THE CAMDEN COUNTY MUNICIPAL UTILITIES AUTHORITY
1645 Ferry Avenue ● Camden, NJ 08104
Phone (856) 541-3700 ● Fax (856) 964-1829
www.ccmua.org

INDUSTRIAL USER PRETREATMENT QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

Please complete this questionnaire as thoroughly and accurately as possible. If you do not understand any of the questions contained in this form, please contact Emily Cochran for assistance at (856-583-2313).

SECTION A.- GENERAL INFORMATION

1. Company Name: _____
2. Parent Company, if different from question #1 (All parent companies must be provided): _____

_____

3. Premise Address: _____ Zip Code: _____
4. Mailing Address: _____ Zip Code: _____
5. a. Authorized Representative (as defined in Section 1.2 of the Authority's Sewer Use Ordinance):
   Name and Title: _____
   Telephone No.: (_____) _____ Email: _____

   b. Facility Representative to Contact Concerning Information Provided Herein (if different from above):
   Name and Title: _____
   Telephone No.: (_____) _____ Email: _____

   c. Property Owner (if different from above):
   Name and Title: _____
   Telephone No.: (_____) _____ Email: _____

   d. Company Owner (if different from above):
   Name and Title: _____
   Telephone No.: (_____) _____ Email: _____

8. Check One: ☐ Existing Discharge
   ☐ Proposed Discharge Anticipated date of discharge: _____

SECTION B. - PRODUCT OR SERVICE INFORMATION

1. Narrative description of the primary manufacturing or service activity at premise address and the applicable Standard Industrial Classification Codes(s) (SIC No.): _____

_____

_____

2. Principal Raw Materials Used: _____

_____

_____

3. Principal Products Produced: _____

_____

_____

SECTION B. - PRODUCT OR SERVICE INFORMATION (Cont'd)

4. Check all <u>additional</u> activities and indicate SIC No(s)., if known, at your premise:

	SIC Number		SIC Number
☐ Electroplating	(_____)	☐ Photographic Processing	(_____)
☐ Flammables, Explosives	(_____)	☐ Plastics Processing	(_____)
☐ Laboratory	(_____)	☐ Printing	(_____)
☐ Laundry, Cleaning	(_____)	☐ Repair Shop, Garage	(_____)
☐ Machine Shop	(_____)	☐ Research	(_____)
☐ Medical Care	(_____)	☐ Steam/Power Generation	(_____)
☐ Painting, Finishing	(_____)	☐ Warehousing	(_____)
☐ Paint or Ink Formulation	(_____)	☐ Other (Specify)	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)

SECTION C. - PLANT OPERATIONAL CHARACTERISTICS

1. Are major processes batch or continuous? _____

Average number of batches per 24 hour day: _____

2. Are your processes subject to seasonal variation? _____
If yes, explain and indicate the month(s) of peak operation and products: _____

_____

3. Shift Information:
   a. Number of shifts per work day: _____ b. Number of work days per week: _____
   c. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____ Total: _____
   d. Shift start times: 1st _____ 2nd _____ 3rd _____

4. Describe any water recycling or material reclaiming processes utilized: _____

   Describe any treatment of incoming water being used in process: _____

5. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? ☐ YES ☐ NO
   If yes, list date of last revision: _____

6. Describe plant wash down and list all solvents, degreasers and cleaning agents used: _____

SECTION D. - WATER CONSUMPTION AND LOSS

1. Raw water sources(s):
   ☐ Municipal Water Division ☐ County Water Company
   ☐ Private Contract ☐ Private Well
   ☐ Surface Water ☐ Other

2. Water bill servicer: _____

3. Water service account numbers: _____

4. List past twelve months water usage from water bills:

   a. Start date: _____ End date: _____ Total Volume: _____ Units: _____
   b. Volume from other source(s):_____ gallons per day.
      Name of other source(s): _____

5. List water consumption within the plant:

Type:	Volume
a. Cooling water	
b. Boiler feed	
c. Process	
d. Sanitary	
e. Plant and equipment	
f. Irrigation and lawn	
g. Other (specify)	
h. Total (a through g)	

6. List average volume of discharge or water losses to:

Type	Volume
a. Municipal sewer	
b. Watercourse/storm drain/ground	
c. Waste haulers	
d. Evaporation	
e. Contained in product	
f. **Total (a through e)**	

7. List average water usage and average wastewater discharge for each SIC process itemized in Section B (attach additional sheets if needed):

Brief Process Description	SIC Number	Average Water Consumption (gpd)	Estimated Average Discharge (gpd)
a.			
b.			
c.			
d.			
e.			
f.			
g.			

8. Describe any water treatment or conditioning processes utilized: _____

_____

_____

SECTION E. - SEWER INFORMATION

1. Attach a scaled drawing of your plant site showing the location of all sewers. Also show location of possible sampling point for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

2. List plant sewers/sampling points shown in item 1, size and flow; assign sequential reference number to each sewer starting with No 1.(if more than 3, attach additional connection information on another sheet):

Reference Number:	Sewer Size (inches)	Descriptive Location of Sewer Connection/Discharge Point	Flow (gpd)
1			
2			
3			
4			
5			

SECTION F. - WASTEWATER INFORMATION

1. Does this facility discharge any process wastewater, generated through activities other than from restrooms, cafeterias, or non-contaminated cooling water?

- ☐ **YES** IF "YES", COMPLETE THE REMAINDER OF THE QUESTIONNAIRE.
- ☐ **NO** IF "NO", YOU HAVE COMPLETED THE QUESTIONNAIRE.

2. Please indicate the quantities discharged from the activities indicated below in the units of gallons per day.(Refer to Section D, items 5, 6, 7 and

3. The questions are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES outfall Number and NPDES Permit Number.

Discharge Quantity by Sewer Referenced in E -2

Type (Refer to D-5, 6 & 7)	1	2	3	4	5
Process (from D-7)					
a.					
b.					
c.					
Sanitary					
Cooling					
Plant & Equipment Washdown					
Regeneration Waste					
Other (specify below)					
Total:					

NPDES Outfall Number: _____
NPDES Permit Number: _____

3. Is any form of wastewater pretreatment utilized at this facility? ☐ Yes ☐ No

If "Yes," briefly describe: _____

_____

_____

4. If any wastewater analyses have been performed on the wastewater discharges from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).

Priority Pollutant Information: Please indicate which, if any, of the following compounds are suspected or known to be present in your manufacturing/service activity or generated as a by-product. List these compounds in the space below.

1. asbestos
2. cyanide
3. antimony
4. arsenic
5. beryllium
6. cadmium
7. chromium
8. copper
9. lead
10. mercury
11. nickel
12. selenium
13. silver
14. thallium
15. zinc
16. acenaphthene
17. acenaphthylene
18. acrolein
19. acrylonitrile
20. aldrin
21. anthracene
22. benzene
23. benzidine
24. benzo (a) anthracene*
25. benzo (a) pyrene*
26. benzo (b) fluoranthene
27. benzo (g,h,i) perylene*
28. benzo (k) fluoranthene
29. a-bhc (alpha)
30. b-bhc (bet)
31. d-bhc (delta)
32. g-bhc (gamma)
33. bis (2-chloroethyl) ether*
34. bis (2-chloroethoxy) methane*
35. bis (2-chloroisopropyl) ether*
36. bis (chloromethyl) ether*
37. bis (2-ethylhexyl) phthalate*
38. bromodichloromethane*
39. bromoform*
40. bromomethane*
41. 4-bromophlenylphenyl ether
42. butylbenzyl phthalate
43. carbon tetrachloride*
44. chlordane
45. 4-chloro-3-methylphenol*
46. chlorobenzene
47. chloroethane*
48. 2-chloroethylvinyl ether
49. chloroform*
50. chloromethane*
51. 2-chloronaphthalene
52. 2-chlorophenol
53. 4-chlorophenylphenyl ether
54. chrysene*
55. 4,4' ddd*
56. 4,4' dde*
57. 4,4' ddt*
58. dibenzo (a,h) anthracene*
59. dibromochloromethane*
60. 1,2-dichlorobenzene*
61. 1,3-dichlorobenzene*
62. 1,4-dichlorobenzene*
63. 3,3'-dichlorobenzidine
64. dichlorodifluoromethane*
65. 1,1-dichloroethane*
66. 1,2-dichloroethane*
67. 1,1-dichloroethene*
68. trans-1,2-dichloroethene*
69. 2,4-dichlorophenol
70. 1,2-dichloropropane*
71. (cis & trans) 1,3-dichloropropene*
72. dieldrin
73. diethyl phthalate*
74. 2,4-dimetylphenol*
75. dimethyl phthalate
76. di-n-butyl phthalate
77. di-n-octyl phthalate*
78. 4,6-dinitro-2-methylphenol*
79. 2,4-dinitrophenol
80. 2,4-dinitrotoluene

81. 2,6-dinitrotoluene
82. 1,2-diphenylhydrazine*
83. endosulfan I*
84. endosulfan II*
85. endosulfan sulfate
86. endrin
87. endrin aldehyde
88. ethylbenzene
89. fluoranthene
90. fluorene*
91. heptachlor
92. heptachlor epoxide
93. hexachlorobenzene*

6. For chemical compounds in F-5 which are indicated to be "Known Present", please list and provide the following data for each: (attach additional sheets if needed.)

ITEM NO.	CHEMICAL COMPOUND	ANNUAL USAGE (LBS)	ESTIMATED LOSS TO SEWER (LBS/YEAR)

ITEM NO.	CHEMICAL COMPOUND	ANNUAL USAGE (LBS)	ESTIMATED LOSS TO SEWER (LBS/YEAR)

SCHEMATIC OF WATER FLOW

Attach sketch showing entrance of water services from municipal system, and sizes, sewer connection to municipal system, sizes, proposed location for installing control manhole, or locate existing manhole, for sampling, observation, etc.

I have personally examined and am familiar with the information submitted in this document and attachments. 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. Base on my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowingly submitting false information. I certify that the names of all legal parent companies have been provided.

By: _____
Company Owner

_____
Name of Organization

_____
Date