

## Industrial User Application Questionnaire Baseline Monitoring Report

Application Questionnaire
Baseline Monitoring Report
90 Day Compliance Report
Reapplication Questionnaire

Name of Owner	
Contact Person	
Name of Operator	
Facility Name	
Phone Number	
Address	
Industrial Category	
Subcategory (IES)	

[NOTE: This form is being used as an IU questionnaire, as a baseline monitoring report developed based on historical data for operating facilities, or on anticipated operation for new or modified facilities and/or as a 90 day compliance report for new facilities. For new IU's, the form will have to be filled out twice. Once as an application with anticipated information, and once as the 90 day report with actual information and required sampling results.]

See 40 CFR 403.12 of the General Pretreatment Program Regulations for additional information.

Baseline Monitor	ing Report Info	orm	nation:		
<u>-</u>	ring processes		f the operation, pro nployed by your op	•	
Is production pro	ocess batch or	cor	ntinuous?	Batch	Continuous
If batch, how ofte	en? What are y	<u>ʻoui</u>	hours of operatior	า?	
			<u> </u>		
Shift Designation	Shift Starting Time	g	Shift Ending Time		r of Employees Per Shift
Shift 1					
Shift 2					
Shift 3					
			Total Employees		
B. Production	Rate				
Production Process	Applicable SIC Code	А١	verage Production ( ) units/time		um Production units/time

C. Facility Diagram: Please attach a copy of your facility flow schematic diagram identifying all the regulated processes that generate wastewater. Identify the location of all pretreatment facilities and all the points of discharge to the sanitary sewer system (into the POTW).

D. Wastewater Flow Measurement (See 40 CFR 403.12 (b) (4))

Regulated Process	Daily Average Flow gallons/day	Daily Maximum Flow gallons/day	Flow Determination (E) Estimated; (M) Measured

Non-Regulated Process	Daily Average Flow gallons/day	Daily Maximum Flow gallons/day	Flow Determination (E) Estimated; (M) Measured
Sanitary Wastewater			

Total Average Flow	Total Maximum Flow	
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E. Measurements of Pollutants: Attach the most recent six months of results from the sampling analysis conducted during normal working hours of all regulated process streams. The samples taken must be representative of normal work cycles and the expected pollutant discharges to the POTW. Samples must be taken immediately downstream from the pretreatment facilities if such exist or immediately downstream from the regulated process if no pretreatment exists. If other wastewaters are mixed with the regulated wastewater prior to pretreatment the User should measure the flows and concentrations necessary to allow use of the combined

wastestream formula of §403.6(e) in order to evaluate compliance with the Pretreatment Standards. Where an alternate concentration or mass limit has been calculated in accordance with §403.6(e) this adjusted limit along with supporting data shall be submitted to the Control Authority.

If the information is for the renewal of a permit or permitting of a new user of the POTW, sampling and analysis must comply with 40 CFR 136 or approval from the POTW to use alternative sampling and/or analytical techniques must be requested and approved by the POTW prior to sampling. If the information is for a new un-permitted user, the new user may obtain information from a similar discharging user with similar pretreatment and production that the new user anticipates for the sampling requirements. For each regulated pollutant identified, include the following information. For the BMR and the 90-day compliance reports, additional sampling may be required see 40 CFR 403.12 (g)(4). Sampling information must be submitted for all regulated pollutants in the users discharge for each regulated process.

- 1. Sample type (i.e., flow proportioned, composite, grab).
- 2. Frequency of samples.
- 3. Time, date and location of sampling event.
- 4. Method of analysis.
- 5. Comparison of results with applicable pretreatment standards.
- 6. If alternate limits (i.e., combined waste stream formula) are calculated, include the limit and all supporting data.
- 7. Name and address of Certified Environmental Laboratory performing analysis.

## F. Wastewater Residuals:

Does your facility generate any solid waste sludge as a		
byproduct of wastewater treatment for any of the	Yes	No
regulated processes listed in Question D above?		

If "Yes" please provide, on a separate attachment, a listing of the type of waste material generated, the approximate quantities per month and the method of disposal of the listed material.

## G. Certification:

Are both the National Categorical Pretreatment Standards for your industry and other local pretreatment standards being met on a consistent basis at this facility? (See 40 CFR 403.12 (b) (6))		Yes		No	
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If "Yes" go to question I. If "No" identify the standard(s) not being met					
consistently:					
H. If the answer to Question G is "N	lo":				
Will additional pretreatment and/or c	-				
maintenance be required for this faci National Categorical Pretreatment St	_	\	⁄es	No	
POTW standards? (See 40 CFR 403.12					
If "No" give the reason for noncomplia	ince:				
If "Yes" attach a description of the req	uired pretreatment and	d/or o	neration	<b>1</b>	
and maintenance to achieve complia	•		-		
of dates for the commencement and					
to the construction and operation of t				_	
The events listed should include such	items as hiring a consu	ultant,	,		
development of preliminary plans, fin	al design of the system	, exec	uting		
contracts for purchase of equipment				nt of	
construction, completion of construct	·				
period between listed compliance da	tes must not exceed nir	ne (9)	months	5.	
I. List any other environmental of issuing the permit) held by this			_	ency	
Permit Type & Number	Issuing Ag	ency			

Will chemicals be used or stored on site?		Yes		No
If "Yes" provide a list a list of stored chemicals:				
Tes provide a list a list of stored effertificals.				
I certify under penalty of law that this document and all atta prepared under my direction or supervision in accordance we designed to assure that qualified personnel properly gather information submitted. Based on my inquiry of the person manage the system, or those people directly responsible for information, the information submitted is to the best of my labelief, true, accurate, and complete. I am aware that there a penalties for submitting false information, including the pos imprisonment for knowing violations.	vith a and or po gath knov re sig	a syste evalu eople nering vledg gnific	em ate who g the e an ant	o e id
Signature of Official Date				