



INDUSTRIAL WASTE QUESTIONNAIRE AND PERMIT APPLICATION

A. GENERAL INFORMATION

1) Standard Industrial Classification (SIC) Code for Primary Activity: _____

2) Company Name: _____

Mailing Address: _____

Premises Address: _____

3) Name of Signing Official: _____

Title of Signing Official: _____

4) Name of Contact Official: _____

Title of Contact Official: _____

Address of Contact Official: _____

Telephone Number of Contact Official: () _____

B. QUESTIONNAIRE COMPLETION GUIDE

1) a. Does your company discharge anything to the public sewer system other than normal domestic wastes; i.e. sewage from restrooms and normal household type cleaning activities? _ _ YES ___ NO

b. If YES, complete Sections C and D of this questionnaire and go on to question B. 2).

c. If NO, go on to question B. 2).

2) a. Does your company discharge any wastewater to storm sewers, surface waters or dry arroyos? _ _ YES _ _ NO

b. If YES, complete Sections C, D and E of this questionnaire and go on to question B. 3).

c. If NO, go on to question B. 3).

3) a. Does your company produce liquid wastes, which are not discharged into public sewers or into surface waters? ___ YES ___ NO

b. If YES, complete Section F of this questionnaire.

C. WATER AND WASTEWATER INFORMATION

1) Standard Industrial Classification (SIC) Codes for principal products or services:

<u>Products or Services</u>	<u>SIC Code (4 Digits)</u>	<u>Approximate Production</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

2) Processes used at plant:

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

3) Attach a general process block diagram including waste flow outputs and disposition.

4) List water consumption in plant in gallons per day:

- Cooling Water _____
- Boiler Feed _____
- Process Water _____
- Sanitary System _____
- Contained in Product _____
- Others (Specify) _____
- _____
- _____

5) List average volume of discharge or water loss to in gallons per day:

- Storm Sewer _____
- City Sewer (to POTW) _____
- Surface Water _____
- Waste Hauler _____
- Evaporation _____
- Land Application _____
- Contained in Product _____
- Others (Specify) _____
- _____

6) List plant sewer outlets, size and flow (attach and refer to map):

7) Is there a Slug/Spill Prevention Control and Countermeasure Plan in effect for this plant? ___ YES ___ NO

8) a. Are any of the toxic pollutants listed in Table 1 being used at this facility in the manufacturing of the product or a by-product which may be discharged to the sewer, storm sewer or surface water and/or removed by a waste hauler? ___ YES ___ NO

b. If YES, please indicate by a check mark on Table 1 (65 Toxic Pollutants List).

c. List any other toxicants known or anticipated to be present in the process discharge:

9) Does your company have a Pollution Prevention and or Waste Minimization Program?

___ YES _ NO, If YES, please list the name and title of person in charge of program. _____

10) a. Type of discharge: Batch ___ Continuous ___

b. If batch, average number of batches per 24 hours: ___

c. Is there a scheduled shutdown? ___ YES ___ NO

If YES, when: _____

d. Is production seasonal? ___ YES ___ NO

If YES, explain, indicating month(s) of production.

11) a. Average number of employees per shift:

1st ___; 2nd ___; 3rd ___

b. Shift start times:

1st ___; 2nd ___; 3rd ___

c. Shifts normally worked each day:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1 st	___	___	___	___	___	___	___
2 nd	___	___	___	___	___	___	___
3 rd	___	___	___	___	___	___	___

d. Process hours per shift, including down time for wash down: Hrs ____.

12) Describe any wastewater treatment equipment or processes in use:

13) a. Raw water sources:

<u>Source</u>	<u>Quantity (gal per day)</u>
_____	_____
_____	_____
_____	_____

b. Describe any raw water treatment process in use.

D. PRETREATMENT

1) a. Is this plant subject to an existing Federal Pretreatment Standard?

YES NO

If YES, are Pretreatment Standards being met on a consistent basis?

YES NO

b. Are additional pretreatment facilities and/or operation and maintenance required to meet Pretreatment Standards? If additional pretreatment and/or operation and maintenance are required, list the schedule by which they will be provided.

E. WASTE DISCHARGE TO STORM SEWERS AND SURFACE WATERS

1) a. Is there any discharge to storm sewers or surface waters (including dry arroyos)?

YES NO

b. If YES, has an NPDES permit been applied for? YES NO

c. If YES, please indicate permit or application number: _____

2) If you discharge to a dry arroyo, has a state ground water discharge permit been applied for? YES NO

F. OTHER WASTE DISPOSAL ACTIVITIES

For those processes or operations which produce wastes which are NOT discharged into City or storm sewers or to surface waters, complete the following:

(Use separate form for each waste stream)

1. Waste Stream Number _____

2. Description of process or operation producing waste:

3. Brief characterization of waste:

4. Annual waste production: _____ tons/yr; _____ gals/yr

5. Frequency of waste production:

_____ Seasonal
_____ Occasional
_____ Continual
_____ Other (Specify) _____

6. Waste composition:

- a. Average percent solids _____%
- b. pH range _____ to _____
- c. Physical state: _____ liquid; _____ slurry; _____ sludge
_____ solid; _____ other (specify) _____

7. Transportation:

- a. Waste hauled off site by: _____ you _____ another hauler*
- b. *Name of waste hauler: _____
Address Number: _____
City, State and Zip: _____
Telephone Number: _____ () _____

8. Treatment and disposal:

- a. Treatment or disposal: _____ on _____ off site
- b. Waste is: _____ reclaimed _____ treated _____ land disposed; _____ incinerated
_____ other (specify) _____

9. On-site storage for greater than 90 days:

- a. Method: _____ drum; _____ roll-off container; _____ tank; _____ lagoon
_____ other (specify) _____
- b. Typical length of time stored: _____ days; _____ weeks; _____ months
- c. Typical volume of waste stored: _____ tons; _____ gal; _____ liters
- d. Is storage diked? _____ YES _____ NO
- e. Surface drainage collection? _____ YES _____ NO

G. Table 1 Listing of Toxic Pollutants: Used at your facility?

For the 65 toxic pollutants listed below, place a check mark next to the pollutant. If none apply, place a check mark on the space provided below the listings.

Table 1

65 Toxic Pollutants Listed in Consent Decree and Referenced in 307(a) of the CWA of 1977

<input type="checkbox"/>	Acenaphthene	<input type="checkbox"/>	Endrin and metabolites
<input type="checkbox"/>	Acrolein	<input type="checkbox"/>	Ethylbenzene
<input type="checkbox"/>	Acrylonitrile	<input type="checkbox"/>	Fluoranthene
<input type="checkbox"/>	Aldrin/Dieldrin	<input type="checkbox"/>	Haloethers
<input type="checkbox"/>	Antimony and compounds	<input type="checkbox"/>	Halomethanes
<input type="checkbox"/>	Arsenic and compounds	<input type="checkbox"/>	Heptachlor and metabolites
<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Hexachlorobutadiene
<input type="checkbox"/>	Benzene	<input type="checkbox"/>	Hexachlorocyclopentadiene
<input type="checkbox"/>	Benzidine	<input type="checkbox"/>	Hexachlorocyclohexane
<input type="checkbox"/>	Beryllium and compounds	<input type="checkbox"/>	Isophorone
<input type="checkbox"/>	Cadmium and compounds	<input type="checkbox"/>	Lead and compounds
<input type="checkbox"/>	Carbon tetrachloride	<input type="checkbox"/>	Mercury and compounds
<input type="checkbox"/>	Chlordane	<input type="checkbox"/>	Naphthalene
<input type="checkbox"/>	Chlorinated benzenes	<input type="checkbox"/>	Nickel and compounds
<input type="checkbox"/>	Chlorinated ethanes	<input type="checkbox"/>	Nitrobenzene
<input type="checkbox"/>	Chlorinalkyl ethers	<input type="checkbox"/>	Nitrophenols
<input type="checkbox"/>	Chlorinated naphthalene	<input type="checkbox"/>	Nitrosamines
<input type="checkbox"/>	Chlorinated phenols	<input type="checkbox"/>	Pentachlorophenol
<input type="checkbox"/>	Chloroform	<input type="checkbox"/>	Phenol
<input type="checkbox"/>	2-chlorophenol	<input type="checkbox"/>	Phthalate esters
<input type="checkbox"/>	Chromium and compounds	<input type="checkbox"/>	Polychlorinated byphenyls (PCB)
<input type="checkbox"/>	Copper and compounds	<input type="checkbox"/>	Polynuclear aromatic
<input type="checkbox"/>	Cyanides	<input type="checkbox"/>	Hydrocarbons
<input type="checkbox"/>	DDT and metabolites	<input type="checkbox"/>	Selenium and compounds
<input type="checkbox"/>	Dichlorobenzenes	<input type="checkbox"/>	Silver and compounds
<input type="checkbox"/>	Dichlorobenzidine	<input type="checkbox"/>	2,3,7,8-tetrachlorodibenzo-p-dioxin
<input type="checkbox"/>	Dichloroethylenes	<input type="checkbox"/>	Tetrachloroethylene
<input type="checkbox"/>	2,4-dichlorophenol	<input type="checkbox"/>	Thallium and compounds
<input type="checkbox"/>	Dichloropropane & Dichloropropene	<input type="checkbox"/>	Toluene
<input type="checkbox"/>	2,4-dimethylphenol	<input type="checkbox"/>	Toxaphene
<input type="checkbox"/>	Dinitrotoluene	<input type="checkbox"/>	Trichloroethylene
<input type="checkbox"/>	Diphenylhydrazine	<input type="checkbox"/>	Vinyl chloride
<input type="checkbox"/>	Endosulfan & metabolites	<input type="checkbox"/>	Zinc and compounds

None of the pollutants listed above are used in the process and or are by-products resulting of the process (es) at this facility.

H. State of New Mexico Pollutants of Concern.

REGULATED CONCENTRATIONS PER NEW MEXICO WATER QUALITY CONTROL COMMISSION TITLE 20 ENVIRONMENTAL PROTECTION CHAPTER 6 WATER QUALITY PART 2 GROUND AND SURFACE WATER PROTECTION SECTION 3103. STANDARDS FOR GROUND WATER OF 10,000 MG/L TDS CONCENTRATION OR LESS SUBSECTIONS A, B and C.

Many of the pollutants listed below may be repetitive from the Table 1 listing above. If your facility has any of these pollutants (on inventory) listed below, describe the process and concentration used for this pollutant. If none of the pollutants listed below are used in the process and or are by-products resulting of the process (es) at this facility, Place a check mark on the following box

Name and Description of Unit Process (complete one for each unit process):		
Estimated Unit Process Flow (GPD):		
Description:	Regulatory Limits (mg/L)	Estimated Flow Concentration (mg/L) & Process
Antimony (Sb)	0.006	
Arsenic (As)	0.01	
Barium (Ba)	2.0	
Beryllium (Be)	0.004	
Cadmium (Cd)	0.005	
Chromium (Cr)	0.05	
Cyanide (CN)	0.2	
Fluoride (F)	1.6	
Lead (Pb)	0.015	
Total Mercury (Hg)	0.002	
Nitrate (NO ₃ as N)	10.0	
Nitrate (NO ₂ as N)	1.0	
Selenium (Se)	0.05	
Silver (Ag)	0.05	
Thallium (Tl)	0.002	
Uranium (U)	0.03	
Radioactivity: Combined (pCi/l)		
Radium-226 & Radium-228	5.0	
Benzene	0.005	
Polychlorinated biphenyls (PCB's)	0.0005	
Toluene	1.0	
Carbon Tetrachloride	0.005	
1,2-dichloroethane (EDC)	0.005	
1, 1 -dichloroethylene (1,1 -DCE)	0.007	
1, 1 ,2,2-tetrachloroethylene (PCE)	0.005	
1,1,2-trichloroethylene (TCE)	0.005	
ethylbenzene	0.7	
total xylenes	0.62	

methylene chloride	0.005	
chloroform	0.1	
1, 1 -dichloroethane	0.025	
ethylene dibromide (EDB)	0.00005	
1,1,1 -trichloroethane	0.2	
1, 1, 2-trichloroethane	0.005	
1, 1, 2,2-tetrachloroethane	0.01	
vinyl chloride	0.002	
PAHs: total naphthalene plus monomethylnaphthalenes	0.03	
benzo-a-pyrene	0.0002	
cis-1,2-dichloroethene	0.07	
trans-1,2-dichloroethene	0.1	
1,2-dichloropropane (PDC)	0.005	
Styrene	0.1	
1,2-dichlorobenzene	0.6	
1,4-dichlorobenzene	0.075	
1,2,4-trichlorobenzene	0.07	
pentachlorophenol	0.001	
atrazine	0.003	
Chloride (Cl)	250	
Copper (Cu)	1.0	
Iron (Fe)	1.0	
Manganese (Mn)	0.2	
Phenols	0.005	
Sulfate (SO ₄)	600.0	
Total Dissolved Solids (TDS)	1000.0	
Zinc (Zn)	10.0	
pH	6 and 9	
Methyl tertiary-butyl ether (MTBE)	0.1	
Aluminum (Al)	5.0	
Boron (B)	0.75	
Cobalt (Co)	0.05	
Molybdenum (Mo)	1.0	
Nickel (Ni)	0.2	

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Signed _____ Date _____

Title _____