FOR OFFICE USE ONLY
Date Application Rec'd._____
Industrial Number:_____
Investigator:_____
_____

TOWN OF TONAWANDA INDUSTRIAL PRETREATMENT PROGRAM

PART A - GENERAL INFORMATION / PERMIT APPLICATION
INDUSTRIAL WASTE QUESTIONNAIRE

A1. Applicant Business Name_____

A2. Address of Premises Discharging Wastewater:

_____
Street City Zip

A3a. Business Address (if different than above):

_____
Street City Zip

b. Mailing Address (if different than above):

_____
Street City Zip

A4. Chief Business Official:

Name:_____ Title:_____

A5. Facility Representative:

Name:_____ Title:_____ Phone:_____

A6. Person to be Contacted About this Application, if different than above:

Name:_____ Title:_____ Phone:_____

A7. Person to be Contacted In Case of Emergency, if different than above:

Name:_____ Day Phone:_____ Night Phone:_____

A8. Confidentiality:
Please indicate those sections of this questionnaire that you wish to remain confidential and your basis for requesting confidentiality.

_____

_____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information.

_____ _____
Date Signature of Official (Seal if Applicable)

PART B - BUSINESS DESCRIPTION

PURPOSE - The business description is primarily used to determine the substance which may enter into the wastewater discharge from the business activity.

B1. Brief Description**:**_____

_____

_____

B2. Business Activity: Standard Industrial Classification (SIC) Codes for Principal Products or Services:

Activity	SIC Code (4 Digits)	Production (Monthly Avg.)*
_____	_____	_____

B3 Is there an Oil / Water Separator installed at your place of business? Yes ☐ No ☐

If yes, please provide the following information: Holding Capacity: _____

How often is it Cleaned? _____

If yes, are the records of cleaning kept at your place of business? Yes ☐ No ☐

B4 Is there a Grease Interceptor (trap) installed at your place of business? Yes ☐ No ☐

If yes, please provide the following information: Holding Capacity: _____

How often is it Cleaned? _____

If yes, are the records of cleaning kept at your place of business? Yes ☐ No ☐

B5 Is there a Garbage Grinder (disposal) installed at your place of business? Yes ☐ No ☐

B6 On Average, how many Gallons of Fresh Water are you Billed for Each Month? Gallons _____

B7 Average number of employees per shift: 1st _____ 2nd _____ 3rd _____

Shift start times: 1st _____ 2nd _____ 3rd _____

Shift end times: 1st _____ 2nd _____ 3rd _____

Shifts normally worked each day:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1st	_____	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____	_____

Is there a scheduled shutdown? Yes ☐ No ☐ If yes, explain when? _____

PART C - WATER SOURCE AND USE

PURPOSE -The Water Source and Use Information will enable us to determine the volumes and sources of wastewater discharged to the Town of Tonawanda sewer.

WATER / WASTEWATER DATA **(PLEASE NOTE: YOU MAY WANT TO COMPLETE PART (F) FIRST TO ASSIST YOU IN COMPLETING THE FOLLOWING.)**

C1.	Water Sources	Average Volume (Gallons per Day)	Peak Flow / Estimated Duration (Gallons per Minute / Time)
	Municipal System	_____	_____
	Recycled	_____	_____
	Private Wells	_____	_____
	Other (Specify) _____	_____	_____
	Water Account No. (s)	_____	_____
		_____	_____

C2.	Water Usage	Average Volume (Gallons per Day)	Peak Flow / Estimated Duration (Gallons per Minute / Time)
	Cooling Water	_____	_____
	Boiler Makeup	_____	_____
	Process Water	_____	_____
	Sanitary Purposes	_____	_____
	Other (Specify) _____	_____	_____

C3.	Waste Water Discharge	Average Discharge (Gallons per Day)	Peak Discharge / Estimated Duration (Gallons per Minute / Time)
	Municipal Sewer / Sanitary		
	- Process	_____	_____
	- Sanitary	_____	_____
	- Cooling	_____	_____
	Non-Sewered Discharges		
	- Natural Receiving Water	_____	
	- Storm Drain	_____	
	- Waste Hauler	_____	
	- Evaporation	_____	
	- Contained in Product	_____	
	- Recycled	_____	
	- Other (Specify) _____	_____	

C4. Is your Facility Permitted to Discharge Liquid Wastes under a State (S.P.D.E.S.) Permit?

Yes ☐ No ☐ Permit No. _____

C5. Does your Facility have a Wastewater Discharge from any Air Pollution Control Equipment?

Yes ☐ No ☐

PART D - SUBSTANCES OF CONCERN

(Refer to Attached Table 1)

Complete all information for those substances your facility has used, produced, stored, distributed, listed under the TRI report or otherwise disposed of since last application. Do not include chemicals used in analytical laboratory work. Enter the name and code from Table 1. If facility uses a substance in any of the Classes A-M which is not specified in the list, enter it as code class plus 99, e.g. 899 with name, usage, etc.

Name of Substance	Class	Average Annual Usage	Amount Now on Hand	Purpose of Use (State whether Produced, Reacted, Blended, Packaged, Distributed, No Longer Used)

If you use chemicals of unknown composition, list trade name or other identification, name of supplier and complete information.

Name of Substance	Class	Average Annual Usage	Amount Now on Hand	Purpose of Use (State whether Produced, Reacted, Blended, Packaged, Distributed, No Longer Used)

Are you presently permitted to discharge radiological waste by the N.Y.S.D.E.C? Yes ☐ No ☐

PART E

E1. Do you have Automatic Sampling Equipment or Continuous Wastewater Flow Monitoring Equipment currently in use or included in future plans?

Current: Flow Metering Yes ☐ No ☐ Sampling Equipment Yes ☐ No ☐

Planned: Flow Metering Yes ☐ No ☐ Sampling Equipment Yes ☐ No ☐

E2. Does your Facility pretreat any Wastewater prior to discharge to a Sanitary Sewer? Yes ☐ No ☐

If so, please Show Locations of Pretreatment Processes on Attached Schematic Process Diagram and describe below:

_____

_____

_____

E3. Do you have a Spill Prevention, Containment and Control Plan (SPCC) for your plant? Yes ☐ No ☐

E4. Do you have a Solvent Management Plan or a Toxic Organic Management Plan? Yes ☐ No ☐

E5. Do you generate any Liquid or Solid Waste such as Solvents, Electroplating Sludges, Thinners, Oils, Still Bottoms, Fly Ash, Filler, etc? Yes ☐ No ☐. If yes, please fill out the following table:

Type of Waste	If this waste is produced by pretreatment check here	Amount per year (Specify lbs., Tons or Gals)	Method of Disposal Check Each Method Used				
			On-Site	Sanitary Landfill	Hazardous Waste Facility	Reclaimed or Reused	Other
	☐		☐	☐	☐	☐	☐
	☐		☐	☐	☐	☐	☐
	☐		☐	☐	☐	☐	☐
	☐		☐	☐	☐	☐	☐
	☐		☐	☐	☐	☐	☐

E6. Description of Disposal Method:

a. Disposal Site

_____

b. Hazardous Waste Hauler - Please give name and address _____

_____

c. Reclaimed or Reused - Please describe process, if on-site, or give name and address of reclaimer

_____

_____

d. Other - Please describe _____

_____

_____

E7. Do you store any Hazardous Wastes on-site? Yes ☐ No ☐

E8. Have you filed an EPA form 8700-12 (Notification of Hazardous Waste Activity)? Yes ☐ No ☐
If yes, please attach.

E9. What is your Hazardous Waste Number? _____

E10. Do you discharge into the Town of Tonawanda Wastewater Plant a waste identified by 40 cfr 261 a hazardous waste?

Yes ☐ No ☐

E11. If your Facility is discharging a Hazardous Waste, have you properly notified the Town of Tonawanda Wastewater Plant?

Yes ☐ No ☐

PART - F WATER BALANCE DIAGRAM (on next page)

INSTRUCTIONS
FOR COMPLETING WATER BALANCE DIAGRAM

This diagram is for use in reconciling the amounts of Town water purchased with the amount of water discharged to the sewer system. Please complete the following:

1. Look up the amount of water purchased per month from the Town. Calculate the average monthly usage and divide it by the average number of production days per month. Enter the average daily Town water purchase at the top left of the diagram. All amounts should be inserted in US gallons per day.

2. Draw lines connecting the city water line to those areas within your facility where Town water is used. Enter the approximate gallons per day used in each area. For sanitary use, a number of 20-25 gallons per day per employee is considered reasonable. For kitchen or cafeteria use, another 5-10 gallon per day would be reasonable.

3. Draw lines connecting the right side of each box using Town water to show the wastewater discharged to the Town sewer. Unless water is lost to evaporation etc., the amount into the box would equal the amount out of the box. For boiler and cooling tower use, subtract the amount lost to evaporation, and enter the difference.

4. At the bottom left, enter the average daily amount of river or well water used in your facility.

5. Draw lines connecting the well or river water supply to those uses in your facility where well or river water is used, and enter the average daily amount used in the box

6. Draw lines connecting the right side of each box to either the Town sewer or to the SPDES discharge line to show where the wastewater is routed.

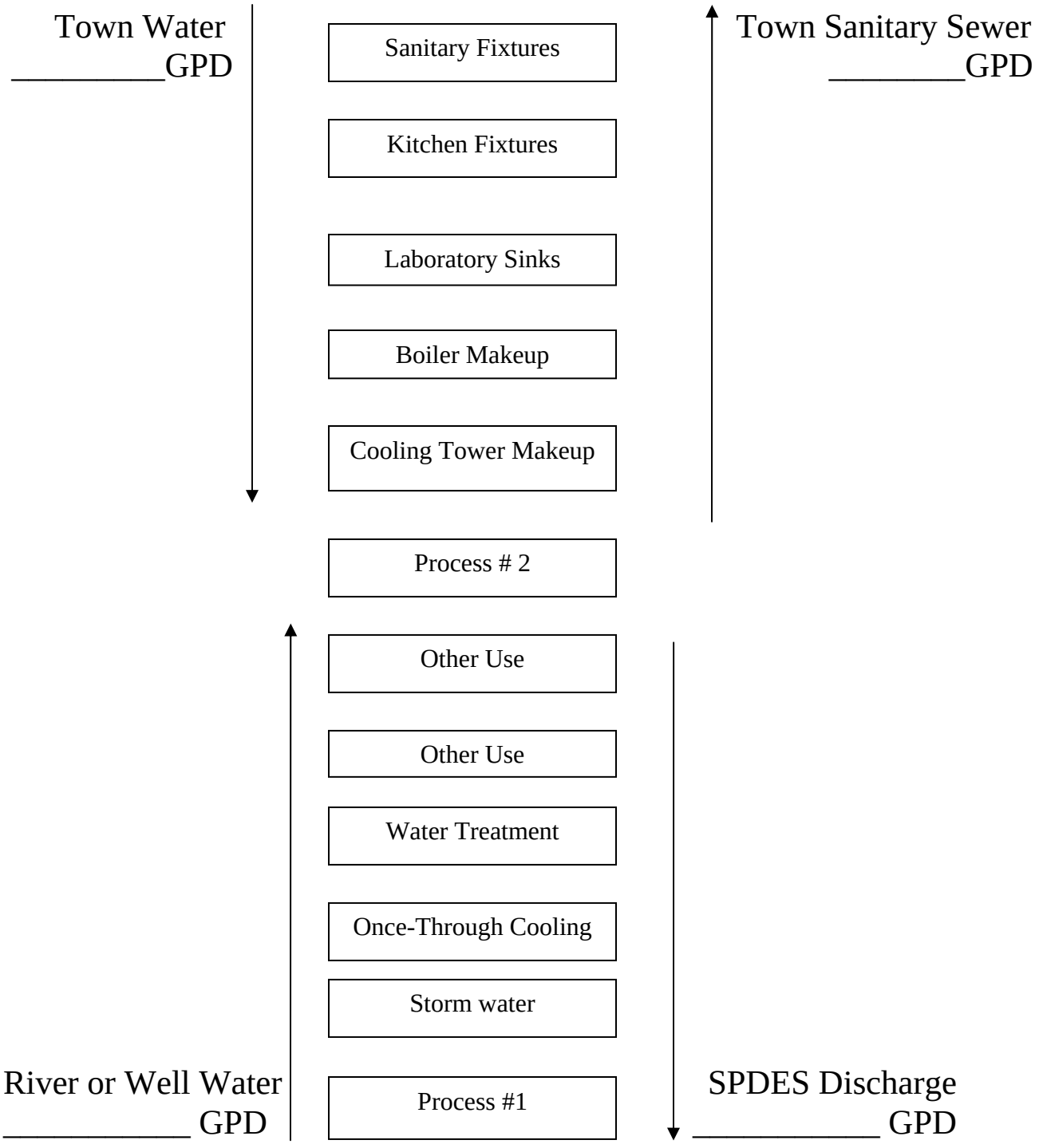
7. For each use, enter the approximate volume discharged to the SPDES outfall**.** Again, unless there is an evaporative loss, the amount leaving should equal the amount entering each box

8. If you have other uses than those shown, describe that use in the box labeled "Other" and connect the lines as appropriate

9, Enter the peak daily amount of storm water runoff that is discharged from your facility and enter that value. Route the storm water discharge to the appropriate discharge point.

10. In the lower right hand comer, insert the total daily flow discharged through your SPDES outfall.

Please call Bill Mucci at 716- 693-4900 if you have questions. The Questionnaire and Diagram may be faxed to my office at 716- 743-8911.



See Instructions

SIMPLIFIED WATER BALANCE DIAGRAM
TOWN OF TONAWANDA

	TABLE 1	
	Substances of Concern	
Class A – HALOGENATED	C12. Kelthane	CLASS G MISCELLANEOUS
Hydrocarbons	C13. Diazinon	
	C15. Carbaryl	G01. Asbestos
A01. Methyl Chloride	C16. Silvex	G02. Acrolein
A02. Methylene Chloride	C17. Dithlocarbamates	G03. Acrylonitrile
A03. Chloroform	C18. Maneb	G04. Isophorone
A04. Carbon Tetrachloride	C19. Dioxathion	G05. Nitrosamines
A05. Freon/Genatron	C20. Tandex/Karbutilate	G06. Ethyleneimine
A06. Other Halomethanes	C21. Carbofurans	G07. Proplolacetone
A07. 1,1,1-Trichloroethane	C22. Pentac	G08. Nitrosodimethylamine
A08. Other Haloethanes	C23. Folpet	G09. Dimethyl Hydrazine
A09. Vinyl Fluoride	C24. Dichlone	G10. Maleic Anhydride
A10. Vinyl Chloride	C25. Rotenone	G11. Methyl Isocyanate
A11. Dichloroethylene	C26. Lindane/Isotox	G12. Epoxides
A12. Trichloroehtylene	C27. Simazine	G13. NitroFurans
A13. Tetrachloroethylene	C28. Methoprene	G14. Cyanide
A14. Chlorinated Propane	C99. Pesticides not mentioned above	
A15. Chlorinated Propene		CLASS M – METALS AND THEIR COMPOUNDS
A16. Hexachlorobutadiene	CLASS D – AROMATIC HYDROCARBONS	
A17. Hexachlorocyclopentadiene		M01. Antimony
A18. Chlorinated Benzene	D01. Benzene	M02. Arsenic
A19. Chlorinated Toluene	D02. Toluene	M03. Berylium
A20. Fluorinated Toluene	D03. Xylene	M04. Cadmium
A21. Polychlorinated Biphenyl(PCB)	D04. Biphenyl	M05. Chromium
A22. Chlorinated Napthalene	D05. Napthalene	M06. Copper
A23. Dechlorene	D06. Ethylbenzene	M07. Lead
A99.Halogenated Hydrocarbons no	D07. Styrene	M08. Mercury
Specified above.	D08. Acenapthene	M09. Nickel
	D09. Fluranthene	M10. Selenium
CLASS B- Halogenated Organics	D99. Aromatic Hydrocarbons not specified above	M11. Silver
(other than Hydrocarbons)		M12. Thallium
	CLASS E – TARS	M13. Zinc
B01. Phosgene		M14. Boron
B02. Methyl Chloromethyl Ether	E01. Coal Tar	M15. Manganese
B03. Bis- Chloromethyl Ether	E02. Petroleum Tar	M18. Titanium
B04. Other Chloroalkyl Ethers		M21. Tungsten.
B05. Benzoyl Chloride	CLASS F – SUBSTITUTED AROMATICS	M22. Gold
B06. Chlorothymol	(other than hydrocarbons and non-halogenated	M83. Palladium
B08. Chlorinated Cresols oe Xylenols		M84. Platinum
B10. Chlorendic Acid	F01. Phenol, Cresol or Xylenol	M99. Metals not specified above
B11. Dichlorophene or Hexachlorophene	F02. Catechol, Resorcinol or Hydroquine	
B12. Chlorinated Aniline(including	F03. Nitrophenols	
Methylene bis (2-chloroaniline)	F04. Nitrobenzenes	
B13. Dichlorobenzidene	F05. Nitrotoluenes	
B14. Chlorinated Diphenyl Oxide	F06. Aniline	
B15. Chlorinated Toluidine	F07. Toluidines	
B16. Kepone	F08. Nitroanilines	
B17. Dichlorovinyl Sulfonyl Pyridine	F09. Nitroanisole	
B18. Chloropierin	F10. Toluene Dilsocyanate	
B20. Trichloro-propylsulfonyl Pyridine	F11. Dimethylaminoazobenzene	
B21. Tetrechloro-methylsulfonyl Pyridine	F12. Benzoic Acid (and Benzoate Salts)	
B22. Tetrachloro-isopthalonitrile	F13. Phtalic, Isophthalic, Terephthalic Acid	
B99. Halogenated Organics not specified	F14. Phthalic Anhydride	
Above	F15. Phthalate Esters	
	F16. Phenooxyacetic Acid	
CLASS C – Pesticides (including herbicides	F17. Phenylphenols	
Herbicides algecides,biocides,slimicides,	F18. Nitrobiphenyls	
And mildeweides)	F19. Aminobiphenyls(including Benzidine)	
	F20. Diphenythydrazine	
C01. Aldrin/Dieldrin	F21. Nappthylamines	
C02. Chlordane and Metabolites	F22. Carbazole	
C03. DDT and Metabolites	F23. Acetylaminofluorene	
C04. Endosulfan/Thiodan and metabolites	F24. Dyes and Organic pigments	
C05. Endrin and metabolites	F25. Pyridine	
C06. Heptachlor and metabolites	F99. Substituted aromatics not specified above	
C07. Malathion		
C08. Methoxychlor		
C09. Parathion		
C10. Toxaphene		
C11. Sevin		