

# ITHACA AREA WASTEWATER TREATMENT FACILITY

---

---

---

TOWN OF ITHACA

CITY OF ITHACA

TOWN OF DRYDEN,  
OWNERS  
525 THIRD STREET  
ITHACA, NEW YORK 14850  
(607)273-8381  
FAX (607)273-8433

## INDUSTRIAL & COMMERCIAL WASTEWATER QUESTIONNAIRE--Long Form

The Ithaca Area Wastewater Treatment Facility (IAWWTF or POTW) is required by the federally mandated Pretreatment Program (40 CFR 403.8(f)(2)), to develop and implement procedures that:

- (1) Identify and locate all possible Industrial and Commercial Users which might be subject to the Publicly Owned Treatment Works (POTW) Pretreatment Program requirements.
- (2) Characterize the type and volume of pollutants contributed to the POTW by the Industrial and Commercial Users as identified under (1) above.

By submitting your completed questionnaire, you are helping the IAWWTF fulfill this mandate.

### Confidential Information

As outlined in 40 CFR § 403.14 (a)-(c) (Confidentiality) and § 2.302 (Special rules governing certain information obtained under the Clean Water Act), any information submitted to the IAWWTF under Pretreatment Program requirements may be claimed as confidential by the submitter. Any such claim must be asserted, and justified, at the time of submission. The words, "confidential business information" must be prominently written on each page containing such information. If no claim is made at the time of submission, the IAWWTF may make the information available to the public without further notice. If a confidential business information claim is validated, the information will be treated in accordance with 40 CFR Part 2, Subpart B (Confidentiality of Business Information).

Information and data provided to the IAWWTF under these requirements which are effluent data shall be available to the public without restriction. All other information which is submitted to the State or POTW shall be available to the public to the extent allowed by the provisions referenced above.

### Instructions

The following Instructions (pg. 2-4) are to assist you with completing this questionnaire (pg. 5-9). If there is insufficient space to complete an answer, continue your response on a separate piece of paper, indicating the section letter and number.

If you require assistance, please contact the: Industrial Pretreatment Coordinator; Ithaca Area Wastewater Treatment Facility

Section A. Contact Information Enter the:

- Name of the company – i.e., the name of the company legally responsible for this facility.
- Name of the facility, such as the name used on letterhead, correspondence or advertising brochures.
- Street address where the facility is located.
- Complete the mailing address only if it is different than the street address, above.
- Name, title, telephone number, fax number, and email of the person who is most familiar with the facts reported on this form and who can be contacted by IAWWTF staff. Check if they are company staff or a consultant.
- If the contact person is generally located off-site, provide contact information for someone who is regularly on-site.

Section B. General Information

1. Check and, if Yes, note the type of permit, the name of applicant, or the permit(s): number, start & end date, & contact.
2. Check and, if Yes, attach the plan.
3. Check the appropriate box.
4. Check the appropriate box.
5. If Yes to 3 and/or 4, provide the listed information.
6. Check the appropriate box.
7. Attach a plumbing plan or schematic showing flow direction, pipe size, and the location of: sensors, flow meters, and sampling points.

Section C. Water Use & Discharge Information

1. Check if you have, or applied for, a sanitary sewer connection to the IAWWTF. If No, are there plans to connect? If Yes, note when.
2. Check one. If Yes, note the account number(s) in order of volume used, with the largest first. If you are uncertain from whom your facility receives potable water, check your water billing statement or contact the IAWWTF at 607-273-8381.
3. Check the appropriate box. If a landlord pays for your water and/or sewer use, provide their contact information on an attached sheet.
4. Check and, if Yes, list the source(s) and the amount used from each, in GPD (or as otherwise noted).
5. Indicate how much water is used and how much wastewater is produced, in GPD, by each activity. Check if the amount is estimated or measured.
6. Check and, if Yes, describe the type(s) of flow meter(s) and, using a floor plan or schematic, show the location(s).

Section D. Operations Information

1. Note on what date production begin, or is scheduled to begin, at your facility.
2. Check the days of the week that production operations occur, or will occur, at your facility.
3. Indicate the number of hours per weekday that your facility does production. If weekend hours are different, specify how.
4. Note the number of employees and, if applicable, work shifts.
5. Note any scheduled production shutdowns.

6. Check if production is seasonal (changes +/- 20%). If it is, specify the approximate dates of high and low production.
7. Describe production activities, include SIC/NAICS codes, then check and, if Yes, note the approximate gallons per (GP) Day, Week, or Month, as appropriate (GPD may not work for some intermittent activities). Indicate the unit used (GPD, GPW (GP Week), GPM (GP Month), etc.).
8. If 7(a/b/c/etc.) is Yes, describe the process wastewater. If all are No, skip to Section **E**.
9. Check if the process wastewater, described in 8, is discharged to the IAWWTF.
10. If 9 is Yes, note what percent (%) of the process wastewater is discharged: *continuously* vs. as *batches*.  
A *continuous discharge* is an uninterrupted flow, while a *batch discharge* is the controlled discharge of a discrete volume of wastewater for a limited duration.
11. For each process wastewater not discharged to the IAWWTF, describe what happens to it.

### Section E. Quantities of Chemicals Stored and Used

1. List all on-site industrial chemicals (excludes kitchen and bathroom cleaning supplies), including: acids, bases, solvents, metals, organic and inorganic compounds. Check if you have Safety Data Sheets (or Material Safety Data Sheets) for all on-site *industrial chemicals*. Specify how much of each is used per month and the maximum amount that is stored (specify if in pounds or gallons). Check storage location (could be both: inside (I) and outside (O)).
2. Check if waste materials are stored in outside areas.
3. Check if you store or discharge hazardous waste. The EPA definition of hazardous waste is at: 40 CFR PART 261— Identification and Listing of Hazardous Waste. If Yes, continue to Section F. If No, skip to Section G.

### Section F. Hazardous Waste Information

Complete F only if you produce hazardous waste. The EPA defines "listed" and "characteristic" hazardous wastes, which are subject to the provisions of the Resource Conservation and Recovery Act (RCRA), at 40 CFR 403.12(p)(1).

1. Enter your facilities EPA Identification number and check if you are a: very small quantity generator, small quantity generator, or large quantity generator.
2. Provide the name and EPA Hazardous Waste number for each. Check if it disposed of off-site or if it is discharged to the sanitary sewer in batches (B) or continuously (C).
3. Check based on the quantity of hazardous waste discharged. If Yes, complete required information for each.
4. Check if you are, or are not, required to notify the fire Marshal about on-site hazardous chemicals and if Yes, was it done.
5. Check if you have a program to reduce the volume and/or toxicity of hazardous wastes generated. If you do, sign and date the certification statement and attach a copy of the program.

### Section G. Wash & Stormwater Management

1. Check if your facility has ever applied for, been issued, or been denied a State Pollutant Discharge Elimination System (SPDES) permit and, if a permit was issued, include the number and status (expired, revoked, or current) of the permit. If No, skip to H
2. Check each that discharges to a storm sewer. A storm sewer is any sewer pipe conveyance not draining to a sewage treatment plant. Parking lot run-off includes paved and concreted areas, but excludes graveled areas. If Other, describe.
3. Check each that discharges to a groundwater recharge (infiltration) structure. These include, but are not limited to: dry wells, soakage trenches, and water quality ponds. If Other, describe.

4. Check each that discharges to surface water. This includes, but is not limited to: creeks, streams, rivers, ponds, and lakes. If Other, describe.
5. Check all boxes that apply and indicate the quantity of each.
6. Check all boxes that apply. If Other, explain.
7. Check all boxes that apply. If Other, explain.
8. Check all boxes that apply. If Other, explain.
9. Check all boxes that apply. If Other, explain.
10. Check and, if Yes, include details in Section(s) F and J, as appropriate.

#### Section H. Pretreatment

1. Check and, if Yes, indicate how many of each. If No, skip to 5.
2. Check and, if Other, describe in detail.
3. Check and, if Other, describe in detail.
4. Check and, if Yes, provide a description of each, including their capacity.
5. Check and, if Yes, include details in Section(s) F and J, as appropriate.
6. Check and, if Yes, attach a copy of the Operations and Maintenance Manual (O&M) and/or the Standard Operating Procedures (SOP) for each pretreatment system.
7. Check and, if Yes, provide the pretreatment operators: name, title, contact information, and the number of hours in pretreatment worked per week. This will need to be provided on a separate page that notes, "Section H, Question 8".
8. Check and, if No, skip to Section I.
9. Check and, if Other, describe. Check if taken off-site, and if Yes, describe & include in Section(s) F or J, as appropriate.

#### Section I. Effluent Sampling

1. Check the appropriate box. If Yes, attach copies of all laboratory analyses performed in the last year on the wastewater discharge(s) from your facility and summarize this data.
2. Attach a facility sketch or schematic showing sampling points and all connections to the sewer.

#### Section J. Waste Disposal

List all current waste haulers. Include: name, address, phone number, yearly volume or weight, and what material(s) are hauled away. Check if disposal records are retained for at least three (3) years.

#### Section K. Facility Changes

1. Check the appropriate box, "U" = Unknown.
2. Check the appropriate box, "U" = Unknown.
3. Check all the boxes that apply. If Other, explain.
4. Check the appropriate box, "U" = Unknown.
5. Check the appropriate box, "U" = Unknown.

#### Section L. Certification Statement

Sign and date the certification statement and return the completed questionnaire to the:

Pretreatment Coordinator, Ithaca Area Wastewater Treatment Facility, 525 3rd Street, Ithaca, NY 14850



# INDUSTRIAL & COMMERCIAL WASTEWATER QUESTIONNAIRE--Long Form

**Confidential Information:** Indicate, on each page, what information is confidential and provide the basis for the request.

## SECTION A. CONTACT INFORMATION

Company Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_, New York Zip: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_  Company Staff  Consultant

Contacts Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

If the above contact is not located at the facility, provide contact info for an on-site, back-up:

Contact Person: \_\_\_\_\_ Contacts Title: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION B. GENERAL INFORMATION

1. Do you have, or have you ever applied for or been issued, any Environmental Permits (for example; air, RCRA, groundwater, stormwater, general, non-discharge, septic tank, etc.).  Yes  No If yes, note the type of permit, the name of the applicant, or the permit(s): number, start & end date, and contact person.
2. Does the facility have a written slug load or spill prevention/control plan?  Yes  No If Yes, attach a copy of the plan.
3. Do you have any underground chemical or fuel storage tanks at your facility? .....  Yes  No
4. Do you have any above ground chemical or fuel storage tanks at your facility? .....  Yes  No
5. If yes to 3 or 4, for each tank, list the: contents, volume, and whether the tank has secondary containment.  
\_\_\_\_\_
6. Do you have floor drains in manufacturing or chemical storage areas? .....  Yes  No
7. Attach a plumbing plan or schematic showing flow direction, pipe size, and the location of: sensors, flow meters, and sampling points.

## SECTION C. WATER USE & DISCHARGE INFORMATION

1. Do you have, or have you applied for, a sanitary sewer connection to the IAWWTF? .....  Yes  No

If No, are there plans to connect?  Yes  No If Yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Month/Day/Year)

2. Do you receive water or sewer billing statements from the City or Town of Ithaca, or Cornell? .....  Yes  No

If Yes, note account number(s): City of Ithaca: \_\_\_\_\_ Town of Ithaca: \_\_\_\_\_ Cornell: \_\_\_\_\_

3. Is your water or sewer service provided through a landlord?  Yes  No If Yes, note: name, address, phone #, & email.

4. Do you get water from anywhere else?  Yes  No If Yes, specify from where and how many gallons per unit time.

5. For applicable items below, note the amount of water used and wastewater generated. Note: GPD will not work for some intermittent activities, so indicate the unit used (GPD, GPW (GP Week), GPM (GP Month), etc.). Check if the amount is estimated (Est.) or measured (M)

	<u>Water Used</u>			<u>Wastewater Generated</u>		
a. Process flow	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M
b. Washdown (equipment/facility)	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M
c. Contact cooling water	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M
d. Non-contact cooling water	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M
e. Boiler blowdown	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M
f. Air pollution control device	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M
g. Kitchen(s) and bathroom(s)	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M
h. Other(s) (describe)	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M
i. <b>Total</b> (all of the above)	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M	_____ GP__	<input type="checkbox"/> Est.	<input type="checkbox"/> M

6. Do you have any flow meters?  Yes  No If Yes, what type(s)? Indicate location(s) on a floor plan or schematic.

**SECTION D. OPERATIONS INFORMATION**

1. Enter the date production began, or will begin, at this facility: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year).

2. Days of operation:  Mon,  Tues,  Wed,  Thurs,  Fri,  Sat,  Sun

3. Hours per day of operation:  8,  10,  12,  16,  24,  Other

4. Total number of employees: \_\_\_\_\_ Per Shift: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Shift start times: \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_

5. Scheduled shutdown periods: \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_ &  
\_\_\_\_\_
6. Is production seasonal (changes of +/- 20%)?  Yes  No If Yes, dates of high & low production: \_\_\_\_\_ &  
\_\_\_\_\_
7. Describe production activities, note SIC/NAICS Code, check if it produces wastewater, and, if Yes, note how many  
GP:D/W/M. If all are No, skip to E.
- | <u>Production Activity</u> (add lines if needed) | <u>SIC/NAICS</u> | <u>Generates</u>   | <u>Code</u> | <u>Wastewater</u> |
|--|------------------|--|-------------|-------------------|
| <u>GP:D/W/M</u>                                  |                  |  |             |                   |
| a. _____   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |             | _____ GP          |
| b. _____   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |             | _____ GP          |
| c. _____   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |             | _____ GP          |
8. If 7a/b/c/etc. is Yes, describe the process  
wastewater: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. If 7a/b/c/etc. is Yes, is it discharged to the IAWWTF? a:  Yes  No; b:  Yes  No; c:  Yes  No;  
(etc.)
10. For each Yes in 9, what percentage is discharged: continuously \_\_\_\_\_ vs. as batches \_\_\_\_\_.
11. For each No in 9, describe what happens to the process wastewater:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E. QUANTITIES OF CHEMICALS STORED AND USED**

1. List on-site industrial chemicals. Specify: how much of each is used per month and maximum amount stored (in  
pounds or gallons). Check storage location(s). Is an SDS or MSDS on file for these chemicals? .....   
Yes  No Specify Units (pounds or  
gallons) **Stored:**
- | <u>Chemical Name</u> | <u>Quantity Used/month</u> | <u>Quantity Stored (max.)</u> | <u>Inside</u>   | <u>Outside</u>  |
|----------------------|----------------------------|-------------------------------|---|---|
| _____                | _____                      | _____                         | <input type="checkbox"/> I <input type="checkbox"/> O | <input type="checkbox"/> I <input type="checkbox"/> O |
| _____                | _____                      | _____                         | <input type="checkbox"/> I <input type="checkbox"/> O | <input type="checkbox"/> I <input type="checkbox"/> O |
| _____                | _____                      | _____                         | <input type="checkbox"/> I <input type="checkbox"/> O | <input type="checkbox"/> I <input type="checkbox"/> O |
2. Do you store waste materials in outside areas? .....  Yes  No
3. Do you store or discharge hazardous waste? .....  Yes  No If Yes, complete Section F. If No, skip to  
G.



**SECTION F. HAZARDOUS WASTE INFORMATION**

1. Facility's EPA ID Number: \_\_\_\_\_  VSQG  SQG  LQG

2. Name of Hazardous Waste (HW) EPA Haz. Waste No. Disposal: Batch (B) or Continuous  
(C)

\_\_\_\_\_  Off-site  B  C  
 \_\_\_\_\_  Off-site  B  C

3. Is more than 100 kilograms of HW discharged to IAWWTF's sewer collection system per calendar month?  Yes  No

No

If Yes, include the following information for each hazardous waste to the extent it is known and readily available:

Name of Hazardous Waste EPA Haz. Waste No. Mass in Wastestream mg/L in  
Wastestream

\_\_\_\_\_

4. Are you required to report hazardous chemicals to the local Fire Marshal?  Yes  No If Yes, reported?  Yes  No

5. Do you have program to reduce the volume and/or toxicity of hazardous wastes generated?  Yes  No If Yes:

I certify that the facility has a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical. A copy of the program is attached.

\_\_\_\_\_  
Signature & Title of Company Representative Date

**SECTION G. WASH & STORMWATER MANAGEMENT**

1. Do you have, or have you ever applied for, been issued, or been denied a SPDES permit to discharge to surface waters or storm sewers?  Yes  No If Yes, what is its number and status? \_\_\_\_\_ If No, skip to H.

2. Drains to a storm sewer system:  Parking lot run-off  Floor drains  Roof drains  Other \_\_\_\_\_

3. Drains to a groundwater recharge structure:  Parking lot run-off  Floor drains  Roof drains  Other \_\_\_\_\_

4. Drains to surface water:  Parking lot run-off  Floor drains  Roof drains  Other \_\_\_\_\_

5. Types of vehicles used on-site. Check all that apply and indicate the number in use:  Cars \_\_\_\_\_,  Fork lifts \_\_\_\_\_,  Trucks \_\_\_\_\_,  Tractors \_\_\_\_\_,  Cranes \_\_\_\_\_,  Other \_\_\_\_\_

6. Vehicle cleaning occurs:  On-site:  By facility staff  By mobile cleaning service;  Off-site;  Other \_\_\_\_\_

7. Vehicle washwater goes to:  Sanitary sewer  Storm sewer  Hauled off-site  100% Recycled  Other \_\_\_\_\_

8. Equipment cleaning occurs:  On-site:  By facility staff  By mobile cleaning service  Off-site  Other \_\_\_\_\_

9. Equipment washwater goes to:  Sanitary sewer  Storm sewer  Hauled off-site  100% Recycled  Other \_\_\_\_\_
10. Is solid waste generated from cleaning vehicles or equipment?  Yes  No If Yes, include in Section F & J, as appropriate.

**SECTION H. PRETREATMENT**

1. Does this facility have an oil/water separator or grease trap?  Yes  No If Yes, attach inspection/maintenance records.
2. If Yes to 1, does discharge go to: .....  Sanitary sewer  Storm sewer  Other \_\_\_\_\_
3. If Yes to 1, is the collected oil & grease hauled off-site?  Yes  No If Yes, include in Sections F and/or J, as needed. If No, what happens to it?  
\_\_\_\_\_
4. Does this facility have other wastewater pretreatment system(s)?  Yes  No If Yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_
5. Does pretreatment generate other waste products?  Yes  No If Yes, include in Section(s) F and J, as appropriate.
6. Do you have an O&M or SOP for your pretreatment system(s)? .....  Yes  No If Yes, attach.
7. Do you have a pretreatment system operator?  Yes  No If Yes, provide their: name, title, contact info, and hours.
8. Do you have ongoing groundwater remediation occurring on-site?  Yes  No If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_ If No, skip to Section I.
9. If Yes to 8, does it discharge to:  Sanitary sewer  Storm sewer  A recharge basin  Surface water  Other \_\_\_\_\_; or is it taken off-site?  Yes  No If Yes, include in Section(s) F and J, as appropriate and, describe:  
\_\_\_\_\_

**SECTION I. EFFLUENT SAMPLING**

1. Was effluent sampling done in the past year?  Yes  No If Yes, attach copies of all laboratory analyses performed and summarize this data.
2. Attach a sketch or schematic of the facility, showing sampling points and all connections to the sewer.

**SECTION J. WASTE DISPOSAL**

List current waste haulers. Include their: name, address, phone number, volume/weight, material(s) hauled off. Check if disposal records are retained for at least three (3) years.

\_\_\_\_\_ Records retained  Yes  No

\_\_\_\_\_ Records retained  Yes  No

**SECTION K. FACILITY CHANGES**

1. Are changes in production, that could impact wastewater characteristics, scheduled in the next 3 years?  Yes  No  U
  2. Are facility size changes (+/- 20%) scheduled within the next three years?  Yes  No  U
  3. If Yes to 2, check the appropriate box(es) concerning expansion plans:  Adding product(s);  Adding capacity;  Facility expansion;  New Facility;  Other
- 
4. Are relocation plans scheduled within the next three years? .....  Yes  No  U
  5. If Yes, will the new location be connected to the IAWWTF .....  Yes  No  U

**SECTION L. CERTIFICATION STATEMENT; Complete & sign this certification statement & return completed form.**

As per 40 CFR 403.12(b)(6), 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or 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.

This certification is to be signed only by the Responsible Corporate Official as per 40 CFR 403.12(l)(1) (e.g. the president, treasurer, vice-president, general partner, or sole proprietor of the facility).

Print name & Title here	Telephone Number
Signature	Date Signed

**Return to:** Industrial Pretreatment Coordinator  
 Ithaca Area Wastewater Treatment Facility, 525 3rd Street, Ithaca, NY 14850  
**Thank You!** **Questions?** Call: (607) 273-8381

**OFFICE USE ONLY** Postmarked/Rec'd Date : \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

