



NKSA Non-Domestic User Survey

SECTION A1- GENERAL INFORMATION - Please Print

A1-1 Company name:
Facility mailing address:
City:
Telephone No. : () Fax No. : ()

A1-2 Address of production or manufacturing facility:
Telephone No. : () Fax No. : ()

A1-3 Property Parcel Number(s)

A1-4 Name, title, and telephone number of person authorized to represent this firm in official dealings with the PARCC Side CWP Director:

Name: Title:
Phone: E-mail:

Emergency after-hours contact person:
Name: Phone:
Name: Phone:

A1-5 Alternate person to contact concerning information provided herein:
Name: Phone:

A1-6 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing meat packing, food processing, etc):

A1-7 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts:

A1-8 Is your water supplied by:
City of Rockford City of Grand Rapids Plainfield Township
Well Other:

A1-9 Is your facility connected to:

- Sanitary Sewer Septic System Other: _____ Don't know

A1-10 Is there any known contamination of soils or groundwater at this Site?

- Yes
 No

If yes, list the nature of the contamination and contaminants:

- Groundwater
 Soil
 Other (please specify) _____
 Contaminants: _____

Was this information obtained through?

- Soil borings
 Groundwater Sampling
 Other (please specify) _____

A1-11 This facility generates the following types of wastes (check all that apply):
Average gallons or cubic feet per day (please indicate whether gallons or cubic feet)

	Gallons or Cubic Feet / Day	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
1. Domestic Wastes (Restrooms, employee Showers, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. Cooling Water, non-contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Boiler/Tower blow down	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. Cooling Water, contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. Equip./Facility Wash down	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. Air pollution control unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. Storm water runoff to sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. Other:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Total Gallons / Cubic Feet	_____		

A1-12 Wastes are discharged to (check all that apply); Average gallons or cubic feet per day (please indicate whether gallons or cubic feet)

	Gallons or Cubic Feet / Day	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
1. Sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. Storm sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Surface water	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. Ground water	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. Waste haulers	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. Other:	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

A1-13 Is a spill prevention control and countermeasure plan prepared for the facility?

- Yes No

A1-14 Historically, has your facility ever utilized chemicals for the purposes of waterproofing/oil proofing or used materials that have been treated by such chemicals?

- Yes No Unknown

SECTION A2 – DISCHARGE GENERAL INFORMATION

A2-1 If your facility employs processes in any of the EPA-designated industrial Categories or other business activities listed below, place a check beside the category or business activity (check all that apply):

Group A: Ongoing Rule Projects and Recently Published Rules

- Aquaculture
- Centralized Waste Treatment
- Coal Mining
- Construction and Development
- Concentrated Animal Feeding Operations
- Industrial Containers and Drum Cleaning
- Dentist
- Industrial Laundries
- Commercial Hazardous Waste Combustors (formally Industrial Waste Combustors)
- Iron and Steel Manufacturing
- Landfills
- Leather Tanning and Finishing
- Meat and Poultry Products
- Oil and Gas Extraction (Synthetic-Based Drilling Fluids)
- Pesticide Formulating, Packaging, and Repackaging
- Pharmaceuticals Manufacturing
- Pulp, Paper, and Paperboard
- Transportation Equipment and Cleaning

Group B: Existing Guidelines and Older Regulations

- Dairy Products Processing
- Grain Mills
- Canned and Preserved Fruits and Vegetables
- Canned and Preserved Seafood Processing
- Sugar Processing
- Textile Mills
- Cement Manufacturing

- Feedlots
- Electroplating
- Organic Chemicals, Plastics, and Synthetic Fibers
- Inorganic Chemicals Manufacturing
- Soap and Detergent Manufacturing
- Fertilizer Manufacturing
- Petroleum Refining
- Nonferrous Metals Manufacturing
- Phosphate Manufacturing
- Steam Electric Power Generation
- Ferroalloy Manufacturing
- Glass Manufacturing
- Asbestos Manufacturing
- Rubber Manufacturing
- Timber Products Processing
- Metal Finishing
- Coal Mining (BPT, BAT, BCT Limitations and new Source Performance Standards)
- Oil and Gas Extraction
- Mineral Mining and Processing
- The Centralized Waste Treatment
- Metal Products and machinery
- Ore Mining and Dressing
- Effluent Limitations Guidelines for Existing Sources and Standards of Performance and Pretreatment Standards for New Sources for the Paving and Roofing Materials (Tars and Asphalt)
- Waste combustors
- Ink Formulating
- Gum and Wood Chemicals Manufacturing
- Explosives Manufacturing
- Carbon Black Manufacturing
- Photographic
- Hospital

- Battery Manufacturing
- Plastics Molding and Forming
- Metal Molding and Casting
- Coil Coating
- Porcelain Enameling
- Aluminum Forming
- Copper Forming
- Electrical and Electronic Components
- Nonferrous Metals Forming and Metal powders

Group C: Other Business Activities

- Dairy Products
- Beverage Bottler
- Slaughter and Meat Packing / Rendering
- Food/Edible Products Processor

A2-2 Does your facility use any pretreatment devices or processes used for treating wastewater or sludge discharged to PARCC Side system (check as many as appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Air Flootation | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Chlorination |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Filtration |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Grease or Oil Separation (please include type below) |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Neutralization, pH Correction | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Solvent Separation | <input type="checkbox"/> Rainwater Diversion or Storage |
| <input type="checkbox"/> Sump | <input type="checkbox"/> Amalgam Separator |
| <input type="checkbox"/> Other Chemical Treatment (please list below) | |
| <input type="checkbox"/> Biological Treatment (please include type below) | |
| <input type="checkbox"/> Other Type | <input type="checkbox"/> No Pretreatment Provide |

A2-3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities to the PARCC Side system, attach a copy of the most recent analytical results to this questionnaire. Be sure to include the date of the analysis, name of the laboratory performing the analysis and the location(s) from which sample(s) were taken (attach sketches, plans, etc, as necessary.)

A2-4 Does your facility use, store or have on the premises any of the priority pollutants listed on Table-1 found on the following page?

- Yes No

A2-4A If you are unable to identify the chemical constituents of products you used that are discharged in your wastewater, attach copies of the material safety data sheets for such products.

PRIORITY POLLUTANT - TABLE 1

Metals, Cyanide and Total Phenols

Antimony	Arsenic	Barium
Beryllium	Boron	Cadmium
Chromium	Copper	Lead
Nickel	Selenium	Silver
Thallium	Zinc	
Mercury	Cyanide	Phenolic compounds

Volatile Organic Compounds

Acrolein	Acrylonitrile	Benzene
Bromoform	Carbon tetrachloride	Chlorobenzene
Chlorodibromomethane	Chloroethane	2-chloroethylvinyl ether
Chloroform	Dichlorobromomethane	1,1-dichloroethane
1,2-dichloroethane	Trans-1,2-dichloroethylene	1,1-dichloroethylene
1,2-dichloropropane	1,3-dichloropropylene	Ethylbenzene
Methyl bromide	Methyl chloride	Methylene chloride
1,1,1,2-tetrachloroethane	Tetrachloroethylene	Toluene
1,1,1-trichloroethane	1,1,2-trichloroethane	Trichloroethylene
Vinyl chloride		

Acid-Extractable Compounds

p-chloro-m-creso	2-chlorophenol	2,4-dichlorophenol
2,4-dimethylphenol	4,6-dinitro-o-cresol	2,4-dinitrophenol
2-nitrophenol	4-nitrophenol	Pentachlorophenol
Phenol	2,4,6-trichlorophenol	

Base/Neutral Compounds

Acenaphthene	Acenaphthylene	Anthracene
Benzidine	Benzo(a)anthracene	Benzo(a)pyrene
3,4-benzofluoranthene	Benzo(ghi)perylene	Benzo(k)fluoranthene
Bis(2-chloroethoxy)methane	Bis(2-chloroethyl)ether	Bis(2-chloroisopropyl)ether
Bis(2-ethylhexyl)phthalate	4-bromophenyl phenyl ether	Butyl benzyl phthalate
2-chloronaphthalene	4-chlorophenyl phenyl ether	Chrysene
di-n-butyl phthalate	di-n-octyl phthalate	Dibenzo(a,h)anthracene
1,2-dichlorobenzene	1,3-dichlorobenzene	1,4-dichlorobenzene
3,3'-dichlorobenzidine	Diethyl phthalate	Dimethyl phthalate
2,4-dinitrotoluene	2,6-dinitrotoluene	1,2-diphenylhydrazine
Fluoranthene	Fluorine	Hexachlorobenzene
Hexachlorobutadiene	Hexachlorocyclo-pentadiene	Hexachloroethane
Indeno(1,2,3-cd)pyrene	Isophorone	Naphthalene
Nitrobenzene	n-nitrosodi-n-propylamine	n-nitrosodimethylamine
n-nitrosodiphenylamine	Phenanthrene	Pyene
1,2,4-trichlorobenzene		

Per/Poly Fluro Alkyls (PFAS)

Perfluorobutanoic Acid (PFBA)	Perfluoropentanoic acid (PFPeA)	Perfluorobutanesulfonic acid (PFBS)
Fluorotelomer sulphonic acid (4:2 FTS)	Perfluorohexanoic acid (PFHxA)	Perfluoropentanesulfonic acid (PFPeS)
Perfluoroheptanoic acid (PFHpA)	Perfluorohexanesulfonic acid (PFHxS)	Fluorotelomer sulphonic acid (6:2 FTS)
Perfluorooctanoic acid (PFOA)	Perfluoroheptanesulfonic acid (PFHpS)	Perfluorononanoic acid (PFNA)
Perfluorooctanesulfonamide (PFOSA)	Perfluorooctanesulfonic acid (PFOS)	Perfluorodecanoic acid (PFDA)
Fluorotelomer sulphonic acid (8:2 FTS)	Perfluorononanesulfonic acid (PFNS)	2-(N-Methylperfluorooctanes...) acetic acid
2-(Ethylperfluorooctanes...) acetic acid	Perfluoroundecanoic acid (PFUnA)	Perfluorodecanesulfonic acid (PFDS)
Perfluorododecanoic acid (PFDoA)	Perfluorotridecanoic acid (PFTTrDA)	Perfluorotetradecanoic acid (PFTeDA)
Hexafluoropropylene oxide dimer acid (HFPO-DA)	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid
4, 8-dioxa-3H-perfluorononanoic acid		

SECTION B – FACILITY OPERATIONS CHARACTERISTICS

- B-1 Hours of Operation: _____ A.M. P.M. to _____ A.M. P.M. 24h.
- B-2 Number of employee shifts worked per a 24-hour day is _____ .
- B-3 Starting times of each shift:
 1st: _____ A.M. P.M.
 2nd: _____ A.M. P.M.
 3rd: _____ A.M. P.M.
- B-4 Principal product produced: _____
- B-5 Raw materials and process additives used:

- B-6 Production process is: Batch Continuous Both _____ %Batch _____ %Continuous
 Average number of batches per shift: 1st: _____ 2nd: _____ 3rd: _____
- B-7 Is production subject to seasonal variation? Yes No
 If yes, briefly describe seasonal production cycle: _____

- B-8 Are any process changes or expansions planned during the next two years? Yes No
 If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

SECTION C – OTHER WASTES

- C-1 Are any liquid wastes or sludges from this facility disposed of by means other than discharge to the sewer system?
 Yes No (If yes, complete items C-2 and C-3).

C-2 These wastes may best be described as:

	Estimated Volume	Stored on site	Stored off site	Disposed of on site	Disposed of off site
1. Acids and Alkalis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heavy Metal Sludge	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inks/Dyes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Oil and/or Grease	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Organic Compounds	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Paints	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pesticides	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Plating Wastes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pretreatment Sludge	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Solvents/Thinners	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other hazardous Wastes (Specify)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other Wastes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C-3 For the above checked wastes in C-2, please attach a floor plan showing the locations of any on-site storage areas of the waste, give the location of any off-site storage areas of the waste, attach a diagram showing the location of any on-site disposal area of the waste, and/or give the location of any off-site disposal areas. In addition, please briefly describe the method(s) of storage or disposal checked above.

Note to certifying official: In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 403.14, information 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. The information in this questionnaire will be used to issue the permit. Please be aware that your facility is required to resubmit a Discharge Permit Application any time there is a significant change in your discharge.

Definition of significant change is any change in a Discharger's effluent which either causes the constituents of the discharge to be different or the concentrations of the pollutants to be increased by 20% over those reported on the Discharger's Permit Application.

This is to be certified by an authorized official of your firm after 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 accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Certification of Authorized Official (signature REQUIRED)

Date

Authorized Official (name printed or typed)
