

Non-Residential Wastewater Discharge Survey



PUBLIC WORKS

DATE: _____

Company Name: _____

Mailing Address: _____

Facility Address: _____

Contact Person: _____

Title: _____

Phone No.: _____ Email: _____

Type of Business: _____ NAICS/SIC No.: _____

1. Operating Characteristics:

(a) Hours of operation are from, _____ am/pm, _____ am/pm
Days per Week (check box), (S M T W Th F S)

(b) Number of employees per shift:
1st Shift _____ 2nd Shift _____ 3rd Shift _____

(c) Typical time and duration of discharge to the sanitary sewer occurs from
_____ am/pm to _____ am/pm

2. Provide a brief narrative description of any manufacturing, production or service activities that may be conducted at this facility.

(a) Principal raw materials used: _____

(b) Principal products generated: _____

3. Estimated daily water consumption (gallons). If more than one source or supply exists, please list and identify each.

4. This facility generates the following types of wastes (check all that apply):

Sanitary Wastes	Process Wastewater
Cooling Water, non-contact	Plant & Equipment washdown
Cooling Water, contact	Storm Water runoff
Boiler / Tower blowdown	Other (describe)

5. Are you currently discharging into the City of Manhattan sanitary sewer collection system?

If No, what is the location of your discharge?

6. Characteristics of wastewater – Mark the appropriate column (if it is known, please indicate average concentration).

For this section, please complete by responding to each of the characteristics listed below individually, by placing a check in the column which you feel best represents your wastewater discharge. For example, if you do not believe that lead is present in your wastewater discharge; put a check next to lead in the "Believed Absent" column. Conversely, if you believe lead to be present, check the "Believed Present" column and include the concentration to the best of your knowledge. If you don't know if your wastewater contains one of the listed characteristics, it is most likely not present.

	Believed present	Believed absent	Concentration
pH (<5.5 or >10.5)	_____	_____	_____ s.u.
Temperature (>65°C)	_____	_____	_____ °C
Biochemical Oxygen Demand	_____	_____	_____ mg/L
Chemical Oxygen Demand	_____	_____	_____ mg/L
Total Suspended Solids	_____	_____	_____ mg/L
Ammonia (NH ₃)	_____	_____	_____ mg/L
Phosphorus (P)	_____	_____	_____ mg/L
Oil & Grease	_____	_____	_____ mg/L
Phenols	_____	_____	_____ mg/L
Cyanide (CN)	_____	_____	_____ mg/L
Arsenic (As)	_____	_____	_____ mg/L
Cadmium (Cd)	_____	_____	_____ mg/L
Chromium (Cr)	_____	_____	_____ mg/L
Copper (Cu)	_____	_____	_____ mg/L
Iron (Fe)	_____	_____	_____ mg/L

Lead (Pb)	_____	_____	_____	mg/L
Mercury (Hg)	_____	_____	_____	mg/L
Molybdenum (Mo)	_____	_____	_____	mg/L
Nickel (Ni)	_____	_____	_____	mg/L
Silver (Ag)	_____	_____	_____	mg/L
Zinc (Zn)	_____	_____	_____	mg/L
Organic Compounds	_____	_____	_____	mg/L

7. Will this facility maintain a treatment or pretreatment facility?

If yes, please describe your wastewater treatment or pretreatment facility:

8. Will the facility store any chemicals in containers 30 gallons or larger?

If yes complete 8a.

- (a) List the trade name, quantity stored and use of each chemical.
Include a copy of the (Material) Safety Data Sheets (MSDS) for these products.

Product Trade Name	Quantity Stored	Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Is your facility a Food Service Establishment (for example restaurant, food processing facility, nursing home, hospital, hotel, school, or church that has kitchens and/or operations that produce grease-laden waste)?

If yes, please describe your Food Service Establishment and complete 9a.

(a) Do you have any grease removal device(s)? If yes how many?

Complete the following for all grease removal device(s). Please use additional paper if necessary.

Make and Model: _____

Location (kitchen, parking lot, etc): _____

Capacity (in gallons): _____ Year installed: _____

How often cleaned/pumped: _____

Note to Signing Official:

In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 403.11, information and data provided in this survey which identified the nature and frequency of discharge shall be available to the public without restriction. Request for confidential treatment of other information shall be governed by procedure specified in 40 CFR, Part 2. Based on the information provided in this survey you may be required to complete an Industrial Wastewater Discharge Permit Application.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

"I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and/or imprisonment."

Name (Please print)

Signature

Title

Date