Industrial User Survey

SECTION A - GENERAL INFORMATION

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

.....

.....

.....

Zip Code _____Telephone Number .....

Facsimile Number..... E-mail:……

A.1.1 Name of the owner of property, address, and telephone number:

.....

.....

Zip Code _____Telephone Number .....

A.2. Address of production or manufacturing facility. (If same as above, check [ ].

.....

.....

Zip Code _____Telephone Number .....

A.3. Name, title, and telephone number of person authorized to represent this Firm in official dealings with the City of Mt. Juliet:

.....

.....

A.4. Alternate person to contact concerning information provided herein:

Name_____ Title_____ Tel. No.....

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in This document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and/or imprisonment.

....

Date Signature of Official
(Seal if applicable)

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

.....

.....

Note to Signing Official: In accordance with *Title 40* of the *Code of Federal Regulations Part 403 Section 403.14*, information and data provided in this questionnaire 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*. Should a Discharge Permit be required for your facility, the information in this questionnaire will be used to issue the permit.

A.6. Provide a brief narrative of the manufacturing, production, or service activities your firm conducts.

.....

.....

.....

.....

A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

.....

A.8. This facility generates the following types of wastes (check all that apply):

		Average Gallons per day	
1. [ ]	Domestic waste (restrooms, employee showers, etc.)	[ ] estimated	[ ] measured
2. [ ]	Cooling water, non-contact	[ ] estimated	[ ] measured
3. [ ]	Boiler/Tower blowdown	[ ] estimated	[ ] measured
4. [ ]	Cooling water, contact	[ ] estimated	[ ] measured
5. [ ]	Process	[ ] estimated	[ ] measured
6. [ ]	Equipment/Facility washdown	[ ] estimated	[ ] measured
7. [ ]	Air Pollution Control Unit	[ ] estimated	[ ] measured
8. [ ]	Storm water runoff to sewer	[ ] estimated	[ ] measured
9. [ ]	Other (describe)	[ ] estimated	[ ] measured

.....

Total A.8.1 - A.8.9.....

A.9. Wastes are discharged to (check all that apply):

	Average Gallons per day		
1. [ ] Sanitary sewer	.....	[ ] estimated	[ ] measured
2. [ ] Storm sewer	.....	[ ] estimated	[ ] measured
3. [ ] Surface water	.....	[ ] estimated	[ ] measured
4. [ ] Ground water	.....	[ ] estimated	[ ] measured
5. [ ] Waste haulers	.....	[ ] estimated	[ ] measured
6. [ ] Evaporation	.....	[ ] estimated	[ ] measured
7. [ ] Other (describe)	.....	[ ] estimated	[ ] measured

Provide name and address of waste hauler(s), if used:
.....
.....

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

[ ] Yes [ ] No

Note: If your facility did not check one or more of the items listed in A.8.4 through A.8.9 above, then you do not need to complete any further sections in this survey/application. If any items, A.8.4 through A.8.9 were checked, please complete the remainder of this survey/application.

SECTION B - FACILITY OPERATION CHARACTERISTICS

B.1. Number of employee shifts worked per 24-hour day is .....
Average number of employees per shift is .....

B.2. Starting times of each shift: 1st ____ am p.m. 2nd____am p.m. 3rd____am p.m.

Note: The following information in this section must be completed for each product line.

B.3. Principal product produced: .....

B.4. Raw materials and process additives used: .....
.....
.....

B.5. Production process is:

[ ] Batch [ ] Continuous [ ] Both ____ % batch ____% continuous

Average number of batches per 24-hour day .....

B.6. Hours of operation: _____ a.m. to _____ p.m. [ ] continuous

B.7. Is production subject to seasonal variation? [ ] yes [ ] no

If yes, briefly, describe seasonal production cycle:_____

_____

_____

B.8. Are any process changes or expansions planned during the next three years?

[ ] yes [ ] no

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

SECTION C - WASTEWATER INFORMATION

C.1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

A. 34 Industrial Categories

1. [ ] Adhesives
2. [ ] Aluminum Forming
3. [ ] Auto & Other Laundries
4. [ ] Battery Manufacturing
5. [ ] Coal Mining
6. [ ] Coil Coating
7. [ ] Copper Forming
8. [ ] Electric / Electronics
9. [ ] Electroplating /Metal Finish.
10. [ ] Explosives
11. [ ] Foundries
12. [ ] Gum & Wood Chemicals
13. [ ] Inorganic Chemicals
14. [ ] Iron & Steel
15. [ ] Leather Tanning & finishing
16. [ ] Mechanical Products
17. [ ] Nonferrous Metals
18. [ ] Ore Mining
19. [ ] Organic Chemicals
20. [ ] Paint & Ink
21. [ ] Pesticides
22. [ ] Petroleum Refining
23. [ ] Pharmaceuticals
24. [ ] Photographic Supplies
25. [ ] Plastic & Synthetic
26. [ ] Plastics Processing
27. [ ] Porcelain Enamel
28. [ ] Printing & Publishing
29. [ ] Pulp & Paper
30. [ ] Rubber
31. [ ] Soaps & Detergents
32. [ ] Steam Electric
33. [ ] Textile Mills
34. [ ] Timber

B. Other Business Activity

1. [ ] Dairy Products
2. [ ] Slaughter/Meat Packing/Rendering
3. [ ] Food/Edible Products Processor
4. [ ] Beverage Bottler

C.2. Pretreatment devices or processes used for treating wastewater or sludge. (Check as many as appropriate)

[ ] Air flotation
[ ] Biological treatment, type .....
[ ] Centrifuge
[ ] Chemical precipitation
[ ] Chlorination
[ ] Cyclone
[ ] Filtration
[ ] Flow equalization
[ ] Grease or oil separation, type .....
[ ] Grease trap
[ ] Grit removal
[ ] Ion exchange
[ ] Neutralization, pH correction
[ ] Ozonation
[ ] Reverse osmosis
[ ] Screen
[ ] Sedimentation
[ ] Septic tank
[ ] Solvent separation
[ ] Spill protection
[ ] Sump
[ ] Rainwater diversion or storage
[ ] Other chemical treatment, type .....
[ ] Other physical treatment, type .....
[ ] Other, type .....
[ ] No pretreatment provided

C.3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analyses, name of the laboratory performing the analyses, and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).

C.4. Priority Pollutant Information: Please indicate by placing an "x" in the appropriate box by each listed chemical whether it is "Suspected to be Absent", "Known to be Absent", "Suspected to be Present", or "Known to be Present" in your service activity or manufacturing process or generated as a by-product.

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONC. PER DAY
I. METALS & INORGANICS					
1. Antimony	[ ]	[ ]	[ ]	[ ]	_____
2. Arsenic	[ ]	[ ]	[ ]	[ ]	_____
3. Asbestos	[ ]	[ ]	[ ]	[ ]	_____
4. Beryllium	[ ]	[ ]	[ ]	[ ]	_____
5. Cadmium	[ ]	[ ]	[ ]	[ ]	_____
6. Chromium	[ ]	[ ]	[ ]	[ ]	_____
7. Copper	[ ]	[ ]	[ ]	[ ]	_____
8. Cyanide	[ ]	[ ]	[ ]	[ ]	_____
9. Lead	[ ]	[ ]	[ ]	[ ]	_____
10. Mercury	[ ]	[ ]	[ ]	[ ]	_____
11. Nickel	[ ]	[ ]	[ ]	[ ]	_____
12. Selenium	[ ]	[ ]	[ ]	[ ]	_____
13. Silver	[ ]	[ ]	[ ]	[ ]	_____
14. Thallium	[ ]	[ ]	[ ]	[ ]	_____
15. Zinc					
II. PHENOLS AND CRESOLS					
16. Phenol(s)	[ ]	[ ]	[ ]	[ ]	_____
17. Phenol, 2-chloro	[ ]	[ ]	[ ]	[ ]	_____
18. Phenol, 2,4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
19. Phenol, 2,4,6-trichloro	[ ]	[ ]	[ ]	[ ]	_____
20. Phenol, pentachloro	[ ]	[ ]	[ ]	[ ]	_____
21. Phenol, 2-nitro	[ ]	[ ]	[ ]	[ ]	_____
22. Phenol, 4-nitro	[ ]	[ ]	[ ]	[ ]	_____
23. Phenol, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	_____
24. Phenol, 2,4-dimethyl	[ ]	[ ]	[ ]	[ ]	_____
25. m-Cresol, p-chloro	[ ]	[ ]	[ ]	[ ]	_____
26. o-Cresol, 4,6-dinitro	[ ]	[ ]	[ ]	[ ]	_____
III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS, AND PHTHALATES)					
27. Benzene	[ ]	[ ]	[ ]	[ ]	_____
28. Benzene, chloro	[ ]	[ ]	[ ]	[ ]	_____
29. Benzene, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
30. Benzene, 1,3-dichloro	[ ]	[ ]	[ ]	[ ]	_____
31. Benzene, 1,4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
32. Benzene, 1,2,4-trichloro	[ ]	[ ]	[ ]	[ ]	_____
33. Benzene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
34. Benzene, ethyl	[ ]	[ ]	[ ]	[ ]	_____
35. Benzene, nitro	[ ]	[ ]	[ ]	[ ]	_____
36. Toluene	[ ]	[ ]	[ ]	[ ]	_____
37. Toluene, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	_____
38. Toluene, 2,6-dinitro	[ ]	[ ]	[ ]	[ ]	_____

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONC. PER DAY
IV. PCBs & RELATED COMPOUNDS					
39. PCB-1016	[ ]	[ ]	[ ]	[ ]	_____
40. PCB-1221	[ ]	[ ]	[ ]	[ ]	_____
41. PCB-1232	[ ]	[ ]	[ ]	[ ]	_____
42. PCB-1242	[ ]	[ ]	[ ]	[ ]	_____
43. PCB-1248	[ ]	[ ]	[ ]	[ ]	_____
44. PCB-1254	[ ]	[ ]	[ ]	[ ]	_____
45. PCB-1260	[ ]	[ ]	[ ]	[ ]	_____
46. 2-Chloronaphthalene	[ ]	[ ]	[ ]	[ ]	_____
V. ETHERS					
47. Ether, bis(chloromethyl)	[ ]	[ ]	[ ]	[ ]	_____
48. Ether, bis(2-chloroethyl)	[ ]	[ ]	[ ]	[ ]	_____
49. Ether, bis(2-chlorosopropyl)	[ ]	[ ]	[ ]	[ ]	_____
50. Ether, 2-chloroethyl vinyl	[ ]	[ ]	[ ]	[ ]	_____
51. Ether, 4-bromophenyl phenyl	[ ]	[ ]	[ ]	[ ]	_____
52. Ether, 4-chlorophenyl phenyl	[ ]	[ ]	[ ]	[ ]	_____
53. Bis(2-chloroethoxy) methane	[ ]	[ ]	[ ]	[ ]	_____
VI. NITROSAMINES AND OTHER NITROGEN-CONTAINING COMPOUNDS					
54. Nitrosamine, dimethyl	[ ]	[ ]	[ ]	[ ]	_____
55. Nitrosamine, diphenyl	[ ]	[ ]	[ ]	[ ]	_____
56. Nitrosamine, di-n-propyl	[ ]	[ ]	[ ]	[ ]	_____
57. Benzidine	[ ]	[ ]	[ ]	[ ]	_____
58. Benzidine, 3,3’-dichloro	[ ]	[ ]	[ ]	[ ]	_____
59. Hydrazine, 1,2-diphenyl	[ ]	[ ]	[ ]	[ ]	_____
60. Acrylonitrile	[ ]	[ ]	[ ]	[ ]	_____
VII. HALOGENATED ALIPHATICS					
61. Methane, bromo-	[ ]	[ ]	[ ]	[ ]	_____
62. Methane, chloro-	[ ]	[ ]	[ ]	[ ]	_____
63. Methane, dichloro	[ ]	[ ]	[ ]	[ ]	_____
64. Methane, chlorodibromo	[ ]	[ ]	[ ]	[ ]	_____
65. Methane, dichlorobromo	[ ]	[ ]	[ ]	[ ]	_____
66. Methane, tribromo	[ ]	[ ]	[ ]	[ ]	_____
67. Methane, trichloro	[ ]	[ ]	[ ]	[ ]	_____
68. Methane, tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
69. Methane, trichlorofluoro	[ ]	[ ]	[ ]	[ ]	_____
70. Methane, dichlorodifluoro	[ ]	[ ]	[ ]	[ ]	_____
71. Ethane, 1,1-dichloro	[ ]	[ ]	[ ]	[ ]	_____
72. Ethane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
73. Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	_____
74. Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	_____
75. Ethane, 1,1,2,1-tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
76. Ethane, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
77. Ethene, chloro	[ ]	[ ]	[ ]	[ ]	_____
78. Ethene, 1,1-dichloro	[ ]	[ ]	[ ]	[ ]	_____
79. Ethene, trans dichloro	[ ]	[ ]	[ ]	[ ]	_____
80. Ethene, trichloro	[ ]	[ ]	[ ]	[ ]	_____

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONC. PER DAY
81. Ethene, tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
82. Propane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
83. Propene, 2,4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
84. Butadiene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
85. Cyclopentadiene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
VIII. PHTHALATE ESTERS					
86. Phthalate, di-c-methyl	[ ]	[ ]	[ ]	[ ]	_____
87. Phthalate, di-n-ethyl	[ ]	[ ]	[ ]	[ ]	_____
88. Phthalate, di-n-butyl	[ ]	[ ]	[ ]	[ ]	_____
89. Phthalate, di-n-octyl	[ ]	[ ]	[ ]	[ ]	_____
90. Phthalate, bis(2-ethylhexyl)	[ ]	[ ]	[ ]	[ ]	_____
91. Phthalate, butyl benzyl	[ ]	[ ]	[ ]	[ ]	_____
IX. POLYCYCLIC AROMATIC HYDROCARBONS					
92. Acenaphthene	[ ]	[ ]	[ ]	[ ]	_____
93. Acenaphthylene	[ ]	[ ]	[ ]	[ ]	_____
94. Anthracene	[ ]	[ ]	[ ]	[ ]	_____
95. Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	_____
96. Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
97. Benzo (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
98. Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	_____
99. Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	_____
100. Chrysene	[ ]	[ ]	[ ]	[ ]	_____
101. Dibenzo (a,n,) anthracene	[ ]	[ ]	[ ]	[ ]	_____
102. Fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
103. Fluorene	[ ]	[ ]	[ ]	[ ]	_____
104. Indeno (1,2,3-ed) pyrene	[ ]	[ ]	[ ]	[ ]	_____
105. Naphthalene	[ ]	[ ]	[ ]	[ ]	_____
106. Phenanthrene	[ ]	[ ]	[ ]	[ ]	_____
107. Pyrene	[ ]	[ ]	[ ]	[ ]	_____
X. PESTICIDES					
108. Acrolein	[ ]	[ ]	[ ]	[ ]	_____
109. Aldrin	[ ]	[ ]	[ ]	[ ]	_____
110. BHC (Alpha)	[ ]	[ ]	[ ]	[ ]	_____
111. BHC (Beta)	[ ]	[ ]	[ ]	[ ]	_____
112. BHC (Gamma) or Lindane	[ ]	[ ]	[ ]	[ ]	_____
113. BHC (Delta)	[ ]	[ ]	[ ]	[ ]	_____
114. Chlordane	[ ]	[ ]	[ ]	[ ]	_____
115. DDD	[ ]	[ ]	[ ]	[ ]	_____
116. DDE	[ ]	[ ]	[ ]	[ ]	_____
117. DDT	[ ]	[ ]	[ ]	[ ]	_____
118. Dieldrin	[ ]	[ ]	[ ]	[ ]	_____
119. Endosulfan (Alpha)	[ ]	[ ]	[ ]	[ ]	_____
120. Endosulfan (Beta)	[ ]	[ ]	[ ]	[ ]	_____
121. Endosulfan Sulfate	[ ]	[ ]	[ ]	[ ]	_____
122. Endrin	[ ]	[ ]	[ ]	[ ]	_____
123. Endrin aldehyde	[ ]	[ ]	[ ]	[ ]	_____
124. Heptachlor	[ ]	[ ]	[ ]	[ ]	_____

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONC. PER DAY
125. Heptachlor epoxide	[ ]	[ ]	[ ]	[ ]	_____
126. Isophorone	[ ]	[ ]	[ ]	[ ]	_____
127. TCDD (or Dioxin)	[ ]	[ ]	[ ]	[ ]	_____
128. Toxaphene	[ ]	[ ]	[ ]	[ ]	_____

SECTION D - OTHER WASTES

D.1. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

[ ] Yes [ ] No

If "no" - skip remainder of Section D
If "yes" - complete items 2 and 3

D.2. These wastes may best be described as:

	Estimated Gallons or Pounds/Year
[ ] Acids and Alkalies	.....
[ ] Heavy Metal Sludges	.....
[ ] Inks/Dyes	.....
[ ] Oil and/or Grease	.....
[ ] Organic Compounds	.....
[ ] Paints	.....
[ ] Pesticides	.....
[ ] Plating Wastes	.....
[ ] Pretreatment Sludges	.....
[ ] Solvents/Thinners	.....
[ ] Other Hazardous Waste (specify)	.....
_____	.....
_____	.....
[ ] Other Wastes (specify)	.....
_____	.....
_____	.....

D.3. For the above checked waste, does your company practice:

[ ] on-site storage
[ ] off-site storage
[ ] on-site disposal
[ ] off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

City of Mt. Juliet / Pretreatment Division
Public Works Dept.
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Mt. Juliet, TN 37122
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