Elkhart County Regional Sewer District

Pretreatment Questionnaire and Disclosure Form

GENERAL INFORMATION

1. Company Name:_____

2. Location Address:_____

3. Mailing Address (if different):_____

4. Contact Person:_____ Phone:_____ Email:_____

5. Number of employees: 1st shift _____ 2nd shift _____ 3rd shift _____

6. Number of days of operation per week: _____

7. Is your business activity: ☐ Continuous ☐ Seasonal

8. If seasonal, which months are you in operation? _____

9. Wastewater Discharges To:

- ☐ City Sewer System
- ☐ Private Septic System
- ☐ Natural Outlet (Pond, etc.)
- ☐ Other: _____

10. Types of wastewater discharged: (Check all that apply)

- ☐ Sanitary
- ☐ Process Contact Cooling
- ☐ Non-contact cooling
- ☐ Boiler Slowdown
- ☐ Scrubber
- ☐ Other: _____

BUSINESS ACTIVITY INFORMATION

1. Type of Industry:_____ N. America Industry Classification System (NAICS) Code:_____

2. Please provide a brief description of production process or service activity or check all that apply.

See **TABLE 1** below.

_____

_____

_____

TABLE 1

34 Industrial Categories

NDS Consent Decree – March 9, 1979

Natural Resources Defense Council (NRDC)

(Check appropriate industrial category)

- ☐ Adhesives
- ☐ Leather, Tanning, and Finishing
- ☐ Soaps & Detergents
- ☐ Aluminum Forming
- ☐ Battery Manufacturing
- ☐ Coil Coating
- ☐ Copper Forming
- ☐ Electroplating and/or Metal Finishing
- ☐ Foundries
- ☐ Iron and Steel
- ☐ Nonferrous Metals
- ☐ Photographic Supplies
- ☐ Plastics Processing
- ☐ Porcelain Enamel
- ☐ Gum & Wood Chemicals
- ☐ Paint and Ink
- ☐ Printing & Publishing
- ☐ Pulp and Paper
- ☐ Textile Mills
- ☐ Timber Products
- ☐ Coal Mining
- ☐ Ore Mining
- ☐ Petroleum Refining
- ☐ Steam Electric
- ☐ Organic Chemicals
- ☐ Pesticides
- ☐ Pharmaceuticals
- ☐ Pesticides Materials
- ☐ Rubber
- ☐ Auto & Other Laundries
- ☐ Mechanical Products
- ☐ Electric & Electronic Components
- ☐ Explosives Manufacturing
- ☐ Inorganic Chemical
- ☐ Other

3. List of raw materials: _____

_____

4. List of intermediate by- products: _____

_____

5. List finished products: _____

_____

6. Do you use water in your facility other than restrooms, water fountains, or hand washing?

☐ Yes ☐ No

7. If yes, please describe the processes that use water: _____

_____

_____

8.	Water Sources	Quantity (gpd)
	_____	_____
	_____	_____
	_____	_____

9. Does your facility use hazardous materials or store hazardous waste materials? If so, please list and describe them:

_____

_____

_____

10. Are there any chemicals, liquid additives, or compounds used/generated by this facility? If so, please check all that apply on **TABLE 2** (next page):

11. Does your facility have floor drains? ☐ Yes ☐ No

12. If yes, please list where at and where they lead:

_____

_____

_____

TABLE 2

54 Toxic Pollutants Listed in Consent Decree and

Referenced in 307 (a) of the CWA of 1977

- ☐ Acenaphthene
- ☐ Acrolein
- ☐ Acrylonitrile
- ☐ Aldrin/Dieldrin
- ☐ Antimony and compounds
- ☐ Arsenic and compounds
- ☐ Asbestos
- ☐ Benzene
- ☐ Benzidine
- ☐ Beryllium and compounds
- ☐ Cadmium and compounds
- ☐ Carbon tetrachloride
- ☐ Chlordane
- ☐ Chlorinated benzenes
- ☐ Chlorinated ethanes
- ☐ Chlorinalkyl ethers
- ☐ Chlorinated naphthalene
- ☐ Chlorinated phenols
- ☐ Chloroform
- ☐ 2-chlorophenol
- ☐ Chromium and compounds
- ☐ Copper and compounds
- ☐ Cyanides
- ☐ DDT and metabolites
- ☐ Dichlorobenzenes
- ☐ Dichlorobenzidine
- ☐ 2.4-dichlorophenol
- ☐ Dichloropropane & Dichloropropene
- ☐ 2.4-dimethylphenol
- ☐ Dinitrotoluene
- ☐ Diphenylhydrazine
- ☐ Endosulfan & metabolites
- ☐ Endrin & metabolites
- ☐ Ethylbenzene
- ☐ Fluoranthene
- ☐ Haloethers
- ☐ Halomethanes
- ☐ Heptachlor & metabolites
- ☐ Hexachlorobutadiene
- ☐ Hexachlorocyclopentadiene
- ☐ Hexachlorocyclohexane
- ☐ Isophorone
- ☐ Lead and compounds
- ☐ Mercury and compounds
- ☐ Naphthalene
- ☐ Nickel and compounds
- ☐ Nitrobenzene
- ☐ Nitrophenols
- ☐ Nitrosamines
- ☐ Pentachlorophenol
- ☐ Phenol
- ☐ Phthalate esters
- ☐ Polychlorinated biphenyl's (PCB)
- ☐ Polynuclear aromatic hydrocarbons
- ☐ Selenium and compounds
- ☐ Silver and compounds
- ☐ 2,3,7,8, - Tetrachlorodibenzo-p-dioxin (TCDD)
- ☐ Tetrachloroethylene
- ☐ Thallium and compounds
- ☐ Toluene
- ☐ Toxaphene
- ☐ Trichloroethylene
- ☐ Vinyl chloride
- ☐ Zinc and compounds

11. Describe residuals (sludge, precipitates, etc.) that are produced at this facility and methods employed for storage and disposal of such residuals, Include the names and license numbers of waste 'haulers, disposal sites and any other applicable information. Also include quantities produced:

_____

_____

_____

12. Please check all the chemicals and compounds that apply below. See **TABLE 3**.

TABLE 3

Chemicals and Compounds Discharged

- ☐ Solid or Semi-Solid Material
- ☐ Noxious Odor
- ☐ Volatile Liquid
- ☐ Septic Tank or Cesspool Liquids
- ☐ Storm Water
- ☐ Hot Liquids or Vapor
- ☐ Radioactive Wastes
- ☐ Sulfides
- ☐ Acids
- ☐ Alkalies
- ☐ Dissolved Solids
- ☐ Sodium
- ☐ Chloride
- ☐ Sulfate
- ☐ Boron
- ☐ Fluoride
- ☐ Hardness
- ☐ Oil & Grease
- ☐ Hydrocarbon Oil
- ☐ BOD
- ☐ Suspended Solids

Elkhart County Regional Sewer District

Commercial/Industrial Wastewater Questionnaire

INTRODUCTION

The District is required by State and Federal environmental agencies to adequately control commercial industrial discharges. Toward this end, new connections or discharges must meet prior District approval. The complexity of the application and review process (as well as controls, if any) will depend on the prospective User's potential impact on the system.

OVERVIEW OF PRETREATMENT REQUIREMENTS

The District **will require** of any business the installation of a control monitoring manhole to provide access for evaluation of quality and quantity of wastewater discharge. The following is an overview of additional pretreatment requirements by business category:

- RESTAURANTS / FOOD SERVICE ESTABLISHMENTS:

  At minimum, any establishment that will have food on site for public consumption is required to submit a FOG Discharge Certificate Application. In addition, all food service establishments will be categorized. Based on that category, the establishment will be required to install and adequately operate and maintain a grease control device that meets District approval.

- AUTOMOTIVE SERVICES WITH FLOOR DRAINS:

  Must install and adequately operate and maintain sediment and oil interceptor facilities that are compliant with Indiana Plumbing Code.

- BUSINESSES / INDUSTRIES DISCHARGING WASTES BESIDES DOMESTIC WASTEWATER.

  Facilities with the **potential** to discharge wastes besides domestic wastewater (e.g. spill or process wastewater) to the sewer may require a Discharge Permit and associated controls.

INSTRUCTIONS FOR APPLYING

FOR APPROVAL TO CONNECT / DISCHARGE

ALL commercial and industrial businesses shall submit to the "Elkhart County Regional Sewer District" a completed "Commercial/Industrial Wastewater Questionnaire".

Note: ***A site plan, floor plan, and plumbing plan of the facility MUST be included with this form, or it will be rejected.***

GENERAL INFORMATION

Wastewater discharges to:

☐ City Sewer System ☐ Private Septic System

☐ Natural Outlet (Pond, etc.) ☐ Other: _____

Contact Official:

Name: _____ Title: _____

Phone: _____ Email: _____

Do you have a current Rule 6 Permit? Yes ☐ No ☐

*If yes, please list your permit number _____

FOOD SERVICE

Will this establishment have any food for public consumption on site? Yes ☐ No ☐

Is a food service license being obtained from the *Elkhart County Health Department*? Yes ☐ No ☐

SERVICE OR PRODUCT INFORMATION

This questionnaire will not be accepted if this section is not completed.

Give a brief description of the types of activities on the premises. A description of the building's use must be included. If warehousing, what is being warehoused?

Provide the following information on chemicals and compounds used:

Chemical Name	Size Of Largest Container (Gallons)	Rate Of Handling/Usage (Per Month Or Year)	Maximum Quantity On Site At Any One Time

List all products manufactured or services provided by your facility along with the corresponding SIC number according to the Standard Industrial Classification Manual, Bureau of Budget, 1972 as amended:

Product or Service	**SIC Code**

PLANT OPERATIONAL CHARACTERISTICS

1. Indicate water consumption in facility process:

Process _____*GPD*

Contact Cooling Water _____*GPD*

Non-contact Cooling Water _____*GPD*

Boiler Feed _____*GPD*

Contained in Product _____*GPD*

Sanitary _____*GPD*

Other: _____ _____*GPD*

2. Indicate average volume of discharge or loss to:

City Sewer System _____ *GPD*

Septic System _____ *GPD*

Surface Discharge _____ *GPD*

Waste Hauler _____ *GPD*

Evaporation _____ *GPD*

Other: _____ _____ *GPD*

3. Hours of discharge into sewer system: _____

4. Type of discharge:

Batch ☐ Continuous ☐ Both ☐

If batch discharge, indicate sources, average number of batches per day and volume (gpd) per batch:

_____

5. Check type of water discharged:

☐ Sanitary ☐ Contact Cooling ☐ Boiler Blowdown ☐ Process ☐ Non-Contact

☐ Cooling ☐ Air Scrubber ☐ Other: _____

a) Describe any process wastewater, list chemicals discharge to the sewer:

b) Describe the process which result in the process wastewater:

WATER/WASTEWATER TREATMENT

1. Indicate any raw water treatment processes in use or anticipated for use(E.G. Softening, Disinfection, Chemical Coagulation, Reverse Osmosis, Etc.):

2. Describe the processes which result in the process wastewater:

CHEMICAL WASTE DISPOSAL PRACTICES/PROCESS

Indicate and describe disposal of process/chemical liquid waste:

FLOOR DRAINS

Are there any floor drains other than in restrooms or break rooms? These must be identified on the drawings provided: Yes ☐ No ☐

*If yes, describe location and potential for discharges, E.G. Spills:

ATTACHMENTS

Initial each line to indicate the attachments have been included with the questionnaire:

REQUIRED DOCUMENTS: (**NOTE**: *Failure to submit the following documents may result in a rejected questionnaire*)

Description of the types of activities on the premises

Included in questionnaire (PAGE 2)

Attached to this document

Site Plan

Floor Plan

Plumbing Plan

Additional Documents (If needed):

Additional Chemicals and compounds

Description of wastewater treatment process

Wastewater treatment design/plan

Other:_____

SIGNATURE & CERTIFICATION STATEMENT

(*Certification Statement to be signed by the property owner or an authorized representative of the company/facility identified*)

I certify that I am familiar with the facility in question and that to the best of my knowledge and belief, the information contained in this questionnaire is true and accurate.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Title:_____ Company Name: _____

Elkhart County Regional Sewer District

Certification Statement

All applications submitted to the "District" must include the following certification statement, signed by an Authorized 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 persons 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."

Printed Name of Authorized Representative	Title
Signature of Authorized Representative	Date

PLEASE SEND THE COMPLETED QUESTIONNAIRE AND ANY SUPPORTING DOCUMENTATION TO:

Elkhart County Regional Sewer District

4230 Elkhart Road

Goshen, IN 46526

JMasters@elkcoutility.in.gov

574-971-4583