INDUSTRIAL PRETREATMENT PROGRAM
WASTEWATER DISCHARGE DISCLOSURE DECLARATION

(*LONG FORM*)

This form is to be completed and returned to:

Portage County
Water Resources Department
8116 Infirmary Road
Ravenna, OH 44266
Attn: Industrial Pretreatment Section

Phone: (330)297-3670
Fax: (330)297-3689

GENERAL INFORMATION

1. Company Name: _____
Facility Name: _____

Facility Address: _____
_____
_____

Mailing Address: _____
_____
_____

Contact Person: _____
Title: _____
Phone: _____ Fax: _____

Authorized Representative: _____
Title: _____
Phone: _____ Fax: _____

2. Standard Industrial Classification Code (SIC): (Of Facility)

Primary: _____ Secondary: _____ Tertiary: _____

Note: Information on your SIC Code can be acquired by checking with the preparer of your Federal Income Tax Forms.

3. Describe the manufacturing, business, or service activities performed at the facility premises:

4. Describe the type and amount of products produced at the facility:

5. Describe the type and amount of raw materials used daily in the process or manufacture of products at the facility. Use actual chemical names or material names rather than trade names or general terms such as solvent or oil.

6. Describe the type and amount of process chemicals used daily such as solvents, cutting oils, degreasers, etc., utilized in process such as plating, etching, cleaning, grinding, etc. Please use actual chemical names rather than trade names or general terms such as solvent or oil.

7. Please submit a copy of the current SARA TITLE III Section 312 & 313 reports filed for this facility.

Section 312 Report – Attached? YES _____ NO _____

Section 313 Report - Attached YES _____ NO _____

8. Under normal operating conditions, list the average number of employees per shift and the shift starting times.

SHIFT	NO. of EMPLOYEES	START TIME
1ST		
2ND		
3RD		

9. Under normal operating conditions, indicate the number of shifts worked each day.

SHIFT	SUN	MON	TUE	WED	THU	FRI	SAT
1st							
2nd							
3rd							

10. Are production or business activities at this facility seasonal? Are there scheduled shutdowns at this facility?

YES _____ NO _____

If yes, indicate periods of full, limited, and no production.

Production	
Full	
Limited	
None	
Shutdown	
Shutdown	

11. Are there any plans for expansion or reduction at this facility?

YES _____ NO _____

If yes, please describe the nature of the reduction or expansion. Include a description of any process changes or additions anticipated.

WASTEWATER DISCHARGE INFORMATION

12. List all sources of WATER SUPPLY (including wells) used at the facility and the quantity of water used.

Source	Quantity Used (in gallons per day)

13. List all routes of WATER DISCHARGE OR LOSS at the facility and the quantity of the discharge loss. If water quantities are not metered, estimate and prefix the numbers with an "E".

Route	Quantity (in gallons per day)
Sanitary Wastewater	
Process Wastewater	
Cooling Wastewater	
Contained in Product	
Other	

14. If your facility has more than one type of process, please list each process including a description of the process, an SIC Code for the process, a quantity in gallons per day of Process Wastewater and/or Cooling Wastewater discharged, and the discharge points of the wastewaters. Please attach additional sheets if required.

15. Are any wastes other than sewage of human origin being generated at your facility and discharged to the sanitary sewer system?

YES _____ NO _____

If yes, describe the waste being discharged to the sanitary sewer system.

16. Describe the type of process wastewater discharges from your facility to the sanitary sewer system. Use a "B" to indicate a batch discharge or a "C" to indicate a continuous discharge. Give quantities in gallons per day (gpd) for continuous discharges and in gallons (gal) for batch discharges. For batch discharges include a time interval between discharges and give units in hours or days.

PROCESS	TYPE	QUANTITY	INTERVAL

17. Is there a Spill Prevention Control and Countermeasure Plan (SPCCP) in effect for this facility?

YES _____ NO _____

If yes, submit a current copy of the plan with this questionnaire.

18. Is it possible to discharge or spill explosive or flammable materials into the sanitary sewer system through floor drains or any process drainage points

YES _____ NO _____

19. Attach a sketch of the facility layout. Show the building layout; streets near the facility; the location of any connections to the sanitary sewer system including lines, manholes and sampling points; and storm drains including ditches and storm sewers. Also indicate points of wastewater discharge from processes. Attach any appropriate blueprints or drawings.

20. Show in a diagram the flow of process water and points of discharge or recycle for each process. Attach any appropriate blueprints or drawings.

SAMPLING AND MONITORING INFORMATION

21. Does the facility conduct self monitoring of wastewater flows?

YES _____ NO _____

If yes, complete the following to describe the type of analyses being conducted.
Who does the sampling: _____

Is the sampling type grab or composite?

GRAB _____ COMPOSITE _____

If composite sampling is conducted, what method is used, time composite or flow proportional?

TIME _____ FLOW _____

Are U.S. EPA approved procedures used to collect and analyze the sample?

YES _____ NO _____

Comments:

For what chemical constituents are the samples analyzed?

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____

Attach a copy or copies of representative laboratory results if not already filed with this office.

PRETREATMENT INFORMATION

22. Does the facility conduct any pretreatment of wastewater flows?

YES _____ NO _____

If yes, describe the wastewater treatment equipment and/or processes in use.

23. Describe any wastewater treatment equipment and/or processes planned for the future at this facility.

24. Is the facility, to the best of your knowledge, classified as a categorical industry per U.S. EPA criteria and therefore subject to Federal Pretreatment Standards?

YES _____ NO _____

If yes, what category, and are the pretreatment standards being met on a consistent basis?

Category: _____

YES _____ NO _____

25. Is this facility subject to an existing Local Pretreatment Program?

YES _____ NO _____

If yes, are the pretreatment standards being met on a consistent basis?

YES _____ NO _____

26. Are additional pretreatment facilities or improved operation and maintenance procedures required to meet pretreatment standards?

YES _____ NO _____

If yes, what additional pretreatment facilities or procedures are required, list the improvements and the schedule for completion?

Improvement	Schedule Date

27. Does the facility have any processes or product wastes that are collected on site and disposed of by other means than discharge to a sanitary sewer?

YES _____ NO _____

If yes, are any of the wastes hazardous wastes per RCRA regulations?

YES _____ NO _____

If yes, give the facilities RCRA permit I.D. number. _____

If answer was yes for this section: for each waste; indicate the type of wastes, quantity, hauler, disposer and if the wastes are hazardous wastes per RCRA regulations indicate the appropriate I.D. number for each of the haulers and disposers.

WASTE	QUANTITY	HAULER & RCRA I.D. NO.	DISPOSER & RCRA I.D. NO.

28. Is the facility in the process of being sold or being considered for sale?

YES _____ NO _____

If yes, when? _____

C E R T I F I C A T I O N

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: