



**WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS
and
APPLICATION FOR WASTEWATER DISCHARGE PERMIT**

Section A: General Information

A.1. Company Information:

(Company Name)

(Address)

Telephone No. _____ Fax No. _____

A.2. Address of production or manufacturing facility. If same as above, check ().

(Company Name)

(Address)

Telephone No. _____ Fax No. _____

A.3. Name, title and telephone number of person authorized to represent this firm in official dealings with Cranberry Township:

A.4. Alternate person to contact concerning the information provided herein:

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, restaurant, food processing, etc.)

A.6. Provide a brief description of the manufacturing, production or service activities your firm conducts:

A.7. North American Industrial Classification System (NAICS) code for your facilities:

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

	<u>Average gallons per day</u>	
<input type="checkbox"/> Domestic Wastes (restrooms, showers, etc)	_____ () estimated	() measured
<input type="checkbox"/> Cooling Water (non-contact)	_____ () estimated	() measured
<input type="checkbox"/> Boiler/Cooling Tower (blow-down)	_____ () estimated	() measured
<input type="checkbox"/> Cooling Water (contact)	_____ () estimated	() measured
<input type="checkbox"/> Process	_____ () estimated	() measured
<input type="checkbox"/> Equipment/Facility wash-down	_____ () estimated	() measured
<input type="checkbox"/> Air Pollution Control Unit	_____ () estimated	() measured
<input type="checkbox"/> Kitchen (food prep, dishwashing, etc.)	_____ () estimated	() measured
<input type="checkbox"/> Other (describe)	_____ () estimated	() measured

Total _____

A.9. Wastes are discharged to (check all that apply):

	<u>Average gallons per day</u>	
<input type="checkbox"/> Sanitary Sewer	_____ () estimated	() measured
<input type="checkbox"/> Storm Sewer	_____ () estimated	() measured
<input type="checkbox"/> Surface Water	_____ () estimated	() measured
<input type="checkbox"/> Ground Water	_____ () estimated	() measured
<input type="checkbox"/> Waste Haulers	_____ () estimated	() measured
<input type="checkbox"/> Evaporation	_____ () estimated	() measured
<input type="checkbox"/> Other (describe)	_____ () estimated	() measured

Provide name and address of waste hauler(s), if used:

A.10. Is a Spill Prevention Control and Counter-measure Plan prepared for the facility?

Yes No

A.11. Food Service providers (restaurants, hospitals, nursing homes, churches and other food preparation facilities):

Hours: Open _____ a.m./p.m.

Close _____ a.m./p.m.

Number of seats: _____

Turn over rate: _____ per hour

Kitchen Facilities:

Dishwashing () Automatic

() Hand Wash

() One bowl sink

() In-floor grease trap

() Two bowl sink

() Under-sink grease trap

() Three bowl sink

() Main-line grease interceptor

() Written kitchen practices

() Oil rendering receptacle

() Garbage disposal unit

Rendering Services Company information:

(Company Name)

(Address)

Telephone No. _____

Fax No. _____

(Contact Person)

Grease Trap Cleaning Company Information:

(Company Name)

(Address)

Telephone No. _____

Fax No. _____

(Contact Person)

Section B: Facility Operation Characteristics

B.1. Number of employee shifts worked per 24-hour day is _____.
Average number of employees per shift is _____.

B.2. Starting times of each shift:
1st _____ a.m. 2nd _____ a.m. 3rd _____ a.m.
_____ p.m. _____ p.m. _____ p.m.

B.3. List Principal product(s) produced:

B.4. List Raw materials and process additives used:

B.5. Production process is:

- Batch Continuous
 Both _____% batch; _____% of continuous

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.

B.9. Do you have, or have you ever applied for, been issued or been denied an NPDES permit to discharge to the surface waters or storm sewers?

- Yes No

If yes, list all other NPDES permits, permit number(s), date(s), applicant name(s) used to apply for them or reason denied:

B.10. Do you have, or have you ever applied for or been issued an Industrial User Pretreatment Permit (IUP) to discharge wastewater to the sewer collection system?

- Yes No

If yes, list all other IUP permits, permit number(s), date(s), applicant name(s) used to apply for them:

B.11. Do you have, or have you ever applied for or been issued any other Environmental Permits (for example: air, RCRA, groundwater, stormwater, general, non-discharge, septic tank, etc.)?

- Yes No

If yes, list all other permits, permit number(s), date(s), applicant name(s) used to apply for them:

B.12. Are any biocides added to any water discharged to the sanitary sewer?

Yes No

If yes, please describe:

B.13. Do you close down or significantly modify operations on specific holidays or vacations? Yes No

If yes, please describe:

B.14. Attach a sketch or schematic showing sampling points and all connections to the sewer.

Section C: Wastewater information

C.1. If your facility employs processes in any of the 34-industrial categories or business activities below **and** any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

A. Industrial Categories:

- | | |
|---|--|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Plastics Processing |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Printing & Publishing |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Pulp & Paper |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Soaps & Detergents |
| <input type="checkbox"/> Dry Cleaners | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Electric & Electronic Components | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Explosives Manufacturing | |
| <input type="checkbox"/> Foundries | B. Other Business Activity |
| <input type="checkbox"/> Gum & Wood Chemicals | <input type="checkbox"/> Dairy Products |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> |
| <input type="checkbox"/> Iron & Steel | <input type="checkbox"/> Food/Edible Products |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Beverage Bottler |
| <input type="checkbox"/> Mechanical Products | |
| <input type="checkbox"/> Nonferrous Metals | |
| <input type="checkbox"/> Ore Mining | |
| <input type="checkbox"/> Organic Chemicals | |
| <input type="checkbox"/> Paint & Ink | |
| <input type="checkbox"/> Pesticides | |
| <input type="checkbox"/> Petroleum Refining | |
| <input type="checkbox"/> Pharmaceutical | |
| <input type="checkbox"/> Photographic Supplies | |

C.2. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate)

- Air Flotation
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation, Type _____
- Grease Trap
- Grease Interceptor
- Grit Removal
- Ion Exchange
- Neutralization, pH Correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Solvent Separation
- Septic Tank
- Spill Protection
- Sump
- Biological Treatment, Type _____
- Rainwater Division or Storage _____
- Other Chemical Treatment, Type _____
- Other Physical Treatment, Type _____
- Other, Type _____
- No Pretreatment Provided

C.3. If any wastewater 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)

Section D: Other Wastes

D.1. Are any liquid wastes or sludge from this firm disposed of by means other than discharge to the sewer system?

- Yes No

If yes, complete items D.2. and D.3.

D.2. These wastes may be described as (estimate gallons or pounds per year).

- Acids and Alkalis _____
 - Heavy metal Sludge _____
 - Inks/Dyes _____
 - Oil and/or Grease _____
 - Organic Compounds _____
 - Paints _____
 - Pesticides _____
 - Plating Wastes _____
 - Pretreatment Sludge _____
 - Solvents/ Thinners _____
 - Other Hazardous Wastes: _____
-

D.3. For the above checked wastes does your company practice:

- On-site storage
- Off-site storage

Briefly describe the method(s) of storage or disposal checked above:

E.1. Does your facility use a high efficiency gas fired heating system: Yes No

If yes, where is the condensate water sent to: Sanitary Sewer Stormwater
Other: _____

If yes, do you neutralize effluent condensate water: Yes No

This permit application is to be signed by an authorized representative of your facility after adequate completion of the form and in accordance with the following certification:

“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 understand that this statement is subject to penalties applicable under law pursuant to 18 Pa. C.S. Sec. 4904 (unsworn falsification to authorities).”

Company Representative (printed)

Title

Signature

Date

Please Mail completed form to:

Cranberry Township
2525 Rochester Road
Cranberry Township, PA 16066

Attn: Mason Miller, Industrial Pretreatment Administrator

Or please feel free to email a copy to:

Mason.Miller@cranberrytownship.org