

MEDINA COUNTY SANITARY ENGINEERING DEPARTMENT  
INDUSTRIAL WASTE SURVEY QUESTIONNAIRE  
**PLEASE PRINT OR TYPE**

**\*Note to responsible official:** *Please make sure all blanks are completed. Signing official must have authorization to provide such information. Return completed form promptly to the following address, or fax to (330) 723-9661:*

Medina County Sanitary Engineering Department  
791 West Smith Road  
P.O. Box 542  
Medina, Ohio 44258

**Attention: Pretreatment Coordinator**

- Type of Application:
- New Building Construction
  - Building Addition
  - Change in Manufacturing or Service Provided
  - New Owner/Management
  - New Tenant
  - Company Name Change
  - Update to Industrial Records

**SECTION A: General**

1. Name of Company \_\_\_\_\_
2. Facility Address \_\_\_\_\_
3. Facility Phone Number \_\_\_\_\_
4. Mailing Address  
(if different than above) \_\_\_\_\_
5. Owner's Address  
(if different than above) \_\_\_\_\_
6. Years company has been in business? \_\_\_\_\_
7. List of business names previously used by this Company \_\_\_\_\_
8. List any previous facility addresses within Medina County: \_\_\_\_\_
9. Company official responsible for wastewater discharge and control:
  - Name: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Telephone: \_\_\_\_\_
  - Fax: \_\_\_\_\_

**SECTION B: Product or Service Information**

1. Standard Industrial Classification Code (SIC): \_\_\_\_\_  
 North America Industry Classification System (NAICS) ID: \_\_\_\_\_

2. Please provide a brief description of the type of manufacturing or service activity to be engaged in:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Principal Raw Materials Used: \_\_\_\_\_

4. Products Manufactured or Processed: \_\_\_\_\_

5. List chemicals used or stored \_\_\_\_\_

6. Describe chemical storage area: \_\_\_\_\_

Is the area diked?  Yes  No

**SECTION C: Plant Process Characteristics**

1. Major type of discharge: a. Batch \_\_\_\_\_  
 b. Continuous \_\_\_\_\_

2. Is production seasonal?  Yes  No

If yes, indicate months of peak production \_\_\_\_\_

3. Shift information:

Shift	Average # Employees/ Shift	Shift Times	Shifts normally worked each day:						
			Sun.	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.
1 <sup>st</sup>									
2 <sup>nd</sup>									
3 <sup>rd</sup>									
Total									

4. Number of days per year plant is in operation: \_\_\_\_\_

5. Is there a scheduled plant shutdown?  Yes  No

If yes, when? \_\_\_\_\_

What activities are performed during plant shutdown? \_\_\_\_\_

6. Describe wastewater generated during manufacturing process: \_\_\_\_\_

7. Describe wastewater treatment equipment or processes utilized (*be specific*): \_\_\_\_\_

**SECTION D: Water Supply – Consumption and Loss**

1. Identify raw water sources: \_\_\_\_\_
2. State average quantity of water used monthly, from current water billing:
  - a. Maximum \_\_\_\_\_
  - b. Minimum \_\_\_\_\_
  - c. Volume from other sources \_\_\_\_\_
  - d. No existing data \_\_\_\_\_
3. List anticipated water consumption within facility:
  - a. Cooling water \_\_\_\_\_ gallons/day
  - b. Boiler feed \_\_\_\_\_ gallons/day
  - c. Process \_\_\_\_\_ gallons/day
  - d. Other (*please specify*) \_\_\_\_\_ gallons/day
4. List average volume of discharge or water loss to:
  - a. Sanitary sewer \_\_\_\_\_ gallons/day
  - b. Storm sewer \_\_\_\_\_ gallons/day
  - c. Evaporation \_\_\_\_\_ gallons/day
  - d. Outlet to surface water \_\_\_\_\_ gallons/day
  - e. Contained in product \_\_\_\_\_ gallons/day
  - f. Waste hauler \_\_\_\_\_ gallons/day
5. If there is to be a discharge to storm sewers or surface waters, has a National Pollution Discharge Elimination System (NPDES) permit(s) been applied for?  Yes  No  
If yes, indicate the permit or application no.(s). \_\_\_\_\_
6. Describe in detail any raw water treatment processes used: \_\_\_\_\_  
\_\_\_\_\_

**SECTION E: Sanitary Sewer and Discharge Location**

1. Is there a Spill Prevention Control and Counter Measure Plan in affect for this plant?  Yes  No
2. Does the facility have floor drains?  Yes  No  
If yes, describe locations \_\_\_\_\_
3. Attach a schematic flow diagram, indicating the various processes, with special emphasis on points where specific wastes are produced. Include sewer discharge connection and outlets to open runs or surface waters (be specific).
4. List all pollutants and their concentrations expected to be in the wastewater discharge: \_\_\_\_\_  
\_\_\_\_\_
5. Complete the attached "Table 1" list of toxic pollutants. List the quantities found in the facility effluent if pollutant is known to be present (KTBP).

**SECTION F: Pretreatment**

1. Is this facility subject to existing Federal Pretreatment Standards?  Yes  No

If yes, indicate the CFR #: \_\_\_\_\_

If yes, how are the pretreatment standards to be met? \_\_\_\_\_

2. If additional pretreatment and/or operation and maintenance are required, list the schedule by which they will be provided: \_\_\_\_\_

3. Does the facility have an oil/water separator?  Yes  No

If yes, describe location \_\_\_\_\_

Capacity of unit? \_\_\_\_\_

Describe inspection practice: \_\_\_\_\_

Frequency of cleaning: \_\_\_\_\_

Name of hauler: \_\_\_\_\_

4. How is wastewater not discharged to the sanitary sewer disposed of?

Anticipated volume of wastewater: \_\_\_\_\_

Frequency of disposal: \_\_\_\_\_

Name of hauler: \_\_\_\_\_

**SECTION G: Certification Statement**

*(to be completed by responsible official)*

Under penalty of perjury, I declare that I have examined this statement and its supporting documentation, And to the best of my knowledge and belief such information is true, accurate, and complete.

Date: \_\_\_\_\_

Name of Reporting Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Officer/Owner: \_\_\_\_\_

Title: \_\_\_\_\_

*State of Ohio)*  
*Medina County)*

Before me, a Notary Public in and for said County, personally appeared that above named \_\_\_\_\_ who acknowledged that \_\_\_\_\_ did sign the foregoing instrument, and that the same is \_\_\_\_\_ free act and deed.

In Testimony Whereof, I have hereunto set my Hand and official seal at \_\_\_\_\_, Ohio this \_\_\_\_\_ Day of \_\_\_\_\_, Month of \_\_\_\_\_ The year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**TABLE 1**

KTBP = Known To Be Present  
 BTBP = Believed To Be Present  
 BTBA = Believed To Be Absent  
 KTBA = Known To Be Absent

<u>Priority Pollutants</u>	<u>KTBP</u>	<u>BTBP</u>	<u>BTBA</u>	<u>KTBA</u>
<b>Heavy Metals (13)</b>				
001				
002				
003				
004				
005				
006				
007				
008				
009				
010				
011				
012				
013				
<b>Volatiles (28)</b>				
014				
015				
016				
017				
018				
019				
020				
021				
022				
023				
024				
025				
026				
027				
028				
029				
030				
031				
032				
033				
034				
035				
036				
037				
038				
039				
040				
041				

**Base Neutrals (46)**

042	Acenaphthene	_____	_____	_____	_____
043	Acenaphthylene	_____	_____	_____	_____
044	Anthracene	_____	_____	_____	_____
045	Benzidine	_____	_____	_____	_____
046	Benzo(a)anthracene	_____	_____	_____	_____
047	Benzo(a)pyrene	_____	_____	_____	_____
048	3,4-Benzofluoranthene	_____	_____	_____	_____
049	Benzo(ghi)perylene	_____	_____	_____	_____
050	Benzo(k)fluoranthene	_____	_____	_____	_____
051	Bis(2-chloroethoxy)methane	_____	_____	_____	_____
052	Bis(2-chloroethyl)ether	_____	_____	_____	_____
053	Bis(2-chloroisopropyl)ether	_____	_____	_____	_____
054	Bis(2-ethylhexyl)phthalate	_____	_____	_____	_____
055	4-Bromophenyl phenyl ether	_____	_____	_____	_____
056	Butyl benzyl phthalate	_____	_____	_____	_____
057	2-Chloronaphthalene	_____	_____	_____	_____
058	4-Chlorophenyl phenyl ether	_____	_____	_____	_____
059	Chrysene	_____	_____	_____	_____
060	Dibenzo(a,h)anthracene	_____	_____	_____	_____
061	1,2-Dichlorobenzene	_____	_____	_____	_____
062	1,3-Dichlorobenzene	_____	_____	_____	_____
063	1,4-Dichlorobenzene	_____	_____	_____	_____
064	3,3'-Dichlorobenzidine	_____	_____	_____	_____
065	Diethyl phthalate	_____	_____	_____	_____
066	Dimethyl phthalate	_____	_____	_____	_____
067	Di-n-butyl phthalate	_____	_____	_____	_____
068	2,4-Dinitrotoluene	_____	_____	_____	_____
069	2,6-Dinitrotoluene	_____	_____	_____	_____
070	Di-n-octyl phthalate	_____	_____	_____	_____
071	1,2-Diphenylhydrazine	_____	_____	_____	_____
072	Fluoranthene	_____	_____	_____	_____
073	Fluorene	_____	_____	_____	_____
074	Hexachlorobenzene	_____	_____	_____	_____
075	Hexachlorobutadiene	_____	_____	_____	_____
076	Hexachlorocyclopentadiene	_____	_____	_____	_____
077	Hexachloroethane	_____	_____	_____	_____
078	Indeno(1,2,3-cd)pyrene	_____	_____	_____	_____
079	Isophorone	_____	_____	_____	_____
080	Napthalene	_____	_____	_____	_____
081	Nitrobenzene	_____	_____	_____	_____
082	N-nitrosodimethylamine	_____	_____	_____	_____
083	N-nitrosodi-n-propylamine	_____	_____	_____	_____
084	N-nitrosodiphenylamine	_____	_____	_____	_____
085	Phenanthrene	_____	_____	_____	_____
086	Pyrene	_____	_____	_____	_____
087	1,2,4-Trichlorobenzene	_____	_____	_____	_____

**Acids (11)**

088	2-Chlorophenol	_____	_____	_____	_____
089	2,4-Dichlorophenol	_____	_____	_____	_____
090	2,4-Dimethylphenol	_____	_____	_____	_____
091	4,6-Dinitro-o-cresol	_____	_____	_____	_____
092	2,4-Dinitrophenol	_____	_____	_____	_____
093	2-Nitrophenol	_____	_____	_____	_____
094	4-Nitrophenol	_____	_____	_____	_____
095	P-chloro-m-cresol	_____	_____	_____	_____
096	Pentachlorophenol	_____	_____	_____	_____
097	Phenol	_____	_____	_____	_____
098	2,4,6-Trichlorophenol	_____	_____	_____	_____

**Pesticides (26)**

099	Aldrin	_____	_____	_____	_____
100	Alpha-BHC	_____	_____	_____	_____
101	Beta-BHC	_____	_____	_____	_____
102	Delta-BHC (PCB-polychlorinated biphenyls)	_____	_____	_____	_____
103	Gamma-BHC (lindane)	_____	_____	_____	_____
104	Chlordane	_____	_____	_____	_____
105	4,4-DDT	_____	_____	_____	_____
106	4,4-DDE	_____	_____	_____	_____
107	4,4-DDD	_____	_____	_____	_____
108	Dieldrin	_____	_____	_____	_____
109	Alpha endosulfan	_____	_____	_____	_____
110	Beta endosulfan	_____	_____	_____	_____
111	Endosulfan sulfate	_____	_____	_____	_____
112	Endrin	_____	_____	_____	_____
113	Endrin aldehyde	_____	_____	_____	_____
114	Heptachlor	_____	_____	_____	_____
115	Heptachlor epoxide	_____	_____	_____	_____
116	PCP-1242	_____	_____	_____	_____
117	PCP-1254	_____	_____	_____	_____
118	PCP-1221	_____	_____	_____	_____
119	PCP-1232	_____	_____	_____	_____
120	PCP-1248	_____	_____	_____	_____
121	PCP-1260	_____	_____	_____	_____
122	PCP-1016	_____	_____	_____	_____
123	Toxaphene	_____	_____	_____	_____
124	2,3,7,8-Tetrachloro-dibenzo-p-dioxin	_____	_____	_____	_____

**Miscellaneous**

125	Asbestos	_____	_____	_____	_____
126	Cyanide, Total	_____	_____	_____	_____