



Appendix IX Non-Residential Wastewater Survey

John Geller
Utilities Director

70 DORSEY MILL ROAD * HEATH, OHIO 43056 * (740) 522-1677

1. Please complete the attached form and return it within 30 days to the following address:

City of Heath WWTP
Re: WW Survey
719 Licking View Drive
Heath, Ohio 43056

For questions, contact:

John Geller	Jack Brown	Carl Boeshart	Kurt Kinney
City of Heath	City of Heath	City of Heath	Arcadis U.S., Inc.
Utilities Director	WWTP Superintendent	Lab Manager	Environmental Consultant
(740) 522 - 1677	(740) 522 - 4802	(740) 522 - 4802	(614) 985 - 9246

SECTION A - Provide all requested information about the facility. Use additional sheets if necessary.

SECTION B - This survey must be signed by an authorized representative, which may include a principal executive officer of at least the level of Vice President; a general partner or proprietor; or a duly authorized representative that is responsible for the overall operation of the facility.

SECTION C - Items C1-C2 - Provide a listing of all raw material and chemicals used in the facility's operations. Avoid use of chemical trade names. If trade names are used, provide information regarding the active ingredients including MSDS

Item C3 - Please describe each process in sufficient detail. Use additional sheets if necessary.

Item C4 - List each component process, the production rate (i.e. product name #/year), as well as the SIC code for each process

Item C6 - C - Provide the plant flow rate (average and maximum) to the sanitary sewer in gallons per day (GPD). If accurate flow measurements are unavailable, provide the best estimate and mark "estimated". Provide a breakdown of the sources of the total plant flow to the sanitary sewer including process flows, sanitary wastewater, cooling water, etc. Also include the flow rate (GPD) and the type of discharge (batch continuous or none).

SECTION D - Item D1 - Provide information on or sample, analyze and report concentration of all pollutants. . If no in-house sampling is performed, fill in the results from any sampling performed. All samples must be representative of normal operations and be a sufficient number to allow process evaluation. Samples should be collected immediately after named process (i.e. end of pipe) before being combined with other waste streams. Type of sample (i.e. grab or composite), sample location, number of samples, and method of analysis should be adequately described. If analytical data is provided for more than one sampling point, identify location of all sampling points in a schematic diagram.



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If the facility is unable to sample wastewater before being mixed with other wastewater flows, the facility may sample the total plan flow and calculate an equivalent concentration limit using the combined waste stream formula. The combined waste stream formula will be applied by the City in instances where the samples taken include wastewater from diluting streams (i.e. sanitary flow).

Item D2 - If pretreatment of wastewater is performed, provide full details. If no pretreatment is used, it should be clearly indicated.

Item D3 - D4 - In order to provide the City with a complete understanding of the facility's processes, location of pretreatment facilities and sampling points, the discharger is required to submit a schematic of each process and a schematic of wastewater flows. Flow rates may be estimated. Please indicate sample locations on the flow or process schematic.

- SECTION E - Provide all necessary information and Spill Prevention Control and Countermeasure Plan, if available.
- SECTION F - Provide information on any other waste disposed of at the facility and method of disposal.
- SECTION G - Provide information on products generated, manufactured and by-products at the facility.



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SECTION A- GENERAL INFORMATION

A.1. Company Name: _____ Phone #: _____ Fax #: _____

Mailing Address: _____

A.2. Address of production or manufacturing facility. If same as above, check here

Mailing Address: _____

A.3. Operating at this location since: (MM/DD/YYYY) _____

A.4. Name, title, and telephone number of person authorized to represent this firm in official dealings with the City:

Name: _____ Title: _____ Phone #: _____

A.5. Alternate person to contact concerning information provided herein:

Name: _____ Title: _____ Phone #: _____

A.6. Number of employee shifts worked per 24-hour day is: _____ Average number of employees per shift is: _____

A.7. Starting times of each shift: 1st _____ A.M. 2nd _____ A.M. 3rd _____ A.M.
1st _____ P.M. 2nd _____ P.M. 3rd _____ P.M.

SECTION B - CERTIFICATION STATEMENT

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

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.

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 the 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 the possibility of fine and/or imprisonment

Signature of Official

Date



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SECTION C - FACILITY OPERATIONS

C.1. List raw materials used. Include average and maximum daily usage. (Attach MSDS info.)

C.2. List of chemicals used. (Attach MSDS info.)

C.3. Describe manufacturing or service activities and processes conducted and the final products (use additional sheets if necessary):

C.4. Summarize each component process:

Process Description	Production Rates	SIC Code & Subpart, if applicable

C.5. List all issued environmental permits

C.6. This facility generates the following types of wastes:

Item	Component Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge
1. <input type="checkbox"/>	Domestic waste (rest rooms, employee showers, etc.)	_____	_____	D
2. <input type="checkbox"/>	Cooling water, non-contact	_____	_____	D
3. <input type="checkbox"/>	Boiler/Tower blowdown	_____	_____	D
4. <input type="checkbox"/>	Cooling water, contact	_____	_____	D
5. <input type="checkbox"/>	Process	_____	_____	D
6. <input type="checkbox"/>	Equipment/Facility Washdown	_____	_____	D
7. <input type="checkbox"/>	Air Pollution Control Unit	_____	_____	D
8. <input type="checkbox"/>	Stormwater discharge to sanitary sewer	_____	_____	D
9. <input type="checkbox"/>	Other (describe) _____	_____	_____	D
TOTAL		_____	_____	_____



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C.7. List any daily, monthly, and/or seasonal variations in flow, if any:

C.8. Wastes are discharged to (check all that apply):

Item	Component Process	Average Flow (GPD)	Maximum Flow (GPD)
1. <input type="checkbox"/> Sanitary sewer		_____	_____
2. <input type="checkbox"/> Storm sewer		_____	_____
3. <input type="checkbox"/> Surface water		_____	_____
4. <input type="checkbox"/> Ground water		_____	_____
5. <input type="checkbox"/> Waste haulers		_____	_____
6. <input type="checkbox"/> Evaporation		_____	_____
7. <input type="checkbox"/> Other (describe) _____		_____	_____

C.9. Are any process changes or expansions planned during the next 3 years? Yes No

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

SECTION D - WASTEWATER INFORMATION

D.1. The industrial user must perform sampling and analysis of the effluent (after treatment, if applicable). Provide the analytical data in the space provided below. Units should be in $\mu\text{g/L}$. Attach additional sheets, if necessary.

Process _____

$\mu\text{g/L}$ _____

Maximum _____

Average _____

Sample Location: _____ Sample Type: _____

Number of samples and frequency collected: _____

Does sample include wastewater from other non-process streams (such as sanitary water, non-contact cooling water)? ^D_____

If so, what streams from those listed in Section C are included? _____

Provide a list of all materials which are or could be discharged.

D.2. Pretreatment devices or processes used for treating wastewater or sludge (check all that apply)

Air flotation

Centrifuge



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- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type _____
- Grease trap
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type _____
- Rainwater diversion or storage
- Other chemical treatment, type _____
- Other physical treatment, type _____
- Other, type _____
- No pretreatment provided

- D.3. **Building layout.** Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, unit processes, public sewers, and the location of each sewer line connected to the public sewers. Number each sewer and indicate existing and proposed sampling locations. (*Attach layout to back*).
- D.4. **Schematic Flow Diagram.** For each major activity in which wastewater is, or will be generated, draw a diagram of the flow of materials, products, water and wastewater from the start of the activity of its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. (*Attach schematic to back*).
- D.5. If any wastewater analyses have been formed on the wastewater discharge(s) 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 laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc. as necessary).
- D.6. In the event you use or discharge any of the priority pollutants, check the information on the 128 chemical compounds requested on the priority pollutant information form at the end of this questionnaire.



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SECTION E - SPILL PREVENTION

E.1. Do you have chemical storage containers, bins, or ponds at your facility? Yes No
If yes, please give a description of their location, size, contents, and frequency and method of cleaning. Also indicate in diagram or comment on the proximity of these containers to a sewer to storm drain.

E.2. Do you have floor drains in your manufacturing or chemical storage area(s)? Yes No
If yes, where do they discharge? _____

E.3. If you have chemical storage containers, bins or ponds in the manufacturing area, could an accidental spill lead to a discharge to:
(check all that apply)

- an on-site disposal system
- public sanitary sewer system (e.g., through a floor drain)
- storm drain
- to ground
- other, specify _____
- not applicable, no possible discharge to any of the above

E.4. Do you have a Spill Prevention, Control, and Countermeasures (SPCC) Plan to prevent spills of chemicals or slug discharges from entering the sanitary sewer system?

Yes (please enclose a copy with the application) No

N/A. not applicable since there are no floor drains and/or the facility discharges only domestic wastes.

E.5. Please describe below any spill events which occurred within the last 3 years and remedial measures taken to prevent their recurrence.

SECTION F - OTHER WASTES

F.1. Are liquid wastes or sludges from this facility disposed of by means other than discharge to the sewer system? Yes No
If "yes", complete items 2 and 3.

F.2. These wastes may best be described as:

Estimated Gallons or Pounds/Year (specify)

- Acids and Alkalis _____
- Heavy Metal Sludges _____
- Inks/Dyes _____
- Oil and/or Grease _____



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- Organic Compounds _____
- Paints _____
- Pesticides _____
- Plating Wastes _____
- Pretreatment Sludges _____
- Solvents/Thinners _____
- Other Hazardous Wastes (specify) _____
- Other Wastes (specify) _____

F.3. For the above checked wastes, does your company practice:

- on-site storage
- off-site storage
- on-site disposal
- off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

Priority Pollutant Information: Please indicate by placing an "x" in the appropriate box by each listed chemical whether it is "Suspected to be Absent", "Known to be Absent", "Suspected to be Present", or "Known to be Present" in your manufacturing or service activity or generated as a by-product. *Note: If you are unable to identify the chemical constituents of products you use that discharged in your wastewater, attach copies of the materials safety data sheets for such products.*

<u>Chemical Compound</u>	<u>Known Present, Suspected Present, Known Absent, or Suspected Absent</u>	<u>Known or Suspected Concentration/Day</u>	<u>Chemical Compound</u>	<u>Known Present, Suspected Present, Known Absent, or Suspected Absent</u>	<u>Known or Suspected Concentration/Day</u>
I. Metals & Inorganics			II. Phenols & Cresols		
1. Antimony	<input type="checkbox"/>	_____	12. Selenium	<input type="checkbox"/>	_____
2. Arsenic	<input type="checkbox"/>	_____	13. Silver	<input type="checkbox"/>	_____
3. Asbestos	<input type="checkbox"/>	_____	14. Thallium	<input type="checkbox"/>	_____
4. Beryllium	<input type="checkbox"/>	_____	15. Zinc	<input type="checkbox"/>	_____
5. Cadmium	<input type="checkbox"/>	_____	16. Phenol(s)	<input type="checkbox"/>	_____
6. Chromium	<input type="checkbox"/>	_____	17. Phenol, 2-chloro	<input type="checkbox"/>	_____
7. Copper	<input type="checkbox"/>	_____	18. Phenol, 2,4-dichloro	<input type="checkbox"/>	_____
8. Cyanide	<input type="checkbox"/>	_____	19. Phenol, 2,4,6-trichloro	<input type="checkbox"/>	_____
9. Lead	<input type="checkbox"/>	_____	20. Phenol, pentachloro	<input type="checkbox"/>	_____
10. Mercury	<input type="checkbox"/>	_____	21. Phenol, 2-nitro	<input type="checkbox"/>	_____
11. Nickel	<input type="checkbox"/>	_____	22. Phenol, 4-nitro	<input type="checkbox"/>	_____



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Chemical Compound	Known Present, Suspected Present, Known Absent, or Suspected Absent	Known or Suspected Concentration/Day	Chemical Compound	Known Present, Suspected Present, Known Absent, or Suspected Absent	Known or Suspected Concentration/Day
23. Phenol, 2,4-dinitro	<input type="text"/>	_____	52. Ether,4-chlorophenyl phenyl	<input type="text"/>	_____
24. Phenol,2,4-dimethyl	<input type="text"/>	_____	53. Bis(2-chloroethoxy) methane	<input type="text"/>	_____
25. o-Credol, p-chloro	<input type="text"/>	_____	VI. Nitrosamines & Other Nitrogen-Containing Compounds		
26. p-Cresol, 4,6-dinitro	<input type="text"/>	_____	54. Nitrosamine, dimethyl	<input type="text"/>	_____
III. Monocyclic Aromatics (Excluding Phenols, Cresols, & Phthalates)			55. Nitrosamine, diphenyl	<input type="text"/>	_____
27. Benzene	<input type="text"/>	_____	56. Nitrosamine, di-n-propyl	<input type="text"/>	_____
28. Benzene, chloro	<input type="text"/>	_____	57. Benzidine	<input type="text"/>	_____
29. Benzene, 1,2-dichloro	<input type="text"/>	_____	58. Benzidine, 3,3-dichloro	<input type="text"/>	_____
30. Benzene, 1,3-dichloro	<input type="text"/>	_____	59. Hydrazine, 1,2-diphenyl	<input type="text"/>	_____
31. Benzene, 1,4-dichloro	<input type="text"/>	_____	60. Acrylonitrile	<input type="text"/>	_____
32. Benzene, 1,2,4-trichloro	<input type="text"/>	_____	VII. Halogenated Aliphatics		
33. Benzene, hexachloro	<input type="text"/>	_____	61. Methane, bromo-	<input type="text"/>	_____
34. Benzene, ethyl	<input type="text"/>	_____	62. Methane, chloro-	<input type="text"/>	_____
35. Benzene, nitro	<input type="text"/>	_____	63. Methane, dichloro	<input type="text"/>	_____
36. Toulene	<input type="text"/>	_____	64. Methane, chlorodibromo	<input type="text"/>	_____
37. Toulene, 2,4-dinitro	<input type="text"/>	_____	65. Methane, dichlorobromo	<input type="text"/>	_____
38. Toulene, 2,6-dinitro	<input type="text"/>	_____	66. Methane, tribromo	<input type="text"/>	_____
IV. PCB's & Related Compounds			67. Methane, trichloro	<input type="text"/>	_____
39. PCB-1016	<input type="text"/>	_____	68. Methane, tetrachloro	<input type="text"/>	_____
40. PCB-1221	<input type="text"/>	_____	69. Methane, trichlorofluoro	<input type="text"/>	_____
41. PCB-1232	<input type="text"/>	_____	70. Methane, dichlorodifluoro	<input type="text"/>	_____
42. PCB-1242	<input type="text"/>	_____	71. Ethane, 1,1-dichloro	<input type="text"/>	_____
43. PCB-1248	<input type="text"/>	_____	72. Ethane, 1,2-dichloro	<input type="text"/>	_____
44. PCB-1254	<input type="text"/>	_____	73. Ethane, 1,1,1-trichloro	<input type="text"/>	_____
45. PCB-1260	<input type="text"/>	_____	74. Ethane, 1,1,2-trichloro	<input type="text"/>	_____
46. 2-Chloronaphthalene	<input type="text"/>	_____	75. Ethane, 1,1,2,1-tetrachloro	<input type="text"/>	_____
V. Ethers			76. Ethane, hexachloro	<input type="text"/>	_____
47. Ether, bis(chloroethyl)	<input type="text"/>	_____	77. Ethane, chloro	<input type="text"/>	_____
48. Ether, bis(2-chloroethyl)	<input type="text"/>	_____	78. Ethane, 1,1-dichloro	<input type="text"/>	_____
49. Ether, bis(2-chlorosopropyl)	<input type="text"/>	_____	79. Ethane, trans-dichloro	<input type="text"/>	_____
50. Ether, 2-chloroethyl vinyl	<input type="text"/>	_____	80. Ethane, trichloro	<input type="text"/>	_____
51. Ether,4-bromophenyl phenyl	<input type="text"/>	_____	81. Ethane, tetrachloro	<input type="text"/>	_____



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	Known Present, Suspected Present Known Absent, or Suspected Absent	Known or Suspected Concentration/Day		Known Present, Suspected Present Known Absent, or Suspected Absent	Known or Suspected Concentration/Day
Chemical Compound			Chemical Compound		
82. Propane, 1,2-dichloro	<input type="text"/>	_____	112. BHC (Gamma) or Lindane	<input type="text"/>	_____
83. Propene, 2,4-dichloro	<input type="text"/>	_____	113. BHC (Delta)	<input type="text"/>	_____
84. Butadiene, hexachloro	<input type="text"/>	_____	114. Chlordane	<input type="text"/>	_____
85. Cyclopentadine, hexachloro	<input type="text"/>	_____	115. DDD	<input type="text"/>	_____
VIII. Phthalate Esters			116. DDE	<input type="text"/>	_____
86. Phthalate, di-c-aethyl	<input type="text"/>	_____	117. DDT	<input type="text"/>	_____
87. Phthalate, di-n-ethyl	<input type="text"/>	_____	118. Dieldrin	<input type="text"/>	_____
88. Phthalate, di-n-butyl	<input type="text"/>	_____	119. Endosulfan (Alpha)	<input type="text"/>	_____
89. phthalate, di-n-octyl	<input type="text"/>	_____	120. Endosulfan (Beta)	<input type="text"/>	_____
90. Phthalate, bis(2-ethylhexyl)	<input type="text"/>	_____	121. Endosulfan Sulfate	<input type="text"/>	_____
91. Phthalate, butyl benzyl	<input type="text"/>	_____	122. Endrin	<input type="text"/>	_____
IX. Polycyclic Aromatic Hydrocarbons			123. Endrin aldehyde	<input type="text"/>	_____
92. Acenaphthene	<input type="text"/>	_____	124. Heptachlor	<input type="text"/>	_____
93. Acenaphthylens	<input type="text"/>	_____	125. Heptachlor epoxide	<input type="text"/>	_____
94. Anthracene	<input type="text"/>	_____	126. Isophorone	<input type="text"/>	_____
95. Benzo (a) anthracene	<input type="text"/>	_____	127. TCDD (or Dioxin)	<input type="text"/>	_____
96. Benzo (b) fluoranthene	<input type="text"/>	_____	128. Toxaphene	<input type="text"/>	_____
97. Benzo (k) fluorathene	<input type="text"/>	_____			
98. Benzo (ghi) perylene	<input type="text"/>	_____			
99. Benzo (a) pyrene	<input type="text"/>	_____			
100. Chrysene	<input type="text"/>	_____			
101. Dibenzo (a,n) anthracene	<input type="text"/>	_____			
102. Fluorathene	<input type="text"/>	_____			
103. Fluorene	<input type="text"/>	_____			
104. Indeno (1,2,3-cd) pyrens	<input type="text"/>	_____			
105. Naphthalene	<input type="text"/>	_____			
106. Phenanthrene	<input type="text"/>	_____			
107. Pyrene	<input type="text"/>	_____			
X. Pesticides					
108. Acrolein	<input type="text"/>	_____			
109. Aldrin	<input type="text"/>	_____			
110. BHC (Alpha)	<input type="text"/>	_____			
111. BHC (Beta)	<input type="text"/>	_____			