



CALHOUN UTILITIES

700 WEST LINE STREET

CALHOUN, GA 30701

INDUSTRIAL WASTE SURVEY

(Return the completed questionnaire by: _____)

A GENERAL INFORMATION

- a1)** Applicant business name: _____
- a2)** Address of premise discharging wastewater:
 Street _____
 City _____ State: _____ Zip: _____
- a3)** Mailing address:
 Street/P O Box: _____
 City: _____ State: _____ Zip: _____
- a4)** Name and title of signing official:
 Name: _____ Title: _____
- a5)** Person to be contacted about this questionnaire:
 Name: _____ Title: _____
 Phone: _____
- a6)** Person to be contacted in case of emergency:
 Name: _____
 Day Ph: _____ Night Ph: _____

The information contained in this questionnaire is familiar to me and to the best of my knowledge and belief, such information is true, complete and accurate.

Date: _____ Signature: _____

OFFICIAL USE ONLY --- DO NOT WRITE BELOW THIS LINE !

Date received: _____

1 - Questionnaire Incomplete: _____ Phone call required: _____ Visit Required: _____
 Questionnaire Complete: _____

2 - Permit Required: Yes _____ No _____
 Permit Issued: Effective: _____ Expires: _____

3 - Basin: _____ Number: _____

4 - Comments: _____

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

B. PRODUCT OR SERVICE INFORMATION

b1) Brief narrative of manufacturing or service activity at premise address:

b2) Standard industrial Classification (SIC) Codes for Principal Products or Services:

PRODUCTS OR SERVICES	SIC CODE (4 DIGIT)	% OF PRODUCTION

b3) Substances Discharged: Give common and technical names of each raw material and product that may be discharged to the sewer. Briefly describe the physical and chemical properties of each substance and product.

COMMON / TECHNICAL	PHYSICAL & CHEMICAL PROPERTIES

b4) What potentially hazardous, corrosive, flammable, explosive or toxic substances are handled at you plant? _____

b5) Describe the wastewater generating operations (including processes and cleanups).

C. PLANT OPERATIONAL CHARACTERISTICS

c1) *Are major processes batch or continuous?* _____
Average number of batches per 24 hour day? _____

c2) *Variation of Operation:*
Indicate whether the business activity is:
 a) _____ Continuous throughout the year, or
 _____ Seasonal - circle the months of the year during which operations occur:
 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
 Peak month(s) of operation: _____

b) _____ Continuous throughout the week, or
 _____ Circle the days of the week which operations occur:
 SUN MON TUE WED THU FRI SAT SUN
 Peak day(s) of operation: _____

c3) *Wastewater Discharge Periods:*
 a) Discharge occurs daily: From _____ To _____
 * Circle the days of the week that the discharge occurs:
 SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY
 Peak day(s) of discharge: _____
 b) Clean-up discharge daily: From _____ To _____
 * Circle the days of the week that the discharge occurs due to clean-up:
 SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

c4) *Shift Information:*
 Total Number of Employees: _____

	OFFICE		PRODUCTION (Number of Employees per Shift)					
			Day Shift		P.M. Shift		A.M. Shift	
	Number	Hours	Number	Hours	Number	Hours	Number	Hours
WEEKDAY								
SATURDAY								
SUNDAY								
SEASONAL								

c5) *Describe any wastewater treatment equipment or processes in use:*

D. WATER USE AND DISCHARGE INFORMATION

d1) List each water source (city, county, well, other) account number (if applicable), designated use (fire service, production, lawn sprinkler, etc.) and average monthly consumption - indicate units:

SOURCE	ACCOUNT #	USE	CONSUMPTION

d2) Indicate water use categories, distribution of water used and means of wastewater disposal:

WATER USED FOR	WATER SUPPLY (Percent of Total)	DISCHARGED TO:
Sanitary		
Process		
Boiler		
Cooling		
* Other		
In Product		In Product

* Describe other water use(s): _____

d3) List plant sewer outlets, size and flow: (Attach a map showing facility and sewer outlet locations.)

REF. #	SEWER SIZE (Inches)	DESCRIPTIVE LOCATION OF SEWER CONNECTION OR DISCHARGE POINT	AVERAGE FLOW (GPD)
1			
2			
3			
4			
5			

d4) Attach a line diagram of all production, water treatment and wastewater treatment processes. Indicate the source of water and estimated water use for each process. Show the wastewater generated by each process and the route to sewer outlets referenced in item D3.

E. PRIORITY POLLUTANT SURVEY

e1) Indicate to the best of your ability, the known presence or known absence of the material listed in E2. It is not necessary to undertake a sampling program to complete this section. Respond by checking the appropriate column indicating which of the following descriptions is applicable.

Check Column A if:

Compound is used as a raw material, stored on site, transported, or produced whether as a product or a by-product and may be in wastewater discharge.

Check Column B if:

Compound is used a raw material, stored on site, transported, or produced whether as a product or by-product, but is not in wastewater discharge.

Check Column C if:

Compound is not used as a raw material, stored on site, transported or produced.

e2) 129 Priority Pollutants

#	VOLATILES	A	B	C
2	Acrolein			
3	Acrylonitrile			
4	benzene			
6	Carbon Tetrachloride			
7	Chlorobenzene			
10	1, 2-Dichloroethane			
11	1,1,1-Trichloroethane			
13	1,1-Dichloroethane			
14	1.1.2.2-Trichloroethane			
15	1,1,2,2-Tetrachloroethane			
16	Chloroethane			
23	Chloroform (Trichloromethane)			
29	1,1-Dichloroethylene			
30	1,2-Trans-Dichloroethylene			
32	1,2-Dichloropropane			
33	1,2-Dichloropropylene (1,3-Dichloropropene)			
38	Ethylbenzene			
44	Methylene Chloride (Dichloromethane)			
45	Methyl Chloride (Chloromethane)			
46	Methyl Bromide (Bromomethane)			
47	Bromoform (Tribromomethane)			
48	Dichlorobromomethane			
49	Trichlorobromomethane			
50	Dichlorodifluoromethane			
51	Chlorodibromomethane			
85	Tetrachloroethylene			
86	Toluene			
87	Trichloroethylene			
88	Vinyl Chloride (Chloroethylene)			

e2) 129 Priority Pollutants (Cont'd)

#	ACIDS	A	B	C
21	2,4,6-Trichlorophenol			
22	Parachlorometa Cresol			
31	2,4-Dichlorophenol			
34	2,4-Dimethylophenol			
57	2-Nitrophenol			
58	4-Nitrophenol			
59	2,4-Dinitrophenol			
60	4,6-Dinitro-o-Cresol			
64	Pentachlorophenol			
65	Phenol			

#	BASE/NEUTRALS	A	B	C
1	Acenaphthene			
5	Benzidine			
8	1,2,4-Trichlorobenzene			
9	Hexachlorobenzene			
12	Hexachloroethane			
17	Bix (Chloromethyl) Ether			
18	Bis (2-Chlorethyl) Ether			
19	2-Chloroethyl Vinyl Ether (mixed)			
20	2-Chloronaphthalene			
25	1,2-Dichlorobenzene			
26	1,3-Dichlorobenzene			
27	1,4-Dichlorobenzene			
28	3,3-Dichlorobenzene			
35	2,4-Dinitrotoluene			
36	2,6-Dinitrotoluene			
37	1,2-Diphenylhydrazine			
39	Fluoranthene			
40	4-Chlorophenyl Phenyl Ether			
41	4-Bromophenyl Phenyl Ether			
42	Bis-(2-Chloroisoprophyl) Ether			
43	Bis-(2-Chloroethoxy) Methane			
52	Hexachlorobutadiene			
53	Hexachlorocyclopentadiene			
54	Isophorone			
55	Naphthalene			
56	Nitrobenzene			
61	N-Nitrosodimethylamine			
62	N-Nitrosodiphenylamine			
63	N-Nitrosodi-n-Propylamine			
66	Bix-(2-Ethylhexyl) Phthalate			
67	Butyl Benzyl Phthalate			
68	Di-n-Butyl Phthalate			

e2) 129 Priority Pollutants (Cont'd)

#	BASE/NEUTRALS	A	B	C
69	Di-n-Octyl Phthalate			
70	Diethyl Phthalate			
71	Dimethyl Phthalate			
72	Benzo(a) Anthracene (1,2-Benzanthracene)			
73	Benzo(a) Pyrene (3,4-Benzophyrene)			
74	3,4-Benzofluoranthene			
75	Benzo(k) Fluoranthene (11,12-Benzofluoranthene)			
76	Chrysene			
77	Acenaphthylene			
78	Anthracene			
79	Benzo(ghi) Perylene (1,12-Benzoperylene)			
80	Fluorene			
81	Phenanthrene			
82	Dibenzo(a,h) Anthracene (1,2,5,6-Dibenzanthracene)			
83	Indeno(1,2,3-cd) Pyrene (2,3,0-Phenyleneephrene)			
84	Pyrene			

#	PESTICIDES	A	B	C
89	Aldrin			
90	Dieldrin			
91	Chlordane (Technical mixture & Metabolites)			
92	4,4-DDT			
93	4,4-DDE (p,p-DDX)			
94	4,4-DDD (p,p-TDE)			
95	a-Endosulfan-Alpha			
96	b-Endosulfan-Beta			
97	Endosulfan Sulfate			
98	Endrin			
99	Endrin Aldehyde			
100	Heptachlor			
101	Heptachlor Epoxide			
102	a-BHC-Alpha			
103	b-BHC-Beta			
104	r-BHC (Lindane)-Gamma			
105	g-BHC-Delta			
106	PCB-1242 (Arochlor 1242)			
107	PCB-1254 (Arochlor 1254)			
108	PCB-1221 (Arochlor 1221)			
109	PCB-1232 (Arochlor 1232)			
110	PCB-1248 (Arochlor 1248)			
111	PCB-1260 (Arochlor 1016)			
112	PCB-1016 (Arochlor 1016)			
113	Toxaphene			
129	2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)			

e2) 129 Priority Pollutants (Cont'd)

#	METALS	A	B	C
114	Antimony (total)			
115	Arsenic (total)			
117	Beryllium (total)			
118	Cadmium			
119	Chromium (total)			
120	Copper (total)			
122	Lead (total)			
123	Mercury (total)			
124	Nickel (total)			
125	Selenium (total)			
126	Silver (total)			
127	Thallium (total)			
128	Zinc (total)			

#	OTHERS	A	B	C
116	Asbestos (Fibrous)			
121	Cyanide (total)			

F. PROHIBITED POLLUTANT SURVEY

Estimate to the best of your ability the concentration of each pollutant discharged to the City sewers. Sampling is not required; however, if analytical data do exist, the results should be included.

POLLUTANT	CONCENTRATION (ppm)	CHECK ONE	
		ESTIMATE	ANALYTICAL RESULT
Biochemical Oxygen Demand (BOD)			
Chemical Oxygen Demand (COD)			
Suspended Solids (SS)			
Oil and Grease			

Heated discharge in excess of 40°C (104° F) _____ None
 Temperature _____ *F/C

G. FEDERAL PRETREATMENT STANDARDS

g1) Is this plant subject to an existing Federal Pretreatment Standard?

_____ Yes _____ No

g2) If yes, are the Pretreatment Standards being met consistently?

_____ Yes _____ No

g3) Are additional Pretreatment Facilities and/or operation and maintenance required to meet the Pretreatment Standards?

_____ Yes _____ No

g4) If yes, list the schedule by which they will be provided:

H. NPDES PERMIT

Does this facility have a NPDES permit? _____ Yes _____ No

If yes, permit number: _____ Expiration Date: _____

I WASTE STREAMS NOT DISCHARGED TO CITY SEWERS

For those processes or operations which produce wastes which are NOT discharged into City or storm sewers or to surface waters, complete the following:

(Use separate form for each waste stream -- This includes sludges generated in process operations or wastewater pretreatment processes.)

i1) Waste Stream: # _____
Description of process or operation producing waste: _____

Brief characterization or waste: _____

Annual waste production: _____ () Tons/Yr OR () Gal/Yr - (Check one)

Frequency of waste production: () Seasonal () Occasional
() Continual () Other _____

a. Average percent solids: _____% b. pH range _____ to _____

c. Physical state: () Liquid; () Slurry; () Sludge; () Solid; () Other _____

d. Hazardous properties of waste: () Flammable; () Toxic; () Reactive; () Explosive
() Infectious; () Corrosive; () Other _____

i2) Transportation:

a) Waste hauled off site by: () You; () Others

b) Name of waste hauler: _____
Address: _____

Phone Number: _____

i3) Treatment and disposal:

a) Treatment or disposal: () On site; () Off site

b) Waste is: () Reclaimed; () Treated; () Land Disposed; () Incinerated;
() Other: _____

I WASTE STREAMS NOT DISCHARGED TO CITY SEWERS (CONT'D)

i3) Treatment and disposal (Cont'd)

c) Off site facility receiving waste:

Name of Facility: _____
Facility Operator: _____
Facility Location: _____

i4) On site storage for greater than 90 days _____ None

- a) Method: () Drum; () Roll-off container; () Tank; () Lagoon
- b) Typical length of time waste store: () Days; () Weeks; () Months
- c) Typical volume of waste stored: () Tons; () Gallons
- d) Is storage site diked? () Yes; () No
- e) Surface drainage collection? () Yes; () No

J OPERATION CERTIFICATION

State required mandatory certification. Effective July 1, 1993, all operators and laboratory analysts must be certified; provided, however, any person who was operating an industrial wastewater treatment plant on or before July 1, 1993, may continue to operate that wastewater treatment plant until July 1, 1996, without attaining certification.

Only the operator in responsible charge need be certified.

A treatment process which consists solely of screening of pH adjustment or sedimentation processes without mechanical solids removal or septic tanks or grease traps or oil-water separators are excluded. If any two processes are conducted, a certified operator is required.

j1) Are you now required to have a certified operator? () Yes () No

j2) If you answered yes to j1, do you have the certified operator? () Yes () No

j3) If applicable, list the certified operator's name(s).

Name: _____
Certificate Number: _____
Name: _____
Certificate Number: _____

j4) Will you be required on July 1, 1996, to have a certified operator? () Yes () No



CALHOUN UTILITIES

**700 WEST LINE STREET
CALHOUN, GA 30701**

INDUSTRIAL WASTEWATER QUESTIONNAIRE INSTRUCTION GUIDE

These instructions are designed to assist you in completing the attached industrial Wastewater Survey.

Please make sure all blanks are filled in, even though the answer to a particular item may be "0" or "none". If additional space is needed to complete a particular item, please attach sheets keyed to the section and item number and enter "continued on additional sheet" in the appropriate blank.

Please indicate any information that you consider confidential and which may divulge methods or processes entitled to protection as trade secrets.

Return the completed original copy to:

**Mr. Mark Gibson
Calhoun Utilities
700 West Line
Calhoun, GA 30701**

(Please note the deadline of returning this Survey.)

A. GENERAL INFORMATION

- a1)* The business name should be that name which is used for official transactions or as appears on company stationery.
- a2)* The premise address should be the street address of the plant or facility for which the questionnaire is being submitted.
- a3)* The mailing address should be that address where correspondence is to be mailed. (P O Box, address of parent company, etc.)
- a4)* The "signing official" should be an official of the business with the authority to sign for the company and certify the accuracy of information provided on official documents.
- a5)* Often a person within the company, such as the plant engineer, is assigned the responsibility of dealing with matters concerning waste disposal. The name, title, phone number and mailing address of this person should be provided.
- a6)* Provide the name, day phone and night phone of someone to be contacted in the event of an emergency related to wastewater discharge.

NOTE: After reviewing the completed questionnaire, be sure to sign and date it.

B. PRODUCT OR SERVICE INFORMATION INSTRUCTIONS

- b1)* Describe the primary operations which will convey a general idea of the activities which take place at the premise address.
- b2)* List the principle products or services of your operation followed by the Standard Industrial Classification Code (SIC) for each. If the SIC number is unknown, please omit. Indicate in the last column the approximate percentage of total production at your facility that each product or service represents.
- b3)* List each substance, either produced or used as a raw material at your plant, which may be discharged to the sewer. Provide the name of the substance (both common and technical) and describe the physical and chemical properties for each. (i.e. liquid, solid, flammable, low boiling point, corrosive, etc.)
Example: Common/technical names: caustic soda / sodium hydroxide
Physical and chemical properties: corrosive, aqueous solution
- b4)* List all potentially hazardous, corrosive, flammable, explosive or toxic substance handled at your plant. (i.e. fuels, acids, caustics, insecticides, pesticides, chlorinated hydrocarbons, etc.)
- b5)* Briefly describe each operation at your facility which results in the discharge of wastewater. Be sure to include process and cleanup activities.

C. PLANT OPERATIONAL CHARACTERISTICS

- c1)** A batch process, as related to this survey, is a production process which causes a "dump" of intermittent discharge of wastewater into the sewer system as opposed to a continuous process which causes a relatively steady wastewater discharge to the sewer system. In many cases, a large industry will have many simultaneous batch processes which actually cause a steady wastewater discharge. This is considered a continuous process.
- c2)** **a** - Indicate by checking appropriate space whether your activity is continuous throughout the year or seasonal. If seasonal, circle the months of operation. In the space provided, list the months during which you do the most business.
- b** - Indicate by checking the appropriate space whether your activity is continuous throughout the week, or circle the days of the week operation occur. In the space provided, list the days of the week which you do the most business.
- c** - If you have any schedule shutdowns, indicate so. Give the date / time of occurrence and the reason for shutdown.
- c3)** **a** - Indicate the times of the day and circle the days of the week that discharge to the sewer occurs. Note the peak day(s) of discharge in the space provided.
- b** - Indicate the times of the day and circle the days of the week that clean-up operations occur. Do not include dry clean-ups such as sweeping and vacuuming.
- c4)** Indicate total number of employees at the facility (exclude "route" or "sales" persons who do not contribute to wastewater discharge). Itemize, in the spaces, the number of employees and the hours they work on each shift. Please indicate whether the employee works primarily in the office or on the production line.
- c5)** Some companies provide various degrees of pretreatment of the wastewater prior to discharge to the sewer. Please indicate any wastewater treatment provided at your facility, such as screens, grease traps, pH adjustment, etc.
- c6)** Some companies provide raw water treatment prior to use in their operations. This may include, but is not limited to, water use in products or cooling/heating systems. Please indicate any raw water treatment provided at your facility (such as filtering, softening, etc).
- c7)** Attempting to reduce utility cost, some companies reuse portions of their water. Please describe any recycling of water by your company. Be sure to include any treatment processes involved in the recycling. Also, indicate the percent of water used that is recycled.
- c8)** List the type of material, quantity and name of hauler of any liquid, sludge or solid waste removed from your facility other than through the community sewers.

D. WATER USE AND DISCHARGE INFORMATION

- d1)** List the source of all raw water into your facility. If it is a metered source from the city or county, list the account number. Indicate briefly the primary use of water. Provide the average monthly consumption and the units used.
- d2)** List the water use column (sanitary, process, etc), the percentage of each use of the total water intake into your facility. Indicate the ultimate discharge of this water from your facility, such as the city sewerage system, receiving stream, evaporation, etc. (*Definitions listed below:*)
- Sanitary -- Restrooms, showers, cafeteria, drinking, etc.*
 - Process -- Manufacturing processes, clean-ups, washings, etc.*
 - Boiler -- Make up water for boiler and other heating.*
 - Cooling -- Make up for coolers, refrigeration, cooling towers, air conditioning systems, etc.*
 - Other -- Water used which does not apply to listed categories. (List these in designated space.)*
- d3)** List the size and describe the location of the outlet for every discharge sewer connected to the sewerage system and streams. Indicate the average daily discharge in gallons for each (if known).
- d4)** Drawing should show the processes in proper sequence. Account for all water use and wastewater generation at the site and indicate all points of waste discharge.

E. PRIORITY POLLUTANT SURVEY

Federal pretreatment regulations have designated 129 compounds as priority pollutants. We are required by law to identify those priority pollutants which may be entering the sewers by industrial discharge. To the best of your ability, complete this section as described in E1.

F. PROHIBITED POLLUTANTS

Provide the average concentration of each pollutant. Indicate whether the response is an estimate or an analytical result by checking the appropriate column.

G. FEDERAL PRETREATMENT STANDARDS

This section is self-explanatory.

H. NPDES PERMIT

This section is self-explanatory.

I. WASTE STREAMS NOT DISCHARGED TO SANITARY SEWERS

i1) Waste stream number should be shown on the line diagram of item D4. Annual waste production and waste composition should be estimated if data are not available.

i2) Transportation:

Provide the name, mailing address and telephone number of all waste haulers.

i3) Treatment and Disposal:

Indicate the location and method of waste treatment and disposal. If off site, provide the name, mailing address and telephone number of the facility receiving the waste.

i4) On site storage for greater than 90 days:

If wastes are never stored on site for longer than 90 days, check the box marked "NONE" and disregard the remainder of section ***i4***.

If the site is diked and if the run-off collection is provided, indicate the method of storage, storage period and storage quantity.