



**PRINCE WILLIAM WATER  
PRETREATMENT PROGRAM INDUSTRIAL USER SURVEY  
(PLEASE PRINT CLEARLY)**

**SECTION I. GENERAL INFORMATION**

**A. Industrial/Commercial User – General**

1. Company with Division Name:

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2. Owner's Name (if applicable):

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3. Mailing Address:

a. Street or PO Box:

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b. City, State, and Zip Code:

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4. Facility Address:

a. Street:

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b. City, State, and Zip Code:

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5. Person Providing the Information Contained Herein:

a. Name:

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b. Title:

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c. Telephone Number:

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d. Email Address:

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6. Alternate Person Authorized to Provide the Information for the Survey:

a. Name:

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b. Title:

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c. Telephone Number:

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d. Email Address:

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**B. Facility Information**

1. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, truck washing, etc.).

2. Standard Industrial Classification Number(s) (SIC Code) for the facility.

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**SECTION I. GENERAL INFORMATION**

3. Does your facility generate any of the following types of wastes? *Provide all that apply.*

Description	Annual Flow (gallons/year) If flow is unknown, mark as "Flow not known."
Domestic Waste (Restroom, Employee Lockers/Showers, etc.)	
Cooling Water, Non-contact	
Cooling Water, Contact	
Process Water	
Equipment/Facility Wash-down	
Boiler/Cooling Tower Blow-down	
Air Pollution Control Unit Water	
Chemicals	
Solvents or Oils	
Sludges	
Hazardous Materials	
Radioactive Materials	
Storm Water Runoff to Sewer	
Other (describe):	
Other (describe):	
Other (describe):	

**SECTION II. VIRGINIA HOUSE BILL 2189 RELATED INFORMATION**

**A. Industries and Practices of Interest**

1. Does your facility utilize raw materials or manufacture products associated with the following industries and practices?

<b>Industry Category</b>	<b>Associated Practices</b>	<b>Raw Materials</b>	<b>Manufacture Products</b>	<b>Not Applicable</b>
Textile and Leather	<ul style="list-style-type: none"> <li>▪ Worker protection and medical textiles</li> <li>▪ Leather tanning and finishing</li> <li>▪ Carpet and upholstery</li> <li>▪ Reupholstery and furniture repair</li> <li>▪ Waterproof fabrics</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper Mills, Products, and Packaging	<ul style="list-style-type: none"> <li>▪ Pulp, paper, and paperboard</li> <li>▪ Commercial printing</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organic Chemicals, Plastics, and Synthetic Fibers	<ul style="list-style-type: none"> <li>▪ Pesticides</li> <li>▪ Rubber and plastic manufacturing</li> <li>▪ Plastic molding and forming</li> <li>▪ Resin</li> <li>▪ Fluoropolymer manufacturing</li> <li>▪ Organic material processing</li> <li>▪ Synthetic fiber production</li> <li>▪ Oil/petroleum refining and production</li> <li>▪ Industrial surfactants manufacturing</li> <li>▪ Soap and detergent manufacturing</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Cleaning	<ul style="list-style-type: none"> <li>▪ Tanks/tanker/bulk container cleaning</li> <li>▪ Transportation equipment cleaning</li> <li>▪ Laundry services</li> <li>▪ Mobile washwater services</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paints, Coatings, and Varnishes	<ul style="list-style-type: none"> <li>▪ Production or use of paints, coatings, varnishes or sealants in the manufacturing process</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION II. VIRGINIA HOUSE BILL 2189 RELATED INFORMATION**

<b>Industry Category</b>	<b>Associated Practices</b>	<b>Raw Materials</b>	<b>Manufacture Products</b>	<b>Not Applicable</b>
Metal Finishing and Electrical Manufacturing	<ul style="list-style-type: none"> <li>▪ Iron and steel manufacturing</li> <li>▪ Nonferrous metals manufacturing</li> <li>▪ Machinery manufacturing</li> <li>▪ Photolithography, semiconductor industry</li> <li>▪ Photographic industry</li> <li>▪ Wire manufacturing</li> <li>▪ Metal plating/finishing</li> <li>▪ Electroplating and electroless plating</li> <li>▪ Anodizing</li> <li>▪ Coating</li> <li>▪ Etchings and millings</li> <li>▪ Molding, casting, forming</li> <li>▪ Circuit board manufacturing</li> <li>▪ Automotive manufacturing or services</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste	<ul style="list-style-type: none"> <li>▪ Landfills</li> <li>▪ Trucked waste or septage</li> <li>▪ Domestic septage</li> <li>▪ Centralized waste treatment</li> <li>▪ Sludge/biosolids</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military, Emergency, Aerospace	<ul style="list-style-type: none"> <li>▪ Military base</li> <li>▪ Airport</li> <li>▪ Firefighting training</li> <li>▪ Aerospace product and parts manufacturing</li> <li>▪ Aerospace maintenance</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<ul style="list-style-type: none"> <li>▪ Medical devices manufacturing</li> <li>▪ Pharmaceutical manufacturing</li> <li>▪ Hospitals</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> <li>▪ Inorganic chemicals manufacturing</li> <li>▪ Energy</li> <li>▪ Porcelain enamelling</li> <li>▪ Mining</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION II. VIRGINIA HOUSE BILL 2189 RELATED INFORMATION**

**B. Chemicals**

1. Has your facility produced, used, or stored any quantity of the following chemicals at any time in the last year?

Chemical	<i>If the response is <b>Yes</b> to any chemical, indicate whether a discharge, disposal, or release to the sewer system has occurred.</i>				
	Yes	No	Discharge	Disposal	Release to Sewer System
Fluorinated Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stain or Water Repellents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mist Suppressants or Control Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispersants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-adhesives or Non-stick Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friction Control Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski Wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fume Suppressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetting or Leveling Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aqueous Film Forming Foam (AFFF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Types of Fire-fighting Foam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Chemicals used for Type B Fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defoamers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-static/Electrostatic Control Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Resistant or Corrosion Inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexavalent Chromium/Chrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**SECTION II. VIRGINIA HOUSE BILL 2189 RELATED INFORMATION**

**C. Process**

Process	Yes	No	Not Applicable
1. Is your facility required to report Per- and Polyfluoroalkyl Substances (PFAS) use under the Toxic Substances Control Act (TSCA) Section 8(a)(7)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your facility use recycled paper products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is plastic injection molding performed on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any mold release agents used in the industrial processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are any flux removers used for cleaning or electronic assembly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is metalworking fluid or coolant utilized in the industrial processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is aircraft washing performed onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If you ***did not*** complete Section I.B.3 and if all questions in Section II are No/Not Applicable, you do not need to complete any further sections on this survey.
- If any of the above items ***were*** provided, complete the remainder of this survey.

**SECTION III. PROCESS INFORMATION**

**A. Narrative**

1. Provide a brief narrative description of the manufacturing, production, or services activities this firm conducts.

**B. Facility Operation Characteristics**

1. Number of Employees: \_\_\_\_\_
2. Employees per Shift:      1<sup>st</sup> Shift      \_\_\_\_\_      2<sup>nd</sup> Shift      \_\_\_\_\_      3<sup>rd</sup> Shift
3. Start time of Each Shift      1<sup>st</sup> Shift      \_\_\_\_\_      2<sup>nd</sup> Shift      \_\_\_\_\_      3<sup>rd</sup> Shift
4. Operating Schedule Day/Week: \_\_\_\_\_



**SECTION III. PROCESS INFORMATION**

*The following information in this section must be completed for each product line.*

**C. Plant/Process Data**

1. Raw Materials: List tall principal materials (cleaning agents, solvents, plating solutions, catalysts, process chemicals, etc.) that are regularly used in this facility and that might be present in the wastewater discharge to the sanitary sewer.

Generic Type	Number Used	Principal Chemical Constituents (if known)
Example: Degreaser	3	Trichloroethylene

2. Production process is:

Batch     
  Continuous     
  Both

\_\_\_\_\_ % Batch     
 \_\_\_\_\_ % Continuous     
 \_\_\_\_\_ Average Number of Batches per 24-hour day

3. Is production subject to seasonal variation?  Yes  No

*If Yes, briefly describe seasonal production cycle.*

4. Are any process changes or expansions planned during the next three years?  Yes  No

*If Yes, briefly describe the nature and timing of planned changes or expansion.*



**SECTION IV. WATER/WASTEWATER DATA**

**A. Discharged Waste**

1. Wastes are discharged: *Provide all that apply in gallons per day (gpd).*

Possible Discharge	Average (gpd)	Estimated (gpd)	Measured (gpd)
To Sanitary Sewer			
a. Process			
b. Sanitary			
c. Cooling			
To Storm Sewer			
To Surface Water			
To Ground Water			
To Waste Hauler			
To Evaporation			
Contained in Product			
Recycled			
Other:			

2. Is a spill prevention control and countermeasures plan prepared for this facility?  Yes  No

3. List all facility outlets to the sanitary sewer, giving size and annual flow.

Outlet Number	Size (inches)	Annual Flow (gal/yr)

4. Do you have any automatic sampling equipment or continuous wastewater flow metering equipment currently in use or included in future plans?

Current Use/Future Plan	Flow Metering	Sampling Equipment
Current	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Future	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No





**SECTION IV. WATER/WASTEWATER DATA**

5. Describe any pretreatment devices or processes currently in use for treating liquid process streams and/or wastewater.

*Attach drawings or schematic showing the system configuration inlets and outlets.*

6. Has any wastewater analysis been performed on the process wastewater discharged(s) from this facility?  Yes  No

*If Yes, provide the most recent round of wastewater analyses with Prince William Water’s survey response.*

7. Does your facility dispose of any chemicals, solvents, or hazardous material to locations other than the sanitary sewer system?  Yes  No

*If Yes, describe each material, giving the composition, contents, annual quantity, means of disposal, and ultimate disposal location, and service provider contact information. Attach related manifests.*

**SECTION V. TENANT OPERATIONS**

**A. Facility**

1. Does your facility have tenants co-located at or within your facility?  Yes  No

- *If so, indicate if such operations and facilities share process discharge, drainage and/or plumbing with your facility (discharged to the sanitary sewer) by providing the company name and person in charge.*
- *Attach additional pages and flow/plumbing diagrams.*

a. Person in charge of tenant operations authorized to provide information for this survey.

- i. Name: \_\_\_\_\_
- ii. Title: \_\_\_\_\_
- iii. Telephone Number: \_\_\_\_\_
- iv. Email Address: \_\_\_\_\_



**SECTION V. TENANT OPERATIONS**

(1) Does operations and facilities share (discharged to the sanitary sewer): *Check all that apply.*

- (a) Drainage
- (b) Plumbing
- (c) Process Discharge
- (d) Other:

b. Person in charge of tenant operations authorized to provide information for this survey.

- i. Name: \_\_\_\_\_
- ii. Title: \_\_\_\_\_
- iii. Telephone Number: \_\_\_\_\_
- iv. Email Address: \_\_\_\_\_

(1) Does operations and facilities share (discharged to the sanitary sewer): Check all that apply.

- (a) Drainage
- (b) Plumbing
- (c) Process Discharge
- (d) Other (describe):

***If further survey information is necessary, Prince William Water (or their representatives) will conduct the follow-up.***

**SECTION VI. SIGNATURE**

The person authorized to provide information for this survey needs to sign and provide the information below.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**SECTION VII. COMPLETED FORMS**

***Send completed form to:***

Address

PWW  
Regulatory Compliance  
PO Box 2266  
Woodbridge, VA 22195-2266

Email

[water\\_quality@pwwater.org](mailto:water_quality@pwwater.org)