

Code No: _____
Interviewer: _____
Date: _____



**PRINCE WILLIAM COUNTY SERVICE AUTHORITY
PRETREATMENT PROGRAM INDUSTRIAL USER SURVEY
(PLEASE PRINT CLEARLY)**

SECTION I. GENERAL INFORMATION

A. Industrial/Commercial User - General

1. Company w/Division Name: _____
2. Owner's name (if applicable): _____
3. Mailing Address:
 - a. Street or P.O. Box : _____
 - b. City, State & Zip Code: _____
4. Facility Address:
 - a. Street Address: _____
5. Name, title, telephone number, and E-mail of person providing the information contained herein.
 - a. Name: _____
 - b. Title: _____
 - c. Telephone Number: _____
 - d. E-mail Address: _____
6. Name, title, telephone number, and E-mail of alternate person authorized to provide the information for the survey.
 - a. Name: _____
 - b. Title: _____
 - c. Telephone Number: _____
 - d. E-mail Address: _____

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.

Code No: _____

Interviewer: _____

Date: _____

3. Does your facility generate any of the following types of wastes (Provide all that apply):

Description	Annual Flow (gal/yr.) If flow is not known check mark the field and enter "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:	

Note: If you **did not** complete one or more of the items listed above, then 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 II. PROCESS INFORMATION

A. 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: 1st _____ 2nd _____ 3rd _____

3. Start time of each shift: 1st _____ 2nd _____ 3rd _____

4. Operating Schedule: Day/Week: _____

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

Code No: _____

Interviewer: _____

Date: _____

C. Plant/Process Data

1. Raw Materials - List all 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 III. WATER/WASTEWATER DATA

- A. Wastes are discharged to (provide all that apply):

Code No: _____

Interviewer: _____

Date: _____

Possible Discharges	Avg. Gallons Per Day (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 (describe)			

B. Is a spill prevention control and countermeasures plan prepared for this facility?

Yes No

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

Outlet No.	Size (in.)	Annual Flow (gal/yr)

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

Current: Flow Metering Yes No

 Sampling Equipment Yes No

Future: Metering Yes No

 Sampling Equipment Yes No

Code No: _____

Interviewer: _____

Date: _____

- E. 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.

- F. Has any wastewater analysis been performed on the process wastewater discharged(s) from this facility?

Yes No

- G. If YES, kindly provide the most recent round of wastewater analyses with the Service Authority's survey response.

- H. 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 IV. TENANT OPERATIONS

- A. Does your facility have tenants co-located at or within your facility? If so, please 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.

1. Name, title and telephone number of person in charge of tenant operations authorized to provide information for this survey.

a. Name: _____

b. Title: _____

c. Telephone Number: _____

Code No: _____

Interviewer: _____

Date: _____

d. E-mail: _____

(1) Indicate (Circle appropriate selections) if operations and facilities share (discharged to the sanitary sewer)

(a) Process discharge

(b) Drainage and/or

(c) Plumbing with your facility

(d) Other (describe) _____

2. Name, title and telephone number of person in charge of tenant operations authorized to provide information for this survey.

a. Name: _____

b. Title: _____

c. Telephone Number: _____

d. E-mail: _____

(1) Indicate (Circle appropriate selections) if operations and facilities share (discharged to the sanitary sewer)

(a) Process discharge

(b) Drainage and/or

(c) Plumbing with your facility

(d) Other (describe) _____

Please note that if further survey information is necessary, the Service Authority (or their representatives) will conduct the follow-up.

Please send completed forms to:

**PWCSA
Regulatory Compliance
PO Box 2266
Woodbridge, VA 22195-2266**

or E-mail: water_quality@pwcsa.org

SECTION V. SIGNATURE

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

Signature

Title

Printed Name

Date