



**PRETREATMENT
QUESTIONNAIRE**

FOR BCDES USE ONLY

- Complete
- Incomplete

Date Received: _____

Reviewer: _____

BUTLER COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES

*Please return this completed application to Mark Smith, BCDES Industrial Services,
130 High Street, Hamilton, Ohio 45011. Fax 513-785-5401.
Questions can be directed to 513-887-5573 or smithmc@butlercoutyohio.org*

SECTION A – GENERAL INFORMATION

1. Company Name: _____
2. Premise's Address: _____
3. Mailing Address: _____

4. Name of Signing Official: _____
Title: _____
Phone: _____
5. Alternate Contact Person: _____
Title: _____
Phone: _____
6. Check One: Existing Discharge
 Proposed Discharge: Date to Begin: _____

SECTION B – PRODUCT OR SERVICE INFORMATION

1. Provide a brief description of the primary manufacturing or service activity at premise address and the applicable Standard Industrial Classification Codes (SIC) (*for information and a search capability on SIC's, please see the following web site: www.osha.gov/oshstats/sicser.html*)

Primary Manufacturing or Service Activity _____

SIC No(s): _____

2. Principal Raw Materials Used: _____
3. Principal Products Produced: _____

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

	SIC No.		SIC No.
<input type="checkbox"/> Aluminum Forming	_____	<input type="checkbox"/> Metal Molding/Casting	_____
<input type="checkbox"/> Battery Manufacturing	_____	<input type="checkbox"/> Nonferrous Metals Forming/Metal Powders	_____
<input type="checkbox"/> Carbon Black Manufacturing	_____	<input type="checkbox"/> Nonferrous Metals Manufacturing	_____
<input type="checkbox"/> Centralized Waste Treatment	_____	<input type="checkbox"/> Oil and Gas Extraction	_____
<input type="checkbox"/> Chemical Manufacturing	_____	<input type="checkbox"/> Organic Chemicals, Plastics, Synthetic Fibers	_____
<input type="checkbox"/> Coil Coating	_____	<input type="checkbox"/> Paint Formulation	_____
<input type="checkbox"/> Commercial Hazardous Waste Combustors	_____	<input type="checkbox"/> Painting, Finishing	_____
<input type="checkbox"/> Concentrated Animal Feeding Operations	_____	<input type="checkbox"/> Paving and Roofing Materials	_____
<input type="checkbox"/> Copper Forming	_____	<input type="checkbox"/> Pesticide Chemicals	_____
<input type="checkbox"/> Electrical/Electronic Components	_____	<input type="checkbox"/> Petroleum Refining	_____
<input type="checkbox"/> Electroplating	_____	<input type="checkbox"/> Pharmaceutical Manufacturing	_____
<input type="checkbox"/> Fertilizer Manufacturing	_____	<input type="checkbox"/> Photographic Processing	_____
<input type="checkbox"/> Flammables, Explosives	_____	<input type="checkbox"/> Plastic Processing	_____
<input type="checkbox"/> Food Preparation Service	_____	<input type="checkbox"/> Porcelain Enameling	_____
<input type="checkbox"/> Glass Manufacturing	_____	<input type="checkbox"/> Printing	_____
<input type="checkbox"/> Grain Mills	_____	<input type="checkbox"/> Pulp, Paper, and Paperboard	_____
<input type="checkbox"/> Ink Formulating	_____	<input type="checkbox"/> Repair Shop/Garage	_____
<input type="checkbox"/> Inorganic Chemicals Manufacturing	_____	<input type="checkbox"/> Research	_____
<input type="checkbox"/> Iron and Steel Manufacturing	_____	<input type="checkbox"/> Rubber Manufacturing	_____
<input type="checkbox"/> Laboratory	_____	<input type="checkbox"/> Soap and Detergent Manufacturing	_____
<input type="checkbox"/> Laundry, Cleaning	_____	<input type="checkbox"/> Steam Electric Power Generation	_____
<input type="checkbox"/> Leather Tanning and Finishing	_____	<input type="checkbox"/> Timber Products Processing	_____
<input type="checkbox"/> Machine Shop	_____	<input type="checkbox"/> Transportation Equip Cleaning	_____
<input type="checkbox"/> Medical Care	_____	<input type="checkbox"/> Warehousing	_____
<input type="checkbox"/> Metal Finishing	_____		

5. Would you categorize your facility as:
- Commercial
 - Light Industrial
 - Heavy Industrial
 - Other – Describe _____

SECTION C. – PLANT OPERATIONAL CHARACTERISTICS

1. What types of processing do you use? Batch Continuous Both ___ % Batch ___ % Continuous
Average number of batches per 24 hour day: _____

2. Are your processes subject to seasonal variation? Yes No
When is the peak season? _____
Seasonal maximum waste flow: _____ gallons per day during months of _____.
Seasonal minimum waste flow: _____ gallons per day during months of _____.

3. Does operation shut down for vacation, maintenance, or other reasons? Yes No
If yes, indicate period when shutdown occurs: _____.

4. Shift Information:
A. Number of shifts per work day: _____
B. Number of work days per week: _____
C. Average number of employees per shift:
1st _____ 2nd _____ 3rd _____ Total _____
D. Shift Start Times: 1st _____ 2nd _____ 3rd _____

5. Are there any water recycling or material reclaiming processes utilized: Yes No
Briefly describe recovery process, substances recovered and the concentrations in the spent solution (attach additional sheets if necessary and provide a flow diagram for each process):

6. Is a Spill Prevention Control Plan prepared for the facility? Yes No

7. Is a Pollution Prevention (P2) Plan prepared for the facility? Yes No
8. Do you possess any environmental permits? Yes No
If so, list permit number, effective dates, and issuing agency:

9. Does your operation engage in periodic process-cleaning operations resulting in cleaning agents or process fluids or residues being discharged to the sewer? Yes No
If Yes, list discharge frequency, nature and volume:
- | Items being cleaned | Frequency | Cleaning Agents | Discharge Volume |
|---------------------|-----------|-----------------|------------------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |
10. Are there process changes or expansions planned during the next 3(three) years that would alter wastewater volumes or characteristics? (Consider production processes, as well as air or water pollution processes)
Yes No

If Yes, briefly describe these changes and their effects on the wastewater volume and characteristics (Attach additional sheets if necessary):

SECTION D – WATER CONSUMPTION AND LOSS

1. Raw Water Source(s) Public Water Supplier *please specify:* _____
 Private Contract Private Well
 County Water Company Surface Water
 Other
2. Water Bill Addressee & account # : _____
3. Average monthly water usage from water bill: _____ Gal/Cu. Ft. *do you have a deduct meter?* Yes No
Name of other source(s): _____

4. List water consumption within the plant:

<u>TYPE</u>	<u>ESTIMATED AVERAGE VOLUME</u> (Gallons per day)
a. Cooling water	_____
b. Boiler Feed	_____
c. Processes	_____
d. Sanitary	_____
e. Plant & Equipment Washdown	_____
f. Irrigation & Lawn Watering	_____
g. Other (specify):	_____
h. Total of a. through g.	_____

5. Does the facility discharge all of its wastewater/liquid wastes to the local sanitary sewer? Yes No
If no, list average volume of discharge of water losses to:

	<u>ESTIMATED AVERAGE VOLUME</u> (Gallons per day)
a. Municipal Sewer	_____
b. Watercourse, storm drain, ground	_____
c. Waste Hauler	_____
d. Evaporation	_____
e. Contained in Product	_____
f. Total of a. through e.	_____

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

<u>Brief Process Description</u>	<u>SIC Number</u>	<u>Average Water Consumption</u>	<u>Estimated Average Discharge (gallons per day)</u>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

7. Describe any water treatment or conditioning processes utilized: _____

8. Have you ever conducted analysis of your wastewater? Yes No
If so, please attach a copy of the analysis.

9. Is there a manhole or access for taking a wastewater sample? Yes No

SECTION E – BACKFLOW PREVENTION INFORMATION

1. Size of water meter: _____

2. Does your business have or use:

Process Water _____
Fire Sprinklers _____
Automatic Lawn Irrigation _____
Auxiliary Water Sources _____
Water storage tank, pond, reservoir _____
Or other water storage device _____

3. Does your facility have a Containment Device for backflow prevention? Yes No

4. Is so, identify the location of device(s): _____

Type: _____ Manufacturer: _____

Model: _____ Serial#: _____

Date of Last Inspection: _____

**IF you are a BCDES Water Customer, annual verification results must be provided to BCDES.
Containment Backflow devices must be tested annually by a certified plumber.*

SECTION F – CERTIFICATION

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.

Date Signature of Official Title