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 IAWTF 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 IAWTF 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 IAWTF 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 IAWTF 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 Manuel (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: _____________________________ Phone: _______________________

Contact Person: _____________________________ Contacts Title: _____________________________

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

Contact Person: _____________________________ Phone: _______________________

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
1. 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).

<table>
<thead>
<tr>
<th>Water Used</th>
<th>Wastewater Generated</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Washdown (equipment/facility)</td>
<td>____  GP__ □ Est. □ M   ____  GP__ □ Est. □ M</td>
</tr>
<tr>
<td>c. Contact cooling water</td>
<td>____  GP__ □ Est. □ M   ____  GP__ □ Est. □ M</td>
</tr>
<tr>
<td>d. Non-contact cooling water</td>
<td>____  GP__ □ Est. □ M   ____  GP__ □ Est. □ M</td>
</tr>
<tr>
<td>e. Boiler blowdown</td>
<td>____  GP__ □ Est. □ M   ____  GP__ □ Est. □ M</td>
</tr>
<tr>
<td>f. Air pollution control device</td>
<td>____  GP__ □ Est. □ M   ____  GP__ □ Est. □ M</td>
</tr>
<tr>
<td>g. Kitchen(s) and bathroom(s)</td>
<td>____  GP__ □ Est. □ M   ____  GP__ □ Est. □ M</td>
</tr>
<tr>
<td>h. Other(s) (describe)</td>
<td>____  GP__ □ Est. □ M   ____  GP__ □ Est. □ M</td>
</tr>
<tr>
<td>i. Total (all of the above)</td>
<td>____  GP__ □ Est. □ M   ____  GP__ □ Est. □ M</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Production Activity (add lines if needed)</th>
<th>SIC/NAICS Code</th>
<th>Generates Wastewater</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP:D/W/M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. _______________________________________</td>
<td>□ Yes □ No</td>
<td>GP_</td>
</tr>
<tr>
<td>b. _______________________________________</td>
<td>□ Yes □ No</td>
<td>GP_</td>
</tr>
<tr>
<td>c. _______________________________________</td>
<td>□ Yes □ No</td>
<td>GP_</td>
</tr>
</tbody>
</table>

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? ………………….. □

<table>
<thead>
<tr>
<th>Stored:</th>
<th>Chemical Name</th>
<th>Quantity Used/month</th>
<th>Quantity Stored (max.)</th>
<th>Inside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

3. Is more than 100 kilograms of HW discharged to IAWWTF’s sewer collection system per calendar month? □ Yes □ 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
   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 washer 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(1)(1) (e.g. the president, treasurer, vice-president, general partner, or sole proprietor of the facility).

Print name & Title here

Signature

Return to: Industrial Pretreatment Coordinator
Ithaca Area Wastewater Treatment Facility, 525 3rd Street, Ithaca, NY 14850

Telephone Number

Date Signed

Questions? Call: (607) 273-8381

Thank You!