



GENERAL WASTEWATER

PART 1: Survey Instructions

PART 2: Wastewater Survey Form

PART 1: INSTRUCTION SHEET

SECTION A – GENERAL INFORMATION

- 1-7. Please fill in facility information as completely as possible.
8. Check the box beside the type of business that most represents the business conducted at the facility. Describe all types of manufacturing, production, or services your facility provides.
9. Check the applicable box for the facility.
10. Provide all applicable Standard Industrial Classification (SIC) Codes for your business. Most codes can be found in the North American Industry Classification Systems book or online at http://www.osha.gov/pls/imis/sic_manual.html
11. List **all** raw materials (chemicals/supplies) used at the facility: provide the actual chemical name, surname, and brand name of the chemical. Please provide a Material Safety Data Sheet (MSDS) for each chemical, if available. Chemicals include solvents, degreasers, detergents, acids, etc. Supplies include aluminum sheets, rods, timber, ores, ink, paint, copper, lead, silver, zinc, etc.
12. List the type of finished product your facility produces: repaired cars, plated metal parts, printed papers, processed foods, dental work, in-office surgery, etc.
13. List **all** permits issued to the facility. Include wastewater permits, air permits, storm water permits, etc. Please circle the applicable Hazardous Waste classification.
14. Provide any additional relevant comments.

SECTION B – FACILITY OPERATION CHARACTERISTICS

- 1-2. Please fill in information as completely as possible.
3. Indicate if your production process is Batch, Continuous, or Both (with the percentages of each). If Batch, indicate an average number of batches discharged per day.

Batch process is a treatment or manufacturing process in which a tank or reactor is filled, the wastewater is held, and the tank is emptied, resulting in a discharge to the sanitary sewer.

Continuous process is a treatment or manufacturing process in which a tank or reactor is continually emptied, resulting in an uninterrupted flow of discharge to the sanitary sewer.

4. Check “YES” if your facility manufactures, produces, or services more or less during a certain time of the year and describe the cycle periods in the lines provided. Otherwise, check “NO”.
5. Check “YES”, if your facility is planning any changes or expansions. On an additional sheet, please describe what types of changes or expansions are planned: additional processes, relocation, building additions, etc. Otherwise, check “NO”. Mark all waste streams that apply.
6. Mark all waste streams that apply. Average gallons per day (GPD) can be estimated from your monthly billing statements. If you have a metering device on your equipment, please indicate the measured amounts of wastewater. Identify if the Average GPD given is an “Estimated” amount or a “Measured” amount.
7. Check any materials that are disposed of as a result of your manufacturing, production, or service activities. Indicate the quantity and how the material is disposed of sanitary sewer, storm sewer, waste hauler, evaporation, etc. Attach additional pages, if necessary.
8. Provide the name, address, disposal location, and permit number for each waste hauler used. Attach additional pages, if necessary.
9. On-site storage means that waste is stored in containers at your facility until a waste hauler retrieves them. Check “YES” if your facility has on-site storage of waste. Otherwise, check “NO”.
- 9.1 If on-site storage of waste is provided at your facility, describe the method of storage: What is the waste stored in (Drums, totes, aboveground or underground storage tanks, etc.)? Where is the waste stored (Inside the building, outside the building, at another facility, etc.)? Does the storage area provide containment? If the waste is spilled, will it be contained in a certain area for clean up, or can it drain or leak into a sewer drain, storm drain, creek, etc.
10. A Spill Prevention Control and Countermeasure Plan (SPCC) is a plan that seeks to prevent oil spills from certain aboveground and underground storage tanks. The plan is required to contain information on spill control, containment, and cleanup. Check “YES” if you have a SPCC. Otherwise, check “NO”.

10.1-10.2 Please indicate and list any Management Plans or certifications.

SECTION C – WASTEWATER INFORMATION

1. Pretreatment devices or processes are used for treatment of wastewater prior to discharging into the sanitary sewer system. For example, a silver reclamation system on a film/x-ray processor and a grease or grit trap are pretreatment devices. For the TYPE, please indicate brand, capacity, design flow, and any other information available.
2. If any type of testing (metals, oil/grease, pesticides, organics, etc.) has been performed on the wastewater discharge, please attach a copy to this survey. Be sure to include the date of the analysis,

and location(s) from which sample(s) were taken, and any results or data that is available.

3. Please indicate if you wish to receive information concerning pollution prevention.

PLEASE READ THOROUGHLY, SIGN, AND DATE THE LAST PAGE OF THIS DOCUMENT.

IF YOU HAVE ANY QUESTIONS WHILE COMPLETING THIS SURVEY, PLEASE CONTACT OUR OFFICE AT 903-464-4483.

WHEN COMPLETE, PLEASE RETURN THE SURVEY TO:

***CITY OF DENISON
ENVIRONMENTAL SERVICES
300 W. Main
P.O. Box 347
DENISON, TEXAS 75020***

For Departmental Use Only:

- Completed Form
- User requires Physical Inspection (Any "*" items marked may receive an inspection)

Department Representative: _____

Sign Print

Title: _____ Date: _____

PART 2: WASTE WATER SURVEY-SHORT FORM

This form has been sent to your establishment to determine the nature and volume of wastestreams generated as a result of processes conducted at your facility, which may be discharged to the City of Denison Wastewater Treatment Plant. Environmental regulations require the City of Denison to locate and identify users which might be subject to pretreatment standards.

SECTION A - GENERAL INFORMATION

1. Company Name: _____

2. Mailing Address: _____
 City, State, Zip: _____

3. Telephone Number: _____

4. Physical Address: _____
(If different from above)
 City, State, Zip: _____

6. Individual representing this firm in dealings with the City of Denison:
 Name: _____
 Title: _____
 Telephone Number: _____

7. Alternate person to contact concerning information provided herein:
 Name: _____
 Title: _____
 Telephone Number: _____

8. Identify the type of business conducted (Choose all that apply): (*see attached supplemental form where applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Electroplating | <input type="checkbox"/> Food Processing |
| <input type="checkbox"/> Health/Beauty | <input type="checkbox"/> Laundry | <input type="checkbox"/> Machine Shop |
| <input type="checkbox"/> *Medical/Dental | <input type="checkbox"/> Painting (Auto) | <input type="checkbox"/> Paving/Concrete |
| <input type="checkbox"/> Photo Processing | <input type="checkbox"/> Printing | <input type="checkbox"/> Vehicle Washing |
| <input type="checkbox"/> Veterinary | <input type="checkbox"/> Manufacturing (Type): _____ | |
| <input type="checkbox"/> Other: _____ | | |

9. Please indicate your status as a business operating at the current address/facility:

- New Established/Existing

9.1 Please provide the date wastewater commenced discharge into the sanitary sewer system: _____

4. Is production subject to seasonal variation?

YES NO

4.1 If yes, briefly describe seasonal production cycle.

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

YES NO

5.1 If "YES", attach a separate sheet to this form describing the nature of planned changes or expansions.

6. Indicate below what type of waste streams are discharged into the sanitary sewer system as a result of your manufacturing, production, or service activities:

Mark all that apply		Waste Stream Description ¹	Average Gallons Per Day	Is this "Estimated" Or "Measured"
6.1	<input type="checkbox"/>	Domestic Wastes/Sanitary (Restrooms, employee showers, etc.)		
6.2	<input type="checkbox"/>	*Cooling Water, Non-Contact		
6.3	<input type="checkbox"/>	*Boiler/Tower Blow-down		
6.4	<input type="checkbox"/>	*Cooling Water, Contact		
6.5	<input type="checkbox"/>	*Process		
6.6	<input type="checkbox"/>	*Equipment/Facility Wash-down		
6.7	<input type="checkbox"/>	Other: _____		

"1" If your facility did not check one or more of the items listed in 6.2 through 6.7, then skip *Section C-Wastewater Information*. Read and provide appropriate signature at the end of this form. If any items 6.2 through 6.7 were checked, complete the remainder of this survey/application.

7. List liquid wastes, sludge, recycled materials, products, or byproducts that are disposed of as a result of your manufacturing, production, or service activities and indicate type of disposal:
(If you received a supplemental survey for your facility, please skip the remainder of this section and proceed to Section C of this form. If not, please complete the remainder of this section.)

10. Does the facility have a Spill Prevention Control and Countermeasure Plan prepared for the facility?

YES NO

10.1 Does the facility have any Environmental Management Plans or Certifications (i.e. ISO)?

YES NO

10.2 If "YES", Please list:

SECTION C – WASTEWATER INFORMATION

1. Pretreatment devices or processes used for treating wastewater or sludge (mark an "X" in the appropriate box, mark as many as apply).

Mark all that apply	Pretreatment Device or Process Description	Provide Type (if possible)
1.1	Air Flotation	
1.2	Chemical Precipitation	
1.3	Filtration	
1.4	Flow Equalization	
1.5	Oil Separation	
1.6	Grease Trap	
1.7	Grit Removal	
1.8	Ion Exchange/Reverse Osmosis	
1.9	Neutralization, pH Correction	
1.10	Screen	

Mark all that apply	Pretreatment Device or Process Description	Provide Type (if possible)
1.11	Sedimentation	
1.12	Solvent Separation	
1.13	Spill Protection	
1.14	Biological Treatment	
1.15	Rainwater Diversion or Storage	
1.16	Amalgam Separator	
1.17	Silver Recovery	
1.18	Plaster Trap	
1.19	Other: _____	

2. 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, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary)

3. Are any pollution prevention measures practiced at this facility?

- Waste Recycling
- Water Reuse
- Environmentally Friendly Materials Used

EXAMPLES:

3.1 Would this facility like more information on Pollution Prevention?

- YES NO

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Request for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a Wastewater Discharge Permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an Authorized Representative of your firm after adequate completion of this form

and review of the information by the signing official. If the industrial user is a corporation, authorized representative shall mean:

- (A) The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation.
- (B) The manager of one or more manufacturing, production, or operation facilities employing more than two hundred fifty (250) persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

If the industrial user is a partnership or sole proprietorship, an authorized representative shall mean a general partner or proprietor, respectively.

If the industrial user is a federal, state or local governmental facility, an authorized representative shall mean a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or his/her designee.

The individuals described above may designate another authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which discharge originates or having overall responsibility for environmental matters for the company and the written authorization is submitted to the City of Denison (control authority). The authorization must be submitted to the control authority prior to or accompanying the report for which the designation applies.

"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."

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE