

INDUSTRIAL PRETREATMENT PROGRAM
WASTEWATER DISCHARGE DISCLOSURE FORM (WDDD)
(SHORT FORM)

RETURN TO:

PORTAGE COUNTY WATER RESOURCES
8116 INFIRMARY ROAD
RAVENNA, OH 44266

PHONE: 330-297-3670 FAX: 330-297-3689

Attn: Industrial Pretreatment Section

1. Company Name: _____

Mailing Address: _____

Address of Premises: _____

Contact Person: _____

Title: _____

Telephone Number: _____

Fax Number: _____

2. Standard Industrial Classification Code(s): _____

(Information on your SIC Codes can be acquired by checking with the preparer of your Federal Income Tax Form)

3. Under normal operating conditions, what is the average number of employees at this facility?

| Shift: | No. of Employees: | Start Time: |
|-----------------|-------------------|-------------|
| 1 st | | |
| 2 nd | | |
| 3 rd | | |

4. Description of manufacturing business or service activity:

5. Are any wastes other than sewage of human origin being discharged into the sanitary system, i.e., cooling, clean-up, process waste, etc.? ☐Yes ☐No
If yes, then describe the waste being discharged to the sanitary sewer system, including an estimated rate of discharge:

6. Type of raw materials used daily in process or manufacture of product. Also list any warehoused chemicals not used in process or manufacture of product at this service address.

7. What is your water consumption? Check you most recent water bill. Units may be in gallons or cubic feet. Billing period may be monthly or quarterly.

Source: _____

Total Usage: _____

Units (gallons, cubic feet, etc.): _____

Period (monthly, quarterly, etc.): _____

8. Describe any wastewater pretreatment equipment:

9. Is this industry subject to any existing Federal Pretreatment Standards 940CFR 403 to 471? ☐Yes ☐No

If yes, what category(s): _____

10. Is a Spill Prevention and Countermeasure Plan in effect at this facility? ☐Yes ☐No

11. Industry comments:

CERTIFICATION

I certify under the penalty of the law that I have personally examined and am familiar with the information submitted and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Reporting Entity:

Address:

Give the Name and Title of the Authorized Representative and then sign and date the form.

Name:

Title:

Signature:

Date: