



For CWA Authority Use Only:

- IPP Site Visit
- Surcharge Letter
- FOG Charge Assessment
- Product Credit Site Visit

CWA AUTHORITY, INC. WASTEWATER SURVEY

Submit the completed and signed Survey to:

CWA Authority, Inc.
 ATTN: Environmental Stewardship - Industrial Pretreatment
 2020 N. Meridian Street
 Indianapolis, IN 46202

This Survey (completed and signed) with attachments also may be submitted to CWA Authority, Inc. via email to: Pretreatment@CitizensEnergyGroup.com.

Section 1.0 Contact Information (Please Print or Type)				
Business Name:				
Mailing Address:				
City:		State:		ZIP:
Primary Telephone:				
North American Industry Classification System (NAICS) or Standard Industrial Classification (SIC) Code:				
Primary:		Secondary (If Applicable):		
Street Address of Operating Facility (if different from mailing address):				
City:		State:		ZIP:
Person to be contacted regarding this Survey:				
*Name:		Title:		
Telephone:		Email:		

* If you are a property manager, include a comprehensive list of your tenants with their corresponding unit numbers as an attachment to this form.

Section 2.0 Facility Operations

Check all activities that are or will be present at the facility location identified in Section 1.0:

- Product Final Assembly
- Auto Services
- Dry Cleaning/Laundry
- Laundromat
- Food Processing/Packaging
- Commercial Food Services (Prep and/or Sale)
- Manufacturing / Production
- Metal Finishing
- Material Transfer/Distribution
- Administrative Office (Not Medical)
- Medical Services (Dental, Optometry, PT/OT, Physicians Office)
- Medical Services (Clinics, Urgent Care, Inpatient/Outpatient Surgery Centers, Hospitals)
- Retail (No Food Service/Kitchen)
- Vehicle / Equipment Washing
- Warehouse
- Veterinarian Services (Office or Hospital)
- Other (Specify): _____

Briefly describe your Primary Business Activities (processes, products, services, etc.):

List the principal raw materials used in the process, and identify the principal product manufactured, sold and/or distributed in the operations at the facility:

Do you anticipate any operational or process changes in the future? Yes No

If yes, please describe:

Does this facility location have on-site food preparation/cooking (a cafeteria and/or functioning kitchen)? Yes No

If Yes, how many individual kitchens are on-site?

Are there any floor drains in the manufacturing, operational or storage areas at your facility? Yes No

If yes, please list location(s) and attach a facility diagram:

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Section 3.0 Non-Domestic Wastewater Discharges

3.1 Daily Wastewater Discharge Volumes

Indicate the total daily process (non-domestic) wastewater discharged or to be discharged from your facility. This information may come from an engineering estimate, water bill, flow meter, or other source.

- Less than 25,000 gal/day
- More than 25,000 gal/day
- None (Process Wastewater is hauled by a contract waste hauler, recycled, etc.)
- Only Domestic Wastewater is discharged by this facility. Skip to Page 4, sign the form and return as directed above.

3.2 Incoming Sources of Water

Does the facility have incoming water sources or intakes besides metered water service provided by Citizens Energy Group?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please include data on incoming water for the previous twenty-four (24) months as an attachment to this Wastewater Survey. Facility may be required to self-report industrial wastewater discharges pursuant to Sewer Rate No. 5.

3.3 Product Credit

Does the facility claim that any volume of incoming water leaves the facility in the product or via evaporation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please Explain. Include engineering estimates and data as necessary to support:

3.4 Industrial Activities Conducted at Facility

The following page contains a list of processes/activities from which wastewater discharged is either categorically defined by the U.S. Environmental Protection Agency (EPA) and required to obtain an Industrial Discharge Permit or may be considered significant by CWA Authority and may be subject to permitting and/or other rates and surcharges.

Do any operations in your facility include any of the following processes or activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(check all that apply below)

(Skip to Page 8, Sign and Return)

Section 3.4 Continued -- LIST OF INDUSTRIAL ACTIVITIES

- Adhesives
- Aluminum Forming
- Asbestos Manufacturing
- Bakery or Coffee Shop
- Battery Manufacturing
- Beverage Manufacturing
- Canned & Preserved Fruits & Vegetables
- Canned & Preserved Seafood
- Carbon Black Manufacturing
- Car Wash
- Cement Manufacturing
- Coil Coating
- Copper Forming
- Dairy Products Processing
- Dental Services
- Electrical & Electronic Components
- Electroplating
- Explosives Manufacturing
- Feedlots
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Food Preparation
- Glass Manufacturing
- Grain Mills
- Gum & Wood Chemicals Manufacturing
- Hazardous Waste Combustors
- Hospitals
- Industrial Laundry
- Ink Formulating
- Inorganic Chemicals
- Iron & Steel Manufacturing
- Leather Tanning & Finishing
- Meat Products and Poultry Production
- Metal Finishing
- Metal Molding & Casting (Foundry) Mineral
- Mining & Processing Mortuaries
- Nonferrous Metals Forming & Metal Powders
- Nonferrous Metals Manufacturing
- Nursing Home & Assisted Living
- Oil & Gas Extraction
- Organic Chemicals, Plastics, and Synthetic Fibers
- Paint Formulating
- Paving & Roofing Materials
- Pesticide Chemicals
- Petroleum Refining
- Pharmaceutical Manufacturing
- Phosphate Manufacturing
- Photographic or X-ray Processing
- Plastics Molding & Forming
- Porcelain Enameling
- Pulp, Paper & Paperboard
- Rubber Manufacturing
- Soap & Detergent Manufacturing
- Steam Electric Power Generating
- Sugar Processing
- Synthetic Fibers
- Textile Mills
- Timber Products Processing
- Transportation Equipment Cleaning
- Solid Waste Combustors (Municipal, Commercial or Other)
- Other Industrial Activity Not Identified Above
Describe: _____

3.5 Description of Wastewater Generated by Industrial Activities at Facility

For each item checked on the list in Section 3.4 above, describe the type of wastewater discharged. *Attach additional sheets if needed.*

Operation / Activity	Description of wastewater discharged from the operation/activity

3.6 Excess Strength of Non-Domestic Wastewater Discharged

Does the wastewater have the potential for excessive concentrations of:

- Total suspended solids (TSS) [> 300 mg/L monthly average] Yes No
- Ammonia (NH₃) [>20 mg/L monthly average] Yes No
- Biochemical oxygen demand (BOD) [> 250 mg/L monthly average] Yes No

Attach a copy of any analyses performed on your non-domestic process wastewater flows within the last three (3) years that would support the response above:

- Analyses Attached No Analyses Available

3.6 Wastewater Pretreatment Equipment

Is any of your wastewater treated prior to discharge to the sanitary sewer?

- No Yes (e.g., interceptors/traps, metals treatment, pH neutralization, filtration, etc.)

Check All that Apply:

- | | |
|--|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Neutralization (pH adjustment) |
| <input type="checkbox"/> Amalgam Separator | <input type="checkbox"/> Oil Separation |
| <input type="checkbox"/> Biological (Specify): _____ | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Precipitation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Cyclone Separation | <input type="checkbox"/> Sand Interceptor |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Flocculation | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Grease Trap / Interceptor | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Other (Describe): _____ |

3.6 Description of Wastewater Pretreatment
Describe the Wastewater Treatment and/or Treatment Unit(s) identified in Section 3.5 that are in use at the facility identified in Section 1.0. Attach a process flow diagram:

Attach a copy of any analyses performed on your non-domestic process wastewater flows within the last three (3) years that would support the response above:

Analyses Attached No Analyses Available

3.7 - Assessment of Facility for Per- and Polyfluoroalkyl Substances (PFAS)
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Does the facility use as a raw material or in manufacturing/ production processes (e.g., suppressants in plating baths, coatings applied to products or blended with products for water-repelling characteristics) any PFAS-containing materials?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does the facility have fire suppression products that are PFAS-containing Aqueous Film Forming Foams (AFFF)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is the facility currently sampling for PFAS in non-domestic wastewater or completing site investigations to assess possible PFAS contamination to land or groundwater?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES to any of the questions above, please describe:

Section 4.0 Solid Waste Disposal
Section 4.1 Disposition of Solid Waste

List all waste hauler(s) and/or onsite treatment vendor(s) if used (not including domestic garbage haulers). Include all wastewater treatment process byproducts, including but not limited to filtration solids, oily wastewater from oil/water separators and precipitate from other treatment technologies.

Vendor Name	Operation / Act Description of solid waste management activities

Attach sheets as necessary.

Section 4.2 Hazardous Waste Certification Statement
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Pretreatment Program regulations require that Industrial Users (IUs) report any substance discharged to CWA Authority, Inc. (the Publicly Owned Treatment Works or POTW) which, if otherwise disposed of, would be considered a Resource Conservation and Recovery Act (RCRA) hazardous waste.

Under RCRA’s Domestic Sewage Exclusion, any mixture of domestic sewage and other wastes that passes through a sewer system to CWA Authority, Inc. is not considered a hazardous waste for the purposes of RCRA. Because these types of discharges are excluded as RCRA regulated materials, reporting of these discharges is required under the Federal Clean Water Act in the following circumstances:

- 40 CFR 403.12(p) requires a one-time report for each substance discharged to a POTW that, if otherwise disposed of, would be considered RCRA hazardous waste
- 40 CFR 403.12(j) requires a report in advance of any substantial change in volume or character of any Industrial User discharge.

Does the facility named in Section 1.0 discharge wastes to the collection system that, if disposed of otherwise, would be considered a hazardous waste pursuant to 40 C.F.R. Part 261?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, User Must complete the Hazardous Waste Statement and Return with this completed Survey.
[Hazardous Waste Survey Form](#)

Section 5.0 Certification Statement

NOTE TO SIGNING OFFICIAL: Pursuant to Section 1.24 of Resolution No. CWA 2-2011, all wastewater discharge permit applications, reports and certification statements require signature by an Authorized Representative of the User and must include the certification statement.

An *Authorized Representative* is defined as a responsible corporate officer if the industrial user is a corporation, a general partner or proprietor if the industrial user is a partnership or sole proprietorship (respectively), a principal executive officer or a ranking elected official if the industrial user is a municipality, state, federal or other public agency.

Certification Statement: 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.

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____