

INDUSTRIAL WASTEWATER DISCHARGE QUESTIONNAIRE & PERMIT APPLICATION

FOR THE



DTMA
Derry Township Municipal Authority

DERRY TOWNSHIP MUNICIPAL AUTHORITY
670 CLEARWATER ROAD
HERSHEY, PA 17033-2453
(717) 566-3237

PERMIT No.: _____ [FOR DTMA USE ONLY]

DERRY TOWNSHIP MUNICIPAL AUTHORITY INDUSTRIAL WASTEWATER QUESTIONNAIRE

Provide the requested information for each facility. Additional sheets, if necessary, should be attached to this questionnaire to provide the requested information.

SECTION A - GENERAL INFORMATION

A.1 Contributing Industry

Name _____

Street Address _____

Mailing Address
(if different) _____

City/State/Zip Code _____

A.2 Type of Business

A.3 Authorized Representative

Name _____

Title _____

Phone Number _____

A.4 Alternate Authorized Representative

Name _____

Title _____

Phone Number _____

A.5 Designated Contact Person

Name _____
Title _____
Phone Number _____

A.6 Authorized Representative's Signature

Note to Signing Representative: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.

This questionnaire is to be signed by an authorized representative of your firm after the questionnaire form has been completed and information herein reviewed by the signing representative.

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 on my inquiry of the person or persons who manage the system, or those person 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 imprisonment for knowing violations.

Name(s) Title

Signature Date Phone

NOTE: SIGNATURE REQUIREMENT MUST COMPLY WITH 40 CFR §403.12(I) (1-4)
[This CFR Citation is found on Page 16 of this QUESTIONNAIRE / APPLICATION]

SECTION B - FACILITY OPERATION INFORMATION

Indicate the following (for proposed facilities, please use design-based estimates):

B.1 Raw Materials and Products

Principal Raw Material(s) _____

Quantity Used/Year _____

Principal Product(s) _____

Quantity Produced/Year _____

B.2 Standard Industrial Classification Number (S)

B.3 Facility Category (Refer to Attachment A):

Category (if applicable) _____

B.4 Staffing

	SHIFT		
	1 ST	2 ND	3 RD
No. of Operating Days/Week			
No. of Employees			
Shift Starting Time(s)			
Shift Finishing Time(s)			

B.5 Type of Processing Employed (indicate by marking the space in the appropriate column):

	<u>Yes</u>	<u>No</u>
Continuous Process	()	()
Batch Process	()	()
Both Continuous and Batch	()	()
Seasonal Processing	()	()

B.6 Briefly describe the following:

Manufacturing or production activities conducted at the facility(ies): _____

B.7 Facility expansion(s) or significant manufacturing or processing modification(s) anticipated during the next five (5) years: _____

SECTION C - WATER SUPPLY

C.1 Water Sources (check as many as are applicable):

- () Private Well
- () Surface Water
- () Municipal Water Utility (Name): _____
- () Other (specify): _____

C.2 Water Bill Information

Name on Water Bill _____

Street _____

City _____ State _____ Zip Code _____

C.3 Water service account number(s): _____

C.4 Describe any raw water treatment used on premises: _____

C.5 List average water usage (gallons per day) on premises. Please check if estimated or actual.

TYPE	AVERAGE WATER USAGE (GPD)	ESTIMATED	ACTUAL
Coolant Cooling Water			
Non-contact Cooling Water			
Boiler Feed			
Process			
Sanitary			
Air Pollution Control			
Contained in Product			
Plant and Equipment Washdown			
Irrigation and Lawn Watering			
Other			
TOTAL OF ABOVE			

SECTION D - SEWER INFORMATION

D.1.A. For an existing business:

- i. Is the building presently connected to the public sanitary sewer system?
 Yes Please give sanitary sewer account number _____
 No Have you applied for a sanitary sewer hookup? Yes No

D.1.B. For a new business:

- i. Will you be occupying an existing vacant building (such as in an industrial park)?
 Yes No
- ii. Have you applied for a building permit if a new facility will be constructed?
 Yes No
- ii. Will you be connected to the public sanitary sewer system?
 Yes No

D.2 List size, descriptive location, and flow of each facility sewer which connects to the Authority's sewer system. (If more than three, attached additional information on another sheet.)

SEWER SIZE	DESCRIPTIVE LOCATION OF SEWER CONNECTION OR DISCHARGE POINT	AVERAGE FLOW (GPD)

SECTION E - WASTEWATER DISCHARGE INFORMATION

E.1 Does (or will) this facility discharge any wastewater other than from restrooms to the Authority sewer?

() Yes If the answer to this question is "yes", complete the remainder of the application.

() No **If the answer to this question is "no", skip to Section H.**

E.2 Provide the following information on wastewater flow rate. (New facilities may estimate.)

a. Indicate the number of hours per day wastewater is discharged (e.g. 8 hours/day):

Mo _____ Tu _____ We _____ Th _____ Fr _____ Sa _____ Su _____

b. Indicate the hours of discharge each day (e.g. 9 a.m. to 5 p.m.):

Mo _____ Tu _____ We _____ Th _____ Fr _____ Sa _____ Su _____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

E.3 If batch discharge occurs or will occur, indicate the following. (New facilities may estimate.)

a. Number of batch discharges per day _____

b. Average discharge per batch (GPD) _____

c. Time of batch discharges _____ Days of week

_____ Hours of day

d. Flow rate (gallons per minute) _____

e. Percent of total discharge _____

E.4 Attach the following to this application:

A diagram showing the location(s) of all known connection point(s) to the Authority's treatment works.

E.5 Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	() Yes	() No	() N/A
	Sampling Equipment	() Yes	() No	() N/A
Planned:	Flow Metering	() Yes	() No	() N/A
	Sampling Equipment	() Yes	() No	() N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below: _____

E.6 Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

() Yes
() No, (skip question E.7)

E.7 Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if necessary.) _____

E.8 Are any materials or water reclamation systems in use or planned?

() Yes
() No, (skip question E.9)

E.9 Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process. Attach additional sheets if necessary. _____

SECTION F - WASTEWATER CHARACTERISTICS

Provide the following information:

F.1 Representative Wastewater Discharge Characteristics:

PARAMETER	CONCENTRATION, MG/L
Biochemical Oxygen Demand, 5-day (BOD ₅)	
Chemical Oxygen Demand (COD)	
Total Suspended Solids (TSS)	
Total Phosphorus (P)	
Ammonia Nitrogen (NH ₃ N)	
pH	(St'd. Units)

F.2 Metals Discharged with the Wastewater:

METAL	CONCENTRATION, MG/L

F.3 Priority Pollutants Discharged with the Wastewater: (Refer to Attachment B)

POLLUTANT	CONCENTRATION, mg/l

SECTION G - WASTEWATER PRETREATMENT

G.1 Is any form of wastewater pretreatment (see list below) practiced at this facility?

- Yes No

G.2 Is any form of wastewater pretreatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

- Yes, describe: _____
 No

G.3 Pretreatment devices or processes used or proposed for pretreating wastewater or sludge (check as many as appropriate.)

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: _____
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozone
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Rainwater diversion or storage
- Biological treatment, type: _____

- Other chemical treatment, type: _____

- Other physical treatment, type: _____

- Other, type: _____

G.4 Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. _____

G.5 Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

G.6 Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates. _____

G.7 Do you have a treatment operator? () Yes () No

(if yes) Name _____

Title _____

Phone _____

Full Time _____ (specify hours)

Part Time _____ (specify hours)

G.8 Do you have a manual on the correct operation of your treatment equipment?

() Yes () No

G.9 Do you have a written maintenance schedule for your treatment equipment?

() Yes () No

SECTION H - SPILL PREVENTION

Indicate the following:

H.1 Are significant quantities of the following materials stored at your facility(ies)? Indicate by marking the space in the appropriate column.)

	<u>Yes</u>	<u>No</u>
Raw Materials	()	()
Finished Products	()	()
Raw Process Solutions	()	()
Spent Process Solutions	()	()
Residual Materials (from product processing or water/wastewater treatment)	()	()
Cleaning Solutions	()	()
Solvents	()	()
Liquid Fuels	()	()
Priority Pollutants	()	()
Hazardous Wastes	()	()

Describe the following (or attach copy of Accidental Spill Prevention Plan):

H.2 Spill containment measures incorporated into the facility(ies) to prevent the discharge of stored materials to the Authority's treatment works: _____

H.3 Spill prevention or control procedures established for your facility(ies): _____

ATTACHMENT A - FACILITY CATEGORIES

If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

..... **INDUSTRIAL CATEGORIES**

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Can Making | <input type="checkbox"/> Organic Chemicals Manufacturing |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Paint and Ink Formulating |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Paving and Roofing Manufacturing |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Pesticides Manufacturing |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastic and Synthetic Materials Manufacturing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Plastics Processing manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Foundries (Metal Molding and Casting) | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Textile Mills |
| | <input type="checkbox"/> Timber Products |

ATTACHMENT B - PRIORITY POLLUTANTS

INDICATE ANY POLLUTANTS WHICH MIGHT BE DISCHARGED WITH FACILITY'S WASTEWATER:

VOLATILE ORGANIC

- | | | |
|---|--|---|
| <input type="checkbox"/> Acrolein | <input type="checkbox"/> 1,1,2,2-Tetrachloroethane | <input type="checkbox"/> Ethylbenzene |
| <input type="checkbox"/> Acrylonitrile | <input type="checkbox"/> Chloroethane | <input type="checkbox"/> Methylene Chloride |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> 2-Chloroethylvinyl Ether | <input type="checkbox"/> Bromoform |
| <input type="checkbox"/> Carbon Tetrachloride | <input type="checkbox"/> Chloroform | <input type="checkbox"/> Dibromochloromethane |
| <input type="checkbox"/> Chlorobenzene | <input type="checkbox"/> 1,1-Dichloroethane | <input type="checkbox"/> Bromodichloromethane |
| <input type="checkbox"/> 1,2-Dichloroethane | <input type="checkbox"/> 1,2-trans-dichloroethene | <input type="checkbox"/> Tetrachloroethene |
| <input type="checkbox"/> 1,1,1-Trichloroethane | <input type="checkbox"/> 1,2-Dichloropropane | <input type="checkbox"/> Toluene |
| <input type="checkbox"/> 1,1-Dichloroethene | <input type="checkbox"/> cis-1,3-Dichloropropene | <input type="checkbox"/> Trichloroethene |
| <input type="checkbox"/> 1,1,2-Trichloroethane | <input type="checkbox"/> trans-1,3-Dichloropropene | <input type="checkbox"/> Vinyl Chloride |
| <input type="checkbox"/> Trichlorofluoromethane | <input type="checkbox"/> Chloromethane | <input type="checkbox"/> Bromomethane |

ACID EXTRACTABLES

- | | | |
|--|---|---|
| <input type="checkbox"/> 2,4,6-Trichlorophenol | <input type="checkbox"/> 4-Nitrophenol | <input type="checkbox"/> Phenol |
| <input type="checkbox"/> 2-Chlorophenol | <input type="checkbox"/> 2,4-Dinitrophenol | <input type="checkbox"/> 4-Chloro-3-Methylphenol |
| <input type="checkbox"/> 2,4-Dichlorophenol | <input type="checkbox"/> 2,4-Dimethylphenol | <input type="checkbox"/> 2-Methyl-4,6-Dinitrophenol |
| <input type="checkbox"/> 2-Nitrophenol | <input type="checkbox"/> Pentachlorophenol | |

PESTICIDES / PCBs

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Aldrin | <input type="checkbox"/> Endrin | <input type="checkbox"/> PCB-1016 |
| <input type="checkbox"/> Dieldrin | <input type="checkbox"/> Endrin Aldehyde | <input type="checkbox"/> PCB-1221 |
| <input type="checkbox"/> Chlordane | <input type="checkbox"/> Heptachlor | <input type="checkbox"/> PCB-1232 |
| <input type="checkbox"/> 4,4'-DDT | <input type="checkbox"/> Heptachlor Epoxide | <input type="checkbox"/> PCB-1242 |
| <input type="checkbox"/> 4,4'-DDE | <input type="checkbox"/> alpha-BHC | <input type="checkbox"/> PCB-1248 |
| <input type="checkbox"/> 4,4'-DDD | <input type="checkbox"/> beta-BHC | <input type="checkbox"/> PCB-1254 |
| <input type="checkbox"/> Alpha-Endosulfan | <input type="checkbox"/> gamma-BHC (Lindane) | <input type="checkbox"/> PCB-1260 |
| <input type="checkbox"/> Beta-Endosulfan | <input type="checkbox"/> delta-BHC | <input type="checkbox"/> Toxaphene |
| <input type="checkbox"/> Endosulfan sulfate | | |

ATTACHMENT B - PRIORITY POLLUTANTS (Continued)

INDICATE ANY POLLUTANTS WHICH MIGHT BE DISCHARGED WITH FACILITY'S WASTEWATER:

..... **BASE / NEUTRAL EXTRACTABLES**

- | | | |
|--|---|---|
| <input type="checkbox"/> Acenaphthene | <input type="checkbox"/> Bis (2-chlorisopropyl) ether | <input type="checkbox"/> Diethyl Phthalate |
| <input type="checkbox"/> Benzidine | <input type="checkbox"/> Bis (2-chloroethoxy) methane | <input type="checkbox"/> Dimethyl Phthalate |
| <input type="checkbox"/> 1,2,4-Trichlorobenzene | <input type="checkbox"/> Hexachlorobutadiene | <input type="checkbox"/> Benzo(a)anthracene |
| <input type="checkbox"/> Hexachlorobenzene | <input type="checkbox"/> Hexachlorocyclopentadiene | <input type="checkbox"/> Benzo(a)pyrene |
| <input type="checkbox"/> Hexachloroethane | <input type="checkbox"/> Isophorone | <input type="checkbox"/> Benzo(b)flouranthene |
| <input type="checkbox"/> Bis (2-chloroethyl) ether | <input type="checkbox"/> Naphthalene | <input type="checkbox"/> Benzo(k)flouranthene |
| <input type="checkbox"/> 1,2-Dichlorobenzene | <input type="checkbox"/> Nitrobenzene | <input type="checkbox"/> Chrysene |
| <input type="checkbox"/> 1,3-Dichlorobenzene | <input type="checkbox"/> N-nitrosodimethylamine | <input type="checkbox"/> Acenaphthylene |
| <input type="checkbox"/> 1,4-Dichlorobenzene | <input type="checkbox"/> N-nitrosodipheylamine | <input type="checkbox"/> Anthracene |
| <input type="checkbox"/> 3,3-Dichlorobenzidine | <input type="checkbox"/> N-nitrosodi-n-propylamine | <input type="checkbox"/> Benzo(ghi)perylene |
| <input type="checkbox"/> 2,4-Dinitrotoluene | <input type="checkbox"/> Bis (2-ethylhexyl) phthalate | <input type="checkbox"/> Flourene |
| <input type="checkbox"/> 2,6-Dinitrotoluene | <input type="checkbox"/> Butylbenzyl Phthalate | <input type="checkbox"/> Phenanthrene |
| <input type="checkbox"/> 1,2-Diphenylhydrazine | <input type="checkbox"/> Di-n-butyl Phthalate | <input type="checkbox"/> Dibenzo(a,h)anthracene |
| <input type="checkbox"/> Flouranthene | <input type="checkbox"/> Di-n-octyl Phthalate | <input type="checkbox"/> Indeno(1,2,3-cd)pyrene |
| <input type="checkbox"/> 4-Chlorophenly Phenyl Ether | <input type="checkbox"/> 2-Chloronapthalene | <input type="checkbox"/> Pyrene |
| <input type="checkbox"/> 4-Bromophenyl Phenyl Ether | | |

..... **PRIORITY POLLUTANT METALS**

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Antimony | <input type="checkbox"/> Copper | <input type="checkbox"/> Selenium |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Lead | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Beryllium | <input type="checkbox"/> Mercury | <input type="checkbox"/> Thallium |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Nickel | <input type="checkbox"/> Zinc |
| <input type="checkbox"/> Chromium | | |

..... **OTHER**

- | | | |
|-----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Barium | <input type="checkbox"/> Cyanide |
| <input type="checkbox"/> Dioxin | | |

40 CFR §403.12 (l) Ch. - (07/01/95 Edition)

(l) *Signatory requirements for industrial user reports.* The reports required by paragraphs (b), (d), and (e) of this section shall include the certification statement as set forth in §403.6(a)(2)(ii), and shall be signed as follows:

- (1) By a responsible corporate officer, if the Industrial User submitting the reports required by paragraphs (b), (d), and (e) of this section is a corporation. For the purpose of this paragraph, a responsible corporate officer means (i) a president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (2) By a general partner or proprietor if the Industrial User submitting the reports required by paragraphs (b), (d), and (e) of this section is a partnership or sole proprietorship respectively.
- (3) By a duly authorized representative of the individual designated in paragraph (l)(1) or (1)(2) of this section if:
 - (i) The authorization is made in writing by the individual described in paragraph (l)(1) or (1)(2);
 - (ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - (iii) the written authorization is submitted to the Control Authority.
- (4) If an authorization under paragraph (l)(3) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (l)(3) of this section must be submitted to the Control Authority prior to or together with any reports to be signed by an authorized representative.