

YPSILANTI COMMUNITY UTILITIES AUTHORITY
Industrial
Wastewater Questionnaire

For YCUA Use Only	Inspector _____
COMPANY NAME: _____ CITY: _____	
Date received: _____	

A. CERTIFICATION STATEMENT

" 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, 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."

CERTIFIED BY:

<i>Name (please print)</i>	<i>Email</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>	<i>Phone</i>

PREPARED BY:

<i>Name (please print)</i>	<i>Email</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>	<i>Phone</i>

B. COMPANY INFORMATION

Company Name: _____ Web site: _____
 Doing Business As (dba) (if different from above): _____
 Business/Mailing Address: _____ ZIP: _____
 Discharge Address: _____ ZIP: _____
 Telephone (Main): _____ Fax Number: _____
 Date Current Operation began: _____ Date Pretreatment Operation began: _____

INDIVIDUALS RESPONSIBLE FOR WASTEWATER

Permit, Inspection, Correspondence

1) Name: _____ Title: _____ Email: _____
 Phone: _____ Cell _____ Pager: _____

Sampling

2) Name: _____ Title: _____ Email: _____
 Phone: _____ Cell _____ Pager: _____

3) Alternate Contact on site: _____ Title: _____ Email: _____
 Phone: _____ Cell _____ Pager: _____

NATURE OF BUSINESS

Description of business activity, products, or services: _____

Description of fabrication or manufacturing processes: _____

SIC: _____

PERSONNEL SCHEDULE

	Office		First Shift		Second Shift		Third Shift	
	Number	Hours	Number	Hours	Number	Hours	Number	Hours
WEEKDAYS								
SATURDAYS								
SUNDAYS								

C. WATER USAGE AND DISCHARGE

(Data over the past year should be used for all available flows. Engineering estimates may be substituted for new companies with no actual flow data and for waste streams that are not flow metered. The Average influent total should be within 10% of the total of Discharge, Evaporation, and Non-Discharging Flows. Differences of more than 10% must be explained.)

INFLUENT FLOWS

(Identify all sources of water to your facility. Attach water bills for last year.)

<u>Water Account Number or Well Number</u>	<u>Primary Use</u>	<u>Flow in Gallons per Day (GPD)</u>	
		Ave.	Max.
Trucked influent (DI or other)			

Total Influent Flow:

DISCHARGE FLOWS

(Average Wastewater Discharged to the Sanitary Sewer in GPD for last year)

	Ave.	Max.
<u>Process #1</u>		
<u>Process #2</u>		
<u>Process #3</u>		
<u>Scrubber(s)</u>		
Total Process Wastewater Flow (GPD)		
<u>Sanitary Usage (Use 15 gallons per day per employee unless metered)</u>		
<u>Cooling Tower Blowdown</u>		
<u>Boiler Blowdown</u>		
<u>Reverse Osmosis Reject Water</u>		
<u>Laundry Facility</u>		
<u>Restaurant/Kitchen/Cafeteria</u>		
<u>Recreational Facilities (e.g. swimming pools, water rides, etc.)</u>		
<u>Other</u>		

Total Non-Process Wastewater Flow (GPD) _____

Total Discharge to the Sanitary Sewer (Process + Non-Process) _____

EVAPORATIVE LOSS

	Ave.	Max
<u>#1</u>		
<u>#2</u>		
<u>#3</u>		
Total Evaporative Loss (GPD)		

NON-DISCHARGING WATER USES

	Ave	Max
<u>Irrigation/Landscaping</u>		
<u>Trucked or Hauled Off-site</u>		
<u>Other</u>		

D. ENVIRONMENTAL CONTROL PERMITS

List all other environmental control permits issued to this facility.

<u>Name of Permit</u>	<u>Permit No.</u>
EPA – Generator I.D. Number	
County of Washtenaw/Wayne – Environmental Health Permit	
State of Michigan – Hazardous Waste Generator Permit	
MDEQ Air Quality Division – Permit to Operate	
Regional Water Quality Control Board NPDES permit	
Local Hazardous Materials Storage Permit (Fire Dept.)	
Radioactive Materials License	
Biohazard Waste Generation Registration	
Other:	

E. BUILDING AND PLUMBING LAYOUT, FLOW DIAGRAMS

- (1) **Plumbing Layout:** On a separate sheet, draw to scale the building and plumbing layout of your facility (or provide blueprint showing same). Identify the location of sewer lines, wastewater process connections, water meters, storm drains, and any sampling points. Identify street locations, and numbers on all drawings.

- (2) **Pretreatment System:** On a separate sheet, sketch your pretreatment system(s), if applicable. Show the routing of process waters from each wastewater-generating process to the treatment system that will address it. For example: high-pH rinses to pH-adjust, heavy metals wastestream to precipitation system, or kitchen wastes to a grease interceptor. Provide a list of treatment chemistry used. Show the flow of treated water from the treatment system to the sanitary sewer. Indicate all monitoring equipment, pH recorders, flow meters, ORP meters, sample points, etc.

- (3) **Block Flow Diagram:** On a separate sheet, draw a simple block diagram showing the flow of water, materials, and chemicals from start to final discharge point for each activity that generates wastewater. Identify all unit processes (blocks) and number these to correspond to numbers identifying processes on the building and plumbing layout. (See Block Flow Example, Page 6)

F. WASTEWATER CHARACTERISTICS

(From the following list of wastewater characteristics, check those that apply to the wastewater generated in this facility **prior** to pretreatment.) **Please check all that apply.**

<input type="checkbox"/> Flammable	<input type="checkbox"/> Particles Larger Than 3/4"
<input type="checkbox"/> Toxic Substances	<input type="checkbox"/> Suspended Solids
<input type="checkbox"/> Acidic, pH < 5.0	<input type="checkbox"/> High Biological Oxygen Demand (BOD)
<input type="checkbox"/> Caustic, pH > 11.0	<input type="checkbox"/> Ammonia
<input type="checkbox"/> Heavy Metals	<input type="checkbox"/> Grease/Oil/Fats
<input type="checkbox"/> Solvents	<input type="checkbox"/> Temperature > 150 degrees F
<input type="checkbox"/> Solid or Viscous Matter	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Petroleum Products	<input type="checkbox"/> _____

G. PRETREATMENT

Check the pretreatment methods used in your facility. Indicate rated flow for each pretreatment method checked, and label the facility diagram accordingly.

<input type="checkbox"/> Clarifier or Interceptor	Capacity	<input type="checkbox"/> Biological Treatment	Capacity
<input type="checkbox"/> pH Adjustment	_____	<input type="checkbox"/> Air Stripper/Scrubber	_____
<input type="checkbox"/> Ion Exchange	_____	<input type="checkbox"/> Chemical Precipitation	_____
<input type="checkbox"/> Grease or Oil Separation	_____	<input type="checkbox"/> Cyanide Destruction	_____
<input type="checkbox"/> Electrolytic Recovery	_____	<input type="checkbox"/> Chromium Reduction	_____
<input type="checkbox"/> Wastestream Segregation (Including solvents)	_____	<input type="checkbox"/> Ozonation	_____
<input type="checkbox"/> Filtration: () Screen () Bag () Filter Press			
<input type="checkbox"/> Silver Recovery: _____			
<input type="checkbox"/> Other: _____			

Describe each pretreatment system checked above. (e.g. design capacity, physical size, loading rate, etc.). If no pretreatment exists, please explain. (Please attach additional sheets if necessary.)

Explain how compliance is verified at each sample point. (e.g. In-house testing, certified outside lab, etc.):

If wastewater is treated and/or discharged in batches, complete the following for each of these wastestreams:

Number of batches discharged per year / month / week / day ... (circle one): _____

Average volume per batch: _____ gallons

Other comments on batch treatment, including material treated and treatment technology:

SAMPLING AND MONITORING

After pretreatment (if used), can wastewater streams be sampled prior to mixing with other waste streams? YES NO Not Applicable

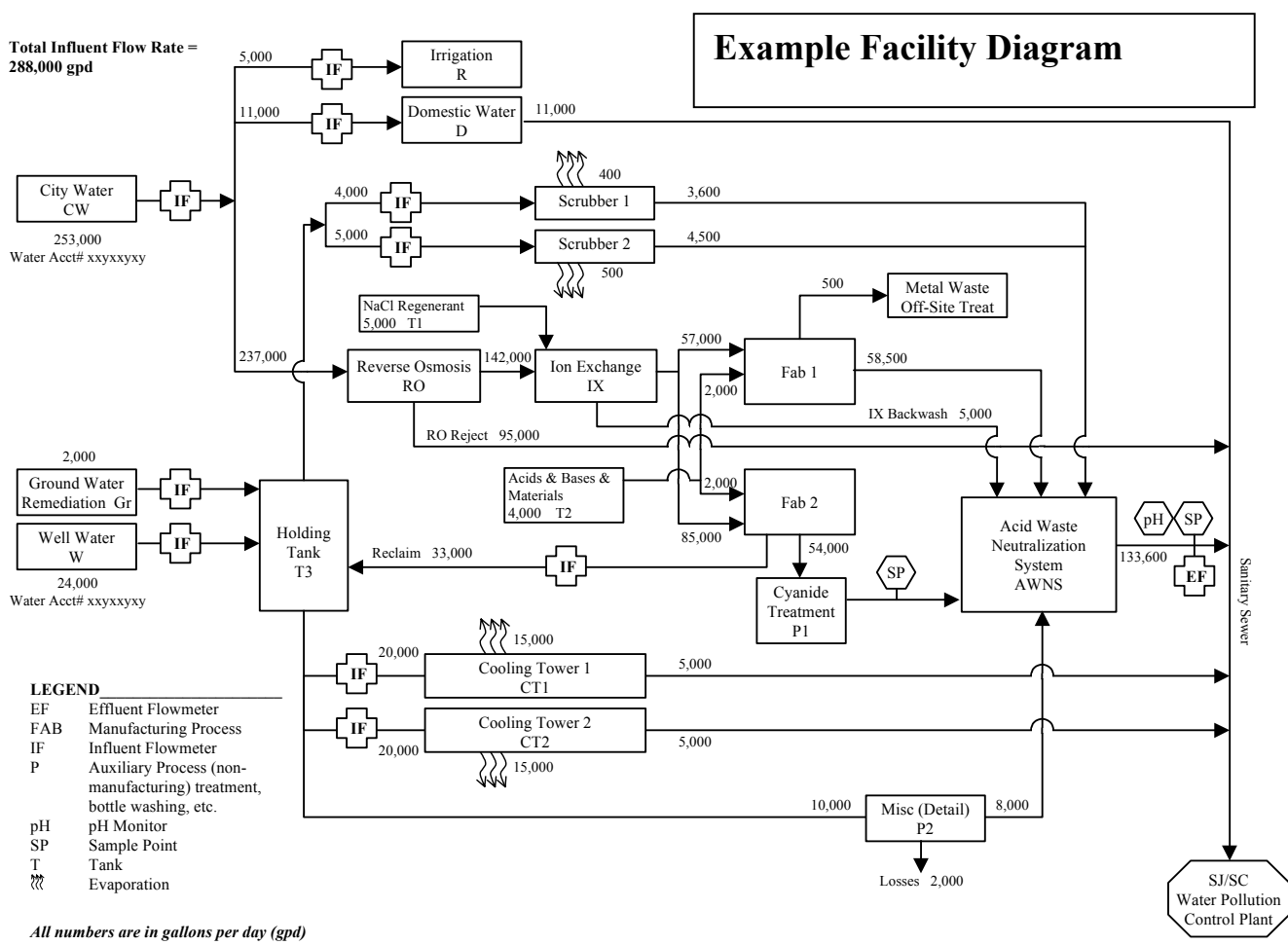
If "NO" please explain: _____

Provide a written description of each sampling/monitoring location including the name of the room it is in, which wall (North/South/East/West), and what equipment it is located near.

Describe the wastewater discharge monitoring practices for your facility. Include the the type of analytical tests and/or methods to be used, the frequency of testing, and the name of the person(s) who will perform the tests . Attach analytical data if available. Enclose a copy of any logs, check lists, forms, etc., which are maintained.

List sampling and monitoring equipment in place at your facility:

Use average gpd flows over the previous 12 months for the facility diagram.



I. SPILL PREVENTION AND CHEMICAL MANAGEMENT PLAN

NOTE: In addition to completing this section you may submit a copy of your facility's approved Hazardous Materials Management Plan (HMMP), Spill Prevention Plan, Pollution Incident Prevention Plan and Slug Prevention Plans.

YOU ARE REQUIRED TO HAVE A SPILL PREVENTION PLAN

Describe your facility's procedures for assuring that concentrated or prohibited chemicals do not spill or leak into the wastewater. (e.g. segregation controls, hard plumbing, etc.) Provide extra sheets if necessary.

Do you maintain a spill log? Yes: _____ No: _____

Does your plan include notifying the POTW in the event of a spill, bypass or an upset? (Required by Law)

Yes: _____ No: _____

Describe your facility's Employee Training Program for Chemical Handling:

Describe your facility's Emergency Response Procedures in the event of a spill: _____

Describe your facility's disposal procedures for miscellaneous floor water: _____

Describe additional Pollution Prevention and Waste Minimization Practices, including measures taken to reduce pollutants and flow. Some examples are flow restrictors, counter current rinse systems, drag out reduction methods, or using alternative less toxic chemistry: _____

Describe disposal of any hauled wastes from spills: _____

Describe any other water conservation practices in place: _____

J. QUANTITIES OF CHEMICALS STORED & USED

(Usage in pounds or gallons per month, please indicate units of measure)

<u>Stored</u>	<u>Used</u>	Acids	<u>Stored</u>	<u>Used</u>	Solvents
_____	_____	Hydrochloric (Muriatic)	_____	_____	Acetone
_____	_____	Hydrofluoric	_____	_____	Alcohols
_____	_____	Nitric	_____	_____	Chlorinated Hydrocarbons
_____	_____	Sulfuric	_____	_____	Ketones
_____	_____	Other (specify)	_____	_____	Petroleum Solvents
_____	_____	_____	_____	_____	Toluene
_____	_____	_____	_____	_____	Xylene
_____	_____	Alkalis	_____	_____	Other (specify)
_____	_____	Ammonia	_____	_____	_____
_____	_____	Calcium Hydroxide (Lime)	_____	_____	Organic Compounds
_____	_____	Sodium Hydroxide	_____	_____	Aldehydes
_____	_____	(Caustic Soda)	_____	_____	Algaecides
_____	_____	Magnesium Hydroxide	_____	_____	Formaldehydes
_____	_____	Other (specify)	_____	_____	Herbicides
_____	_____	_____	_____	_____	Pesticides
_____	_____	Metals & Compounds	_____	_____	Phenols
_____	_____	Antimony	_____	_____	Surfactants
_____	_____	Barium	_____	_____	Other (specify)
_____	_____	Beryllium	_____	_____	_____
_____	_____	Cadmium	_____	_____	Misc. Chemicals
_____	_____	Chromium	_____	_____	Boron
_____	_____	Copper	_____	_____	Chlorine
_____	_____	Lead	_____	_____	Cyanides
_____	_____	Manganese	_____	_____	Dyes
_____	_____	Mercury	_____	_____	Fluorides
_____	_____	Nickel	_____	_____	Peroxides
_____	_____	Selenium	_____	_____	Sulfides
_____	_____	Silver	_____	_____	Other (specify)
_____	_____	Zinc	_____	_____	_____
_____	_____	Other (specify)	_____	_____	_____
_____	_____	_____	_____	_____	_____

TRADE CHEMICALS

List other chemicals stored or used, including over-the-counter chemicals (e.g. Jasco paint stripper, pesticides, motor oil, etc.) in pounds or gallons per month for which chemical compositions are unknown or proprietary. Include an MSDS for each item listed where possible. Please indicate units of measure.

Stored	Used	Trade Name	Distributor (Name & Address)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

K. TOXIC SUBSTANCES/POLLUTANTS (EPA Priority Pollutants)

(From the following list of Total Toxic Organic (TTO) pollutants, check all those, which are either used in your facility, generated in your facility, or are stored on the premises. Also see Table 1, attached.)

_____	Acenaphthene	_____	Ethylbenzene
_____	Acrolein	_____	Fluoranthene
_____	Acrylonitrile	_____	Haloethers
_____	Aldrin/Dieldrin	_____	Halomethanes
_____	Benzene	_____	Heptachlor and metabolites
_____	Benidine	_____	Hexachlorobutadiene
_____	Carbon Tetrachloride	_____	Hexachlorocyclohexane
_____	Chlorinated benzenes	_____	Hexachlorocyclopentadiene
_____	Chloroalkyl ethanes	_____	Isophorone
_____	Chlorinated ethanes	_____	Naphthalene
_____	Chloroalkyl ethers	_____	Nitrobenzene*
_____	Chlorinated naphthalene	_____	Nitrophenols
_____	Chlorinated phenols	_____	Nitrosamines
_____	Chloroform	_____	Pentachlorophenol
_____	2-chlorophenol	_____	Phenol
_____	DDT and metabolites	_____	Phthalate esters
_____	Dichlorobenzenes	_____	Polychlorinated biphenyls (PCBs)
_____	Dichlorobenzidine	_____	Polynuclear aromatic hydrocarbons
_____	Dichloroethylenes	_____	2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)
_____	2,4 – dichlorophenol	_____	Tetrachloroethylene
_____	Dichloropropane & dichloropropene	_____	Toluene
_____	2,4-dimethylphenol	_____	Toxaphene
_____	Dinitrotoluene	_____	Trichloroethylene
_____	Diphenylhydrazine*	_____	Vinyl chloride
_____	Enosulfan and metabolites		
_____	Endrin and metabolites		

