

**INDUSTRIAL PRETREATMENT PROGRAM
WASTEWATER DISCHARGE DISCLOSURE DECLARATION**

(LONG FORM)

This form is to be completed and returned to:

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

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

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:

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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.

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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.

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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
1 ST		
2 ND		
3 RD		

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.

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? _____

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:
