



# THE CAMDEN COUNTY MUNICIPAL UTILITIES AUTHORITY

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www.ccmua.org

## INDUSTRIAL USER PRETREATMENT QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

**Please complete this questionnaire as thoroughly and accurately as possible. If you do not understand any of the questions contained in this form, please contact Caitlin Foussadier for assistance at (856-583-2313).**

### SECTION A.- GENERAL INFORMATION

1. Company Name: \_\_\_\_\_

2. Parent Company, if different from question #1 (All parent companies must be provided): \_\_\_\_\_

3. Premise Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. a. Authorized Representative (as defined in Section 1.2 of the Authority's Sewer Use Ordinance):

Name and Title: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

b. Facility Representative to Contact Concerning Information Provided Herein (if different from above):

Name and Title: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

c. Property Owner (if different from above):

Name and Title: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

d. Company Owner (if different from above):

Name and Title: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

8. Check One:  Existing Discharge  Proposed Discharge Anticipated date of discharge: \_\_\_\_\_

**SECTION B. - PRODUCT OR SERVICE INFORMATION**

1. Narrative description of the primary manufacturing or service activity at premise address and the applicable Standard Industrial Classification Codes(s) (SIC No.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Principal Raw Materials Used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Principal Products Produced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B. - PRODUCT OR SERVICE INFORMATION (Cont'd)**

4. Check all additional activities and indicate SIC No(s)., if known, at your premise:

	SIC Number		SIC Number
<input type="checkbox"/> Electroplating	(_____)	<input type="checkbox"/> Photographic Processing	(_____)
<input type="checkbox"/> Flammables, Explosives	(_____)	<input type="checkbox"/> Plastics Processing	(_____)
<input type="checkbox"/> Laboratory	(_____)	<input type="checkbox"/> Printing	(_____)
<input type="checkbox"/> Laundry, Cleaning	(_____)	<input type="checkbox"/> Repair Shop, Garage	(_____)
<input type="checkbox"/> Machine Shop	(_____)	<input type="checkbox"/> Research	(_____)
<input type="checkbox"/> Medical Care	(_____)	<input type="checkbox"/> Steam/Power Generation	(_____)
<input type="checkbox"/> Painting, Finishing	(_____)	<input type="checkbox"/> Warehousing	(_____)
<input type="checkbox"/> Paint or Ink Formulation	(_____)	<input type="checkbox"/> Other (Specify)	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)

**SECTION C. - PLANT OPERATIONAL CHARACTERISTICS**

1. Are major processes batch or continuous? \_\_\_\_\_

Average number of batches per 24 hour day: \_\_\_\_\_

2. Are your processes subject to seasonal variation? \_\_\_\_\_  
If yes, explain and indicate the month(s) of peak operation and products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Shift Information:  
a. Number of shifts per work day: \_\_\_\_\_ b. Number of work days per week: \_\_\_\_\_  
c. Average number of employees per shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Total: \_\_\_\_\_  
d. Shift start times: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

4. Describe any water recycling or material reclaiming processes utilized: \_\_\_\_\_  
\_\_\_\_\_  
Describe any treatment of incoming water being used in process: \_\_\_\_\_  
\_\_\_\_\_

5. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?  YES  NO  
If yes, list date of last revision: \_\_\_\_\_

6. Describe plant wash down and list all solvents, degreasers and cleaning agents used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D. - WATER CONSUMPTION AND LOSS**

1. Raw water sources(s):  Municipal Water Division  County Water Company  
 Private Contract  Private Well  
 Surface Water  Other

2. Water bill servicer: \_\_\_\_\_

3. Water service account numbers: \_\_\_\_\_

4. List past twelve months water usage from water bills:  
a. Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Total Volume: \_\_\_\_\_ Units: \_\_\_\_\_  
b. Volume from other source(s): \_\_\_\_\_ gallons per day.

COMPANY NAME: \_\_\_\_\_  
 PREMISE ADDRESS: \_\_\_\_\_

Name of other source(s): \_\_\_\_\_

5. List water consumption within the plant:

6. List average volume of discharge or water losses to:

<u>Type:</u>	<u>Volume</u>	<u>Type</u>	<u>Volume</u>
a. Cooling water		a. Municipal sewer	
b. Boiler feed		b. Watercourse/storm drain/ground	
c. Process		c. Waste haulers	
d. Sanitary		d. Evaporation	
e. Plant and equipment		e. Contained in product	
f. Irrigation and lawn		f. <b>Total (a through e)</b>	
g. Other (specify)			
<b>h. Total (a through g)</b>			

7. List average water usage and average wastewater discharge for each SIC process itemized in Section B (attach additional sheets if needed):

<u>Brief Process Description</u>	<u>SIC Number</u>	<u>Average Water Consumption (gpd)</u>	<u>Estimated Average Discharge (gpd)</u>
a.			
b.			
c.			
d.			
e.			
f.			
g.			

8. Describe any water treatment or conditioning processes utilized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION E. - SEWER INFORMATION**

1. Attach a scaled drawing of your plant site showing the location of all sewers. Also show location of possible sampling point for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.
2. List plant sewers/sampling points shown in item 1, size and flow; assign sequential reference number to each sewer starting with No 1.(if more than 3, attach additional connection information on another sheet):

Reference Number:	Sewer Size (inches)	Descriptive Location of Sewer Connection/Discharge Point	Flow (gpd)
1			
2			
3			
4			
5			

**SECTION F. - WASTEWATER INFORMATION**

1. Does this facility discharge any process wastewater, generated through activities other than from restrooms, cafeterias, or non-contaminated cooling water?

- YES** IF “YES”, COMPLETE THE REMAINDER OF THE QUESTIONNAIRE.  
 **NO** IF “NO”, YOU HAVE COMPLETED THE QUESTIONNAIRE.

2. Please indicate the quantities discharged from the activities indicated below in the units of gallons per day.(Refer to Section D, items 5, 6, 7 and

3. The questions are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES outfall Number and NPDES Permit Number.

Discharge Quantity by Sewer Referenced in E -2

Type (Refer to D-5, 6 & 7)	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Process (from D-7)					
a.					
b.					
c.					
Sanitary					
Cooling					
Plant & Equipment Washdown					
Regeneration Waste					
Other (specify below)					
<b>Total:</b>					

NPDES Outfall Number: \_\_\_\_\_  
 NPDES Permit Number: \_\_\_\_\_

3. Is any form of wastewater pretreatment utilized at this facility?  Yes  No

If "Yes," briefly describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. If any wastewater analyses have been performed on the wastewater discharges from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).

Priority Pollutant Information: Please indicate which, if any, of the following compounds are suspected or known to be present in your manufacturing/service activity or generated as a by-product. List these compounds in the space below.

- |                             |                                       |  |
|-----------------------------|---------------------------------------|--|
| 1. asbestos                 | 32. g-bhc (gamma)                     | 55. 4,4' ddd*                              |
| 2. cyanide                  | 33. bis (2-chloroethyl)<br>ether*     | 56. 4,4' dde*                              |
| 3. antimony                 | 34. bis (2-chloroethoxy)<br>methane*  | 57. 4,4' ddt*                              |
| 4. arsenic                  | 35. bis (2-chloroisopropyl)<br>ether* | 58. dibenzo (a,h)<br>anthracene*           |
| 5. beryllium                | 36. bis (chloromethyl)<br>ether*      | 59. dibromochloromethane*                  |
| 6. cadmium                  | 37. bis (2-ethylhexyl)<br>phthalate*  | 60. 1,2-dichlorobenzene*                   |
| 7. chromium                 | 38. bromodichloromethane*             | 61. 1,3-dichlorobenzene*                   |
| 8. copper                   | 39. bromoform*                        | 62. 1,4-dichlorobenzene*                   |
| 9. lead                     | 40. bromomethane*                     | 63. 3,3'-dichlorobenzidine                 |
| 10. mercury                 | 41. 4-bromophenylphenyl<br>ether      | 64. dichlorodifluoromethane<br>*           |
| 11. nickel                  | 42. butylbenzyl phthalate             | 65. 1,1-dichloroethane*                    |
| 12. selenium                | 43. carbon tetrachloride*             | 66. 1,2-dichloroethane*                    |
| 13. silver                  | 44. chlordane                         | 67. 1,1-dichloroethene*                    |
| 14. thallium                | 45. 4-chloro-3-<br>methylphenol*      | 68. trans-1,2-<br>dichloroethene*          |
| 15. zinc                    | 46. chlorobenzene                     | 69. 2,4-dichlorophenol                     |
| 16. acenaphthene            | 47. chloroethane*                     | 70. 1,2-dichloropropane*                   |
| 17. acenaphthylene          | 48. 2-chloroethylvinyl ether          | 71. (cis & trans) 1,3-<br>dichloropropene* |
| 18. acrolein                | 49. chloroform*                       | 72. dieldrin                               |
| 19. acrylonitrile           | 50. chloromethane*                    | 73. diethyl phthalate*                     |
| 20. aldrin                  | 51. 2-chloronaphthalene               | 74. 2,4-dimethylphenol*                    |
| 21. anthracene              | 52. 2-chlorophenol                    | 75. dimethyl phthalate                     |
| 22. benzene                 | 53. 4-chlorophenylphenyl<br>ether     | 76. di-n-butyl phthalate                   |
| 23. benzidine               | 54. chrysene*                         | 77. di-n-octyl phthalate*                  |
| 24. benzo (a) anthracene*   |                                       | 78. 4,6-dinitro-2-<br>methylphenol*        |
| 25. benzo (a) pyrene*       |                                       | 79. 2,4-dinitrophenol                      |
| 26. benzo (b) fluoranthene  |                                       | 80. 2,4-dinitrotoluene                     |
| 27. benzo (g,h,i) perylene* |                                       |  |
| 28. benzo (k) fluoranthene  |                                       |  |
| 29. a-bhc (alpha)           |                                       |  |
| 30. b-bhc (bet)             |                                       |  |
| 31. d-bhc (delta)           |                                       |  |



COMPANY NAME: \_\_\_\_\_  
PREMISE ADDRESS: \_\_\_\_\_

**SCHEMATIC OF WATER FLOW**

Attach sketch showing entrance of water services from municipal system, and sizes, sewer connection to municipal system, sizes, proposed location for installing control manhole, or locate existing manhole, for sampling, observation, etc.



COMPANY NAME: \_\_\_\_\_  
PREMISE ADDRESS: \_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. 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. Base on my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowingly submitting false information. I certify that the names of all legal parent companies have been provided.

By: \_\_\_\_\_  
Company Owner

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Date