

**NONRESIDENTIAL WASTEWATER DISCHARGE PERMIT SURVEY / APPLICATION
SHELBYVILLE POWER, WATER & SEWERAGE BOARD
SHELBYVILLE, TENNESSEE**

SECTION A - GENERAL INFORMATION

A. 1. Company name, mailing address, & telephone number:

Zip Code: _____ Telephone Number: _____

A. 2. Address of production or manufacturing facility. (If same as above, check [])

Zip Code: _____ Telephone Number: _____

A. 3. Name, title, and telephone number of person authorized to represent this firm in official dealings with the Sewer Authority and / or City:

A. 4. Alternate person to contact concerning information provided herein.

Name: _____ Title: _____
Tel. No. _____ Fax No. _____

A. 5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

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 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 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 assure that qualified personnel properly gathered and evaluated 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/penalty and imprisonment for knowing violations."

Date

Signature of Official
(Seal if applicable)

A. 6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

A. 7. Standard Industrial Classification Number (s) (SIC Code) for your facilities:

A. 8. This facility generates the following types of wastes (check all that apply):

- | | | <u>Average gallons</u> | | |
|----|---|------------------------|------------------------------------|-----------------------------------|
| | | per day | | |
| 1. | <input type="checkbox"/> Domestic Wastes:
(restrooms,employee showers, etc.) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 2. | <input type="checkbox"/> Cooling water, non-contact | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 3. | <input type="checkbox"/> Boiler / Tower blowdown | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 4. | <input type="checkbox"/> Cooling water, contact | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 5. | <input type="checkbox"/> Process | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 6. | <input type="checkbox"/> Equipment / Facility Washdown | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 7. | <input type="checkbox"/> Air Pollution Control Unit | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 8. | <input type="checkbox"/> Storm water runoff to sewer | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 9. | <input type="checkbox"/> Other (describe) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

Total A. 8. 1 - A. 8. 9 _____

A. 9. Wastes are discharged to (check all that apply):

- | | | <u>Average gallons</u> | | |
|--------------------------|------------------|------------------------|------------------------------------|-----------------------------------|
| | | 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) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

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

A. 10. Is a Spill Prevention Control and Countermeasure Plan (SPCC) prepared for the facility?
 yes no

Note: If your facility did not check one or more of the items listed in A. 8. 4 through A.8.9 above, then you do not need to complete any further sections in this survey / application. If any items A. 8. 4 through A. 8. 9 were checked, complete the remainder of this survey / application.

SECTION B - FACILITY OPERATION CHARACTERISTICS

B. 1. Number of employee shifts worked per 24-hour day is: _____

Shifts normally worked:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1st	_____	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____	_____

B. 2. Average # of employees / shift:

1st	_____
2nd	_____
3rd	_____

Shift start and end times:

1st	_____
2nd	_____
3rd	_____

Additional Notes: _____

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

B. 3. Principal product produced: _____

B. 4. Raw materials and process additives used: _____

B. 5. Production process is:

Batch Continuous Both _____%batch _____%continuous

Average number of batches per 24-hour day. _____

What is the average volume in gallons of each batch? _____

What is the maximum volume in gallons of each batch? _____

If batch discharge, give the frequency of occurrence. _____

B. 6. Is production subject to seasonal variation? yes no

If yes, briefly describe seasonal production cycle.

B. 7. 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

C. 1. 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 (check all that apply).

A. 34 Industrial Categories

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

B. Other Business Activity

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

C. 2. Pretreatment devices or processes used for treating wastewater or sludge.
(check as many as appropriate)

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or oil separation, type: _____
- Grease trap
- Grit Removal
- Ion Exchange
- Neutralization, pH correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type: _____
- Rainwater diversion or storage: _____
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____
- No pretreatment provided

C. 3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, 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).

C. 4. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent", "Known to be Absent", "Suspected to be Present", or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

<u>Chemical Compound</u>	<u>Known Present</u>	<u>Suspected Present</u>	<u>Known Absent</u>	<u>Suspected Absent</u>	<u>Known or Suspected Concentration/day</u>	<u>Additional Notes</u>
<u>I. METALS & INORGANICS</u>						
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	[]	[]	[]	[]	_____	_____
<u>II. PHENOLS AND CRESOLS</u>						
16. Phenol (s)	[]	[]	[]	[]	_____	_____
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	[]	[]	[]	[]	_____	_____
25. m-Cresol, p-chloro	[]	[]	[]	[]	_____	_____
26. o-Cresol, 4,6-dinitro	[]	[]	[]	[]	_____	_____
<u>III. MONOCYCLIC AROMATICS</u> (Excluding Phenols, Cresols & Phthalates)						
27. Benzene	[]	[]	[]	[]	_____	_____
28. Benzene, chloro	[]	[]	[]	[]	_____	_____
29. Benzene, 1,2-dichloro	[]	[]	[]	[]	_____	_____
30. Benzene, 1,3-dichloro	[]	[]	[]	[]	_____	_____
31. Benzene, 1,4-dichloro	[]	[]	[]	[]	_____	_____

Cont. C.4	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day	Additional Notes
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	[]	[]	[]	[]	_____	_____
<u>IV. PCBs & RELATED COMPOUNDS</u>							
39.	PCB-1016	[]	[]	[]	[]	_____	_____
40.	PCB-1221	[]	[]	[]	[]	_____	_____
41.	PCB-1232	[]	[]	[]	[]	_____	_____
42.	PCB-1242	[]	[]	[]	[]	_____	_____
43.	PCB-1248	[]	[]	[]	[]	_____	_____
44.	PCB-1254	[]	[]	[]	[]	_____	_____
45.	PCB-1260	[]	[]	[]	[]	_____	_____
46.	2-Chloronaphthalene	[]	[]	[]	[]	_____	_____
<u>V. ETHERS</u>							
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	[]	[]	[]	[]	_____	_____
<u>VI. NITROSAMINES AND OTHER NITROGEN-CONTAINING COMPOUNDS</u>							
54.	Nitrosamine, dimethyl	[]	[]	[]	[]	_____	_____
55.	Nitrosamine, diphenyl	[]	[]	[]	[]	_____	_____
56.	Nitrosamine, di-n-propyl	[]	[]	[]	[]	_____	_____
57.	Benzidine	[]	[]	[]	[]	_____	_____
58.	Benzidine, 3,3'-dichloro	[]	[]	[]	[]	_____	_____
59.	Hydrazine, 1,2-diphenyl	[]	[]	[]	[]	_____	_____
60.	Acrylonitrile	[]	[]	[]	[]	_____	_____
<u>VII. HALOGENATED ALIPHATICS</u>							
61.	Methane, bromo-	[]	[]	[]	[]	_____	_____
62.	Methane, chloro	[]	[]	[]	[]	_____	_____
63.	Methane, dichloro	[]	[]	[]	[]	_____	_____
64.	Methane, chlorodibromo	[]	[]	[]	[]	_____	_____
65.	Methane, dichlorobromo	[]	[]	[]	[]	_____	_____
66.	Methane, tribromo	[]	[]	[]	[]	_____	_____

Cont. C.4	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day	Additional Notes	
	67. Methane, trichloro	[]	[]	[]	[]			
	68. Methane, tetrachloro	[]	[]	[]	[]			
	69. Methane, trichlorofluoro	[]	[]	[]	[]			
	70. Methane, dichlorodifluoro	[]	[]	[]	[]			
	71. Ethane, 1,1-dichloro	[]	[]	[]	[]			
	72. Ethane, 1,2-dichloro	[]	[]	[]	[]			
	73. Ethane, 1,1,1-trichloro	[]	[]	[]	[]			
	74. Ethane, 1,1,2-trichloro	[]	[]	[]	[]			
	75. Ethane, 1,1,2,1-tetrachloro	[]	[]	[]	[]			
	76. Ethane, hexachloro	[]	[]	[]	[]			
	77. Ethene, chloro	[]	[]	[]	[]			
	78. Ethene, 1,1-dichloro	[]	[]	[]	[]			
	79. Ethene, trans-dichloro	[]	[]	[]	[]			
	80. Ethene, trichloro	[]	[]	[]	[]			
	81. Ethene, tetrachloro	[]	[]	[]	[]			
	82. Propane, 1,2-dichloro	[]	[]	[]	[]			
	83. Propane, 2,4-dichloro	[]	[]	[]	[]			
	84. Butadiene, hexachloro	[]	[]	[]	[]			
	85. Cyclopentadiene, hexachloro	[]	[]	[]	[]			
	<u>VIII. PHTHALATE ESTERS</u>							
	86. Phthalate, di-c-methyl	[]	[]	[]	[]			
	87. Phthalate, di-n-ethyl	[]	[]	[]	[]			
	88. Phthalate, di-n-butyl	[]	[]	[]	[]			
	89. Phthalate, di-n-octyl	[]	[]	[]	[]			
	90. Phthalate, bis(2-ethylehexyl)	[]	[]	[]	[]			
	91. Phthalate, butyl benzyl	[]	[]	[]	[]			
	<u>IX. POLYCYCLIC AROMATIC HYDROCARBONS</u>							
	92. Acenaphthene	[]	[]	[]	[]			
	93. Acenaphthylene	[]	[]	[]	[]			
	94. Anthracene	[]	[]	[]	[]			
	95. Benzo (a) anthracene	[]	[]	[]	[]			
	96. Benzo (b) fluoranthene	[]	[]	[]	[]			
	97. Benzo (k) fluoranthene	[]	[]	[]	[]			
	98. Benzo (ghi) perylene	[]	[]	[]	[]			
	99. Benzo (a) pyrene	[]	[]	[]	[]			
	100. Chrysene	[]	[]	[]	[]			
	101. Dibenzo (a,n.) anthracene	[]	[]	[]	[]			
	102. Fluoranthene	[]	[]	[]	[]			
	103. Fluorene	[]	[]	[]	[]			
	104. Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]			
	105. Naphthalene	[]	[]	[]	[]			
	106. Phenanthrene	[]	[]	[]	[]			
	107. Pyrene	[]	[]	[]	[]			

Cont. C.4	Chemical Compounds	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day	Additional Notes
	<u>X. PESTICIDES</u>						
	108. Acrolein	[]	[]	[]	[]		
	109. Aldrin	[]	[]	[]	[]		
	110. BHC (Alpha)	[]	[]	[]	[]		
	111. BHC (Beta)	[]	[]	[]	[]		
	112. BHC (Gamma) or Lindane	[]	[]	[]	[]		
	113. BHC (Delta)	[]	[]	[]	[]		
	114. Chlordane	[]	[]	[]	[]		
	115. DDD	[]	[]	[]	[]		
	116. DDE	[]	[]	[]	[]		
	117. DDI	[]	[]	[]	[]		
	118. Dieldrin	[]	[]	[]	[]		
	119. Endosulfan (Alpha)	[]	[]	[]	[]		
	120. Endosulfan (Beta)	[]	[]	[]	[]		
	121. Endosulfan Sulfate	[]	[]	[]	[]		
	122. Endrin	[]	[]	[]	[]		
	123. Endrin aldehyde	[]	[]	[]	[]		
	124. Heptachlor	[]	[]	[]	[]		
	125. Heptachlor epoxide	[]	[]	[]	[]		
	126. Isophorone	[]	[]	[]	[]		
	127. TCDD (or Dioxin)	[]	[]	[]	[]		
	128. Toxaphene	[]	[]	[]	[]		

C. 5. 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.

SECTION D - OTHER WASTES

D. 1. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

yes no

If "yes", complete items D.2 and D.3.

D. 2. These wastes may best be described as:

	Estimated Gallons or Pounds / Year
<input type="checkbox"/> Acids and Alkalies	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks / Dyes	_____
<input type="checkbox"/> Oil and / or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents / Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (specify)	_____
_____	_____
_____	_____
<input type="checkbox"/> Other wastes (specify)	_____
_____	_____
_____	_____

D. 3. For the above checked wastes, does your company practice:

- On-site storage
- Off-site storage
- On-site disposal
- Off-site disposal

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

Mail to: **Shelbyville Power, Water & Sewerage Systems**
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