

**WASTEWATER DISCHARGE PERMIT APPLICATION
DEPARTMENT OF INDUSTRIAL PRETREATMENT
CITY OF YOUNGSTOWN, OHIO**

SECTION ONE - WASTEWATER QUESTIONNAIRE
(PLEASE TYPE OR PRINT LEGIBLY)

Return the completed application by: _____

Agency Use
Date Application Received: _____

1. General Information

a. Name of Business: _____

b. Mailing Address

1. Street: _____ 2. P.O. Box: _____
3. City: _____ 4. State: _____
5. County: _____ 6. Zip Code: _____

c. Location of Business Discharging Wastewater

1. Street: _____
2. City: _____ 3. State: _____
4. County: _____ 5. Zip Code: _____

d. Business Phone Number: _____

e. Chief Executive Officer

Name: _____ Title: _____

Mailing Address

Street: _____
City: _____ State: _____ Zip: _____

e. Name of authorized representative (contact person) who is responsible for wastewater quality control:

Name: _____ Title: _____
Day Phone Number: _____ Emergency Phone Number: _____

2. Operational Information

a. Brief statement of operation: _____

b. List products manufactured and/or processed: _____

- c. List raw materials and/or chemicals used in manufacturing and/or process. Include any Priority Pollutants (metals, organic compounds) (see attached list) used as a product in your process, or produced as a product or byproduct during any process. Use additional sheet(s) if necessary.

Please list and explain in detail: _____

- d. Are any non-priority pollutant by-products formed in your process? _____ Yes _____ No
 If yes, please list: _____

- e. Primary Standard Industrial Classification (SIC) Number _____ or
 North American Industry Classification System (NAICS) Number _____
 Other SIC's or NAICS's (if applicable) _____, _____, _____

- f. Are there any Federally Regulated Categorical Processes at your facility? _____ Yes _____ No
 _____ Do Not Know

- g. Number of employees: Maximum: _____
 Minimum: _____
 Yearly Average: _____

- h. Plant Operation: Hours per day: _____
 Days per week: _____
 Weeks per year: _____

3. City Water Supply Information

- a. Water Account Number: _____ (taken from water bill)
 If you receive more than one water bill, list additional account numbers: _____,
 _____, _____, _____

- b. Indicate the various uses of city water by estimating what percentage of total water supplied is used per each: (should add up to 100%)

Domestic (sanitary, showers, drinking, cafeteria, etc.): _____ % of total water used
 Process (washes, rinses, used up in process): _____ % of total water used
 Contact Cooling Water: _____ % of total water used
 Non-Contact Cooling Water: _____ % of total water used
 Boiler: _____ % of total water used
 Other (specify): _____ % of total water used

- c. Water supply other than city water (i.e. well, cistern, river water, etc.): _____ Yes _____ No
 If yes: Quantity: _____
 Used For: _____

4. Wastewater Information

- a. Indicate the various discharges of wastewater by estimating what percentage of total wastewater discharged applies to each: (should add up to 100%)

Domestic Sewage (sanitary, showers, drinking, cafeteria, etc.): _____ % of total wastewater
Process Discharges (washes, rinses, etc.): _____ % of total wastewater
Contact Cooling Water: _____ % of total wastewater
Non-Contact Cooling Water: _____ % of total wastewater
Boiler Blowdown: _____ % of total wastewater
Other (specify): _____ % of total wastewater
Not Returned to Sewer (specify by circling), (evaporation, put in product,
discharged to waterway, hauled away for treatment, etc.): _____ % of total wastewater

- b. Are process wastewater discharges continuous during operation? _____ Yes _____ No

- c. List any batch process wastewater discharge sources, quantities, and frequency: _____

- d. Does the company have a National Pollution Discharge Elimination System (NPDES) Permit for discharge to an open waterway? _____ Yes _____ No

- e. Does the company have a Spill Prevention Plan on file? _____ Yes _____ No

5. Pretreatment Information

- a. Does the company have any Pretreatment Equipment or Processes in use? _____ Yes _____ No
(Pretreatment Equipment and Processes include, but are not limited to, the following: settling tanks, oil/water separators, biological treatment, chemical precipitation, filtration, ion exchange, activated carbon adsorption, cyanide destruction, hexavalent chromium reduction, sludge presses, pH adjustment)

If yes, please describe the system(s): _____

If no, is the company planning on installing any pretreatment equipment or processes in the future? _____ Yes _____ No

If yes, please describe the system(s) you plan on installing: _____

PLEASE NOTE: Pretreatment systems require a Permit To Install (PTI) from the Ohio EPA, plus a letter of approval from the City of Youngstown, before the installation of the pretreatment system begins.

- b. Are any residuals (i.e. sludges, oily waste, etc.) created as a result of pretreatment? _____ Yes _____ No

If yes, what is the chemical characteristics or makeup of the residuals? _____

If yes, how are the residuals disposed of? (if hauled away, please give name and address of hauler)

- c. List any other known toxic or hazardous materials disposed of that are not a result of pretreatment. (e.g.- solvents, paint, used oil, etc.): _____

How are they disposed of? (if hauled away, please give name and address of hauler)

6. Sampling and Monitoring

- a. Please attach a sketch of your buildings layout on a separate sheet of paper, indicating the location of all sewers, both sanitary and storm. Include all floor drains, especially the location(s) of the process wastewater drains.

- b. Can the process wastewater be sampled at the outlet? _____ Yes _____ No

- c. Has the company ever self-monitored (tested) its wastewater flows? _____ Yes _____ No

If yes, has the wastewater been analyzed using EPA approved methods? _____ Yes _____ No

If yes, please attach a copy of the most recent test results.

7. Other Information

- a. Do you share the same building with any other businesses? _____ Yes _____ No

- b. If yes, list their names: Business One: _____

Business Two: _____

Business Three: _____

- c. If yes, do you share a common City water meter? _____ Yes _____ No

- d. If yes, in whose name is the water account listed? _____
- e. If yes, are there sub-meters in the building to meter each individual business? _____ Yes _____ No
- f. If yes, are there shut-off valves at the sub-meters? _____ Yes _____ No

8. **Wet Weather Event Discharges** (A wet weather event, as defined by the OHEPA, is one where there is overland flow against street curbing during a rain storm or snow melt.)

- a. Is your process discharge: _____ Batch _____ Continuous
- b. If you answered Batch, can you withhold discharging during a wet weather event? ____ Yes ____ No
If you answered Yes, for how long? _____ Days _____ Hours _____ Minutes
- c. If you answered Continuous, do you have on-site storage facilities which would enable you to hold back your process discharge? Yes _____ No _____
If you answered Yes, for how long? _____ Days _____ Hours _____ Minutes
- d. In lieu of storage facilities, how long can you shut down operations to curtail your process discharge?
_____ Not at all _____ Days _____ Hours _____ Minutes

SECTION TWO - CERTIFICATION STATEMENT

STATE OF OHIO
COUNTY OF _____

The undersigned, having been duly sworn, declares that he/she has examined this questionnaire and its supporting documentation, and to the best of his/her knowledge and belief, find it to be true, correct, and complete. He/she also understands that there are significant penalties for furnishing false information.

Signature

Printed Name

Title

Subscribed and sworn to before me this _____ day of _____ 20____ ,
by _____ .

(seal)

Notary Public

My commission expires _____ .

Please complete and return this questionnaire with signed and notarized certification statement by the date shown on page one of the application to:

Pretreatment Coordinator
Youngstown WWTP
725 Poland Avenue
Youngstown, OH 44502