Cape Fear Public Utility Authority

Stewardship. Sustainability. Service.

Company Name:					
Name of responsible person on site at the facility authorized to represent the company in official dealings with the Cape Fear Public Utility Authority.			Name of alternative on site person familiar with the day to day operations, environmental permitting requirements, monitoring, record keeping, and data management..		
Title		Years with firm	Title		Years with firm
Phone #	Fax #		Phone #	Fax #	
Physical street address of facility			Official mailing address, if different. Note if same.		
City	State	Zip	City	State	Zip

The information provided by you on this questionnaire serves two functions:

1. The information is used to determine if your facility needs an Industrial User Pretreatment Permit (IUP) for the discharge of wastewater to the local sewer.
2. If an Industrial User Pretreatment Permit (IUP) is required, this survey serves as the application for an Industrial User Pretreatment Permit (IUP).

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in 40 CFR Part 2. In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and the Local Sewer Use Ordinance (SUO), information and data provided in this questionnaire which identifies the content, volume and frequency of discharge shall be available to the public without restriction.

This is to be signed by an authorized official of your firm, as defined in the Local Sewer Use Ordinance or the NC Model Sewer Use Ordinance, Section 1.2, after completion of this form.

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 upon 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/or imprisonment for knowing violations.

_____ _____

Signature of Authorized Representative listed above (seal if applicable) | Date

1. Provide a brief narrative description of the type of business, manufacturing processes, or service activities your firm conducts at this site.

2. List the primary products produced at this facility:

3. List raw materials and process additives used:

4. Are biocides added to any water discharged to the POTW, if yes describe:

Yes	
No	

5. Describe weekly production schedule, including shifts worked per day, employees per shift, and primary operation during shift.

6. Production process is:

		Check, if all continuous	
		Check, if all batch	
If both please enter, % continuous =	%	% Batch =	%

7. Does production vary significantly (+- 20 %) by season. Describe.

Yes	
No	

8. Are any significant (+- 20 %) changes in production that will affect wastewater discharge expected in the next 5 years. If yes, please describe.

Yes	
No	

9. List all current waste haulers. Give name, address, phone numbers, volume and materials hauled off.

10. Attach a copy of laboratory analyses performed in the last year on the wastewater discharge(s) from your facilities. Summarize data on the attached Data Summary Form.

11. Attach sketch or schematic showing sampling points and all connections to the sewer.

12. Complete the Wastewater Pollutants Checklist attached to this Survey.

13. Do you have, or have you ever applied for, been issued, or been denied an NPDES permit to discharge to the surface waters or storm sewers of North Carolina? If yes, list all other NPDES permits, permit numbers, dates, and names used to apply for them, or reason denied.

If yes: Permit , #, date, applicant name	Yes	
If yes: Permit , #, date, applicant name	No	

14. Do you have, or have you ever applied for or been issued an Industrial User Pretreatment Permit (IUP) to discharge wastewater to the sewer collection system. If yes, list all other IUP permits, permit numbers, dates, and names used to apply for them.

If yes: Permit , #, date, applicant name	Yes	
If yes: Permit , #, date, applicant name	No	

15. Do you have, or have you ever applied for or been issued any other Environmental Permits (for example; air, RCRA, groundwater, stormwater, general, Non-Discharge, septic tank, etc.). If yes, list all other permits, permit numbers, dates, and names used to apply for them.

If yes: Permit type, #, date, applicant name	Yes	
If yes: Permit type, #, date, applicant name	No	
If yes: Permit type, #, date, applicant name		

16. Is a Spill Prevention Control and Countermeasure (SPCC) Plan prepared for this facility?

Yes	
No	

17. Is a Spill /Slug Control Plan required by the POTW, prepared for this facility?

Yes	
No	

18. Do you have any underground storage tanks at your facility? If yes, list contents and volume of each tank.

Yes	
No	

19. Do you have any above ground storage tanks at your facility? If yes, for each tank, list the contents, volume, whether the tank has any spill prevention or containment devices, such as dikes, and procedures for draining any containment devices.

Yes		# of Tanks	
		No	

Industrial User Wastewater Survey & Permit Application
PART II, Water Supply, Use, & Disposal Worksheet:

Water Used for:	Water Source(s)	Avg. gal/day	Max. gal/day	Measured	Estimated	Disposal Method(s)	Avg. gal/day	Max. gal/day	Measured	Estimated
	(see Source List below)					(see Disposal List below)				
1. Process water										
2. Washdown water										
3. Water into product										
4. Air Quality Permitted units										
5. Domestic - toilets, drinking, cafe										
6. Cooling water, Process NON-Contact										
7. Boiler / Cooling tower blowdown										
8. Cooling water, HVAC										
9. Other:										
	Totals =>					Totals =>				

Typical Water Sources:

1. City / Public supply
2. Private wells, drinking
3. Groundwater remediation wells
4. Private ponds
5. Surface waters of NC, please identify
6. Include others if applicable

Possible Water Disposal Methods

1. Sanitary sewer, with pretreatment
2. Sanitary sewer, without pretreatment
3. Storm sewer
4. Surface waters of NC
5. Evaporation
6. Land applied
7. To groundwater
8. Septic Tank
9. Waste Haulers (identify)
10. Water into Product
11. Include others, if applicable

PART III, PRETREATMENT FACILITIES:

Are there any pretreatment devices or processes used for treating wastewater before being discharged to the sewer? Check all that are present, and describe.

No pretreatment facilities => ☐

1. Flow equalization

Aerated equalization => ☐

NON-Aerated equalization => ☐

Total volume of equalization (million gal.) => ☐

2.	Activated Carbon	Yes	☐	No	☐
3.	Activated Sludge	Yes	☐	No	☐
4.	Air Stripping	Yes	☐	No	☐
5.	Centrifugation	Yes	☐	No	☐
6.	Chemical Precipitation	Yes	☐	No	☐
7.	Chlorination	Yes	☐	No	☐
8.	Cyanide Destruction	Yes	☐	No	☐
9.	Cyclone	Yes	☐	No	☐
10.	Dissolved Air Floatation	Yes	☐	No	☐
11.	Filtration	Yes	☐	No	☐
12.	Flocculation	Yes	☐	No	☐
13.	Grease Trap	Yes	☐	No	☐
14.	Grit Removal	Yes	☐	No	☐
15.	Ion Exchange	Yes	☐	No	☐
16.	Neutralize, pH adjust	Yes	☐	No	☐
17.	Other Biological Treatment	Yes	☐	No	☐
18.	Ozonation	Yes	☐	No	☐
19.	Reverse Osmosis	Yes	☐	No	☐
20.	Screening	Yes	☐	No	☐
21.	Sedimentation	Yes	☐	No	☐
22.	Septic Tank	Yes	☐	No	☐
23.	Silver Recovery	Yes	☐	No	☐
24.	Solvent Separation	Yes	☐	No	☐
25.	Spill protection	Yes	☐	No	☐

Describe any, if present.

List any others.

PART IV, CATEGORICAL INFORMATION:

1. When were operations started at this facility — Facility start up date

2. List all Standard Industrial Classification (SIC) codes for your facility. These may be found on State Unemployment forms, tax forms, accounting records, or from the Chamber of Commerce.

3. Has this facility ever been considered a Categorical Industrial User (CIU) as described by the Code of Federal Regulations (40 CFR)?

If yes, give complete 40 CFR number =>

No

4. Are any other facilities owned and/or operated by your company permitted as Categorical Industrial Users (CIUs) as described by the Code of Federal Regulations (40 CFR)?

If yes please give name(s), location, and 40 CFR number.

Yes

No

PART IV, CATEGORICAL INFORMATION: (continued)

5. Check any activities listed below that are performed at your facility:

Check below	40 CFR#	Industrial Activity	Check below	40 CFR#	Industrial Activity
	467	Aluminum Forming		432	Meat products
	427	Asbestos Manufacturing		433	Metal finishing
	461	Battery Manufacturing		464	Metal molding and casting
	431	Builders paper & board mills		436	Mineral mining and processing
	407	Canned & preserved fruits & veg.		471	Nonferrous Metal, Form & Powders
	408	Canned & preserved seafood		421	Nonferrous Metals Manufacturing
	458	Carbon black Manufacturing		414	OCPSF, Organic Chemicals, Plastics,
	411	Cement Manufacturing			& Synthetic Fiber Manufacturing
	434	Coal Mining		435	Oil & gas extraction
	465	Coil Coating		440	Ore mining and dressing
	468	Copper Forming		446	Paint formulating
	405	Dairy products processing		443	Paving and roofing materials Mfg.
	469	Electrical, electronic components		455	Pesticide Manufacturing
	413	Electroplating		419	Petroleum Refining
	457	Explosives Manufacturing		439	Pharmaceutical Manufacturing
	412	Feedlots		422	Phosphate Manufacturing
	424	Ferro allay Manufacturing		459	Photographic supplies
	418	Fertilizer Manufacturing		463	Plastics molding and forming
	464	Foundries, Metal Mold & Casting		466	Porcelain enameling
	426	Glass Manufacturing		430	Pulp, paper, and paperboard
	406	Grain mills		428	Rubber Manufacturing
	454	Gum & Wood Chemicals Mfg.		417	Soap & Detergent Manufacturing
	460	Hospitals		423	Steam Electric power Generation
	447	Ink formulating		409	Sugar processing
	415	Inorganic chemical Manufacturing		410	Textile Mills
	420	Iron & Steel Manufacturing		429	Timber products processing
	425	Leather Tanning & Finishing		Others	

Wastewater Pollutant Checklist

Chemical Name	EPA Storet Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (mg/l)
Acid Extractable Organics						
2-Chlorophenol	34586					
2,4-Dichlorophenol	34601					
2,4-Dimethylphenol	34606					
2,4-Dinitrophenol	34616					
2-Methyl-4,6-dinitrophenol	34657					
4-Chloro-3-methylphenol	34452					
2-Nitrophenol	34591					
4-Nitrophenol	34646					
Pentachlorophenol	39032					
Phenol	34694					
2,4,6-Trichlorophenol	34621					
Base Neutral Organics						
1,2,4-Trichlorobenzene	34551					
1,2-Dichlorobenzene	34536					
1,2-Diphenylhydrazine	34346					
1,3-Dichlorobenzene	34566					
1,4-Dichlorobenzene	34571					
2,4-Dinitrotoluene	34611					
2,6-Dinitrotoluene	34626					
2-Chloronaphthalene	34581					
3,3-Dichlorobenzidine	34631					
4-Bromophenyl phenyl ether	34636					
4-Chlorophenyl phenyl ether	34641					
Acenaphthene	03405					
Acenaphthylene	34200					
Anthracene	34220					
Benzidine	39120					
Benzo (a) anthracene	34526					
Benzo (a) pyrene	34247					
Benzo (b) fluoranthene	34230					
Benzo (ghi) perylene	34521					
Benzo (k) fluoranthene	34242					
Bis(2-chloroethoxy) methane	34278					
Bis(2-chloroethyl) ether	34273					
Bis(2-chloroisopropyl) ether	34283					
Bis(2-ethylhexyl) phthalate	39100					
Butyl benzyl phthalate	34292					
Chrysene	34320					
Di-n-butyl phthalate	39110					

Wastewater Pollutant Checklist

Chemical Name	EPA Storet Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (mg/l)
Base Neutral Organics (continued)						
Di-n-octyl phthalate	34596					
Dibenzo (a,h) anthracene	34556					
Diethyl phthalate	34336					
Dimethyl phthalate	34341					
Fluoranthene	34376					
Fluorene	34381					
Hexachlorobenzene	39700					
Hexachlorobutadiene	34391					
Hexachlorocyclopentadiene	34386					
Hexachloroethane	34396					
Indeno(1,2,3-cd) pyrene	34403					
Isophorone	34408					
N-nitroso-di-n-propylamine	34428					
N-nitrosodimethylamine	34438					
N-nitrosodiphenylamine	34433					
Naphthalene	34696					
Nitrobenzene	34447					
Phenanthrene	34461					
Pyrene	34469					
Metals						
Aluminum	01104					
Antimony	01097					
Arsenic	01002					
Beryllium	01012					
Cadmium	01027					
Chromium	01034					
Copper	01042					
Lead	01051					
Mercury	71900					
Molybdenum	01062					
Nickel	01067					
Selenium	01147					
Silver	01077					
Thalium	00982					
Zinc	01092					

Wastewater Pollutant Checklist

Chemical Name	EPA Storet Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (mg/l)
Other Inorganics						
Barium	01007					
Chloride	00940					
Cyanide	00720					
Fluoride	00951					
Purgeable Volatile Organics						
1,1,1-Trichloroethane	34506					
1,1,2,2-Tetrachloroethane	34516					
1,1,2-Trichloroethane	34511					
1,1-Dichloroethane	34496					
1,1-Dichloroethylene	34501					
1,2-Dichloroethane	34531					
1,2-Dichloropropane	34541					
2-Chloroethyl vinyl ether	34576					
Acrolein	34210					
Acrylonitrile	34215					
Benzene	34030					
Bromodichloromethane	32101					
Bromoform	32104					
Bromomethane	34413					
Carbon tetrachloride	32102					
Chlorobenzene	34301					
Chloroethane	34311					
Chloroform	32106					
Chloromethane	34418					
cis 1,3-Dichloropropene	34704					
Dibromochloromethane	32105					
Ethylbenzene	34371					
Methylene chloride	34423					
Tetrachloroethylene	34475					
Toluene	34010					
trans 1,3-Dichloropropene	34699					
trans-1,2-Dichloroethylene	34546					
Trichloroethylene	39180					
Trichlorofluoromethane	34488					
Vinyl chloride	39175					
Others						
Xylene						

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe#

						BOD		TSS		Ammonia	
Lab =>			Laboratory performing analysis =>								
MDL =>			Laboratory Method Detection Limits =>								
Notes =>			Notes =>								
			Q = Flow								
Sample ID, or Count	Date Sample Collected	Notes about Sample	M = Metered E = Estimated	mgd	gal/day	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
etc											
TNS =>			Total number of samples =>								
Max. value =>			Maximum data value (mg/l) =>								
Avg. (use 1/2 BDL) =>			Avg. data value, Include BDL values as 1/2 detection limit =>								

<= Receiving POTW

<= Receiving NPDES #

<= Specific Sample Location!

i.e., Give IU Name, IUP#, and/or pipe #

		Arsenic		Aluminum		Chromium		Cadmium		COD		Copper	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

		Cyanide		**Lead**		**Mercury**		**Nickel**		**Silver**		**Zinc**	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected	**<?**	Conc. Results from Lab mg/l	**<?**	Conc. Results from Lab mg/l	**<?**	Conc. Results from Lab mg/l	**<?**	Conc. Results from Lab mg/l	**<?**	Conc. Results from Lab mg/l	**<?**	Conc. Results from Lab mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

		Acetone		**Methylene Chloride**		**Ethyl acetate**		**Isopropyl acetate**		**n-Amyl acetate**		**CBOD**	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected	**<?**	Conc. Results from Lab ug/L	**<?**	Conc. Results from Lab ug/L	**<?**	Conc. Results from Lab ug/l	**<?**	Conc. Results from Lab ug/l	**<?**	Conc. Results from Lab ug/l	**<?**	Conc. Results from Lab mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												

Part V, Waste Reduction Information :

State Pretreatment Rule 15A NCAC 2H.0916 (c)(1)(M) requires Significant Industrial Users to include a description of current and projected waste reduction (pollution prevention) activities. The codes listed are standard EPA codes found on Toxic Release Inventory and other environmental forms. Please check all applicable codes for your facility related to wastewater discharge.

Current	Projected	Code	Description
		W13	Improved maintenance scheduling recordkeeping, or procedures
		W14	Changed production schedule to minimize equipment and feedstock changeovers
		W19	Other changes in operating practices (explain briefly in comments)
		W21	Instituted procedures to ensure that materials do not stay in inventory beyond shelf-life
		W22	Began to test outdated material-continue to use if still effective
		W23	Eliminated shelf-life requirements for stable materials
		W24	Instituted better labeling procedures
		W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
		W29	Other changes in Inventory control (explain briefly in comments)
		W31	Improved storage or stacking procedures
		W32	Improved procedures for loading, unloading and transfer operations
		W33	Installed overflow alarms or automatic shutoff valves
		W34	Installed secondary containment
		W35	Installed vapor recovery systems
		W36	Implemented inspection or monitoring program of potential spill or leak sources
		W39	Other spill and leak prevention (explain briefly in comments)
		W41	Increased purity of raw materials
		W42	Substituted raw materials
		W49	Other raw material modifications (explain briefly in comments)
		W51	Instituted recirculation within a process

Current	Projected	Code	Description
		W52	Modified equipment, layout, or piping
		W53	Use of a different process catalyst
		W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
		W55	Changed from small volume containers to bulk containers to minimize discarding of empty containers
		W58	Other process modifications (explain briefly in comments)
		W59	Modified stripping / cleaning equipment
		W60	Changed to mechanical stripping / cleaning devices (from solvents or other materials)
		W61	Changed to aqueous cleaners (from solvents or other materials)
		W62	Reduced the number of solvents used to make waste more amenable to recycling
		W63	Modified containment procedures for cleaning units
		W64	Improved draining procedures
		W65	Redesigned parts racks to reduce dragout
		W66	Modified or installed rinse systems
		W67	Improved rinse equipment design
		W68	Improved rinse equipment operation
		W71	Other cleaning and degreasing operation (explain briefly in comments)
		W72	Modified spray systems or equipment
		W73	Substituted coating materials used
		W74	Improved application techniques
		W75	Changed from spray to other system
		W78	Other surface preparation and finishing (explain briefly in comments)
		W81	Changed product specifications
		W82	Modified design or composition of product
		W83	Modified packaging
		W89	Other product modifications (explain briefly in comments)
		W99	Other (specify in comments)

Comments (Please list corresponding code)