

Town of Maiden Industrial User Wastewater Survey & Permit Application

COVER PAGE

Company Name:					
Name of responsible person on site at the facility authorized to represent the company in official dealings with the Sewer Authority and/or the City.			Name of alternative on site person familiar with the day to day operations, environmental permitting requirements, monitoring, record keeping, and data management..		
Title		Years with firm	Title		Years with firm
Phone #		Fax #	Phone #		Fax #
Physical street address of facility			Official mailing address, if different. Note if same.		
City		State	Zip	City	

The information provided by you on this questionnaire serves two functions:

1. The information is used to determine if your facility needs an Industrial User Pretreatment Permit (IUP) for the discharge of wastewater to the local sewer.
2. If an Industrial User Pretreatment Permit (IUP) is required, this survey serves as the application for an Industrial User Pretreatment Permit (IUP).

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in 40 CFR Part 2. In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and the Local Sewer Use Ordinance (SUO), information and data provided in this questionnaire which identifies the content, volume and frequency of discharge shall be available to the public without restriction.

This is to be signed by an authorized official of your firm, as defined in the Local Sewer Use Ordinance or the NC Model Sewer Use Ordinance, Section 1.2, after completion of this form.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Signature of Authorized Representative
listed above (seal if applicable)

Date

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1. Provide a brief narrative description of the type of business, manufacturing processes, or service activities your firm conducts at this site.

2. List the primary products produced at this facility:

3. List raw materials and process additives used:

4. Are biocides added to any water discharged to the POTW, if yes describe:

Yes	
No	

5. Describe weekly production schedule, including shifts worked per day, employees per shift, and primary operation during shift.

6. Production process is:

Check, if all continuous

Check, if all batch

If both please enter, % continuous = %

% Batch = %

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7. Does production vary significantly (+- 20 %) by season. Describe.

Yes	<input type="text"/>
No	<input type="text"/>

8. Are any significant (+- 20 %) changes in production that will affect wastewater discharge expected in the next 5 years. If yes, please describe.

Yes	<input type="text"/>
No	<input type="text"/>

9. List all current waste haulers. Give name, address, phone numbers, volume and materials hauled off.

10. Attach a copy of laboratory analyses performed in the last year on the wastewater discharge(s) from your facilities. Summarize data on the attached Data Summary Form.

11. Attach sketch or schematic showing sampling points and all connections to the sewer.

12. Complete the Wastewater Pollutants Checklist attached to this Survey.

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13. Do you have, or have you ever applied for, been issued, or been denied an NPDES permit to discharge to the surface waters or storm sewers of North Carolina? If yes, list all other NPDES permits, permit numbers, dates, and names used to apply for them, or reason denied.

If yes: Permit , #, date, applicant name	Yes	
If yes: Permit , #, date, applicant name	No	

14. Do you have, or have you ever applied for or been issued an Industrial User Pretreatment Permit (IUP) to discharge wastewater to the sewer collection system. If yes, list all other IUP permits, permit numbers, dates, and names used to apply for them.

If yes: Permit , #, date, applicant name	Yes	
If yes: Permit , #, date, applicant name	No	

15. Do you have, or have you ever applied for or been issued any other Environmental Permits (for example; air, RCRA, groundwater, stormwater, general, Non-Discharge, septic tank, etc.). If yes, list all other permits, permit numbers, dates, and names used to apply for them.

If yes: Permit type, #, date, applicant name	Yes	
If yes: Permit type, #, date, applicant name	No	
If yes: Permit type, #, date, applicant name		

16. Is a Spill Prevention Control and Countermeasure (SPCC) Plan prepared for this facility?

	Yes	
	No	

17. Is a Spill /Slug Control Plan required by the POTW, prepared for this facility?

	Yes	
	No	

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18. Do you have any underground storage tanks at your facility? If yes, list contents and volume of each tank.

Yes	<input type="text"/>
No	<input type="text"/>

19. Do you have any above ground storage tanks at your facility? If yes, for each tank, list the contents, volume, whether the tank has any spill prevention or containment devices, such as dikes, and procedures for draining any containment devices.

Yes	<input type="text"/>	# of Tanks	<input type="text"/>
No			<input type="text"/>

10. Water into Product
11. Include others, if applicable

PART III, PRETREATMENT FACILITIES:

Are there any pretreatment devices or processes used for treating wastewater before being discharged to the sewer? Check all that are present, and describe.

No pretreatment facilities =>

1. Flow equalization

Aerated equalization =>

NON-Aerated equalization =>

Total volume of equalization (million gal.) =>

2. Activated Carbon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Activated Sludge	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Air Stripping	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Centrifugation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Chemical Precipitation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Chlorination	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Cyanide Destruction	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Cyclone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10. Dissolved Air Floatation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11. Filtration	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12. Flocculation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13. Grease Trap	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
14. Grit Removal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
15. Ion Exchange	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
16. Neutralize, pH adjust	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
17. Other Biological Treatment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
18. Ozonation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
19. Reverse Osmosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
20. Screening	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
21. Sedimentation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
22. Septic Tank	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
23. Silver Recovery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
24. Solvent Separation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
25. Spill protection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Describe any, if present.

List any others.

PART IV, CATEGORICAL INFORMATION:

1. When were operations started at this facility Facility start up date

2. List all Standard Industrial Classification (SIC) codes for your facility. These may be found on State Unemployment forms, tax forms, accounting records, or from the Chamber of Commerce.

3. Has this facility ever been considered a Categorical Industrial User (CIU) as described by the Code of Federal Regulations (40 CFR)?

If yes, give complete 40 CFR number =>
 No

4. Are any other facilities owned and/or operated by your company permitted as Categorical Industrial Users (CIUs) as described by the Code of Federal Regulations (40 CFR)?

If yes please give name(s), location, and 40 CFR number. Yes
 No

PART IV, CATEGORICAL INFORMATION:
(continued)

5. Check any activities listed below that are performed at your facility:

Check below	40 CFR#	Industrial Activity	Check below	40 CFR#	Industrial Activity
<input type="checkbox"/>	467	Aluminum Forming	<input type="checkbox"/>	432	Meat products
<input type="checkbox"/>	427	Asbestos Manufacturing	<input type="checkbox"/>	433	Metal finishing
<input type="checkbox"/>	461	Battery Manufacturing	<input type="checkbox"/>	464	Metal molding and casting
<input type="checkbox"/>	431	Builders paper & board mills	<input type="checkbox"/>	436	Mineral mining and processing
<input type="checkbox"/>	407	Canned & preserved fruits & veg.	<input type="checkbox"/>	471	Nonferrous Metal, Form & Powders
<input type="checkbox"/>	408	Canned & preserved seafood	<input type="checkbox"/>	421	Nonferrous Metals Manufacturing
<input type="checkbox"/>	458	Carbon black Manufacturing	<input type="checkbox"/>	414	OCPSF, Organic Chemicals, Plastics, & Synthetic Fiber Manufacturing
<input type="checkbox"/>	411	Cement Manufacturing	<input type="checkbox"/>	435	Oil & gas extraction
<input type="checkbox"/>	437	Centralized Waste Treatment	<input type="checkbox"/>	440	Ore mining and dressing
<input type="checkbox"/>	434	Coal Mining	<input type="checkbox"/>	446	Paint formulating
<input type="checkbox"/>	465	Coil Coating	<input type="checkbox"/>	443	Paving and roofing materials Mfg.
<input type="checkbox"/>	468	Copper Forming	<input type="checkbox"/>	455	Pesticide Manufacturing
<input type="checkbox"/>	405	Dairy products processing	<input type="checkbox"/>	419	Petroleum Refining
<input type="checkbox"/>	469	Electrical, electronic components	<input type="checkbox"/>	439	Pharmaceutical Manufacturing
<input type="checkbox"/>	413	Electroplating	<input type="checkbox"/>	422	Phosphate Manufacturing
<input type="checkbox"/>	457	Explosives Manufacturing	<input type="checkbox"/>	459	Photographic supplies
<input type="checkbox"/>	412	Feedlots	<input type="checkbox"/>	463	Plastics molding and forming
<input type="checkbox"/>	424	Ferro alloy Manufacturing	<input type="checkbox"/>	466	Porcelain enameling
<input type="checkbox"/>	418	Fertilizer Manufacturing	<input type="checkbox"/>	430	Pulp, paper, and paperboard
<input type="checkbox"/>	464	Foundries, Metal Mold & Casting	<input type="checkbox"/>	428	Rubber Manufacturing
<input type="checkbox"/>	426	Glass Manufacturing	<input type="checkbox"/>	417	Soap & Detergent Manufacturing
<input type="checkbox"/>	406	Grain mills	<input type="checkbox"/>	423	Steam Electric power Generation
<input type="checkbox"/>	454	Gum & Wood Chemicals Mfg.	<input type="checkbox"/>	409	Sugar processing
<input type="checkbox"/>	460	Hospitals	<input type="checkbox"/>	410	Textile Mills
<input type="checkbox"/>	447	Ink formulating	<input type="checkbox"/>	429	Timber products processing
<input type="checkbox"/>	415	Inorganic chemical Manufacturing	<input type="checkbox"/>	442	Transportation Equipment Cleaning
<input type="checkbox"/>	420	Iron & Steel Manufacturing	<input type="checkbox"/>		Others
<input type="checkbox"/>	425	Leather Tanning & Finishing	<input type="checkbox"/>		

Wastewater Pollutant Checklist

Chemical Name	EPA Storet Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (mg/l)
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Acid Extractable Organics

2-Chlorophenol	34586					
2,4-Dichlorophenol	34601					
2,4-Dimethylphenol	34606					
2,4-Dinitrophenol	34616					
2-Methyl-4,6-dinitrophenol	34657					
4-Chloro-3-methylphenol	34452					
2-Nitrophenol	34591					
4-Nitrophenol	34646					
Pentachlorophenol	39032					
Phenol	34694					
2,4,6-Trichlorophenol	34621					

Base Neutral Organics

1,2,4-Trichlorobenzene	34551					
1,2-Dichlorobenzene	34536					
1,2-Diphenylhydrazine	34346					
1,3-Dichlorobenzene	34566					
1,4-Dichlorobenzene	34571					
2,4-Dinitrotoluene	34611					
2,6-Dinitrotoluene	34626					
2-Chloronaphthalene	34581					
3,3-Dichlorobenzidine	34631					
4-Bromophenyl phenyl ether	34636					
4-Chlorophenyl phenyl ether	34641					
Acenaphthene	03405					
Acenaphthylene	34200					
Anthracene	34220					
Benzidine	39120					
Benzo (a) anthracene	34526					
Benzo (a) pyrene	34247					
Benzo (b) fluoranthene	34230					
Benzo (ghi) perylene	34521					
Benzo (k) fluoranthene	34242					
Bis(2-chloroethoxy) methane	34278					
Bis(2-chloroethyl) ether	34273					
Bis(2-chloroisopropyl) ether	34283					
Bis(2-ethylhexyl) phthalate	39100					
Butyl benzyl phthalate	34292					
Chrysene	34320					
Di-n-butyl phthalate	39110					

Wastewater Pollutant Checklist

Chemical Name	EPA Storet Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (mg/l)
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Base Neutral Organics (continued)

Di-n-octyl phthalate	34596					
Dibenzo (a,h) anthracene	34556					
Diethyl phthalate	34336					
Dimethyl phthalate	34341					
Fluoranthene	34376					
Fluorene	34381					
Hexachlorobenzene	39700					
Hexachlorobutadiene	34391					
Hexachlorocyclopentadiene	34386					
Hexachloroethane	34396					
Indeno(1,2,3-cd) pyrene	34403					
Isophorone	34408					
N-nitroso-di-n-propylamine	34428					
N-nitrosodimethylamine	34438					
N-nitrosodiphenylamine	34433					
Naphthalene	34696					
Nitrobenzene	34447					
Phenanthrene	34461					
Pyrene	34469					

Metals

Aluminum	01104					
Antimony	01097					
Arsenic	01002					
Beryllium	01012					
Cadmium	01027					
Chromium	01034					
Copper	01042					
Lead	01051					
Mercury	71900					
Molybdenum	01062					
Nickel	01067					
Selenium	01147					
Silver	01077					
Thalium	00982					
Zinc	01092					

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Chemical Name	EPA Storet Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (mg/l)
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Other Inorganics

Barium	01007					
Chloride	00940					
Cyanide	00720					
Fluoride	00951					

Purgeable Volatile Organics

1,1,1-Trichloroethane	34506					
1,1,2,2-Tetrachloroethane	34516					
1,1,2-Trichloroethane	34511					
1,1-Dichloroethane	34496					
1,1-Dichloroethylene	34501					
1,2-Dichloroethane	34531					
1,2-Dichloropropane	34541					
2-Chloroethyl vinyl ether	34576					
Acrolein	34210					
Acrylonitrile	34215					
Benzene	34030					
Bromodichloromethane	32101					
Bromoform	32104					
Bromomethane	34413					
Carbon tetrachloride	32102					
Chlorobenzene	34301					
Chloroethane	34311					
Chloroform	32106					
Chloromethane	34418					
cis 1,3-Dichloropropene	34704					
Dibromochloromethane	32105					
Ethylbenzene	34371					
Methylene chloride	34423					
Tetrachloroethylene	34475					
Toluene	34010					
trans 1,3-Dichloropropene	34699					
trans-1,2-Dichloroethylene	34546					
Trichloroethylene	39180					
Trichlorofluoromethane	34488					
Vinyl chloride	39175					

Others

Xylene						

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location! i.e., Give IU Name, IUP#, and/or pipe#

Lab => Laboratory performing analysis =>
 MDL => Laboratory Method Detection Limits =>
 Notes => Notes =>

Sample ID, or Count	Date Sample Collected	Notes about Sample	Q = Flow		BOD		TSS		Ammonia	
			M = Metered E = Estimated		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab	
				mgd	gal/day	<?	mg/l	<?	mg/l	<?
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
etc										

TNS =>	Total number of samples =>			
Max. value =>	Maximum data value (mg/l) =>			
Avg. (use 1/2 BDL) =>	Avg. data value, Include BDL values as 1/2 detection limit =>			

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

Sample ID or Count	Date Sample Collected	Arsenic	Copper	Chromium	Cadmium	COD	Copper
		Lab =>		MDL =>		Notes =>	
		Conc. Results from Lab	Conc. Results from Lab	Conc. Results from Lab	Conc. Results from Lab	Conc. Results from Lab	Conc. Results from Lab
		<? mg/l	<? mg/l	<? mg/l	<? mg/l	<? mg/l	<? mg/l
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
etc							

TNS =>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Max. Value =>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Avg. (use 1/2 BDL) =>

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Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

Sample ID or Count	Date Sample Collected	Cyanide		Lead		Mercury		Nickel		Silver		Zinc	
		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab	
		<?	mg/l	<?	mg/l	<?	mg/l	<?	mg/l	<?	mg/l	<?	mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													

TNS =>

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Max. Value =>

Avg. (use 1/2 BDL) =>

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

Sample ID or Count	Date Sample Collected	Other		Other		Other		Other		Other	
		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab	
		<?	mg/l	<?	mg/l	<?	mg/l	<?	mg/l	<?	mg/l
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
etc											

TNS =>
Max. Value =>
Avg. (use 1/2 BDL) =>

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Part V, Waste Reduction Information :

State Pretreatment Rule 15A NCAC 2H.0916 (c)(1)(M) requires Significant Industrial Users to include a description of current and projected waste reduction (pollution prevention) activities. The codes listed are standard EPA codes found on Toxic Release Inventory and other environmental forms. Please check all applicable codes for your facility related to wastewater discharge.

Current	Projected	Code	Description
		W13	Improved maintenance scheduling recordkeeping, or procedures
		W14	Changed production schedule to minimize equipment and feedstock changeovers
		W19	Other changes in operating practices (explain briefly in comments)
		W21	Instituted procedures to ensure that materials do not stay in inventory beyond shelf-life
		W22	Began to test outdated material-continue to use if still effective
		W23	Eliminated shelf-life requirements for stable materials
		W24	Instituted better labeling procedures
		W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
		W29	Other changes in Inventory control (explain briefly in comments)
		W31	Improved storage or stacking procedures
		W32	Improved procedures for loading, unloading and transfer operations
		W33	Installed overflow alarms or automatic shutoff valves
		W34	Installed secondary containment
		W35	Installed vapor recovery systems
		W36	Implemented inspection or monitoring program of potential spill or leak sources
		W39	Other spill and leak prevention (explain briefly in comments)
		W41	Increased purity of raw materials
		W42	Substituted raw materials
		W49	Other raw material modifications (explain briefly in comments)
		W51	Instituted recirculation within a process

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Current	Projected	Code	Description
		W52	Modified equipment, layout, or piping
		W53	Use of a different process catalyst
		W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
		W55	Changed from small volume containers to bulk containers to minimize discarding of empty containers
		W58	Other process modifications (explain briefly in comments)
		W59	Modified stripping / cleaning equipment
		W60	Changed to mechanical stripping / cleaning devices (from solvents or other materials)
		W61	Changed to aqueous cleaners (from solvents or other materials)
		W62	Reduced the number of solvents used to make waste more amenable to recycling
		W63	Modified containment procedures for cleaning units
		W64	Improved draining procedures
		W65	Redesigned parts racks to reduce dragout
		W66	Modified or installed rinse systems
		W67	Improved rinse equipment design
		W68	Improved rinse equipment operation
		W71	Other cleaning and degreasing operation (explain briefly in comments)
		W72	Modified spray systems or equipment
		W73	Substituted coating materials used
		W74	Improved application techniques
		W75	Changed from spray to other system
		W78	Other surface preparation and finishing (explain briefly in comments)
		W81	Changed product specifications
		W82	Modified design or composition of product
		W83	Modified packaging
		W89	Other product modifications (explain briefly in comments)
		W99	Other (specify in comments)

Comments (Please list corresponding code)
