

CITY OF KINGSPORT
NON-DOMESTIC USER OF PUBLICLY OWNED TREATMENT WORKS
QUESTIONNAIRE AND APPLICATION FOR WASTEWATER DISCHARGE PERMIT

RETURN COMPLETED FORM WITHIN 30 DAYS TO:

Eric Vermillion
Pretreatment Specialist
City of Kingsport
620 Industry Drive
Kingsport, TN 37660

If there is any non-domestic use at this location, this form must be filled out completely. The United States Environmental Protection Agency and the State of Tennessee require that the City of Kingsport conduct a periodic survey of the water distribution system to properly identify all non-domestic dischargers within the system. Any false statements on this form could subject the responsible party to civil and/or criminal penalties. This form should be signed by the owner or manager of the establishment.

SECTION A: GENERAL

Company Name: _____

Mailing Address: _____

Address of Premises: _____

Standard Industrial Classification Code (SIC): _____

Contact Official: _____

Title: _____

Address: _____

Phone: _____

Email Address: _____

Give a brief description of manufacturing or service activity on premises.

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 the discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 20 CFR Part2. 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 on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe 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

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

Average gallons per day

<input type="checkbox"/> Domestic Wastes (restrooms, employee showers, etc.)		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling water, non-contact		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Boiler/Tower blowdown		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Process		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Equipment/Facility Washdown		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Air Pollution Control Unit		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm Water runoff to sewer		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling water, contact		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other, describe below		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

Wastes are discharged to (check all that apply):

Average gallons per day

<input type="checkbox"/> Sanitary Sewer		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm Sewer		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Surface Water		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Ground Water		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Waste Haulers		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Evaporation		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other, describe below		<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

Provide name and address of waste hauler(s), if used:

Is a Spill Prevention Control and Countermeasure Plan prepared for the facility: Yes No

SECTION B: FACILITY OPERATION CHARACTERISTICS:

Number of shifts per 24-hour day: _____

Average number of employees per shift:

1st : _____

2nd : _____

3rd : _____

Shift start/end times:

a.m.

p.m.

1st	_____	_____
2nd	_____	_____
3rd	_____	_____

Shifts normally worked each day:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st							
2nd							
3rd							

Note: The following information in this section must be completed for each product line.

Principal product produced: _____

Raw materials and process additives used: _____

Production process is: Batch Continuous Both % Batch _____ % Continuous _____

Average number of batches per 24-hour day: _____

Hours of operation: _____ a.m. to _____ p.m. Continuous

Is production subject to seasonal variation? Yes No

If yes, briefly describe seasonal production cycle: _____

Are any process changes or expansions planned during the next three years? Yes No

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

SECTION C: WASTEWATER INFORMATION

If your facility employs processes in any of the 34 industrial categories or business activities listed below **and** any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (mark all that apply).

Category		Category		Category	
1.	Adhesives	13.	<input type="checkbox"/> Inorganic Chemicals	25.	<input type="checkbox"/> Plastic & Synthetic Materials
2.	Aluminum Forming	14.	<input type="checkbox"/> Iron & Steel	26.	<input type="checkbox"/> Plastics Processing
3.	Auto & Other Laundered	15.	<input type="checkbox"/> Leather Tanning & Finishing	27.	<input type="checkbox"/> Porcelain Enamel
4.	Battery Manufacturing	16.	<input type="checkbox"/> Mechanical Products	28.	<input type="checkbox"/> Printing & Publishing
5.	Coal Mining	17.	<input type="checkbox"/> Nonferrous Metals	29.	<input type="checkbox"/> Pulp & Paper
6.	Coil Coating	18.	<input type="checkbox"/> Ore Mining	30.	<input type="checkbox"/> Rubber
7.	Copper Forming	19.	<input type="checkbox"/> Organic Chemicals	31.	<input type="checkbox"/> Soaps & Detergents
8.	Electrical & Electronic Componets	20.	<input type="checkbox"/> Paint & Ink	32.	<input type="checkbox"/> Steam Electric
9.	Electroplating	21.	<input type="checkbox"/> Pesticides	33.	<input type="checkbox"/> Textile Mills
10.	Explosives Manufacturing	22.	<input type="checkbox"/> Petroleum Refining	34.	<input type="checkbox"/> Timber
11.	Foundries	23.	<input type="checkbox"/> Pharmaceuticals		
12.	Gum & Wood Chemicals	24.	<input type="checkbox"/> Photographic Supplies		

Other business activities:

1.	Dairy Products
2.	Slaughter/Meat Packing/ Rendering
3.	Food/Edible Products Processor
4.	Beverage Bottler
5.	Other (specify) _____

Pretreatment devices or processes used for treating wastewater or sludge (mark as many as appropriate).

Device or Process		Device or Process		Device or Process	
1.	<input type="checkbox"/> Air Floation	11.	<input type="checkbox"/> Neutralization, pH Correction	21.	<input type="checkbox"/> Biological Treatment Type: _____
2.	<input type="checkbox"/> Centrifuge	12.	<input type="checkbox"/> Ozonation	22.	<input type="checkbox"/> Rainwater diversion or storage
3.	<input type="checkbox"/> Chemical Precipitation	13.	<input type="checkbox"/> Reverse Osmosis	23.	<input type="checkbox"/> Other Chemical Treatment Type: _____
4.	<input type="checkbox"/> Chlorination	14.	<input type="checkbox"/> Screen	24.	<input type="checkbox"/> Other physical treatment Type: _____
5.	<input type="checkbox"/> Cyclone	15.	<input type="checkbox"/> Sedimentation	25.	<input type="checkbox"/> Other Type: _____
6.	<input type="checkbox"/> Filtration	16.	<input type="checkbox"/> Septic Tank	26.	<input type="checkbox"/> No pretreatment provided
7.	<input type="checkbox"/> Flow Equalization	17.	<input type="checkbox"/> Solvent Separation		
8.	<input type="checkbox"/> Grease Trap	18.	<input type="checkbox"/> Spill Protection		
9.	<input type="checkbox"/> Grit Removal	19.	<input type="checkbox"/> Sump		
10.	<input type="checkbox"/> Ion Exchange	20.	<input type="checkbox"/> Grease or Oil Separation Type: _____		

SECTION C: WASTEWATER INFORMATION (continued)

If any wastewater analysis have been performed on the wastewater discharge(s) from your facility, 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).

Check here if data is attached:

Priority Pollutant Information: Please indicate by marking the checkbox by each listed chemical whether it is "Known to be Present", "Suspected to be Present", "Known to be Absent", or "Suspected to be Absent" in your manufacturing or service activity or generated as a by-product.

Priority Pollutants	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect concentration per day
I. METALS & INORGANICS					
1. Antimony					
2. Arsenic					
3. Asbestos					
4. Beryllium					
5. Cadmium					
6. Chromium					
7. Copper					
8. Cyanide					
9. Lead					
10. Mercury					
11. Nickel					
12. Selenium					
13. Silver					
14. Thallium					
15. Zinc					
II. PHENOLS & CRESOLS					
16. Phenol(n)					
17. Phenol, 2-chloro					
18. Phenol, 2,4-dichloro					
19. Phenol, 2,4,6-trichloro					
20. Phenol, pentachloro					
21. Phenol, 2-nitro					
22. Phenol, 4-nitro					
23. Phenol, 2,4-dinitro					
24. Phenol, 2,4-dimethyl					

Priority Pollutants	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect Concentration per Day
II. PHENOLS & CRESOLS (continued)					
25. m-Cresol, p-chloro					
26. o-Cresol, 4,6-dinitro					
III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS, AND PHTHALATES)					
27. Benzene					
28. Benzene, chloro					
29. Benzene, 1,2-dichloro					
30. Benzene, 1,3-dichloro					
31. Benzene, 1,4-dichloro					
32. Benzene, 1,2,4-trichloro					
33. Benzene, hexachloro					
34. Benzene, ethyl					
35. Benzene, nitro					
36. Toluene					
37. Toluene, 2,4-dinitro					
38. Toluene, 2,6-dinitro					
IV. PCBs & RELATED COMPOUNDS					
39. PCB-1016					
40. PCB-1221					
41. PCB-1232					
42. PCB-1242					
43. PCB-1248					
44. PCB-1254					
45. PCB-1260					
46. 2-Chloronaphthalene					
V. ETHERS					
47. Ether, bis(chloromethyl)					
48. Ether, bis(2-chloroethyl)					
49. Ether, bis(2-chlorosopropyl)					
50. Ether, 2-chloroethyl vinyl					
51. Ether, 4-bromophenyl phenyl					
52. Ether, 4-chlorophenyl phenyl					
53. Bis(2-chloroethoxy) methane					
VI. NITROSAMINES & OTHER NITROGEN-CONTAINING COMPOUNDS					
54. Nitrosamine, dimethyl					

Priority Pollutants		Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect Concentration per Day
VI. NITROSAMINES & OTHER NITROGEN-CONTAINING COMPOUNDS (continued)						
57.	Nitrosamine, diphenyl					
58.	Nitrosamine, di-n-propyl					
59.	Benzidine					
60.	Benzidine, 3,3-dichloro					
61.	Hydrazine, 1,2-diphenyl					
62.	Acrylonitrile					
VII. HALOGENATED ALIPHATICS						
63.	Methane, bromo					
64.	Methane, chloro					
65.	Methane, dichloro					
66.	Methane, chlorodibromo					
67..	Methane, dichlorobromo					
68.	Methane, tribromo					
69.	Methane, trichloro					
70.	Methane, tetrachloro					
71.	Methane, trichlorofluoro					
72.	Methane, dichlorodifluoro					
73.	Ethane, 1,1-dichloro					
74.	Ethane, 1,2-dichloro					
75.	Ethane, 1,1,1-trichloro					
76.	Ethane, 1,1,2-trichloro					
77.	Ethane, 1,1,2,1-tetrachloro					
78.	Ethane, hexachloro					
79.	Ethene, chloro					
80.	Ethene, 1,1-dichloro					
81.	Ethene, trans-dichloro					
82.	Ethene, trichloro					
83.	Ethene, tetrachloro					
84.	Propane, 1,2-dichloro					
85.	Propene, 2,4-dichloro					
86.	Butadiene, hexachloro					
87.	Cyclopentadiene, hexachloro					
VIII. PHTHALATE ESTERS						
88.	Phthalate, di-c-methyl					

Priority Pollutants	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect Concentration per Day
VIII. PHTHALATE ESTERS (continued)					
89. Phthalate, di-n-ethyl					
90. Phthalate, di-n-butyl					
91. Phthalate, di-n-octyl					
92. Phthalate, bis(2-ethylhexyl)					
93. Phthalate, butyl benzyl					
IX. POLYCYCLIC AROMATIC HYDROCARBONS					
94. Acenaphthalene					
95. Acenaphthylene					
96. Anthracene					
97. Benzo (a) anthracene					
98. Benzo (b) fluroanthene					
99. Benzo (k) fluroanthene					
100. Benzo (ghi) perylene					
101. Benzo (a) pyrene					
102. Chrysene					
103. Dibenzo (a,h) anthracene					
104. Fluoranthene					
105. Fluorene					
106. Indeno (1,2,3-cd) pyrene					
107. Naphthalene					
108. Phenanthrene					
109. Pyrene					
X. PESTICIDES					
110. Acrolein					
111. Aldrin					
112. BHC (Alpha)					
113. BHC (Beta)					
114. BHC (Gamma) or Lindane					
115. BHE (Delta)					
116. Chlordane					
117. DDD					
118. DDE					
119. DDT					
120. Dieldrin					

Priority Pollutants	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect Concentration per Day
X. PESTICIDES (continued)					
121.	Endosulfan (Alpha)				
122.	Endosulfan (Beta)				
123.	Endosulfan Sulfate				
124.	Endrin				
125.	Endrin aldehyde				
126.	Heptachlor				
127.	Heptachlor epoxide				
128.	Isophorone				
129.	TCDD (or Dioxin)				
130.	Toxaphene				

If you are unable to identify the chemical constituents of products you use that discharge in your wastewater, attach copies of the materials safety data sheets for such products.

Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

Yes, If "yes" complete the remainder of the survey.

No, If "no", skip this section.

These wastes may best be described as:		
Type		Estimated Gallons or Pounds/Year
1.	Acids and Alkalies	
2.	Heavy Metal Sludges	
3.	Inks/Dyes	
4.	Oil and/or Grease	
5.	Organic Compounds	
6.	Paints	
7.	Pesticides	
8.	Plating Wastes	
9.	Pretreatment Sludges	
10.	Solvents/Thinners	
11.	Other Hazardous Wastes	
(specify)		
12.	Other Wastes	
(specify)		

For the above checked wastes, does your company practice:

On-Site Storage

On-Site Disposal

Off-Site Storage

Off-Site Disposal

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

Print Form

When you have completed the form, please print it, sign it and mail along with the application fee to Mr. Vermillion at the address on the top of the 1st page. Form can alternatively be emailed to EricVermillion@KingsportTN.gov.