



West Warwick Regional

WASTEWATER TREATMENT FACILITY
WEST WARWICK, RHODE ISLAND 02893

PETER D. ELDRIDGE
Interim Superintendent

ALEXANDRA GRIFFIN
Director of Administration

1 Pontiac Ave., West Warwick, RI
Telephone: 822-9228
Telephone: 822-9229
Fax: 823-3620

INDUSTRIAL WASTE QUESTIONNAIRE

Note: Please read all attached instructions prior to completing this application.

SECTION A - GENERAL INFORMATION

1. Facility Name _____

a. Operator Name: _____

b. Is the operator identified in 1.a. the owner of the facility? Yes [] No []

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

2. Facility Address:
Street : _____
City : _____ State: _____ Zip: _____

3. Business Mailing Address:
Street or P.O. Box: _____
City : _____ State: _____ Zip: _____

4. Designated signatory authority of the facility (attach similar information for each authorized representative):

Name : _____
Title : _____
Address: _____
City : _____ State: _____ Zip: _____
Telephone Number: _____

5. Designated facility contact:

Name : _____
Title : _____
Telephone Number: _____

SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industrial Categories*

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastics and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility, including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies. List in descending order of importance):

a. _____
 b. _____
 c. _____
 d. _____
 e. _____

4. PRODUCT VOLUME:

PRODUCT (Brand Name) (levels with others and no u.l.)	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per day (Daily Units)	
	Average	Maximum	Average	Maximum
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as are applicable)
 Private Well
 Surface Water
 Municipal Water Utility (specify City): _____
 Other (specify): _____

2. Name on the water bill: _____

Name : _____

Street : _____

City : _____ State: _____ Zip: _____

3. Water service account number: _____

4. List average water usage on premises:
[New facilities may estimate]

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. contained in product	_____	_____
h. Plant and equipment washdown	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A - J	_____	_____

SECTION D - SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

[] Yes: Sanitary sewer account number: _____
 [] No: Have you applied for a sanitary sewer hookup? Yes [] No []

b. For a new business:

(i). Will you be occupying an existing vacant building (such as in an industrial park)?
 Yes [] No []

(ii). Have you applied for a building permit if a new facility will be constructed?
 Yes [] No []

(iii). Will you be connected to the public sanitary sewer system?
 Yes [] No []

2. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system (if more than three, attach additional information on another sheet).

Sewer Size	Descriptive Location of Sewer Connection Or Discharge Point	Average Flow (GPD)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

[] Yes If the answer to this question is "yes", complete the remainder of the application.

[] No If the answer to this questions is "no", skip to Section "H".

2. Provide the following information on wastewater flow rate.

[New facilities may estimate]

a. Hours/Day Discharged (e.g., 8 hours/day):

M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____

b. Hours of Discharge (e.g., 9 A.M. to 5 P.M.):

M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur, indicate:

[New facilities may estimate]

a. Number of batch discharges _____ per day

b. Average discharge per batch _____ GPD

c. Time of batch discharges _____ at _____
(days of week) (hours of day)

d. Flow rate _____ gallons/minute

e. Percent of total discharge _____

4. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.
-

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

- Yes
- No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

- Yes
- No

c. Has a toxic organics management plan (TOMP) been developed?

- Yes, (Please attach a copy)
- No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
	Sampling Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Planned:	Flow Metering	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
	Sampling Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

If so, please indicate the present or future locations of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three (3) years that could alter wastewater volumes or characteristics? Consider production process as well as air or water pollution treatment processes that may affect the discharge.

- Yes
- No, (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

11. Are any materials or water reclamation systems in use or planned?

- Yes
 No, (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthlene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon Tetrachloride								
Chlorobenzene								
1, 2, 4 - Trichlorobenzene								
Hexachlorobenzene								
1, 2 - Dichloroethane								
1,1,1 - Trichloroethane								
Hexachloroethane								
1, 1 - Dichloroethane								
1, 1, 2 - Trichloroethane								
1, 1, 2, 2 - Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl) ether								
17 BIS (chloro methyl) ether								
2 - Chloroethyl vinyl ether								
2 - Chloronaphthalene								
2, 4, 6 - Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2 - Chlorophenol								
1, 2 - Dichlorobenzene								
1, 3 - Dichlorobenzene								
1, 4 - Dichlorobenzene								
3, 3 - Dichlorobenzidine								
1, 1 - Dichloroethylene								
1, 2 - Trans-Dichloroethylene								
2, 4 - Dichloropheno								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
1, 2 - Dichloropropane								
1, 2 - Dichloropropylene								
1, 3 - Dichloropropylene								
2, 4 - Dimethylphenol								
2, 4 - Dinitrotoluene								
2, 6 - Dinitrotoluene								
1, 2 - Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4 - Chlorophenyl phenyl ether								
4 - Bromophenyl phenyl ether								
Bis (2-chlorisopropyl) ether								
Bis (2-chloroethoxy) methane								
Methylene Chloride								
Methyl Chloride								
Methyl Bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadlene								
Hexachlorocyclopentadlene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2 - Nitrophenol								
4 - Nitrophenol								
2, 4 - Dinitrophenol								
4, 6 - Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis (2-ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a) anthracene								
Benzo(a) pyrene								
3, 4 - benzofluoranthene								
Benzo(k) fluoranthene								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi) perylene								
Fluorene								
Phenanthrene								
Dibenzo (a,h) anthracene								
Indeno (1, 2, 3 - cd) pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl Chloride								
Aldrin								
Dieldrin								
Chlordane								
4, 4 ¹ - DDT								
4, 4 ¹ - DDE								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
4, 4 ¹ - DDD								
Alpha - endosulfan								
Beta - endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Alpha - BHC								
Beta - BHC								
Gamma - BHC								
Delta - BHY								
PCB - 1242								
PCB - 1254								
PCB - 1221								
PCB - 1232								
PCB - 1248								
PCB - 1260								
PCB - 1016								
Toxaphene								
(TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD ₅								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH ₁ -N								
Oil and Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO ₄)								
Sulfide (S)								
Sulfite (SO ₃)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?

Yes

No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three (3) years?

Yes, describe: _____

No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

Air flotation

Centrifuge

Chemical precipitation

Chlorination

Cyclone

Filtration

Flow equalization

Grease or oil separation, type: _____

Grease trap

Grinding filter

Grit removal

Ion exchange

Neutralization, pH correction

Ozonation

Reverse osmosis

Screen

Sedimentation

Septic tank

Solvent separation

Spill protection

Sump

Biological treatment, type: _____

Rainwater diversion or storage

Other chemical treatment, type: _____

Other physical treatment, type: _____

Other, type: _____

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment operator? Yes [] No []

(If Yes,) Name: _____

Title: _____

Telephone Number: _____

Full time: _____ (specify hours)

Part time: _____ (specify hours)

8. Do you have a manual on the correct operation of your treatment equipment?

Yes [] No []

9. Do you have a written maintenance schedule for your treatment equipment?

Yes [] No []

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days	[]	[]	[]	[]	[]	[]	[]
	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Shifts per work day	_____	_____	_____	_____	_____	_____	_____
1 st	_____	_____	_____	_____	_____	_____	_____
Empl's per shift:							
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____
Shifts start and end times:							
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

[] Continuous through the year, or
 [] Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

3. Indicate whether the facility discharge is:

[] Continuous through the year, or
 [] Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

4. Is there a scheduled shutdown or vacation?

Yes, indicate when:

No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

6. List types and quantity of chemicals used or planned for use (attach list if needed. Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
<hr/>	<hr/>

7. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?

Yes [] No []

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?

Yes [] No [] If yes: Where do they discharge to?

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (Check all that apply).

- an onsite disposal system
- public sanitary sewer system (e.g., through a floor drain)
- storm drain
- to ground
- other, specify:
- not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

- Yes - (Please enclose a copy with the application)
- No
- N/A. Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section J.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

- a. _____
- _____
- _____
- b. _____
- _____
- _____

Permit No.
(if applicable): _____

Permit No.
(if applicable): _____

5. Have you been issued any Federal, State or local environmental permits?

- Yes
- No

If yes, please list the permit(s): _____

Authorized Representative 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 of knowing violations.

Name(s)

Title

Signature

Date

Telephone Number