# ALBANY COUNTY SEWER DISTRICT INDUSTRIAL PRETREATMENT PROGRAM INDUSTRIAL AND COMMERCIAL DISCHARGER WASTE QUESTIONNAIRE

<u>Gener</u>	al Information	
1.	Company Name:	
2a.	Mailing Address:	
2b.	Premises Address: (if different)	
3.	Standard Industrial Classification (SIC) Code:	
4.	Name of Contact Official:	
5.	Title of Contact Official:	
6. 7.	Telephone Number: Fax Number:	
Instru	<u>ctions</u>	
are pro	ovided. Depending upon your response	# 8 below. Then proceed to # 9, following the directions as they onses, you may be directed to either submit the first two pages of entire form. In either case, you must endorse the Certification on
8.	Provide a brief description of the	firm's activities on the premises:
9.	wastewater from sanitary convected clean-up from food prepared for to the Certification and Validation	wastewater other than sanitary (sanitary wastewater is defined as eniences, personal washing and/or from cooking, serving and on-site consumption only)? If no, proceed directly on section on page two and complete that section. Then return is provided. If yes, proceed to 10.
10.	Provide (or estimate) the amount Is this [ ] measured [ ] estimate	t of wastewater generated daily by your facility: gal. ed? Then proceed to 11.
11.	Do you treat incoming waters befindisposal of any treatment skimming	fore use? If you do, describe the handling and ings or sludges
		Regardless of your answer, proceed to 12.

12.	Do your operations fall into any of the industrial categories of the second categories of the se	
13.	Do your operations use or discharge any of the chemical	
	If yes, you must complete the entire form. Go directly to p	
14.	Do your operations result in the collection and disposal of If yes, you must complete the entire form. Go directly to p	
15.	Do you use biocides, fungicides or any other spoilage proyou must complete the entire form. Go directly to page 3	evention additives? If yes, and begin. If no, proceed to 16.
16.	Do you treat your wastewaters in any fashion? or vegetable-based grease and oil removal (grease traps complete the entire form. Go directly to page 3 and begin	s), if you answered yes, you must
17.	Are wastewaters generated by operations at your facility not routinely associated with domestic (household) activition complete the entire form. Proceed to page 3 and begin. I	ties? If yes, you must
18.	If you have not previously been directed to complete the Certification and Validation section below and return paprovided.	
CERTI	FICATION AND VALIDATION	
The Coshould forth fo	FICATION AND VALIDATION  ertification below must be endorsed for this Questionna carefully read the Certification and have a clear understable that the complete information. If you are the statement below only after fully completing and the completing and the completing are the statement below only after fully completing and the completing and the completing are the statement below only after fully completing and the completing are the completing and the completing and the completing are the completing are the completing are the completing are the completing and the completing are the completing	nding of the provisions and penalties set you will be completing the entire form that
The Coshould forth fo follows	ertification below must be endorsed for this Questionna carefully read the Certification and have a clear understable knowingly submitting false or incomplete information. If y	nding of the provisions and penalties set you will be completing the entire form that
The Ce should forth fo follows  CERTIL  I certify submitt obtaining that the	ertification below must be endorsed for this Questionna carefully read the Certification and have a clear understable that the Certification and have a clear understable that the carefully submitting false or incomplete information. If you are the statement below only after fully completing and the completing and the completing are the statement below.	anding of the provisions and penalties set you will be completing the entire form that and reviewing the entire Questionnaire.  The details and am familiar with the information individuals immediately responsible for true, accurate and complete. I am aware
The Ce should forth fo follows  CERTIL  I certify submitt obtaining that the	ertification below must be endorsed for this Questionnal carefully read the Certification and have a clear understate of knowingly submitting false or incomplete information. If you are the statement below only after fully completing a submitted penalty of law that I have personally examine ted herein; and that based upon my inquiry of those and the information, I believe the information submitted is the ere are significant penalties for submitting false information.	anding of the provisions and penalties set you will be completing the entire form that and reviewing the entire Questionnaire.  The details and am familiar with the information individuals immediately responsible for true, accurate and complete. I am aware

Please direct all completed Questionnaires to:

Permit Compliance Manager Albany County Sewer District PO Box 4187 Albany, NY 12204

#### **PRODUCTION INFORMATION**

1. List the company's principal products or services on the premises with the appropriate Standard Industrial Classification (SIC) codes and briefly describe the specific production or process activities that take place. Attach additional sheets, if necessary. Additional sheets attached? [ ] Yes [ ] No
2. List the principal process materials (raw materials, catalysts, intermediates, clean-up materials) associated with the activities in 1. above. Also, indicate if your company accepts its used finished product shipping containers back for recycle, and if so describe the cleaning process for these containers. Attach additional sheets, if necessary. Additional sheets attached? [ ] Yes [ ] No
3. Number of separate production buildings on the site:
4a. Indicate the number of separate sewer connections (to public sewers) from your production or operations: or
4b. Do your operations share a connection to the public sewers with another entity (Example: multi-tenant building)?
5. Average number of employees per shift: 1st 2nd 3rd
6. Days of operation: Sun Mon Tue Wed Thur Fri Sat
7. Is there a scheduled shutdown? If so, when?
8. Does the facility have:
a. a Spill Prevention, Control and Countermeasure (SPCC) Plan? b. a Toxics Management Plan? c. a Slug Control Plan? d. a Best Management Practices Program?
ACSD may in the future, request copies of any of the above Plans that are currently in effect

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# WATER AND WASTEWATER

	Consumpt	ion (gal)	
	<u>Annual</u>	Avg/Day*	
ual working or	process days.		
taken on site.	Include the mea	ns of disposal of any	
			_
			_
			_
e) and means	of disposal:		
<u>%</u>	Usage (gal/day)	Disposal <u>Means*</u>	
	<del></del>		
tion, other (inc	dicate specifics) stem:		
1	a) and means of the sewers, of the sewer system.	Annual  Annual	all working or process days.  taken on site. Include the means of disposal of any  a) and means of disposal:  Usage Disposal  (gal/day) Means*  (gal/day) Means*   orm sewers, direct to stream or river, subsurface tion, other (indicate specifics)  ned sewer system:

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12. Turn to attached Table 2, which lists industrial categories for which USEPA has established federa discharge regulations and limitations. Do any of the operations at your facility fall within any of these categories? Yes No If yes, complete 12 (a) - 12 (d).
12a. Under which federally regulated category(s) do operations at your facility fall?
12b. Has a Baseline Monitoring Report been submitted to ACSD? If so, when?
12c. Have Periodic Compliance Reports been submitted to ACSD? If so, dates of last two reports: and
12d. Has final compliance been achieved? If no, explain:
13. If wastewater discharges from the company have been analyzed to determine pollutant concentrations, and if this data has not already been submitted to ACSD, attach a copy of the latest laboratory report. Report attached? [] Yes [] No
14. Turn to Table 1 (two pages). Circle the name of any of the substances on the Table that might be used, stored or generated on the premises or that might be contained in the facility's wastewater discharged.
15. Does the company utilize any specific water conservation methods? If so, describe.
16. Describe any wastewater treatment equipment and processes currently in use, and attach a schematic of same. Facilities and processes designed for pollutant removal as well as those designed to equalize flow and pollutant loadings should be included. Be sure to indicate whether treatment is provided at the end of specific processes or post-process and previous to final discharge. Also, if any additiona treatment facilities are planned, so indicate.  Schematic attached? [ ] Yes [ ] no
17. Have provisions been made for discharge flow monitoring and wastewater sampling/analysis? If so describe. With regard to wastewater monitoring, outline methods of sample collection and analysis, or indicate the name of the consultant or contractor providing such services.

#### OTHER WASTES; MISCELLANEOUS

18. Describe any accepting, holding and storage facilities and practices for all raw materials, process and clean-up chemicals and finished products.
19. Was the company required to take part in USEPA's Toxic Release Inventory by submitting information under SARA Title 313? If yes, attach a copy of the latest report to USEPA.
20. Has your company filed an EPA Form 8700-12 (Notification of Hazardous Waste Activity)?  If yes, attach a copy of the submitted form.
21. Are any sludges, solvents, thinners, oils, still bottoms, fly ash, fillers, etc. or residual materials generated by the processes on-site? If yes, complete Table 3.
22. Are residuals (skimmings, sludges, backwashes, etc.) generated as a result of wastewater treatment (or pretreatment) processes prior to discharging the wastewater into the municipal system? If yes, complete Table 4.
23. Do you store industrial wastes? If yes, complete Tables 5a / 5b for on-site and Tables 6a / 6b for off-site wastes.

Please return to page 2 of this Questionnaire and, after carefully reading the Certification and Validation Section and the Certification Statement, complete the Certification section. Then transmit the completed form to Albany County Sewer District at the address provided.

# Table 1 **Substances of Concern**

### Class A - Halogenated Hydrocarbons

A01. Methyl chloride

A02. Methylene Chloride

A03. Chloroform

A04. Carbon tetrachloride

A05. Freon/Genatron

A06. Other Halomethanes

A09. Vinyl fluoride

A10. Vinyl chloride

A11. Dichloroethylane

A12. Trichloroethylene

A13. Tetrachloroethylene

A14. Chlorinated propane

A15. Chlorinated propene

A16. Hexachlorobutadiene A17. Hexachlorocyclopentadiene

A18. Chlorinated benzene

A19. Chlorinated toluene

A20. Fluorinated toluene

A21. PCB

A22. Chlorinated naphthalene

A23. Dechlorane

A24. Hexachlorocyclohexane

A99. Halogenated hydrocarbons - nsa\*

# Class B - Halogenated Organics

B01. Phosgene

B02. Methyl chloromethyl ether

B03. bis-chloromethyl ether

B04. Other chloroakvl ethers

B05. Benzoyl chloride

B06. Chlorothymal B07. Chlorinated phenol

B08. Chlorinated cresols or xylenols

B09. Chlorendic acid

B10. Chloroaryl ethers

B11. Dichlorophene or hexachlorophene

B12. Chlorinated aniline

B13. Dichlorobenzidine

B14. Chlorinated diphenyl oxide

B15. Chlorinated toluidine

B16. Kepone

B17. Dichlorovinyl sulfonyl pyridine

B18. Chloropicrin

B19. Trochloronethyl thio-phthalimide

B20. Trichloro-propylsulfonyl pyridine

B21. Tetrachloro-methylsulfonyl pyridine

B22. Tetrachloro-isophthalonitrile

B99. Halogenated organics - nsa\*

#### Class C - Pesticides

C01. Aldrin/Dieldrin

C02. Chlordane and metabolites

C03. DDT and metabolites

C04. Endosulfan/Thiodan and metabolites

C05. Endrin and metabolites

C06. Heptachlor and metabolites

C07. Malathion

C08. Methoxychlor

C09. Parathion

C10. Toxaphene

#### Class C - continued

C11. Sevin

C12. Kelthane C13. Diazon

C14. Dithane

C15. Carbaryl

C16. Silvex

C17. Dithiocarbamates

C18. Maneb

C19. Dioxathion

C20. Tandex/Karbutilate

C21. Carbofurans

C22. Pentac

C23. Folpet

C24. Dichlone

C25. Rotenone

C26. Lindane/Isotex

C27. Simazine

C28. Methoprene

C99. Pesticides - nsa\*

# Class D - Aromatics

D01. Benzene

D02. Toluene

D03. Xylene

D04. Biphenyl

D05. Naphthalene

D06. Ethylbenzene

D07. Styrene

D08. Acenaphthene

D09. Fluoranthene

D99. Aromatic hydrocarbons - nsa\*

### Class E - Tars

E01. Coal Tar

E02. Petroleum tar

E99. Tars - nsa\*

# Class F - Substituted Aromatics

F01. Phenol, cresol or xylenol

F02. Catechol, resorcinol or hydroquinone

F03. Nitrophenols

F04. Nitrobenzenes

F05. Nitrotoluenes

F06. Aniline

F07. Toluidines

F08. Nitroanilines

F09. Nitroanisole

F10. Toluene diisocyanite F11. Dimethylaminoazobenzene

F12. Benzioc acid/Benzoate salts

F13. Phthalic, isophthalic or terephthalic acid

F14. Phthalic anhydride

F15. ,Phthalate esters

F16. Phenoxyacetic acid

F17. Phenylphenols F18. Nitrobiphenyls

F19. Aminobiphenyls (inc. benzidine)

F20. Diphenylhydrazine

F21. Naphthylamines

# Class F continued

F22. Carbazole

F23. Acetylaminofluorene

F24. Dyes and organic pigments

F25. Pyridine

F99. Substituted Aromatics-

nsa\*

# Class G Miscellaneous

G01. Asbestos

G02. Acrolein

G03. Acrylonitrile

G04. Isophorone

G05. Nitrosamines

G06. Ethyleneimine

G07. Propiolactone

G08. Nitrosodimethylamine G09. Dimethyl hydrazine

G10. Maleic anhydride

G11. Methyl isocyanate

G12. Epoxides

G13. Nitrofurans G14. Cyanide

# Class M - Metals and Their Compounds

M01. Antimony

M02. Arsenic

M03. Beryllium

M04. Cadmium M05. Chromium

M06. Copper

M07. Lead

M08. Mercury

M09. Nickel

M10. Selenium

M11. Silver

M12.Thallium M13. Zinc

M99. Metals - nsa\*

\*nsa - not specified above

# **Table 2: Categorically Regulated Industries and Processes**

If your facility employs or will be employing processes or unit operations in any of the industrial categories or business activities listed below (regardless of whether or not they generate wastewater, waste sludge or hazardous waste), place a check beside that category of business activity (check all that apply) and answer 'Yes' to question 13 of the Questionnaire. If you are in doubt about any of the categories, place a question mark (?) in the space, instead of a check mark.

#### **Industrial Categories**

ſ	[ ] Dairy Products Process	ing Part 405	
	Grain Mills Part 406	3	
		Fruits and Vegetables Prod	cessing Part 407
i	[ ] Canned and Preserved	Seafood Processing Part 4	108
	[ ] Sugar Processing Part		
	[ ] Textile Mills Part 410		
	[ ] Cement Manufacturing	Part 411	
	[ ] Feedlots Part 412	r art 411	
	[ ] Electroplating <i>Part 413</i>		
		stics and Synthetic Fibers I	Part 111
	[ ] Inorganic Chemicals Ma		ait + i +
	[ ] Soap and Detergent Ma		
	[ ] Fertilizer Manufacturing		
	[ ] Petroleum Refining Par		
	[ ] Iron and Steel Manufac		
	[ ] Nonferrous Metals Man		
	[ ] Phosphate Manufacturi		
	[ ] Steam Electric Power G		
	[ ] Ferroalloy Manufacturin		
	[ ] Leather Tanning and Fi		
	[ ] Glass Manufacturing Pa		
	[ ] Asbestos Manufacturing		
	[ ] Rubber Manufacturing		
	[ ] Timber Products Part 4		
	[ ] Pulp, Paper and Paper		
	[ ] Builders Paper and Boa		
	[ ] Meat Products Part 432		
	[ ] Metal Finishing Part 43	3	
	[ ] Coal Mining Part 434		
	[ ] Oil and Gas Extraction	Part 435	
	[ ] Mineral Mining and Pro		
	[ ] Centralized Waste Trea		
	[ ] Metal Products and Ma		
	[ ] Pharmaceutical Manufa	cturing Part 439	
	[ ] Ore Mining and Dressin		
	[ ] Transportation Equipme		
		terials (Tars and Asphalts)	Part 443
	[ ] Waste Combustors Par	t 444	
	[ ] Landfills Part 445		
	[ ] Paint Formulating Part	446	
	[ ] Ink Formulating Part 44	7	
	[ ] Gum and Wood Chemic	cals Manufacturing Part 454	4
	[ ] Pesticide Chemicals Pa	ert 455	
	[ ] Explosives Manufacturi	ng <i>Part 457</i>	
ĺ	[ ] Carbon Black Manufact	uring <i>Part 458</i>	
Ī	[ ] Photographics (Develor	oment and Printing) Part 45	9
	[ ] Hospitals Part 460	<i>5,</i>	
	Battery Manufacturing I	Part 461	
	[ ] Plastics Molding and Fo		[ ] Copper Forming Part 468
	[ ] Coil Coating Part 465	· ·	[ ] Electric and Electronic Components Part 469
	Porcelain Enameling Pa	art 466	Nonferrous Metals Forming and Metal Powder Part 471
	[ ] Aluminum Forming Par		1 Other not listed Here

# Table 3a - Description and On-Site Disposal of Industrial Wastes

On-Site Disposal Method					od	
Estimated Amount Generated	Waste Composition	Land fill	Incineration	Lagoon	Land Appl.	Other
<u>Tabl</u>	e 3b - Description and	d Off-Site Dis	sposal of Indu	strial Was	<u>tes</u>	
				D: 1		
			OCC CI			
Estimated			Off-Site	Disposal		
Estimated Amount	Waste		Off-Site	Disposal		
Amount	Waste Composition	Hauler N			Final I	Disposal
	Waste Composition	Hauler N	Off-Site		Final I	Disposal
Amount		Hauler N			Final I	Disposal
Amount		Hauler N			Final I	Disposal
Amount		Hauler N			Final I	Disposal
Amount		Hauler			Final D	Disposal
	Amount Generated	Amount Waste Generated Composition	Amount Waste Generated Composition Land fill	Amount Generated Composition Land fill Incineration	Amount Generated Composition Land fill Incineration Lagoon  Land fill Incineration Lagoon	Amount Waste Land

# Table 4a - Description and Disposal of Residual from Wastewater Treatment: On-site Disposal

				On-Site D	oisposal Me	ethod	
Description of Wastewater Treatment Process	Estimated Amount Generated	Waste Composition	Land fill	Incineration	Lagoon	Land Appl.	Other
Table 4b - D	escription and	Disposal of Residu	ual from Wa	stewater Trea	tment: Of	f-site Dis	posal
				Off-S	ite Disposa	ıl	
Description of Wastewater Treatment Process	Estimated Amount Generated	Waste Composition	Haule	er Name and A	ddress	Final D	isposal

# <u>Table 5a - Industrial Waste Storage. Impoundment or Disposal:</u> <u>Sites Used and Owned or Controlled by Facility</u>

Type of Storage,	<b>XX</b> 4 -	T:1 C4	T-4-1 T:1	T-4-1 C4
Impoundment and Disposal	Waste	Typical Storage	Total Typical	Total Storage
Facilities	Type*	Period (Days)	Quantity Stored	Capacity
Lagoon w/liner *			gal	gal
Lagoon w/o liner *			gal	gal
Above Ground Tanks			gal	gal
Below Ground Tanks			gal	gal
Landfills, Piles			cu.	cu.
Landspreading			yds.	yds.
Barrel or Drum Storage			No.	No.
Other (specify)				

<sup>\*</sup> From Table 4

# Table 5b - Storage, Impoundment or Disposal Facility Information

# Answer Yes or No

Type of Storage, Impoundment and Disposal Facilities	Is area diked?	Is leachate or drainage collected?	Is facility covered or closed?	Are any facilities inactive?	Is any monitoring present?
Lagoon w/liner *					
Lagoon w/o liner *					
Above Ground Tanks					
Below Ground Tanks					
Landfills, Piles					
Landspreading					
Barrel or Drum Storage					
Other (specify)					

#### Table 6a - Off-site Industrial Waste Storage, Impoundment or Disposal Off-site Address: Street or Route No.: City/State/Zip Code County: Type of Storage, Impoundment and Disposal Waste Typical Storage **Total Typical Total Storage** Facilities Period (Days) **Quantity Stored** Type\* Capacity Lagoon w/liner \* gal gal Lagoon w/o liner \* gal gal Above Ground Tanks gal gal Below Ground Tanks gal gal Landfills, Piles cu. cu. Landspreading yds. yds. Barrel or Drum Storage No. No. Other (specify) \* From Table 4 Table 6b - Storage, Impoundment or Disposal Facility Information Answer Yes or No Type of Storage, Is leachate Is facility Is any Is facility Impoundment and Disposal monitoring active or or drainage covered or Is area Facilities diked? collected? closed? present? inactive? Lagoon w/liner Lagoon w/o liner **Above Ground Tanks Below Ground Tanks** Landfills, Piles Landspreading Barrel or Drum Storage

Other (specify)

Please refer to

Repackage Pesticides? --

2. EPA Establishment Number

# INDUSTRIAL CHEMICAL SURVEY

	hed Table 1	PART I	LSUKYEI				
COMPANY	NAME		SIC CODE	(If known)	OFFICE USE	ONLY	
COMPANY	MAILING ADDRESS	CITY	STATE		ZIP CODE		
PLANT NA	ME (If different)	CONTACT NAME	I 3	TELEPH	HONE		
PLANT AD	DRESS (If different)	CITY	STATE	Area	ZIP CODE		
Street	L BUSINESS OF PLANT						
	arent company, give name and a d submitted for each.)	addresses of all divisions, subsidiaries, et	c. located in New York Sta	te. A separa	te questionnaire	is to be	
		PART II DISCHARGE INFOI	RMATION				
	1. Does your plant dischar	rge liquid wastes to a municipally ow	ned sanitary sewer syste	m?		Yes	☐ No
	Name of System						
	2. Is your facility permitted to discharge liquid wastes under a State (SPDES) or						_
	Federal (NPDES) permit? Permit Number						
<b>K</b>	Explain						∐ No
WATER	If any of the above are "Yes":						
W	a. Do you discharge process or chemical wastes - (i.e. water used in manufacturing including direct contact cooling water and scrubber water)?						☐ No
	b. Do you discharge non-contact cooling water?						No
	c. Do you discharge collected storm drainage only?d. Do you discharge sanitary wastes only?						☐ No
		sources of possible emissions to the $a$				Yes	
AIR	2. Enter Location and Fac	ility Code as shown on your Air Poll	ution				No
$\blacktriangleleft$	Control Application for	Permits and Certification (If applica	ble)				
		s of Firm (Including yourself) removi	ing wastes other than off	ice and caf	eteria refuse.		
$\mathbf{E}\mathbf{D}$	Name					:	
ATI S	Address	City	State	Zip Code	e		
TE	Name						
EN/AS	Name						In
DNC D M	Address	City	State	Zip Code	e	Active	Inactive
	2. List Location(s) of Landfill(s) owned and used by your facility.					Ve Ve	ve
D &	1						
SOLID & CONCENTRATED LIQUID WASTES						<u> </u>	
<b>X</b>	2						
	1. Does this facility:					<u>:</u>	
ICIDES		cides or Pesticide Product Ingredients				Yes Yes	No No
1C	Produce Pesticides or Pesticide Product Ingredients? [ Formulate Pesticides?						

# PART III SUBSTANCES OF CONCERN (Refer to attached TABLE I)

Complete all information for those substances your facility has used, produced, stored, distributed or otherwise disposed of since January 1, 1971. Do not include chemicals used only in analytical laboratory work. Enter the name and code from Table I. If facility uses a substance in any of the Classes A-F which is not specified in the list, enter it as code class plus 99, e.g. B99 with name, usage, etc.

NAME OF SUBSTANCE	CODE	AVERAGE ANNUAL USAGE		ON HAND		GAL			ether produced, reacted, blended, distributed, no longer used, etc.)		
If you use chemicals o	f unknow	n compo	osition, list tra	ade na		other id	entifi	cation,	name of suppl	ier and complete information.	
	AVERAGE ANNUAL		AMOUNT NOW		GAL.	rB.				PURPOSE OF USE (State whether produced, reacted, blended, packaged, distributed,	
NAME OF SUBSTANCE	USAGE		ON HAN		Ŋ			SUPPLIER		no longer used, etc.)	
I hereby affirm under penalty of	of perjury th	nat informa	Lation on this form	n is tru	e to the l	est of m	y know	ledge ar	d belief. False st	atements made herein are punishable as a	
Class A misdemeanor pursuant SIGNATURE (Owner, Partn			ne Penal Law.							DATE	
NAME (Printed or Typed)								TITLE			

PURPOSE OF USE