



GARDEN CITY PRETREATMENT DATA DISCLOSURE FORM

SECTION I – GENERAL INFORMATION

Part A – General Information

1. Company Name: _____
2. Division: _____
3. Mailing Address:
 - a. Street or P.O. Box: _____
 - b. City, State, and Zip Code: _____
4. Facility Address:
 - a. Street Address: _____
 - b. City, State, and Zip code: _____
5. Designated Signatory Authority:
 - a. Name: _____
 - b. Title: _____
 - c. Phone #: _____
6. Designated Contact/Operator:
 - a. Name: _____
 - b. Title: _____
 - c. Phone #: _____
7. For Existing Businesses:
 - a. Is the building presently connected to the public sewer system? Yes [] No []
If yes, sewer account number: _____
 - If no, have you applied for a sewer hookup? Yes [] No []
 - b. Industrial Wastewater Acceptance Permit Number: _____
8. For New Businesses:
 - a. Will you be occupying an existing vacant building (such as in an industrial park)? Yes [] No []
 - b. Have you applied for a building permit if a new facility will be constructed? Yes [] No []
 - c. Will you be connected to the public sewer system? Yes [] No []
9. Number of Employees: _____
 - a. Normal operating schedule: _____ hours/day _____ days/week
10. Standard Industrial Classification Number(s) (SIC Code):

Instructions:

Section I – General Information

4. Enter facility address where discharge occurs or will occur.
6. Give the name of the person who is thoroughly familiar with the facts reported on this form and who can be contacted by the City.
9. Enter the average number of office and production employees at the premises daily. If the facility employees more than one shift, provide employee count per shift.

Part B – Business Activity:

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

Industrial Categories*

- | | | |
|---|---|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Fruits & Vegetables Processing Mfg | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Grain Mills manufacturing | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Builder's Paper | <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Plastics Molding & Forming |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Iron & Steel Manufacturing | <input type="checkbox"/> Porcelain enamel |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Pulp, Paper, & Fiberboard Mfg |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Meat Processing | <input type="checkbox"/> Rubber Processing |
| <input type="checkbox"/> Dairy Products Processing | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Seafood Processing |
| <input type="checkbox"/> Electric & Electric Components Mfg | <input type="checkbox"/> Nonferrous Metals Forming | <input type="checkbox"/> Soaps & Detergent Manufacturing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Nonferrous Metals Manufacturing | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Organic Chemicals Manufacturing | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Pint Formulating | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Paving & Roofing (Tars & Asphalt) | <input type="checkbox"/> Timber Products |

*An IU with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These IUs are termed "categorical users".

Business Activities or Services:

- | | | |
|--|---|---|
| <input type="checkbox"/> Agricultural Chemicals | <input type="checkbox"/> Grain Mill products | <input type="checkbox"/> Photographic & Other Film Developing |
| <input type="checkbox"/> Amusement & Recreation Services | <input type="checkbox"/> Health Services, Hospitals, Medical & Dental Clinics & Laboratories, Nursing & Personal Care Facilities, Camps, & other Lodging Places | <input type="checkbox"/> Postal & Delivery Services |
| <input type="checkbox"/> Animal Services & Specialties | <input type="checkbox"/> Industrial & Commercial Machinery & Computer Equipment | <input type="checkbox"/> Poultry and Eggs |
| <input type="checkbox"/> Apparel & Other Finished Products made from Fabrics & Similar Materials | <input type="checkbox"/> Laundry, Cleaning & Garment Services | <input type="checkbox"/> Primary Metal Industries |
| <input type="checkbox"/> Automotive Dealers & Gasoline Service Stations | <input type="checkbox"/> Livestock & Dairy Farms | <input type="checkbox"/> Printing and Publishing |
| <input type="checkbox"/> Automotive Repair & Services | <input type="checkbox"/> Measuring, Analyzing, & Controlling Instruments | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Bakery Products | <input type="checkbox"/> Metal, Nonmetallic Minerals or Coal Mining & Related Services | <input type="checkbox"/> Research, Development & Testing Services |
| <input type="checkbox"/> Beverages | <input type="checkbox"/> Miscellaneous Food preparations | <input type="checkbox"/> Fats & Oils Products |
| <input type="checkbox"/> Canned, Frozen & Preserved Fruits, Vegetables & Foods | <input type="checkbox"/> Miscellaneous Manufacturing | <input type="checkbox"/> Retail Trade; Bldg Materials, Hardware, Garden Supplies: & Mobile Home Dealers |
| <input type="checkbox"/> Carpets & Rugs | <input type="checkbox"/> Miscellaneous Repair Services | <input type="checkbox"/> Rubber & Misc. Plastics |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Motor Freight Transportation & Warehousing | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Museums, Art Galleries, and Botanical & Zoological Gardens | <input type="checkbox"/> Stone, Clay, Glass & Concrete Products |
| <input type="checkbox"/> Eating & Drinking Places | <input type="checkbox"/> Oil & Gas Extraction | <input type="checkbox"/> Sugar & Confectionary Products |
| <input type="checkbox"/> Educational Services, Schools, Colleges, Universities, Technical Institutes | <input type="checkbox"/> Paper & Allied Products | <input type="checkbox"/> Tobacco Products |
| <input type="checkbox"/> Electric, Gas & Sanitary Services | <input type="checkbox"/> Perfumes, Cosmetics & Other Toilet Preparations | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Fish Hatcheries | <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Veterinary Services |
| <input type="checkbox"/> Food Stores | | <input type="checkbox"/> Water, Air & Other Transportation Services |
| <input type="checkbox"/> Funeral Services | | <input type="checkbox"/> Wholesale Trade-Durable & Nondurable Goods |
| <input type="checkbox"/> Furniture & Fixtures | | <input type="checkbox"/> Other, Please Describe |
| <input type="checkbox"/> General Merchandise Stores | | |

2. Give a brief description of all operations at this UI facility including primary products or services (Attach additional sheets if necessary): _____

Part C – Waste Disposal:

- 1. Will this facility discharge fats, oils or greases to the sewer system? Yes [] No []
- 2. Is, or will this facility be equipped with a grease trap or interceptor? Yes [] No []
- 3. What is the normal frequency of cleaning the oil and grease traps? Where is the trapped oil and grease disposed?
- 4. Toxic Pollutants: Regardless of whether you discharge wastewater, please complete Attachment A – List of Priority Pollutants. Examine your raw materials/chemicals list and your Material Handling Sheets to assist in completing the attachment.
- 5. Raw Materials List: Please provide a listing using the form contained in Attachment C.
- 6. Are any liquid wastes or sludge’s from his facility disposed by means other than discharge to the sewer system? Yes [] No []

If “no”, skip Items 7 thru 10.

7. These wastes may be described as:

<u>Waste Types</u>	<u>Gallons per year</u>
<input type="checkbox"/> Acids and alkali’s	_____
<input type="checkbox"/> Heavy Metal Sludge’s	_____
<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 Sludge’s	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (Specify)	_____

<input type="checkbox"/> Other Wastes (Specify)	_____

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

- Onsite Storage
- Offsite Storage
- Onsite Disposal
- Offside Disposal

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

Instructions:

Part C – Waste Disposal

- 5. Provide a listing of all primary raw materials and chemicals used (or planned) in the facility’s operation. Avoid the use of trade names of chemicals. If trade names are used, provide information regarding the active ingredients. Provide MSDSs.
- 8. On onsite disposal system could be a septic system, lagoon, holding ponds (evaporative-type).

Part C – Waste Disposal (continued):

10. For offsite storage and disposal provide name of hauler and facility receiving wastes:

11. Have you been issued a local, state, or federal environmental permit? Yes [] No []

If yes, please list the permit(s) and their corresponding numbers:

12. Do you or will you have chemical storage containers, bins, or ponds at your facility? Yes [] No []

If yes, please attach a description of their location, contents, size, type, and frequency and method of cleaning. Indicate if buried metal containers have cathodic protections.

13. Do you or will you have floor drains in your manufacturing or chemical storage area? Yes [] No []

14. If you have chemical storage containers, bins, or ponds, or floor drains in manufacturing area, could an accidental spill lead to a discharge to:

- an onsite disposal system
- public sewer system (e.g., through a floor drain)
- storm drain
- groundwater or soils
- other, specify: _____
- not applicable, no possible discharge to any of the above routes.

15. Do you have an accidental spill prevention program to prevent spills of chemicals or slug discharges from entering the sewer collection system?

- Yes []
- No []
- N/A [] Not applicable. No floor drains in the facility. Discharge only domestic wastes.

16. Do you or will you discharge wastewater (other than domestic waste from bathrooms, toilets, etc) to an onsite disposal system? Yes [] No []

If yes, please attach a description of the discharge and onsite disposal system. Also indicate if the contents are removed, by whom, and the ultimate disposal site.

17. Are any process changes or expansions planned during the next three years? Yes [] No []

If yes, attach a separate sheet of previous spill events and remedial measures taken to prevent their recurrence.

Instructions:

Part C – Waste Disposal (continued)

11. Type of permits could be air, hazardous waste, NPDES for discharges to surface water.

Part C – Waste Disposal (continued):

18. Please describe, on a separate sheet of paper, your companies previous spill events and what remedial measures have been taken to prevent their recurrence.

Part D – Sewer Discharge Information:

1. Do you or will you discharge process wastewater (other than domestic waste from bathrooms, toilets, etc) to the public sewer system? Yes [] No []

If you answered no to questions 1 of Part D, no further information is required: simply sign on the appropriate space on the following page. Thank you for your cooperation.

2. New Businesses (not operating yet or proposing to discharge): If you plan on discharging process wastewater, complete appropriate pars of Sections II & III with your best estimates, retain Section VI and complete it within 30 days of commencement of discharge.

a. Are you:

[] A new business planning to occupy and existing vacant building?

[] A new business planning to construct a new building?

[] An existing business proposing to discharge process wastewater?

b. If you plan on discharging process wastewater, will a pretreatment system be constructed to treat the proposed discharge? Yes [] No []

If yes, describe the treatment system. (Provide City copy of plans and specifications)

c. Provide below a compliance schedule for the following applicable items (best estimate):

1) construction and completion of physical structure (building) and manufacturing process lines, 2) construction schedule for pretreatment system, sampling manhole and monitoring instrumentation (flow meters, pH meters, etc.) 3) proposed date for start-up of manufacturing operation, 4) proposed date for commencement of discharge, and 5) development of an Accidental Spill Prevention Plan (ASPP).

1. Construction of facility and manufacturing process lines (commencement and completion dates):

2. Construction of pretreatment facility and sampling manhole and monitoring instrumentation (commencement and completion dates):

3. Operational date:

4. Date for commencement of discharge:

5. Date for submittal of ASPP:

Instructions

Part D – Sewer Discharge Information (continued)

1. If you answered yes, the City may require subsequent sections to be completed. The City will notify the user of the required sections for completion.

Confidentiality:

Please indicate sections of this application that you wish to remain confidential and your basis for requiring confidentiality.

Certification Statement:

The following report certification statement shall be signed by responsible corporate officer, general partner, or proprietor, or duly authorized representative pursuant to 40 CFR 403.12(1).

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information 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/or imprisonment for knowing violations.

Name (print)

Title

Signature

Date

Additional documents to complete:

- Section II
- Section III
- Section IV
- Section V
- Section VI
- Attachment A
- Attachment B
- Attachment C
- Attachment D
- Attachment E