

The Municipal Sanitary Authority of the City of New Kensington

Industrial/Commercial Waste Questionnaire

Return completed Questionnaire to:
The Municipal Sanitary Authority of the City of New Kensington
120 Logans Ferry Road
New Kensington, PA 15068
ATTENTION: Pretreatment Coordinator

This questionnaire is being sent to commercial and industrial establishments in the area serviced by The Municipal Sanitary Authority of the City of New Kensington as part of the continuing update of the Industrial Pretreatment Program as mandated by the United States Environmental Protection Agency (EPA). Please complete the questionnaire as thoroughly and accurately as possible. Not all questions will be applicable to every facility. Facilities which produce only sanitary wastewater need only complete Section A through Section D. Additional pages can be attached to elaborate on any answers.

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 supplied in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.	
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.	
_____	_____
Title	Name
_____	_____
Date	Signature of Official (Seal if Applicable)

SECTION A - GENERAL INFORMATION

A.1 Facility Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

A.2 Address of production or manufacturing facility:

Address is the same as in A.1 ☐

Address: _____
City, State, Zip Code: _____
Telephone Number: _____

A.3 Designated signatory authority of the facility:
(Attached similar information for each
authorized representative)

Name: _____
Title: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

A.4 Designated facility contact person:

Name: _____
Title: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

A.5 Does this establishment discharge only sanitary wastes into the sanitary sewer system?

☐ YES

☐ NO

If YES, Stop Here.

If NO, Complete Entire Questionnaire.

SECTION B - BUSINESS ACTIVITY

- B.1 Identify the type of business conducted on the premises described in A.2 (eg: machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.)**

- B.2 Provide a brief narrative description of the manufacturing, production, and/or service activities your facility conducts.**

- B.3 Indicate all applicable Standard Industrial Classification (SIC) for all processes (If more than one SIC applies, list in descending order of importance.):**

- B.4 If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether the generate wastewater, waste sludge, or hazardous wastes), place a check beside the category or business activity. Check all categories that apply.**

Industrial Categories/Business Activities

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Aluminum Forming |
| <input type="checkbox"/> | Asbestos Manufacturing |
| <input type="checkbox"/> | Battery Manufacturing |
| <input type="checkbox"/> | Builder's Paper |
| <input type="checkbox"/> | Carbon Black |
| <input type="checkbox"/> | Cement Manufacturing |
| <input type="checkbox"/> | Coil Coating |
| <input type="checkbox"/> | Copper Forming |
| <input type="checkbox"/> | Dairy Products Processing |
| <input type="checkbox"/> | Electrical and Electronic Components |
| <input type="checkbox"/> | Electroplating |
| <input type="checkbox"/> | Feedlots |
| <input type="checkbox"/> | Ferroalloy Manufacturing |
| <input type="checkbox"/> | Fertilizer Manufacturing |
| <input type="checkbox"/> | Fruits and Vegetables Processing Manufacturing |

Industrial Categories/Business Activities
(Continued)

- ☐ Glass Manufacturing
- ☐ Grain Mills Manufacturing
- ☐ Ink Formulating
- ☐ Inorganic Chemicals
- ☐ Iron and Steel Manufacturing
- ☐ Leather Tanning and Finishing
- ☐ Meat Processing
- ☐ Metal Finishing
- ☐ Metal Molding and Casting
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metals Manufacturing
- ☐ Paint Formulating
- ☐ Paving and Roofing (Tars and Asphalt)
- ☐ Pesticides
- ☐ Petroleum Refining
- ☐ Pharmaceuticals
- ☐ Phosphate Manufacturing
- ☐ Plastics Molding and Forming
- ☐ Porcelain Enameling
- ☐ Pulp and Paper
- ☐ Rubber Processing
- ☐ Seafood Processing
- ☐ Soaps and Detergents Manufacturing
- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills
- ☐ Timber Products Manufacturing

A facility with processes inclusive in these business areas may be covered by the Environmental Protection Agency's (EPA) Categorical Pretreatment Standards. These facilities are termed "Categorical Industrial Users."

- B.5 If your facility employs or will be employing processes in any of the categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category or business activity. Check all categories that apply.

- ☐ Beverage Bottler
- ☐ Car Wash
- ☐ Dry Cleaning
- ☐ Food/Edible Products Processor
- ☐ Hospital/Personal Care Facility
- ☐ Landfill
- ☐ Laundry
- ☐ Photo Processing
- ☐ Radiator Shop
- ☐ Septage Hauler
- ☐ Service/Gasoline Station
- ☐ Truck Cleaners

SECTION C - WATER SUPPLY

C.1 Indicate the amount of water obtained from each of the following sources:

SOURCE	ANNUAL QUANTITY (GALLONS)
Private well	
Surface Water	
Municipal Water Supply (Specify Water Authority)	
Other (Specify)	

C.2 Describe any raw water treatment processes in use at your facility:

C.3 Provide the following information as it appears on your Municipal Water Bill:

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Water Service Account Number: _____

- C.4** Provide information regarding the average amount of water used for each of the following activities. Indicate whether the water usage has been estimated (E) or measured (M).

Type	AVERAGE WATER USAGE (GPD)	ESTIMATED (E) or MEASURED (M)
Contact Cooling Water		
Non-Contact Cooling Water		
Boiler Feed		
Process		
Sanitary		
Air Pollution Control		
Contained in Product		
Plant and Equipment Washdown		
Irrigation and Lawn Watering		
Total Water Usage		

SECTION D - SEWER INFORMATION

D.1 For an Existing Facility:

Is the building presently connected to the public sanitary sewer system?

- ☐ YES - Sanitary Sewer Account Number: _____
☐ NO - Have you applied for a sanitary sewer hookup?
☐ YES ☐ NO

For a New Facility:

Will you be occupying an existing vacant building (such as an industrial park)?

- ☐ YES ☐ NO

Have you applied for a building permit if a new facility will be constructed?

- ☐ YES ☐ NO

Will you be connected to the public sanitary sewer system?

- ☐ YES ☐ NO