

CWA Authority Inc. Wastewater Survey



2020 N. Meridian St. | Indianapolis, IN | 46202

Office Use Only:

____ IPP

____ Surcharge

Return the completed questionnaire by:

Remit the completed and signed questionnaire via mail to:

CWA Authority Inc.
Environmental Stewardship
2150 Dr. Martin Luther King Jr. Blvd.
Indianapolis, IN 46220

Or via email to:

Pretreatment@citizensenergygroup.com

For questions regarding this questionnaire, please contact the Industrial Pretreatment Program at 317-927-4394 or via email at Pretreatment@citizensenergygroup.com.

1.0 Contact Information (Please Print or Type)

Business Name: _____

Mailing Address: _____

City: _____ ZIP: _____ Telephone: _____

Standard Industrial Classification (SIC)/ North American Industry Classification System (NAICS) Code:

Address of Facility (if different from mailing address): _____

City: _____ ZIP: _____ Telephone: _____

Person to be contacted regarding this questionnaire:

*Name: _____ Name: _____

Title: _____ Title: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

* If you are a property manager, include a comprehensive list of your tenants with their corresponding unit numbers.

2.0 Facility Operations and Wastewater Information

Check all activities which are or will be present at your facility:

- | | |
|---|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Auto Services | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Food Processing/Restaurant | <input type="checkbox"/> Vehicle/Equipment Wash |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Material Transfer/Distribution | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Office (not medical) | |

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

List the basic materials used, sold, and/or distributed in the operation at your facility:

Are there any floor drains in the work or storage areas at your facility? YES NO

If yes, please list location(s):

Do you anticipate any operational or process changes in the future? YES NO

If yes, please explain:

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

Daily Flow Volumes

- Less than 25,000 gal/day
- More than 25,000 gal/day
- None (Process Wastewater is hauled by a contract waste hauler, recycled, etc.)
- None produced (domestic only- skip to page 4, sign the end of the form, and return to the address above)

Below is a list of processes/activities that are either categorically defined by the US Environmental Protection Agency (EPA) or considered significant by CWA Authority. Do any operations in your facility include any of the following processes or activities?

Yes (check all that apply below) No

- | | |
|---|--|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Molding & Casting (Foundry) Mineral |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Mining & Processing Mortuaries |
| <input type="checkbox"/> Bakery or Coffee Shop | <input type="checkbox"/> Nonferrous Metals Forming & Metal Powders |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Beverage Manufacturing | <input type="checkbox"/> Nursing Home & Assisted Living |
| <input type="checkbox"/> Canned & Preserved Fruits & Vegetables | <input type="checkbox"/> Oil & Gas Extraction |
| <input type="checkbox"/> Canned & Preserved Seafood | <input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers |
| <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Paving & Roofing Materials |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Pesticide Chemicals |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Dairy Products Processing | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Electrical & Electronic Components | <input type="checkbox"/> Photographic or X-ray Processing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastics Molding & Forming |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Pulp, Paper & Paperboard |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Soap & Detergent Manufacturing |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Steam Electric Power Generating |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Synthetic Fibers |
| <input type="checkbox"/> Gum & Wood Chemicals Manufacturing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Hazardous Waste Combustors | <input type="checkbox"/> Timber Products Processing |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Industrial Laundry | <input type="checkbox"/> Waste Combustors |
| <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Other |
| <input type="checkbox"/> Inorganic Chemicals | Describe: _____ |
| <input type="checkbox"/> Iron & Steel Manufacturing | |
| <input type="checkbox"/> Leather Tanning & Finishing | |
| <input type="checkbox"/> Meat Products and Poultry Production | |

For each item checked above, describe the type of wastewater discharged:
Attach additional sheets if needed.

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

Is any of your wastewater treated prior to discharge to the sanitary sewer? YES NO
(i.e. interceptors/traps, metals treatment, pH neutralization, filtration, etc.)

If yes, indicate pretreatment devices or processes that are used for treating wastewater.
(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"/> Sand Interceptor |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Flocculation | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Grease Trap / Interceptor | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Ion Exchange | |

Describe the Treatment and/or Treatment Unit(s):

Attach a copy of any chemical analyses performed on your process wastewater flows within the last three (3) years:

- Analyses Attached No Analyses Available

3.0 Waste Disposal

List all waste hauler(s) and/or onsite treatment vendor(s) if used (not including domestic garbage haulers):

NOTE TO SIGNING OFFICIAL: 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: _____