

SPRINGFIELD WATER AND SEWER COMMISSION
INDUSTRIAL PRETREATMENT PROGRAM
WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS

Section A - GENERAL INFORMATION

1. Company name, mailing address, and telephone number:

Zip Code: _____ Telephone No.: (_____) _____

2. Address of production or manufacturing facility:

Zip Code: _____ Telephone No.: (_____) _____

3. Name, title and telephone number of person authorized to represent this firm in official dealings with the environmental protection agencies and/or Commission:

Name: _____

Title: _____ Telephone No.: (_____) _____

4. Alternate person to contact concerning information:

Name: _____

Title: _____ Telephone No.: (_____) _____

5. List the Standard Industrial Classification (SIC) code(s) for this facility:

6. Provide a brief narrative description of the manufacturing, production or service activities this firm conducts:

Section B - FACILITY OPERATION CHARACTERISTICS

1. If this facility employs processes in any of the Industrial categories or business activities listed below, place a check beside the category or business activity (check all that apply).

- [] Asbestos Manufacturing
- [] Aluminum Forming
- [] Battery Manufacturing
- [] Car and/or Truck Wash
- [] Centralized Waste Treatment
- [] Coil Coating
- [] Copper Forming
- [] Dairy Products Processing
- [] Electric and Electronic Components
- [] Electroplating
- [] Foundry
- [] Glass Manufacturing
- [] Ink Formulating
- [] Inorganic Chemicals
- [] Iron and Steel Manufacturing
- [] Laundry
- [] Leather Tanning and Finishing
- [] Machinery Manufacturing & Rebuilding
- [] Meat Processing
- [] Metal Molding and Casting
- [] Nonferrous Metals Forming
- [] Nonferrous Metals Manufacturing
- [] Organic Chemicals, Plastics & Synthetic Fibers
- [] Paint Formulating
- [] Pesticide Formulating & Packaging
- [] Pesticide Manufacturing
- [] Pharmaceutical Manufacturing
- [] Photographic Processing
- [] Plastics Molding & Forming
- [] Porcelain Enameling
- [] Printing and Publishing
- [] Pulp, Paper & Paperboard Processing
- [] Rubber Manufacturing
- [] Soaps and Detergents Manufacturing
- [] Steam Electric Power Generation
- [] Textile Mills
- [] Vehicle Maintenance and Repair

2. List the days and hours of operation, and the average number of employees:

	Sun.	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.
Start Time							
a.m. - p.m.							
Stop Time							
a.m. - p.m.							
Number of							
Employees							

3. List the average water usage for the following in gallons per day (gpd). Indicate whether the volumes are estimated or measured:

	<u>Volume (gpd)</u>	<u>Estimated</u>	<u>Measured</u>
a. Contact cooling water	_____	[]	[]
b. Non-contact cooling water	_____	[]	[]
c. Boiler feed	_____	[]	[]
d. Process	_____	[]	[]
e. Sanitary	_____	[]	[]
f. Air pollution control	_____	[]	[]
g. Contained in product	_____	[]	[]
h. Facility washdown	_____	[]	[]
I. Irrigation and lawn watering	_____	[]	[]
j. Other (describe)_____	_____	[]	[]

SECTION C - WASTEWATER AND SLUDGE INFORMATION

1. List the average wastewater disposal for the following in gallons per day (gpd). Indicate whether the volumes are estimated or measured:

	<u>Volume (gpd)</u>	<u>Estimated</u>	<u>Measured</u>
a. Sanitary sewer	_____	[]	[]
b. Storm sewer	_____	[]	[]
c. Surface water	_____	[]	[]
d. Ground water	_____	[]	[]
e. Waste haulers	_____	[]	[]
f. Evaporation	_____	[]	[]
g. Other (describe)_____	_____	[]	[]

2. Indicate whether any of the following chemicals are in this facility's wastewater discharge by marking (A) for Absent, (S) for Suspected Present, or (P) for Known Present. List the average concentration in the wastewater discharge of the listed chemicals that are Known Present.

<u>Chemical Name</u>	<u>Concentration (ppm)</u>
Arsenic	_____
Boron	_____
Cadmium	_____
Chromium	_____
Copper	_____
Cyanide	_____
Lead	_____
Mercury	_____
Molybdenum	_____
Nickel	_____
Selenium	_____
Silver	_____
Zinc	_____

Status (A, S, or P)

3. List the points to which an accidental spill would be discharged: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> On-Site disposal system | <input type="checkbox"/> Storm drain |
| <input type="checkbox"/> Sewer system (ie. through a floor drain) | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Soil or land | <input type="checkbox"/> Not Applicable |

4. Does this facility have a written action plan to prevent spills of chemicals or slug discharges from entering the environment or the sewer system.

- ☐ Yes
☐ No

If Yes, please attach a copy.

5. List the name and quantity of any substance that would be classified as a hazardous waste under the Hazardous Waste Regulations (310 CMR 30), if it were not discharged to the sewer.

<u>Name of Waste</u>	<u>Quantity (per year)</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. List the name, quantity and disposal method of any hazardous waste generated at the facility.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION D - AUTHORIZED REPRESENTATIVE SIGNATURE

Authorized Representative Statement: (to be completed by a company officer)

I certify 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 persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Name: _____

Title: _____ Telephone No.: (____) - _____

Signature: _____ Date: _____

Thank you for completing this survey. Please mail it to:

**Springfield Water and Sewer Commission
Industrial Pretreatment Program
P. O. Box 995
Springfield, MA 01101-0995**

Any questions regarding the survey? Call Natalie Hale at (413) 310-3477 or Lizbeth Piemont at (413) 310-3484.