



## **Industrial Wastewater Discharge Survey**

### ***Section A – General Information***

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Name, Title, and Telephone Number of person authorized to represent this facility and submit factual information as may be required by the Northwest Bergen County Utilities Authority.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

- Identify the type of business conducted at this location :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- List Standard Industrial Classification Number(s) (SIC Code) which apply :

\_\_\_\_\_

- Please briefly explain any and all processes which are performed at your facility that may result in a wastewater discharge to the sewer system. (This can include any equipment wash down, metal cleaning or finishing, manufacturing or clean-up operations, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Industrial Wastewater Discharge Survey

## **Section B - Waste Information**

- This facility generates the following types of wastes (check all that apply) :

Avg. Gallons per day

- [ ] Domestic Wastes \_\_\_\_\_ [ ] Estimated [ ] Measured  
(restrooms, cafeteria, showers, etc.)
- [ ] Cooling Water, non-contact \_\_\_\_\_ [ ] Estimated [ ] Measured
- [ ] Boiler/Tower blow down \_\_\_\_\_ [ ] Estimated [ ] Measured
- [ ] Process Wastewater \_\_\_\_\_ [ ] Estimated [ ] Measured
- [ ] Equipment/Facility Wash down \_\_\_\_\_ [ ] Estimated [ ] Measured
- [ ] Air Pollution Control Equipment \_\_\_\_\_ [ ] Estimated [ ] Measured
- [ ] Storm Water runoff to sewer \_\_\_\_\_ [ ] Estimated [ ] Measured
- [ ] Other discharge to sewer (describe) \_\_\_\_\_ [ ] Estimated [ ] Measured

\_\_\_\_\_

**Total Wastewater** discharged to sanitary sewer: \_\_\_\_\_

- Is any treatment proposed or utilized on the wastewater prior to discharge to the public sewer? (Oil/water separator, pH neutralization, solids removal, etc.) Describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Does your facility currently possess any environmental control permits such as NJPDES, Air Pollution Control, RCRA, or other? List all that apply, including permit numbers :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Does the facility generate any waste process materials? (Solvents, acids, oils, etc.) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Industrial Wastewater Discharge Survey

- How is the waste disposed of? (*Licensed waste hauler etc.*)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

USEPA ID# : \_\_\_\_\_

Volume Removed: \_\_\_\_\_  
(Per month/or year)

### **Section C – Facility Operation Characteristics**

- Number of employee shifts per 24-hour day: \_\_\_\_\_.

Start and finish time of each shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Number of employees per shift 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

- Principal Products Produced : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Raw Materials and process additives used : (most recent Community Right to Know Survey or chemical inventory may be submitted)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Is production subject to seasonal variation?     Yes  No

If Yes, please briefly describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are any process changes or expansions planned during the next three years?

Yes     No    Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **Industrial Wastewater Discharge Survey**

## **Section D – Signature Requirements**

***Note to Signing Official:***

*The information and data submitted within this questionnaire shall be subject to confidentiality requirements in accordance with Title 40 Code of Federal Regulations Part 403 Section 403.14. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.*

***The following statement must be signed by a responsible corporate officer as defined by 40 CFR Part 403.12(l)(1-4).***

"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 these are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations"

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Type or Print Title: \_\_\_\_\_