



INDUSTRIAL PRETREATMENT PRE-INSPECTION QUESTIONNAIRE

For assistance filling out this questionnaire, please refer to the attached instructions.

Industrial User Name:

Date:

of Attachments:

Mailing Address:

Facility Location Address:

SECTION 1: GENERAL INFORMATION

Section 1.A. General Information

1. Type of business conducted at this facility:

2. Principal raw material(s) used:

3. Principal final product(s):

4. Production process is: Batch % Continuous %

5. List all additional activities and specific processes occurring at this facility:

6. Is there a Spill Plan or equivalent plan at this facility? Yes No N/A

7. Year that this company began production at this facility:

8. Hours of operation:

9. # of Shifts:

10. Days per week:

11. # of Employees:

Section 1.B. Water Source and Use

1. Raw water sources:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Public Water Supply:

Private Well(s):

Surface Water:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 1.B. Water Source and Use continued

2. Are raw water sources metered or are there other means for flow measurement? Yes No N/A

3. Average daily water usage:

4. Describe any water treatment or conditioning processes utilized:

Section 1.C. Restaurant/Food Service Information

1. Facility has a restaurant/food service establishment? Yes No N/A

A. Hour of operation: AM to PM N/A

B. Meals served per day: N/A

C. Are grease interceptors used? Yes* No N/A

*What size and where are they located?

*How often are they cleaned/maintained?

Section 1.D. Toxic Organics Management

1. Are CATEGORICAL ORGANICS (TTO) used at this facility? Yes* No N/A

*If yes, describe:

Type	Quantity	Use
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Are other NON-CATEGORICAL ORGANICS used in more than laboratory quantities? Yes* No N/A

*If yes, describe:

Type	Quantity	Use
<input type="text"/>	<input type="text"/>	<input type="text"/>



Section 1.E. Environmental Permits

Permits & Registrations other than Wastewater Contribution Permit:

1. NPDES: Type _____	Permit # _____	N/A	<input type="checkbox"/>
2. Air: Type _____	Permit # _____	N/A	<input type="checkbox"/>
3. RCRA: Type _____	Permit # _____	N/A	<input type="checkbox"/>
4. Other: Type _____	Permit # _____	N/A	<input type="checkbox"/>

SECTION 2: FACILITY INFORMATION

Section 2.A. Production/Process Area

1. Describe any planned or completed substantial changes in manufacturing processes:

2. How are off-spec raw materials and products disposed of?

3. List all process wastewater that discharges to the POTW:

4. Is cleaning water discharged to the POTW? Yes No N/A

4.1. Describe cleaning process and frequency.

4.2. Are process related holding/storage tanks cleaned? Yes* No N/A

*If yes, who cleans and how often?

5. Please list any other non-process wastewater discharged to the POTW:

6. Are any wastes produced during manufacturing process? Yes No N/A

6.1. Describe the types and approximate volumes of solid waste produced:

6.2. Solid waste disposal method(s):



Section 2.A. Production/Process Area continued

7. Who has authority to shut down production should a spill or slug discharge occur?

8. Is the facility implementing a slug/spill control plan? Yes No N/A

Section 2.B. Storage Area

1. Are there floor drains in storage areas? Yes* No N/A

*Where do they drain?

2. How often are areas cleaned?

Section 2.C. Hazardous Waste

1. Is hazardous waste generated? Yes No N/A

2. Manner of hazardous waste disposal:

Section 2.D. Pretreatment System

1. Please describe wastewater pretreatment used at the facility?

2. Does the facility have a continuous pH monitoring system? Yes No N/A

3. Is there an operator for each shift? Yes No N/A

4. Solids (sludge) dewatering method:

5. Amount of sludge generated per month?

6. How and when is sludge or wastes disposed of?

7. Is there a schedule for preventative maintenance? Yes No N/A

Section 2.E. Outfalls, Sampling and Flow Measurement

1. Who conducts semiannual compliance and internal monitoring sampling?



Section 2.E. Outfalls, Sampling and Flow Measurement continued

2. Name of laboratory that performs analyses:

3. Discharge rates (gpd): Process: Sanitary: Combined:

4. Does the facility have functioning flow monitoring? Yes No N/A

Brand and Model of Flow Meter:

5. Does metered waste include sanitary wastewater? Yes No N/A

Section 2.F. Facility Exterior and Stormwater Pollution Prevention

1. Where is stormwater from this facility's property discharged to? (select all that apply)

Combined Sewer Separate Sewer System Surface Waters

2. Does the facility have stormwater monitoring locations? Yes* No N/A

* If "Yes" describe them:

3. Does the facility maintain a Stormwater Pollution Prevention Plan (SWPPP)? Yes No N/A

4. What, if any, stormwater Best Management Practices (BMP) have been implemented?

5. Are employees trained on stormwater control measures? Yes No N/A

Certification Statement & Signature

"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 for knowing violations."

Printed name of Authorized representative

Job Title of Authorized Representative

Signature of Authorized Representative

Date of Signature

