



Code No.  
Interviewer: **John DeRosa**  
Date:

**PRINCE WILLIAM COUNTY SERVICE AUTHORITY**  
**PRETREATMENT PROGRAM**  
**INDUSTRIAL USER SURVEY**

***SECTION I - GENERAL INFORMATION***

A. Industrial/Commercial User - General

1. Company w/ Division Name \_\_\_\_\_
2. Owner's Name (if applicable) \_\_\_\_\_
3. Mailing Address:
  - a. Street or P.O. Box \_\_\_\_\_
  - b. City, State & Zip Code \_\_\_\_\_
4. Facility Address:
  - a. Street Address \_\_\_\_\_
5. Name, title, and telephone number of person providing the information contained herein.
  - a. Name \_\_\_\_\_
  - b. Title \_\_\_\_\_
  - c. Telephone Number \_\_\_\_\_

6. Name, title, and telephone number of alternate person authorized to provide information for this survey.
- a. Name \_\_\_\_\_
  - b. Title \_\_\_\_\_
  - c. Telephone Number \_\_\_\_\_

**B. Facility Information**

1. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, truck washing, etc.)

\_\_\_\_\_

\_\_\_\_\_

2. Standard Industrial Classification Number(s) (SIC Code) for the facility.

\_\_\_\_\_

3. Does your facility generate any of the following types of wastes ( Provide all that apply):

Description	Annual Flow (gal/yr.) If flow not known check mark the field and enter "flow not known."
Cooling water	
Process water	
Equipment/Facility Washdown	
Air Pollution Control Unit Water	
Chemicals	
Solvents or Oils	
Sludges	
Hazardous materials	
Radioactive material	
Others:	


Note: *If you did not check one or more of the items listed above, then you do not need to complete any further sections in this survey. If any of the above items were checked, complete the remainder of this survey.*

**SECTION II - PROCESS INFORMATION**

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

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2. Facility Operation Characteristics

- a. Number of Employees \_\_\_\_\_
- b. Employees per shift: 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_
- c. Starting times of each shift: 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_
- d. Operating Schedule: Days/Week \_\_\_\_\_

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

3. Plant/Process Data

- a. Raw Materials - List all principal materials (cleaning agents, solvents, plating solutions, catalysts, process chemicals, etc.) that are regularly used in this facility and that might be present in the wastewater discharge to the sanitary sewer.

Generic Type	No. Used	Principal Chemical Constituents (if Known)
<b>Example: Degreaser</b>	<b>3</b>	<b>Trichloroethylene</b>

- b. Production process is:

Batch             Continuous             Both

\_\_\_\_\_ % batch                      \_\_\_\_\_ % continuous

Average number of batches per 24-hour day \_\_\_\_\_

c. Is production subject to seasonal variation?

Yes                       No.

If yes, briefly describe seasonal production cycle:

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c. Are cleaning operations performed seasonally or in batches?

Yes                       No.

If yes, briefly describe cleaning cycles:

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d. Are any process changes or expansions planned during the next three years?  Yes  
 No

If yes, describe the nature of planned changes or expansions.

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**SECTION III - WATER/WASTEWATER DATA**

A. Wastes are discharged To (Provide all that apply):

Possible Discharges	Avg. Gallons Per Day (gpd)	Estimated, gpd	Measured, gpd
To Sanitary Sewer			
a. Process			
b. Sanitary			
c. Cooling			
To Storm Sewer			
To Surface Water			
To Ground Water			
To Waste Hauler			
To Evaporation			
Contained in Product			
Recycled			
Other (describe)			



F. Wastewater Characteristics

a. Is there potential to discharge any of the pollutants listed in Attachment 1.

Yes \_\_\_\_ No \_\_\_\_

If yes, please list which pollutants.

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b. Has any wastewater analyses been performed on the wastewater discharge(s) from this facility?

Yes \_\_\_\_ No \_\_\_\_

c. If a pretreatment process is installed, has any wastewater analyses been performed on the treated wastewater discharge(s) from this facility?

Yes \_\_\_\_ No \_\_\_\_

If Yes, please summarize in the table below and attach a copy of the analytical report. If no, please provide estimated, typical wastewater quality in the table below.

<b>Results are for:</b> <b>Wastewater _____</b> <b>Pretreatment Effluent _____</b>	<b>Unit</b>	<b>Average/Typical Value</b>	<b>Range</b>
5- day Total Biochemical Oxygen Demand (BOD5)	mg/L		
Total Suspended Solids (TSS)	mg/L		
Total Kjeldhal Nitrogen (TKN)	mg/L as N		
Ammonia Nitrogen	mg/L as N		
Nitrate and/or Nitrite Nitrogen	mg/L as N		
Total Phosphorus (TP)	mg/L as P		
Ortho-Phosphate	mg/L as P		
pH	s.u.		

Results are for: Wastewater _____ Pretreatment Effluent _____	Unit	Average/Typical Value	Range
Alkalinity	mg/L as CaCO <sub>3</sub>		
Hydrogen Sulfide	mg/L as S		

G. Does your facility dispose of or re-use any process byproducts (solids or liquid), chemicals, solvents, or hazardous materials to locations other than the sanitary sewer system:

Yes \_\_\_\_ No \_\_\_\_

If yes, describe each material, giving the composition solids, contents, annual quantity, means of disposal, and ultimate disposal location.

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H. In addition to information provided above, does your facility have potential to dispose into the sewer system wastewater with characteristics:

a. Potential to introduce pollutants into the sewer system or POTW that could damage its infrastructure or operation?

Yes \_\_\_\_ No \_\_\_\_ If yes, describe \_\_\_\_\_

b. Potential to introduce pollutants into the sewer system or POTW that could produce unsafe conditions for Service Authority workers or the community?

Yes \_\_\_\_ No \_\_\_\_ If yes, describe \_\_\_\_\_

c. Potential to introduce pollutants into the sewer system or POTW that could contaminate biosolids (solid byproduct of wastewater treatment)?

Yes \_\_\_\_ No \_\_\_\_ If yes, describe \_\_\_\_\_

d. Potential to introduce pollutants into the sewer system or POTW that could pass-through untreated and violate applicable water-quality standards or effluent limitations?

Yes \_\_\_\_ No \_\_\_\_ If yes, describe \_\_\_\_\_

Attachment 1:  
List of Pollutants of Concern

Mandatory

Arsenic  
Cadmium  
Chromium  
Cyanide  
Copper  
Lead  
Mercury  
Molybdenum  
Nickel  
Selenium  
Silver  
Zinc

VPDES Permit-Specific

Total Nitrogen  
Total Phosphorus

Pollutants Affecting Biosolids and Air Permit

Beryllium

Other Parameters

As authorized by the SUO in Section 23-56, PWCSA reserves the right to impose industry-specific Local Limits for other parameters that could potentially impact the plant's operations or its ability to remain in compliance with federal and state regulations. Other parameters include, but are not limited to:

Vanadium  
Total Mass Basis Dioxins/Furans (TMB PCDD/PCDF) and Toxic Equivalent Basis Dioxin/Furans (TEQ PCDD/PCDF)  
Hydrogen Chloride (HCl)  
Particulate Matter (PM)  
Sulfur Dioxide (SO<sub>2</sub>)  
Organic Pollutants