

**ONONDAGA COUNTY DEPARTMENT OF WATER ENVIRONMENT PROTECTION  
INDUSTRIAL WASTEWATER DISCHARGE QUESTIONNAIRE  
FOR PERMIT APPLICATION**

**General Information**

Company Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Facility Information**

Town Where Facility is Located: \_\_\_\_\_

Tax Map Number(s): \_\_\_\_\_

Source of Raw Water:

a) Water Retailer \_\_\_\_\_

b) Private Source (wells, streams, etc.) \_\_\_\_\_

c) Other (specify) \_\_\_\_\_

Water Account Number(s): \_\_\_\_\_

Amount of Water Purchased in Last 12 Months: \_\_\_\_\_

Standard Industrial Classification: \_\_\_\_\_

Categorical Regulations that Apply to Facility: \_\_\_\_\_

**Operational Information**

<u>Shift</u>	<u>Time Shift Starts</u>	<u>Time Shift Ends</u>	<u>No. Employees</u>	<u>Days of Week</u>
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

Briefly describe the manufacturing process or services that generate wastewater other than sanitary wastewater. \_\_\_\_\_

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If there have been any changes to the facility layout, chemical storage areas, or process areas since completion of the last industrial questionnaire, please attach an updated drawing.

**Water/Wastewater Treatment Information**

*Check Appropriate Boxes*

**Incoming Potable Water:**

<input type="checkbox"/>	Deionization	<input type="checkbox"/>	Filtration
<input type="checkbox"/>	Reverse Osmosis	<input type="checkbox"/>	Chemical Treatment

**Wastewater:**

<input type="checkbox"/>	Biological Treatment	<input type="checkbox"/>	Ozonation
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Neutralization
<input type="checkbox"/>	Chemical Precipitation	<input type="checkbox"/>	Reverse Osmosis
<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Screen
<input type="checkbox"/>	Dissolved Air Flotation	<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Filtration (Type: _____ )	<input type="checkbox"/>	Septic Tank
<input type="checkbox"/>	Grease or Oil Separation	<input type="checkbox"/>	Silver Recovery
<input type="checkbox"/>	Grit Removal	<input type="checkbox"/>	Solvent Recovery/Management
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Other (specify)

**Wastewater Discharge Information**

Are wastewater discharges continuous or batch discharges? \_\_\_\_\_

If continuous, what is the average daily flow? \_\_\_\_\_

How is discharge volume calculated? \_\_\_\_\_

If batch discharge, list frequency of batches per time period and volume of batch.

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Does your facility have any air pollution control devices that discharge wastewater to the sanitary sewer system? If yes, please describe.

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Does this facility possess a valid NYS SPDES Discharge Permit? \_\_\_\_ Yes \_\_\_\_ No

Please list SPDES Discharge Number

Does your facility discharge any non-contact cooling water, groundwater, roof drainage, storm water, or unpolluted waters to the sanitary sewer system?

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

**Waste Removal Information**

*Check appropriate box if your company disposes of any of the following wastes that have been removed or separated from the wastewater:*

<input type="checkbox"/>	Oils	<input type="checkbox"/>	Sediments
<input type="checkbox"/>	Chemicals/Solvents	<input type="checkbox"/>	Sludge
<input type="checkbox"/>	Grease/Tallow	<input type="checkbox"/>	Other (specify)

Specify waste type, disposal method, and approximate volume of waste.

<u>Waste Type</u>	<u>Method</u>	<u>Hauler</u>	<u>Volume/Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Chemical/Solvent Information**

Does your company have a spill control or slug control plan? \_\_\_\_\_

Has your facility added any new process chemicals in the last 3 years? If so, list the name and what they are used for. Also, please attach the MSD Sheet.

\_\_\_\_\_

\_\_\_\_\_

Do floor drains exist in proximity to any chemical storage areas? \_\_\_\_\_

If yes, what measures are taken to prohibit these chemicals from entering these floor drains?

\_\_\_\_\_

\_\_\_\_\_

Do stored chemicals have secondary containment structures? If so, describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Onondaga County Documents**

Do you presently have the following documents and have you reviewed them?

	<u>Yes</u>	<u>No, please send</u>
Rules and Regulations Relating to the Use of the Public Sewer System	___	___
Enforcement Response Plan	___	___
Applicable Categorical Regulations	___	___

**Certification**

I certify under penalty of law that this document and its attachments were prepared under my personal direction or supervision in accordance with a system designed to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the 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.

Signature of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_