



City of Marietta

Wastewater Department

440 E. 8th St. Marietta, Ohio 45750
Phone: (740) 373-3858 Fax: (740) 373-8214

INDUSTRIAL WASTE QUESTIONNAIRE

GENERAL INSTRUCTIONS

Please type or print in ink when filling out questionnaire. All questions are to be completed Section A through E. Where a question does not apply, a "Not-applicable (N/A) response should be entered.

SECTION A. GENERAL INFORMATION

Company Name: _____

Mailing Address: _____

Telephone #: _____

Contact Person: _____

SECTION B. PRODUCT OR SERVICE INFORMATION

1. Brief description of manufacturing or service activity at this site.

2. Production information:

- a) List products: _____
- b) List raw products: _____
- c) List by-products: _____

SECTION C. SEWER CONNECTION AND DISCHARGE INFORMATION

1. Circle days of week of operation: 1 2 3 4 5 6 7

2. Hours per day of operation: _____

3. Shift information: Start time: _____ Stop time: _____

4. Number of employees: _____

5. Are expansion plans scheduled within the next 3 years? Yes / No
 If yes, check all appropriate types of expansion

<input type="checkbox"/> New products	<input type="checkbox"/> Same products - additional capacity
<input type="checkbox"/> New Facility	<input type="checkbox"/> Expand current facility
<input type="checkbox"/> Relocate within	<input type="checkbox"/> Sewer service area
<input type="checkbox"/> New Services	

6. Is this facility connected to the sanitary sewer system? Yes / No

7. Is wastewater pretreated prior to disposal? Yes / No
 8. Are all liquid wastes discharged to the sanitary sewer? Yes / No
 9. If no, describe any other liquid disposal method(s): _____

10. Briefly describe discharge to the sanitary sewer:(nature of waste, volume, frequency)

11. Does this facility have more than one (1) sanitary sewer connection?
 Yes / No

12. Is there a grease trap or interceptor in use? Yes / No

13. Size of trap or interceptor: _____ gal.

14. Frequency of cleaning: _____

15. Is there a non-interceptor oil storage container? Yes / No

If yes, capacity and location of container: _____

16. Describe trap or interceptor cleaning and/or removal procedures: _____

17. Person or Company that cleans the trap or interceptor:

18. Do you have a spill prevention plan? Yes / No

19. Is there a sampling manhole available to collect a sample for analysis? Yes/ No

SECTION D. FACILITY OPERATIONAL CHARACTERISTICS

1. Major operations or activities are _____ batch, _____ and/or continuous

2. a.) Do scheduled shutdowns occur? Yes / No

b.) If yes, list time period. _____

3. a.) Is production seasonal? Yes / No

b.) If yes, indicate periods of maximum production and products:

c.) Are expansion plans scheduled within the next 3 years? Yes / No

d.) If yes, check the appropriate type of expansion

- | | |
|--|--|
| <input type="checkbox"/> New products | <input type="checkbox"/> Same products – additional capacity |
| <input type="checkbox"/> New facility | <input type="checkbox"/> Expand current facility |
| <input type="checkbox"/> Relocate within | <input type="checkbox"/> Outside _____ sewer service area |
| <input type="checkbox"/> Pretreatment | |

e.) At this time, are you currently operating at a lower level that significantly affects your water usage and wastewater discharges:
 Yes / No

SECTION E. WASTEWATER INFORMATION

1. Are other sources of water used (well, spring, river, etc)? Yes / No If yes, list other sources: _____

2. Does water usage vary widely during the production day? Yes / No If yes, indicate periods of maximum use: _____

3. List water use and discharge information in the table below: (check appropriate boxes)

Type	Use		Estimated gal/day	Discharged to sewer	
	YES	NO		YES	NO
Cooling water					
Boiler feed					
Process water					
Re-circulated water					

4. Are corrosive or biological inhibiting chemicals added to facility water systems that are discharged to the sanitary sewer?
Yes / No
5. If yes, list them below:

6. Are raw water treatment processes employed? Yes / No If yes, list process (es) and method of residue disposal:

7. Is sanitary waste discharged separate from process water? Yes / No
8. Are all liquid wastes discharged to the sanitary sewer? Yes / No
9. Method of disposal for captured/stored liquid waste: Include name and location of disposal site.

10. Is wastewater pretreated before being discharged to the sewer? Yes / No
11. Are quantities of chemicals stored at this facility? Yes / No
12. If yes,

Additional Comments:

SECTION E. VERIFICATION

"I certify under the penalty of law that the information submitted is true, accurate and complete. I am aware there are significant penalties for submitting false information including the possibility of fine and imprisonment."

PRINT THE NAME OF THE PERSON WHO COMPLETED THIS QUESTIONNAIRE:

PRINT THE NAME OF THE PERSON TO CONTACT ON INFORMATION CONTAINED IN THIS QUESTIONNAIRE:

TITLE: _____ **TELEPHONE #:** _____

SIGNATURE: _____ **DATE:** _____

**PLEASE RETURN THIS QUESTIONNAIRE FORM TO:
ATTN: CHRISTY KING
CHEMIST/PRETREATMENT COORDINATOR**