

Onondaga County Department of Water Environment Protection Industrial Wastewater Discharge Permit Application and Questionnaire

New Facility

Existing Facility

Modification

General Information

Company Name		
Facility Address	Street Address	
	City	Zip Code
Mailing Address (If different from above)	P.O. Box	
	City	Zip Code
Phone Number		
Contact Person and Title		

Facility Information

Town Facility is Located in	
Tax Map Number(s)	
Water Retailer(s)	
Water Account Number(s)	
Amount of Water Purchased in Last 12 Months	

Operational Information

Number of Employees	
Hours of Operation	
Number of Shifts and Times	
Days of Production per Week	

Briefly describe the manufacturing or services that your company provides which generate wastewater other than sanitary wastewater: _____

Existing Facility Information

Permit Number	
Industrial Code	
Standard Industrial Classification	
Sewer Numbers	
Categorical Regulations [include sewer number(s)]	

Water/Wastewater Treatment Information

(check appropriate boxes)

INCOMING POTABLE WATER:

<input type="checkbox"/>	Deionization	<input type="checkbox"/>	Filtration
<input type="checkbox"/>	Reverse Osmosis	<input type="checkbox"/>	Chemical Treatment

WASTEWATER:

<input type="checkbox"/>	Biological Treatment	<input type="checkbox"/>	Ozination
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	pH Neutralization
<input type="checkbox"/>	Chemical Precipitation	<input type="checkbox"/>	Reverse Osmosis
<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Screen
<input type="checkbox"/>	Dissolved Air Flotation	<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Filtration (Type: _____)	<input type="checkbox"/>	Septic Tank
<input type="checkbox"/>	Grease or Oil Separation	<input type="checkbox"/>	Silver Recovery
<input type="checkbox"/>	Grit Removal	<input type="checkbox"/>	Solvent Recovery/Management
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Other (specify)

Wastewater Discharge Monitoring Information:

	pH (No. of sites: _____)		Flow
	Temperature		Oxidation Reduction Potential
	Other:		Other (specify)

Waste Removal Information

(check appropriate box if your company disposes of any of the following)

	Oils		Sediments
	Chemicals/Solvents		Sludge
	Grease/Tallow		Other (specify)

Please specify disposal method, hauler and approximate volume of waste.

Waste Type	Method/Hauler	Volume per Year

Chemical/Solvent Information:

Please list all chemicals and solvents that are used by your facility in processes that generate wastewater: _____

Please attach Material Safety Data Sheets for all chemicals and solvents listed above.

SPDES Permit Information:

Does this facility possess a valid NYS SPDES Discharge Permit? Yes or No

SPDES Discharge Number: _____

Ancillary Operations Information:

(Check appropriate box if your company has any of the following)

	Boilers		HVAC
	Cooling Towers		Other (specify)
	Fire Protection System		Other (specify)

Does your facility discharge any cooling water, groundwater, roof drainage, storm water, or unpolluted waters to the sanitary sewer system? YES NO

Documents to be Attached to Questionnaire

Document	Attached	Not Attached
Water Bill	<input type="checkbox"/>	<input type="checkbox"/>
Tax Bill	<input type="checkbox"/>	<input type="checkbox"/>
SPDES Permit	<input type="checkbox"/>	<input type="checkbox"/>
Form R/SARA Reporting Requirements	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Waste Manifests	<input type="checkbox"/>	<input type="checkbox"/>
Material Safety Data Sheets	<input type="checkbox"/>	<input type="checkbox"/>
Site Map showing sewer connections and wastewater plumbing	<input type="checkbox"/>	<input type="checkbox"/>

For New Facilities Only

Environmental Impact Statement	<input type="checkbox"/>	<input type="checkbox"/>
Baseline Monitoring Reports	<input type="checkbox"/>	<input type="checkbox"/>

Onondaga County Documents

Do you presently have the following documents and have you reviewed them?

Document	Yes	No, please send
Rules and Regulations Relating to the Use of the Public Sewer System	<input type="checkbox"/>	<input type="checkbox"/>
Enforcement Response Plan	<input type="checkbox"/>	<input type="checkbox"/>
Applicable Categorical Regulations _____	<input type="checkbox"/>	<input type="checkbox"/>
BMR Requirements	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Substances of Concern:

Please circle any substances that are used and or stored at the facility:

Acenaphthene	Methyl chloride (dichloromethane)	Trichloroethylene
Acrolein	Methyl bromide (bromomethane)	Vinyl chloride (chloroethylene)
Acrylonitrile	Bromoform (tribromomethane)	Aldrin
Benzene	Dichlorobromomethane	Dieldrin
Benzidine		
Carbon tetrachloride (tetrachloromethane)	Chlorodibromomethane	Chlordane (technical mixture and metabolites)
Chlorobenzene	Hexachlorobutadiene	4,4-DDT
1,2,4-trichlorobenzene	Hexachloromyclopentadiene	4,4-DDE (p,p-DDX)
Hexachlorobenzene	Isophorone	4,4-DDD (p,p-TDE)
1,2-dichloroethane	Naphthalene	Alpha-endosulfan
1,1,1-trichloroethane	Nitrobenzene	Beta-endosulfan
Hexachloroethane	2-nitrophenol	Endosulfan sulfate
1,1-dichloroethane	4-nitrophenol	Endrin
1,1,2-trichloroethane	2,4-dinitrophenol	Endrin aldehyde
1,1,2,2-tetrachloroethane	4,6-dinitro-o-cresol	Heptachlor
Chloroethane	N-nitrosodimethylamine	Heptachlor epoxide (BHC- hexachlorocyclohexane)
Bis(2-chloroethyl) ether	N-nitrosodiphenylamine	Alpha-BHC
2-chloroethyl vinyl ether (mixed)	N-nitrosodi-n-propylamin	Beta-BHC
2-chloronaphthalene	Pentachlorophenol	Gamma-BHC (lindane)
2,4,6-trichlorophenol	Phenol	Delta-BHC (PCB-polychlorinated biphenyls)
Parachlorometa cresol	Bis(2-ethylhexyl) phthalate	PCB-1242 (Arochlor 1242)
Chloroform (trichloromethane)	Butyl benzyl phthalate	PCB-1254 (Arochlor 1254)
2-chlorophenol	Di-N-Butyl Phthalate	PCB-1221 (Arochlor 1221)
1,2-dichlorobenzene	Di-n-octyl phthalate	PCB-1232 (Arochlor 1232)
1,3-dichlorobenzene	Diethyl Phthalate	PCB-1248 (Arochlor 1248)
1,4-dichlorobenzene	Dimethyl phthalate	PCB-1260 (Arochlor 1260)
3,3-dichlorobenzidine	1,2-benzanthracene (benzo(a)) anthracene	PCB-1016 (Arochlor 1016)
1,1-dichloroethylene	Benzo(a)pyrene (3,4-benzo-pyrene)	Toxaphene
1,2-trans-dichloro-ethylene	3,4-Benzofluoranthene (benzo(b)) fluoranthene)	Antimony
2,4-dichlorophenol	11,12-benzofluoranthene (benzo(b)) fluoranthene)	Arsenic
1,2-dichloropropane	Chrysene	Beryllium
1,2-dichloropropylene (1,3- dichloropropene)	Acenaphthylene	Cadmium
2,4-dimethylphenol	Anthracene	Chromium
2,4-dinitrotoluene	1,1,2-benzoperylene (benzo-(ghi)perylene)	Copper
2,6-dinitrotoluene	Fluorene	Cyanide, Total
1,2-diphenylhydrazine	Phenanthrene	Lead
Ethylbenzene	1,2,5,6-dibenzanthracene (dibenzo,(h) anthracene)	Mercury
Fluoranthene	Indeno (,1,2,3-cd) pyrene (2,3-o- pheynylene pyrene)	Nickel
4-chlorophenyl phenyl ether	Pyrene	Selenium
4-bromophenyl phenyl ether	Tetrachloroethylene	Silver
Bis(2-chloroisopropyl) ether	Toluene	Thallium
Bis(2-chloroethoxy) methane		Zinc
Methylene chloride (dichl- oromethane)		2,3,7,8-tetrachloro-dibenzo-p-dioxin (TCDD)

Certification:

I certify under penalty of law that this document and its attachments were prepared under my personal direction or supervision in accordance with a system designed to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the 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. I further certify that the sampling and analytical methodologies employed during the collection of data required for submission conform to accepted methods established by the United States Environmental Protection Agency (USEPA) and/or New York State Department of Health (NYSDOH).

Signature of Authorized Representative: _____

Title: _____