



**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.)

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

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

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

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

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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:

1<sup>st</sup> \_\_\_\_\_ a.m.

2<sup>nd</sup> \_\_\_\_\_ a.m.

3<sup>rd</sup> \_\_\_\_\_ 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.

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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:

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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:

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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:

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

Yes       No

If yes, please describe:

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

If yes, please describe:

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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:

- Adhesives
- Aluminum Forming
- Auto Repair
- Battery Manufacturing
- Coal Mining
- Coil Coating
- Copper Forming
- Dry Cleaners
- Electric & Electronic Components
- Electroplating
- Explosives Manufacturing
- Foundries
- Gum & Wood Chemicals
- Inorganic Chemicals
- Iron & Steel
- Leather Tanning & Finishing
- Mechanical Products
- Nonferrous Metals
- Ore Mining
- Organic Chemicals
- Paint & Ink
- Pesticides
- Petroleum Refining
- Pharmaceutical
- Photographic Supplies

- Plastic & Synthetic Materials
- Plastics Processing
- Porcelain Enamel
- Printing & Publishing
- Pulp & Paper
- Rubber
- Soaps & Detergents
- Steam Electric
- Textile Mills
- Timber

B.      Other Business Activity

- Dairy Products
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- Food/Edible Products
- Beverage Bottler

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: \_\_\_\_\_
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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:

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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: Kevin Kaplan, Industrial Pretreatment Administrator

**Or please feel free to email a copy to:**

[Kevin.Kaplan@Cranberrytownship.org](mailto:Kevin.Kaplan@Cranberrytownship.org)