

City of Social Circle, GA Industrial Waste Survey

NEW

RENEWAL

A. Owner Information

1. Name: _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Owner Contact/Title: _____
Phone: _____ E-Mail: _____

B. Facility Information

1. Name: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Facility Contact/Title: _____
Phone: _____ E-Mail: _____
4. Water/Sewer Account Number: _____
5. Number of shifts: _____ Employees Per Shift: _____ Total Employees: _____

C. Activity Information

1. Does this facility discharge to the Publicly Owned Treatment Works (POTW)? Please check below:
[] YES [] NO – If NO, skip to Section H.
2. Type of Industry:

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3. Identify all North American Industrial Classification System (NAICS) and applicable Standard Industrial Classification (SIC) that best represent the principal products or services rendered by this facility and major co-located activities:

NAICS	SIC	Principal Product

4. Does this facility currently hold a NPDES/VPDES permit, or any other environmental permit? If so, please list the permit type, permit number, and expiration date here:

5. Description of Industrial Process. Note which processes discharge wastewater to the POTW.

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6. List raw materials and products used (include products or chemicals used in processing, cleaning, etc.). Please attach MSDS sheets for each.

D. Discharge Information

- Circle days of the week that discharge occurs S M T W T F S
- Wastewater Discharge Quantities:

TYPE	GALLONS/DAY		*FLOW I OR C	DESCRIPTION OF WASTEWATER
	AVERAGE	MAXIMUM		
Sanitary/domestic				
Cooling				
Boiler Blow Down				
Process 1				
Process 2				
Process 3				
Process 4				
Process 5				
Other				
Other				

*Intermittent or Continuous

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3. Describe the methods used for flow measurement and/or flow estimation in item D-2 above.

4. Are process industrial wastes physically separated from all other wastes prior to discharge to the POTW? YES NO

Comments: _____

E. Pretreatment

1. Is the applicant aware of any Federal Pretreatment Standards applicable to this Industry?
 YES NO

Is the industry considered a **Categorical** Industry as defined in 40 CFR Chapter I, Subchapter N, Parts 405-471? YES NO

If "YES" please describe

2. Do the pretreatment facilities operate continuous or batch ? If batch, describe frequency and duration of operation.

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3. Describe the wastewater pretreatment facilities¹ and include design volumes, detention times, removal efficiencies, etc. Attach any design drawings:

4. List the type and quantity of wastes, fluids, industrial sludges, or pollutants being stored or managed at this facility. Briefly describe the storage facilities and list any measures taken to prevent the stored material from reaching the POTW.

5. Describe Sludge Disposal method. If applicable, provide sludge disposal contractor, address and telephone number.

1 – Pretreatment facilities includes both simple devices such as oil/water separators, grease traps or flow equalization tanks, as well as more complex processes such as heavy metals removal systems.

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F. Characteristics and Concentrations of Pollutants in Wastewater Discharge

1. Provide recent monitoring data (within the last year) for the following parameters.

Conventional Parameters

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	pH	Standard Units (SU)			
	Biochemical Oxygen Demand (BOD ₅)	mg/L			
	Total Suspended Solids	mg/L			
	Oil and Grease (petroleum based)	mg/L			
	Oil and Grease (animal/vegetable based)	mg/L			
	Sulfate	mg/L			
	Ammonia	mg/L			
	Temperature	°C			
	Total Phosphorus	mg/L			
	Total Kjeldahl Nitrogen	mg/L			

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Metal Parameters

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Arsenic	mg/L			
	Cadmium	mg/L			
	Chromium	mg/L			
	Copper	mg/L			
	Cyanide	mg/L			
	Lead	mg/L			
	Mercury	mg/L			
	Molybdenum	mg/L			
	Nickel	mg/L			
	Selenium	mg/L			
	Silver	mg/L			
	Zinc	mg/L			

All metals shall be reported as total metals for each parameter.

- To the best of your knowledge, are any of the following pollutants present or suspected of being present in the wastewater discharge to the POTW? If yes, please provide the anticipated or known concentrations (after pretreatment) in parts per million (ppm), milligrams per liter (mg/L) or parts per billion (ppb). Provide recent monitoring data (within the last year) if available.

Organics and Volatiles

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Chloromethane (Methyl Chloride)	mg/L			
	Bromomethane (Methyl Bromide)	mg/L			
	Vinyl Chloride	mg/L			
	Chloromethane	mg/L			
	Methylene Chloride	mg/L			
	Acrolein	mg/L			
	Acrylonitrile	mg/L			

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	Trichlorofluoromethane	mg/L			
	1,1-Dichloroethylene	mg/L			
	1,1-Dichloroethane	mg/L			
	1,2-trans-dichloroethylene	mg/L			
	Chloroform	mg/L			
	1,2-Dichloroethane	mg/L			
	1,1,1-Trichloroethane	mg/L			
	Carbon Tetrachloride	mg/L			
	Chlorodibromomethane	mg/L			
	1,1-Dichloropropane	mg/L			
	1,3-Dichloropropylene	mg/L			
	Benzene	mg/L			
	Dichlorobromomethane	mg/L			
	1,1,2-Trichloroethane	mg/L			
	2-Chloroethyl vinyl ether	mg/L			
	Bromoform (Tribromomethane)	mg/L			
	Tetrachloroethylene	mg/L			
	1,1,2,2,-Tetrachloroethane	mg/L			
	Toluene	mg/L			
	Chlorobenzene	mg/L			
	Ethylbenzene	mg/L			
	1,3-Dichlorobenzene	mg/L			
	1,4-Dichlorobenzene	mg/L			
	1,2-Dichlorobenzene	mg/L			

Acid Extractable

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Phenol	mg/L			
	2-Chlorophenol	mg/L			
	2-Nitrophenol	mg/L			

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	2,4-Dichlorophenol	mg/L			
	Parachlorometacresol	mg/L			
	2,4,6-Trichlorophenol	mg/L			
	2,4-Dinitrophenol	mg/L			
	4-Nitrophenol	mg/L			
	4,6-dinitro-o-cresol	mg/L			
	Pentachlorophenol	mg/L			
	N-Nitrosodimethylamine	mg/L			
	Benzidine	mg/L			

Base Neutral

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Bis (2-chloroethyl) ether	mg/L			
	1,3,-Dichlorobenzene	mg/L			
	1,4-Dichlorobenzene	mg/L			
	1,2-Dichlorobenzene	mg/L			
	Bis (2-Chloroisopropyl) ether	mg/L			
	N-Nitrosodi-N-propylamine	mg/L			
	Hexachloroethane	mg/L			
	Nitrobenzene	mg/L			
	Isophorone	mg/L			
	Bis (2-chloroethoxy) methane	mg/L			
	1,2,4-Trichlorobenzene	mg/L			
	Naphthalene	mg/L			
	Hexachlorobutadiene	mg/L			
	Hexachlorocyclopentadiene	mg/L			
	2-Chloronaphthalene	mg/L			
	Dimethylphthalate	mg/L			
	Acenaphthylene	mg/L			
	2,6-Dinitrotoluene	mg/L			

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	Acenaphthene	mg/L			
	2,4-Dinitrotoluene	mg/L			
	Diethylphthalate	mg/L			
	Fluorene	mg/L			
	4-Chlorophenyl phenyl ether	mg/L			
	N-Nitrosodiphenylamine	mg/L			
	1,2,-Diphenylhydrazine	mg/L			
	1,2,-Diphenylhydrazine	mg/L			
	4-Bromophenyl pheny ether	mg/L			
	Hexachlorobenzene	mg/L			
	Phenanthrene	mg/L			
	Anthracene	mg/L			
	Di-n-buthypthalate	mg/L			
	Fluoranthene	mg/L			
	Pyrene	mg/L			
	Butyl benzyl phthalate	mg/L			
	Chrysene	mg/L			
	3,3-Dichlorobenzidine	mg/L			
	Benzo (a) anthracene	mg/L			
	Bis (2-ethylhexyl) phthalate	mg/L			
	Di-n-octylphthalate	mg/L			
	Benzo (b) fluoranthene	mg/L			
	Benzo (k) fluoranthene	mg/L			
	Benzo (a) pyrene	mg/L			
	Indeno (1,2,3-C,D) pyrene	mg/L			
	Dibenzo (a,h) anthracene	mg/L			
	Benzo (g,h,i.) Polyline	mg/L			
	PCB 1016	mg/L			
	PCB 1221	mg/L			
	PCB 1232	mg/L			
	PCB 1248	mg/L			

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	PCB 1254	mg/L			
	PCB 1260	mg/L			

Pesticides

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Alpha BHC	mg/L			
	Beta BHC	mg/L			
	Gamma BHC	mg/L			
	Delta BHC	mg/L			
	Heptachlor	mg/L			
	Aldren	mg/L			
	Heptachlor expoxide	mg/L			
	Alpha-endosulfan	mg/L			
	4,4-DDE	mg/L			
	Dieldrin	mg/L			
	Endrin	mg/L			
	Beta-endosulfan	mg/L			
	4,4-DDD	mg/L			
	Endosulfan sulfate	mg/L			
	Endrin aldehyde	mg/L			
	Chlordane	mg/L			
	Toxaphene	mg/L			
	TCDD (Dioxin)	mg/L			

List any other substances/characteristics known to be present but not identified by the preceding lists. Identify those substances here:

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G. Required Attachments

1. Provide facility "Plumbing Plans" which show the origin and flow paths of all generated waste streams.
2. Provide a facility "Site Piping Plan" for determination of appropriate sampling points.
3. Provide schematic and/or final engineering drawings for the proposed/existing waste pretreatment system.
4. Provide copies of all existing environmental regulatory permits for this or similar existing facilities.
5. Attach all other relevant information on any existing facility that would aid in evaluating the proposed waste characteristics (e.g. laboratory analyses, control test logs, etc.). Also, provide any additional pages needed to complete this survey form.

H. Certification

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.

NAME (Type or Print)

SIGNATURE

TITLE

DATE