



MONTGOMERY COUNTY WATER RECLAMATION

INDUSTRIAL USER QUESTIONNAIRE / DISCHARGE APPLICATION

In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 8, which charges the Publicly Owned Treatment Works (POTW) to identify industrial users subject to the POTW Pretreatment Program, this questionnaire is being sent to commercial and industrial establishments as part of the Montgomery County Industrial Pretreatment Program. This questionnaire will serve as your permit application if determined necessary.

Not all questions will be applicable to every company. Answer only those which are applicable. Falsification of information on this form may be grounds for termination of service.

Note to signing official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the Public without restriction. Requests for confidential treatment of other information will be considered upon submittal of forms available from the department.

The completed and signed questionnaire* is to be mailed to the following address:

Environmental Monitoring Coordinator
Montgomery County Environmental Services
4257 Dryden Road
Moraine, Ohio 45439
(937) 781-2562

*If you have any additional comments or information to relay to Montgomery County that was not specifically addressed in this questionnaire, please add as an attachment.

Revised: 6/2013, DS

GENERAL INFORMATION

1. Business Name: _____

2. Address of Premises: _____
Street City Zip

3. Mailing Address: _____
 (if different than above) Street City Zip

4. Person to whom inquiries should be directed:
 Name: _____ Phone: _____

5. Business Owner: _____ Phone: _____

6. Property Owner (if different): _____ Phone: _____

7. Please attach a property/business diagram, depicting the general layout of the facility (an 8x11 or 11x14 is the appropriate size):

8. Type of Business: _____

Describe the manufacturing or service activities conducted on the premises:

9. If known, indicate the 1987 Standard Industrial Classification (SIC) Code for all activities.

10. Number of Employees:	Day Shift	2 nd Shift	3 rd Shift	Total Employees
	_____	_____	_____	_____
Days Worked Per Week:	Day Shift	2 nd Shift	3 rd Shift	
	_____	_____	_____	

11. Does the facility anticipate future expansion? Yes _____ No _____

If yes, please explain: _____

II WATER AND WASTEWATER CHARACTERISTICS

12. Water Account Number(s): _____

13. Estimated water used per quarter, Cubic Feet or Gallons: _____

14. Does the facility use water from a source other than County Water?

Example: private well Yes _____ No _____

15. Does the facility have, or are there plans to install a deduct meter? Yes _____ No _____

If yes, please describe? Non-contact cooling water _____ Lawn sprinkling _____

Other(specify) _____

16. Does the facility discharge any wastewater other than restrooms, hand or mop sinks to the sanitary sewer?

Yes _____ No _____ If yes, indicate source and average daily discharge in gallons: _____

17. Does the facility pretreat any wastewater prior to discharge? Yes _____ No _____

If yes, please describe: _____

18. Is the sanitary sewer the only means of wastewater disposal? Yes _____ No _____

If no, please describe: _____

III CHEMICAL INVENTORY

19. Does the facility use or store any oils, pesticides, organic chemicals, paints, plating wastes, radioactive substances, solvents, liquid wastes, sludges, or hazardous waste on the premises ?

Yes _____ No _____ If yes, list below:

Material	Quantity	Units (gallons, pounds)
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Will the company use any of the following chemicals?

- | | |
|---|--|
| <input type="checkbox"/> acids and acidic wastes | <input type="checkbox"/> soaps, surfactants, detergents |
| <input type="checkbox"/> alkali and caustic wastes | <input type="checkbox"/> oils |
| <input type="checkbox"/> pickling wastes | <input type="checkbox"/> fats, grease |
| <input type="checkbox"/> other metal cleaning/ preparation wastes | <input type="checkbox"/> benzene and benzene derivatives |
| <input type="checkbox"/> plating wastes | <input type="checkbox"/> chlorinated organic compound |
| <input type="checkbox"/> electrocoating wastes | <input type="checkbox"/> brominated organic compounds |
| <input type="checkbox"/> paints | <input type="checkbox"/> hot wastes |
| <input type="checkbox"/> pigments | <input type="checkbox"/> radioactive wastes |
| <input type="checkbox"/> inks | <input type="checkbox"/> arsenic containing wastes |
| <input type="checkbox"/> dyes, coloring agents | <input type="checkbox"/> cadmium containing wastes |
| <input type="checkbox"/> organic solvents, thinners* | <input type="checkbox"/> chromium containing wastes |
| <input type="checkbox"/> latex wastes | <input type="checkbox"/> copper containing wastes |
| <input type="checkbox"/> resins, monomers | <input type="checkbox"/> cyanide containing wastes |
| <input type="checkbox"/> waxes | <input type="checkbox"/> lead containing wastes |
| <input type="checkbox"/> phenol containing wastes | <input type="checkbox"/> nickel containing wastes |
| <input type="checkbox"/> phthalate esters | <input type="checkbox"/> mercury containing wastes |
| <input type="checkbox"/> alcohols | <input type="checkbox"/> molybdenum containing wastes |
| <input type="checkbox"/> ethers | <input type="checkbox"/> selenium containing wastes |
| <input type="checkbox"/> aldehydes, ketones | <input type="checkbox"/> silver containing wastes |
| <input type="checkbox"/> organic acids | <input type="checkbox"/> zinc containing wastes |

*List each solvent used: _____

List any other chemical(s) used: _____

IV RCRA AND SPILL CONTAINMENT INFORMATION

21. Does the facility have a USEPA Identification Number issued under the Resource Conservation and Recovery Act (RCRA)?

Yes _____ No _____

If yes, what is the number? _____

22. Does the facility have any spill containment or prevention provisions, for example an SPCC (Spill Prevention Control & Countermeasure Plan) or TOMP (Toxic Organics Management Plan), to insure that stored materials will not enter the sewer system?

Yes _____ No _____

If yes, please describe: _____

Attach a copy of any existing documents.

V EPA CATEGORICAL USER INFORMATION

Does the facility conduct any of the following activities?

Yes _____ No _____

If yes, indicate which ones:

- | | |
|---|---|
| Process dairy products? _____ | Conduct anodizing? _____ |
| Operate a grain mill? _____ | Conduct chromating? _____ |
| Can or preserve fruits or vegetables? _____ | Conduct phosphating? _____ |
| Can or preserve seafood? _____ | Conduct metal coloring? _____ |
| Process sugar? _____ | Conduct chemical etching or milling? _____ |
| Operate a textile mill? _____ | Manufacture printed circuit boards? _____ |
| Manufacture cement? _____ | Manufacture pharmaceuticals? _____ |
| Operate a feedlot? _____ | Manufacture asphalt paving and roofing emulsions? _____ |
| Conduct electroplating? _____ | Manufacture asphalt concrete? _____ |
| Manufacture organic chemicals? _____ | Manufacture asphalt roofing materials? _____ |
| Manufacture plastics? _____ | Manufacture linoleum floor coverings? _____ |
| Manufacture synthetic fibers? _____ | Manufacture printed asphalt felt floor coverings? _____ |
| Manufacture inorganic chemicals? _____ | Manufacture paint? _____ |
| Manufacture soap or detergent? _____ | Manufacture ink? _____ |
| Manufacture fertilizer? _____ | Manufacture pesticides? _____ |
| Refine petroleum products? _____ | Manufacture explosives? _____ |
| Manufacture iron or steel? _____ | Manufacture carbon black? _____ |
| Manufacture nonferrous metals? _____ | Manufacture batteries? _____ |
| Manufacture phosphate? _____ | Form or mold plastics? _____ |
| Generate electric power by steam? _____ | Mold or cast metals? _____ |
| Smelt ferroalloys? _____ | Conduct coil coating? _____ |
| Tan leather? _____ | Conduct aluminum forming? _____ |
| Manufacture glass? _____ | Conduct porcelain enameling? _____ |
| Manufacture asbestos? _____ | Conduct copper forming? _____ |
| Manufacture rubber & rubber products? _____ | Manufacture semiconductors? _____ |
| Process timber products? _____ | Manufacture electronic crystals? _____ |
| Mill pulp, paper, or paperboard? _____ | Manufacture cathode ray tubes? _____ |
| Manufacture builder's paper? _____ | Manufacture luminescent materials? _____ |
| Manufacture roofing felt? _____ | Form nonferrous metals? _____ |
| Process meat products? _____ | Produce metal powder mechanically? _____ |
| Conduct electroless plating? _____ | Form parts from metal powder? _____ |

VI CERTIFICATION

I certify that all information provided in this document and all attachments are to the best of my knowledge and belief, true, accurate, and complete.

Signature: _____

Printed Name of Official: _____

Title: _____

Date: _____