastewater, see non process list	Dyes and chemicals	341,150 (average) 436,650 (maximum)	320,000 (average) 410,000 (maximum)
Board	Dyed hose	N/A	N/A	N/A
Package	Packaging (paper, cardboard, plastic)	N/A	N/A	N/A
Ship				

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**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION C – FACILITY OPERATION CHARACTERISTICS**

*Shift Production Information*

List Shifts/Day. Complete the following information about the shifts worked at the facility.

Shifts are based on 8 hours     
  Shifts are based on 12 hours     
  Other

*Office/Administrative Staff*

<u>Work Day</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# Employees							
Start/End Time							

*Production Staff*

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st Shift	#Employees							
	Start Time							
	End Time							
2 <sup>nd</sup> Shift	#Employees							
	Start Time							
	End Time							
3 <sup>rd</sup> Shift	#Employees							
	Start Time							
	End Time							

*Shift Activities*

<b>WORK DAY</b>	<b>SHIFT</b>	<b>DESCRIPTION OF SHIFT ACTIVITIES</b>
Monday	1 <sup>st</sup> Shift	
	2 <sup>nd</sup> Shift	
	3 <sup>rd</sup> Shift	
Tuesday	1 <sup>st</sup> Shift	
	2 <sup>nd</sup> Shift	
	3 <sup>rd</sup> Shift	
Wednesday	1 <sup>st</sup> Shift	
	2 <sup>nd</sup> Shift	
	3 <sup>rd</sup> Shift	
Thursday	1 <sup>st</sup> Shift	
	2 <sup>nd</sup> Shift	
	3 <sup>rd</sup> Shift	
Friday	1 <sup>st</sup> Shift	
	2 <sup>nd</sup> Shift	
	3 <sup>rd</sup> Shift	
Saturday	1 <sup>st</sup> Shift	
	2 <sup>nd</sup> Shift	
	3 <sup>rd</sup> Shift	
Sunday	1 <sup>st</sup> Shift	
	2 <sup>nd</sup> Shift	
	3 <sup>rd</sup> Shift	



**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION D – PROCESS INFORMATION**

**NOTE:** The following information must be completed for each product line. Please make copies of this page if necessary.

Information revealed in this section may be held confidential and proprietary under 40 CFR 403.14 at the request of the Industrial User and the approval of the POTW. **The request for confidentiality must be made at the time of the initial submission of the application.** Should such a request be made and accepted in compliance with WSACC SUO section 7, these page(s) will be removed before review by any non-regulatory personnel.

1. Principal product(s) produced:

2. Raw materials and process additives used:

3. The production process is:  Batch  Continuous

If batch, please enter the average number of batches per 24 hours: \_\_\_\_\_

If both, please enter %'s: \_\_\_\_\_% - Batch \_\_\_\_\_% - Continuous

4. Maximum and average production rate of this particular product line (please specify units being reported):

Average Production Rate	Maximum Production Rate	Units

5. Days and hours of operation for this product line: \_\_\_\_\_ to \_\_\_\_\_

6. Days and hours of discharge for this product line: \_\_\_\_\_ to \_\_\_\_\_

7. Is production subject to seasonal variation?  Yes  No

If yes, briefly describe the seasonal production cycles:

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION E – WATER USE AND WASTEWATER DISCHARGE INFORMATION**

1. Please indicate source(s) of water used at your facility:

Source Type	Check One	If yes...
Well	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many are there? How many are currently in use?
City	<input type="checkbox"/> Yes <input type="checkbox"/> No	List all account numbers:
Surface Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identify the source:
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

2. Does this facility provide any treatment to the incoming water to improve the water quality prior to its use in the process, (i.e. deionization, reverse osmosis, ultra filtration, etc.)?  Yes  No

Treatment Process	Chemicals Used	Volume of Wastewater Generated	Where Wastewater is discharged

3. This facility uses water for the following: (Please record “n/a” if the application/use does not apply to the operations at your facility.) \*Please document clean up schedules in Shift Activities in Section C.

Type of Application /Use	Detailed Description of Applicable Operation(s) and/or Equipment	Maximum Volume Used (gallons/day)	Average Volume Used (gallons/day)	[E]stimated or [M]easured
a. Process				<input type="checkbox"/> E <input type="checkbox"/> M
b. Water Into Product				<input type="checkbox"/> E <input type="checkbox"/> M
c. Process Related Facility/Equipment Washdown*				<input type="checkbox"/> E <input type="checkbox"/> M
d. Process Contact Cooling or Warming Water				<input type="checkbox"/> E <input type="checkbox"/> M
e. Process related Air-Pollution Control Unit				<input type="checkbox"/> E <input type="checkbox"/> M
f. Process Related Employee Showers				<input type="checkbox"/> E <input type="checkbox"/> M
g. Lab				<input type="checkbox"/> E <input type="checkbox"/> M
h. Maintenance Shop				<input type="checkbox"/> E <input type="checkbox"/> M
i. Backwash Water				<input type="checkbox"/> E <input type="checkbox"/> M
j. Pump Sealant Water				<input type="checkbox"/> E <input type="checkbox"/> M
k. General Facility/Equipment Washdown*				<input type="checkbox"/> E <input type="checkbox"/> M
l. Other non-contact water uses: boilers, non-contact cooling/warming water, general air-conditioning, cooling towers, chillers, HVAC, etc.				<input type="checkbox"/> E <input type="checkbox"/> M
m. Domestic (e.g. restroom(s), noncontact process related employee showers, cafeteria, kitchen, breakroom, etc.)				<input type="checkbox"/> E <input type="checkbox"/> M
n. Other, please describe				<input type="checkbox"/> E <input type="checkbox"/> M
o. Total				

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION E – WATER USE AND WASTEWATER DISCHARGE INFORMATION (continued)**

4. The facility generates wastewater from the following areas and that water is discharged where: [i.e. monitoring point (pipe 01, sample point, “process” versus “non-process,” “process only” versus “combined”), sanitary sewer, storm water, waste haulers, lost through evaporation, ground, surface water, etc]. If the source of wastewater discharged does not exist at your facility record “n/a”. If there is no discharge from the applicable source, record “no discharge”. (\*Please document clean up schedules in Shift activities in Section C)

Source of Wastewater	Wastewater is Discharged To Where	Pretreated?	Maximum Volume Discharge (gallons/day)	Avg. Volume Used (gallons/day)	Estimated (E) or Measured (M)
a. Process		[ ] yes [ ] no			[ ] E [ ] M
b. Water Into Product		[ ] yes [ ] no			[ ] E [ ] M
c. Process Related Facility/Equipment Washdown*		[ ] yes [ ] no			[ ] E [ ] M
d. Process Contact Cooling/Warming Water		[ ] yes [ ] no			[ ] E [ ] M
e. Process Related Air Pollution Control Unit		[ ] yes [ ] no			[ ] E [ ] M
f. Process Related Employee Showers		[ ] yes [ ] no			[ ] E [ ] M
g. Lab		[ ] yes [ ] no			[ ] E [ ] M
h. Maintenance Shop		[ ] yes [ ] no			[ ] E [ ] M
i. Backwash Water		[ ] yes [ ] no			[ ] E [ ] M
j. Pump Sealant Water		[ ] yes [ ] no			[ ] E [ ] M
k. General Facility/Equipment Washdown*		[ ] yes [ ] no			[ ] E [ ] M
l. Other non-contact water uses: boilers, non-contact cooling/warming water, general air conditioning, cooling towers, chillers, HVAC, etc.		[ ] yes [ ] no			[ ] E [ ] M
m. Domestic (e.g. restroom(s), non-process related employee showers, cafeteria, kitchen, breakroom, etc.)		[ ] yes [ ] no			[ ] E [ ] M
n. Groundwater/Remediated Groundwater		[ ] yes [ ] no			[ ] E [ ] M
o. Storm Water Runoff		[ ] yes [ ] no			[ ] E [ ] M
p. Tank Bottoms		[ ] yes [ ] no			[ ] E [ ] M
q. Other, please specify		[ ] yes [ ] no			[ ] E [ ] M
r. Total Discharged to POTW		[ ] yes [ ] no			[ ] E [ ] M

5. Identify the daily maximum flow limit requested. Please explain any differences between the requested flow limit and actual flows listed in E. 4.

<b>Requested Daily Maximum Flow, gpd:</b>	
<b>Requested Monthly Average Flow, gpd:</b>	
<b>Explanation:</b>	

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION F – CHEMICALS, POLLUTANTS, WASTES**

1. Complete Checklist for Priority, Conventional, Non-Conventional, and Other Pollutants.

**All chemicals require that TWO columns are checked.**

Chemical Name	Chemical Abstract Number [CAS#]	Present at Facility	Absent at Facility	Present in Discharge to POTW	Absent in Discharge to POTW	Concentration in Discharge, (mg/l)
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**Acid Extractable Organic Compounds (EPA Method 625)**

2-Chlorophenol	95-57-8					
2,4-Dichlorophenol	120-83-2					
2,4-Dimethylphenol	105-67-9					
2,4-Dinitrophenol	51-28-5					
2-Methyl-4,6-dinitrophenol	534-52-1					
4-Chloro-3-methylphenol	59-50-7					
2-Nitrophenol	88-75-5					
4-Nitrophenol	100-02-7					
Pentachlorophenol	87-86-5					
Phenol	108-95-2					
2,4,6-Trichlorophenol	88-06-2					

**Base Neutral Organic Compounds (EPA Method 625)**

1,2,4-Trichlorobenzene	120-82-1					
1,2-Dichlorobenzene	95-50-1					
1,2-Diphenylhydrazine	122-66-7					
1,3-Dichlorobenzene	541-73-1					
1,4-Dichlorobenzene	106-46-7					
2,4-Dinitrotoluene	121-14-2					
2,6-Dinitrotoluene	606-20-2					
2-Chloronaphthalene	91-58-7					
3,3-Dichlorobenzidine	91-94-1					
4-Bromophenyl phenyl ether	101-55-3					
4-Chlorophenyl phenyl ether	7005-72-3					
Acenaphthene	83-32-9					
Acenaphthylene	208-96-8					
Anthracene	120-12-7					
Benzidine	92-87-5					
Benzo (a) anthracene	56-55-3					
Benzo (a) pyrene	50-32-8					
Benzo (b) fluoranthene	205-99-2					
Benzo (ghi) perylene	191-24-2					
Benzo (k) fluoranthene	207-08-9					
Bis (2-chloroethoxy) methane	111-91-1					
Bis (2-chloroethyl) ether	111-44-4					
Bis (2-chloroisopropyl) ether	102-60-1					
Bis (2-ethylhexyl) phthalate [DEHP]	117-81-7					
Butyl benzyl phthalate [BBP]	85-68-7					
Chrysene	218-01-9					

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)**

**All chemicals require that TWO columns are checked. For all chemicals “Present at Facility” please specify the quantity present.**

<b>Chemical Name</b>	<b>Chemical Abstract Number [CAS#]</b>	<b>Present at Facility</b>	<b>Absent at Facility</b>	<b>Present in Discharge to POTW</b>	<b>Absent in Discharge to POTW</b>	<b>Concentration in Discharge, (mg/l)</b>
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Di-n-butyl phthalate [DBP]	84-74-2					
Di-n-octyl phthalate [DOP]	117-84-0					
Dibenzo (a,h) anthracene	53-70-3					
Diethyl phthalate [DEP]	84-66-2					
Dimethyl phthalate [DMP]	131-11-3					
Fluoranthene	206-44-0					
Fluorene	86-73-7					
Hexachlorobenzene	118-74-1					
Hexachlorobutadiene	87-68-3					
Hexachlorocyclopentadiene	77-47-4					
Hexachloroethane	67-72-1					
Indeno (1,2,3-cd) pyrene	193-39-5					
Isophorone	78-59-1					
N-nitroso-di-n-propylamine	621-64-7					
N-nitrosodimethylamine	62-75-9					
N-nitrosodiphenylamine	86-30-6					
Naphthalene	91-20-3					
Nitrobenzene	98-95-3					
Phenanthrene	85-01-8					
Pyrene	129-00-0					

Aluminum						
Antimony	7440-36-0					
Arsenic	7440-38-2					
Beryllium	7440-41-7					
Cadmium	7440-43-9					
Chromium	7440-47-3					
Copper	7440-50-8					
Lead	7439-92-1					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Silver	7440-22-4					
Thallium	7440-28-0					
Zinc	7440-66-6					
Barium	7440-39-3					
Chloride						
Cyanide	57-12-5					
Fluoride						

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)**

**All chemicals require that TWO columns are checked. For all chemicals “Present at Facility” please specify the quantity present.**

<b>Chemical Name</b>	<b>Chemical Abstract Number [CAS#]</b>	<b>Present at Facility</b>	<b>Absent at Facility</b>	<b>Present in Discharge to POTW</b>	<b>Absent in Discharge to POTW</b>	<b>Concentration in Discharge, (mg/l)</b>
1,1,1-Trichloroethane	71-55-6					
1,1,2,2-Tetrachloroethane	79-34-5					
1,1,2-Trichloroethane	79-00-5					
1,1-Dichloroethane	75-34-3					
1,1-Dichloroethylene	75-35-4					
1,2-Dichloroethane	107-06-2					
1,2-Dichloropropane	78-87-5					
2-Chloroethyl vinyl ether	110-75-8					
Acrolein	107-02-8					
Acrylonitrile	107-13-1					
Benzene	71-43-2					
Bromodichloromethane	75-27-4					
Bromoform	75-25-2					
Bromomethane	74-83-9					
Carbon tetrachloride	56-23-5					
Chlorobenzene	108-90-7					
Chloroethane	75-00-3					
Chloroform	67-66-3					
Chloromethane	74-87-3					
Cis 1,3-Dichloropropene						
Dibromochloromethane	594-18-3					
Ethylbenzene	100-41-4					
Methylene chloride	75-09-2					
Tetrachloroethylene	127-18-4					
Toluene	108-88-3					
trans 1,3-Dichloropropene						
trans-1,2-Dichloroethylene	156-60-5					
Trichloroethylene	79-01-6					
Trichlorofluoromethane						
Vinyl chloride	75-01-4					

Xylene						
BOD						
COD						
TSS						
Ammonia						
Total Phosphorus						
Total Nitrogen						
Oil & Grease						
range of pH						
Gasoline/diesel						
Fuel oil						
Dyes/colorants						

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)**

2. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, please attach to this survey a copy of the lab report, chain of custodies and location of where the samples were taken for the most recent sampling date. **Do not attach analyses performed by the POTW or analytical data already delivered to the POTW however, please provide the date(s) of the last sampling event.**
  
3. Does your facility complete a Toxic Release Inventory? [  ] Yes [  ] No  
 If yes, most recent copy attached \_\_\_\_\_ OR POTW already has \_\_\_\_\_
  
4. Please list boiler and cooling tower treatment additives or MSD sheets and dosage rates for each.

Type of Boiler or Cooling Unit	Treatment Additive Name	Purpose of Additive	Dosage, with units

5. Do you have any storage tank(s) at your facility? [  ] Yes [  ] No

If yes, complete the chart provided below. Please indicate the location of the tank(s) (inside/outside, above ground or underground), tank volume, contents of each tank and whether or not the tank has any spill prevention or containment devices (such as dikes). Please attach additional pages if necessary.

Tank ID	[I]inside or [O]outside	[A]bove or [B]elow Ground	Volume (in gallons)	Contents	[P]rocess; [W]astewater treatment; [G]roundwater remediation;	Spill Containment Devices

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)**

6. Are any liquid wastes or sludges (i.e. acids, alkalis, heavy metal sludges, inks, dyes, oil, grease, organic compounds, paints, pesticides, plating wastes, pretreatment sludges, solvents, thinners, waste product, etc.) from this firm disposed of by means other than discharge to the sewer system?  Yes  No

If yes, please complete the following:

Nature of hauled Waste and date Last hauled	Waste hauler's name, EPA ID# and address	Treatment Facility's Name, EPA ID# and address	Disposal facility's Name, EPA ID# and address	Est. Gallons or Pounds per Year hauled off

7. Is this facility a small quantity, large quantity, or conditionally exempt Hazardous Waste Generator?

Small Quantity  Large Quantity  Conditionally Exempt  Not Applicable

<b>List the facility's EPA Hazardous Waste Generator ID#:</b>	
<b>Waste Codes:</b>	



**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION G – WASTEWATER TREATMENT, FLOW, AND SAMPLING EQUIPMENT**

1. Is the wastewater generated by this facility treated prior to discharge to the POTW?  Yes  No

If yes, please complete the chart below. If a particular pretreatment unit only treats part of the wastewater, indicate this below and in the diagram required by Section B.

Pretreatment Unit	[Y]es [N]o	Additional Information	Chemicals Used
Activated Carbon			
Air Stripping			
Biological Treatment		<input type="checkbox"/> Activated Sludge <input type="checkbox"/> Rotating Biological Contactor (RBC) <input type="checkbox"/> Trickling Filter <input type="checkbox"/> Sequencing Batch Reactor (SBR) <input type="checkbox"/> Other _____	
Chemical Precipitation			
Chlorination, for disinfection			
Cyanide Destruction			
Defoaming Agents			
Dissolved Air Flootation (DAF)		list all individual units of DAF here <input type="checkbox"/> equalization <input type="checkbox"/> pH adjustment <input type="checkbox"/> chemical precipitation <input type="checkbox"/> Other _____	
Flow equalization, aerated		Size(gallons) _____ Before _____ After _____ Pretreatment	
Flow equalization, not aerated		Size(gallons) _____ Before _____ After _____ Pretreatment	
Grease and Oil Removal for employee cafeteria, kitchen, breakroom, etc.		<input type="checkbox"/> Grease Trap, Size _____ <input type="checkbox"/> Oil Water Separator, Size _____ <input type="checkbox"/> Other _____	
Grease and Oil Removal for food manufacturing process wastewater		<input type="checkbox"/> Grease Trap, Size _____ <input type="checkbox"/> Oil Water Separator, Size _____ <input type="checkbox"/> Other _____	
Grease and Oil Removal for non-food manufacturing process wastewater		<input type="checkbox"/> Grease Trap, Size _____ <input type="checkbox"/> Oil Water Separator, Size _____ <input type="checkbox"/> Other _____	
Heat Reclamation/Exchange			
Ion Exchange (for wastewater treatment)			
Neutralization, pH adjustment			
Ozonation			
Reverse Osmosis (for wastewater treatment)			
Septic Tank			
Silver Recovery			
Solids Separation, Clarification, Dewatering, Removal, etc.		<input type="checkbox"/> Belt Press <input type="checkbox"/> Centrifugation <input type="checkbox"/> Clarification <input type="checkbox"/> Cyclone <input type="checkbox"/> Filter Press <input type="checkbox"/> Filtration <input type="checkbox"/> Flocculation <input type="checkbox"/> Grit Removal <input type="checkbox"/> Microfiltration <input type="checkbox"/> Nanofiltration <input type="checkbox"/> Screening <input type="checkbox"/> Sedimentation <input type="checkbox"/> Septic Tank <input type="checkbox"/> Ultrafiltration <input type="checkbox"/> Other _____	
Solvent Separation			
Spill Protection			

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION G – WASTEWATER TREATMENT, FLOW, AND SAMPLING EQUIPMENT (continued)**

2. Describe wastewater flow measuring methods and/or equipment. If applicable, list the meter's current interval, flow volume, pulse frequency and reporting units:

<b>Interval</b>	
<b>Flow volume</b>	
<b>Pulse frequency</b>	
<b>Reporting units</b>	

3. List procedures employed to ensure the accuracy of flow measurement method/equipment (i.e. frequency of cleaning, calibration method, etc.). **Please attach a copy of most recent calibration certificate.**

<b>Cleaning Frequency:</b>	
<b>Calibration method:</b>	
<b>Calibration performed by:</b>	
<b>Training/credentials of calibration staff:</b>	
<b>Date of most recent calibration:</b>	
<b>Copy of Calibration Certificate:</b>	<b>POTW already has _____ OR Copy attached _____</b>

4. Describe the sampling method and associated equipment utilized at the facility. Identify staff or contract lab responsible for sampling. Describe sampling technician training.

<b>Sampling equipment/method:</b>	
<b>Sampling personnel:</b>	
<b>Training/credentials of sampling personnel:</b>	

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION H – CATEGORICAL STATUS**

1. Check any products listed below that are manufactured or activities that are performed at this facility:

- |  |  |
|--|--|
| <input type="checkbox"/> ]40 CFR 467 Aluminum Forming                  | <input type="checkbox"/> ]40 CFR 432 Meat Products                     |
| <input type="checkbox"/> ]40 CFR 427 Asbestos Manufacturing            | <input type="checkbox"/> ]40 CFR 433 Metal Finishing                   |
| <input type="checkbox"/> ]40 CFR 461 Battery Manufacturing             | <input type="checkbox"/> ]40 CFR 464 Metal Molding & Casting           |
| <input type="checkbox"/> ]40 CFR 431 Builders Paper & Board Mills      | <input type="checkbox"/> ]40 CFR 436 Mineral Mining & Processing       |
| <input type="checkbox"/> ]40 CFR 407 Canned & Preserved Fruits & Veg.  | <input type="checkbox"/> ]40 CFR 471 Nonferrous Metal, Form & Powders  |
| <input type="checkbox"/> ]40 CFR 408 Canned & Preserved Seafood        | <input type="checkbox"/> ]40 CFR 421 Nonferrous Metals Manufacturing   |
| <input type="checkbox"/> ]40 CFR 458 Carbon Black Manufacturing        | <input type="checkbox"/> ]40 CFR 414 OCPSF                             |
| <input type="checkbox"/> ]40 CFR 411 Cement Manufacturing              | <input type="checkbox"/> ]40 CFR 435 Oil & Gas Extraction              |
| <input type="checkbox"/> ]40 CFR 437 Centralized Waste Treatment       | <input type="checkbox"/> ]40 CFR 440 Ore Mining & Dressing             |
| <input type="checkbox"/> ]40 CFR 434 Coal Mining                       | <input type="checkbox"/> ]40 CFR 446 Paint Formulating                 |
| <input type="checkbox"/> ]40 CFR 465 Coil Coating                      | <input type="checkbox"/> ]40 CFR 443 Paving & Roofing Materials Mfg.   |
| <input type="checkbox"/> ]40 CFR 468 Copper Forming                    | <input type="checkbox"/> ]40 CFR 455 Pesticide Manufacturing           |
| <input type="checkbox"/> ]40 CFR 405 Dairy Products Processing         | <input type="checkbox"/> ]40 CFR 419 Petroleum Refining                |
| <input type="checkbox"/> ]40 CFR 469 Electrical, Electronic Components | <input type="checkbox"/> ]40 CFR 439 Pharmaceutical Manufacturing      |
| <input type="checkbox"/> ]40 CFR 413 Electroplating                    | <input type="checkbox"/> ]40 CFR 422 Phosphate Manufacturing           |
| <input type="checkbox"/> ]40 CFR 457 Explosives Manufacturing          | <input type="checkbox"/> ]40 CFR 459 Photographic Supplies             |
| <input type="checkbox"/> ]40 CFR 412 Feedlots                          | <input type="checkbox"/> ]40 CFR 463 Plastics Molding & Forming        |
| <input type="checkbox"/> ]40 CFR 424 Ferroalloy Manufacturing          | <input type="checkbox"/> ]40 CFR 466 Porcelain Enameling               |
| <input type="checkbox"/> ]40 CFR 418 Fertilizer Manufacturing          | <input type="checkbox"/> ]40 CFR 430 Pulp, Paper, & Paperboard         |
| <input type="checkbox"/> ]40 CFR 464 Foundries, Metal Mold & Casting   | <input type="checkbox"/> ]40 CFR 428 Rubber Manufacturing              |
| <input type="checkbox"/> ]40 CFR 426 Glass Manufacturing               | <input type="checkbox"/> ]40 CFR 417 Soap & Detergent Manufacturing    |
| <input type="checkbox"/> ]40 CFR 406 Grain Mills                       | <input type="checkbox"/> ]40 CFR 423 Steam Electric Power Generation   |
| <input type="checkbox"/> ]40 CFR 454 Gum & Wood Chemical Manufacturing | <input type="checkbox"/> ]40 CFR 409 Sugar Processing                  |
| <input type="checkbox"/> ]40 CFR 460 Hospitals                         | <input type="checkbox"/> ]40 CFR 410 Textile Mills                     |
| <input type="checkbox"/> ]40 CFR 447 Ink Formulating                   | <input type="checkbox"/> ]40 CFR 429 Timber Products Processing        |
| <input type="checkbox"/> ]40 CFR 415 Inorganic Chemical Manufacturing  | <input type="checkbox"/> ]40 CFR 442 Transportation Equipment Cleaning |
| <input type="checkbox"/> ]40 CFR 420 Iron & Steel Manufacturing        | <input type="checkbox"/> ] OTHER _____                                 |
| <input type="checkbox"/> ]40 CFR 425 Leather Tanning & Finishing       |  |

**If any are checked, continue with Questions 2 - 5 of this Section**

Otherwise, check here \_\_\_\_\_ and skip to next Section.

2. Is there a discharge from any of the above checked categorical operations to the POTW?  Yes  No  
If yes, list subpart and specific operations if applicable.

Process Operation Name	40 CFR, subpart, operations, etc.	40 CFR New Source Date	Date of process initial start-up	Date(s) of major changes*

\*Date(s) of commencement of construction of any major upgrades, updates, refits or reinstallations of the operation since the start-up date.

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION H – CATEGORICAL STATUS (continued)**

3. If the response to question # 2 was yes, when was the last Baseline Monitoring Report (BMR) completed and delivered to the POTW?
4. Does the information contained in the aforementioned BMR still accurately reflect current operations at your \*facility?  Yes  No  
 If no, you will need to complete a new BMR or similar report or make any necessary modifications to the existing BMR and forward said information to the POTW.
5. Are there any “dilution” wastestreams such as boiler blowdown, cooling tower bleed off, non-contact cooling/warming water, and storm water runoff, that flow through the current or proposed monitoring point?  Yes  No  
 If yes, ensure these wastestreams are clearly identified as such in question E.4.

**SECTION I – SLUG/SPILL PREVENTION and WASTE MINIMIZATION**

1. Does your facility have any plans to protect the POTW and/or sanitary sewer in the event of accidental spills, slugs, or other inappropriate discharges (i.e. Spill Prevention Control and Countermeasure Plan, Spill/Slug Control Plan, Toxic Organic Management Plan)?  Yes  No  
 If yes, please identify/list plans and describe measures in place to prevent direct introduction of a spill into the sewer. Note: the POTW may request copies of the identified plans.

Measures to protect POTW and/or sanitary sewer	Plan name, page number(s)

2. Do any of your plans include notification to the POTW in the event of a spill, bypass or pretreatment facility upset?  Yes  No  
 If yes, identify plan(s) and page #.

Notification Method	Plan name, page number(s)

3. Has a Pollution Prevention or other waste minimization Audit conducted by the North Carolina Division of Pollution Prevention and Environmental Assistance, or other organization been performed at your facility?  Yes  No  
 If yes, list organization and date audit was conducted.
4. Does your company have a pollution prevention/waste minimization/recycling/reuse program established?  Yes  No  
 If yes, please attach a copy of your program plan.

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION I – SLUG/SPILL PREVENTION and WASTE MINIMIZATION (continued)**

5. Please check “current”, “projected” or “N/A” for all codes below relating to your facility’s wastewater discharge.

<u>N/A</u>	<u>Current</u>	<u>Projected</u>	<u>Code</u>	<u>Description</u>
[ ]	[ ]	[ ]	W13	Improved maintenance scheduling, record keeping, or procedures
[ ]	[ ]	[ ]	W14	Changed production schedule to minimize equipment and feedstock changeovers
[ ]	[ ]	[ ]	W19	Other changes in operating practices (please explain) _____ _____
[ ]	[ ]	[ ]	W21	Instituted procedures to insure that materials do not stay in inventory beyond shelf life
[ ]	[ ]	[ ]	W22	Began to test outdated material – continue to use if still effective
[ ]	[ ]	[ ]	W23	Eliminated shelf-life requirements for stable materials
[ ]	[ ]	[ ]	W24	Instituted better labeling procedures
[ ]	[ ]	[ ]	W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
[ ]	[ ]	[ ]	W29	Other changes in inventory control (please explain) _____ _____
[ ]	[ ]	[ ]	W31	Improved storage or stacking procedures
[ ]	[ ]	[ ]	W32	Improved procedures for loading, unloading and transfer operations
[ ]	[ ]	[ ]	W33	Installed overflow alarms, and/or automatic shutoff valves
[ ]	[ ]	[ ]	W34	Installed secondary containment
[ ]	[ ]	[ ]	W35	Installed vapor recovery systems
[ ]	[ ]	[ ]	W36	Implemented inspections or monitoring program of potential spill or leak sources
[ ]	[ ]	[ ]	W39	Other spill and leak prevention (please explain) _____ _____
[ ]	[ ]	[ ]	W41	Increased purity of raw materials
[ ]	[ ]	[ ]	W42	Substituted raw materials
[ ]	[ ]	[ ]	W49	Other raw materials modifications (please explain) _____ _____
[ ]	[ ]	[ ]	W51	Instituted recirculation within a process
[ ]	[ ]	[ ]	W52	Modified equipment, layout, and/or piping
[ ]	[ ]	[ ]	W53	Use of different process catalyst
[ ]	[ ]	[ ]	W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
[ ]	[ ]	[ ]	W55	Change from small volume containers to bulk containers to minimize discarding of empty containers
[ ]	[ ]	[ ]	W58	Other process modifications (please explain) _____ _____
[ ]	[ ]	[ ]	W59	Modified stripping/cleaning equipment
[ ]	[ ]	[ ]	W60	Changed to mechanical stripping/cleaning devices (from solvents or other materials)
[ ]	[ ]	[ ]	W61	Changed to aqueous cleaners (from solvents or other materials)

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION I – SLUG/SPILL PREVENTION and WASTE MINIMIZATION (continued)**

<u>N/A</u>	<u>Current</u>	<u>Projected</u>	<u>Code</u>	<u>Description</u>
[ ]	[ ]	[ ]	W62	Reduced the number of solvents used to make waste more amendable to recycling
[ ]	[ ]	[ ]	W63	Modified containment procedures for cleaning units
[ ]	[ ]	[ ]	W64	Improved draining procedures
[ ]	[ ]	[ ]	W66	Modified or installed rinse systems
[ ]	[ ]	[ ]	W67	Improved rinse equipment design
[ ]	[ ]	[ ]	W68	Improved rinse equipment operation
[ ]	[ ]	[ ]	W71	Other cleaning and degreasing operation (please explain) _____ _____
[ ]	[ ]	[ ]	W72	Modified spray systems or equipment
[ ]	[ ]	[ ]	W73	Substituted coating materials used
[ ]	[ ]	[ ]	W74	Improved application techniques
[ ]	[ ]	[ ]	W75	Changed from spray to other system
[ ]	[ ]	[ ]	W78	Other surface preparation and finishing (please explain) _____ _____
[ ]	[ ]	[ ]	W81	Changed product specifications
[ ]	[ ]	[ ]	W82	Modified design or composition of product
[ ]	[ ]	[ ]	W83	Modified packaging
[ ]	[ ]	[ ]	W89	Other product modifications (please explain) _____ _____
[ ]	[ ]	[ ]	W99	Other (please explain) _____ _____

**INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION**

**SECTION J – OTHER PERMITS**

1. List all environmental control permits currently managed for or by this facility. Examples: air, National Pollutant Discharge Elimination System (NPDES), Industrial User Permits (IUP), Resources Conservation and Recovery Act (RCRA), groundwater, storm water, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Permit Type	Permit Number	Issuing Agency

2. With regard to the parent company and all subsidiaries, list all wastewater discharge permit issued to cover similar operations to those at this facility. Examples: National Pollutant Discharge Elimination System (NPDES), Industrial User Permits (IUP), groundwater, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Facility and Location	Permit Type	Permit Number	Issuing Agency

3. With regard to the parent company and all subsidiaries, list all environmental permits applied for in the United States where issuance was denied OR the permit was terminated prior to the expiration date. Examples: air, NPDES, IUP, RCRA, groundwater storm water, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Permit Type	Issuing Agency and Contact Information	Date	Facility Name and Location	Reason for Denial/Termination