CITY OF AMES, IOWA
WATER AND POLLUTION CONTROL DEPARTMENT

Industrial Waste Questionnaire – Long Form

City of Ames Water Plant
1800 E. 13th Street
Ames, IA 50010

Main: (515) 239-5150
Fax: (515) 239-5251

For questions, contact:
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I. GENERAL INFORMATION – *40CFR 403.12(b)(1)*

A. Contributing Facility: _____

Address: _____

_____

Address of Facility Discharging Wastewater if Different from Above:

_____

_____

B. Authorized Representative
Name: _____

Title: _____

Telephone: _____ Fax: _____ E-mail: _____

C. Immediate Contacting Official
Name: _____

Title: _____

Telephone: _____Fax: _____E-mail: _____

Emergency or Cell Phone: _____

D. Certification
I understand that official correspondence may be sent by e-mail. I agree to promptly inform the City of changes in correspondence information. The information contained in this questionnaire is familiar to me; and, to the best of my knowledge and belief, such information is true, complete, and accurate.

_____
Signature of Industrial User Authorized Representative

Name of Signee (print) _____ Date: _____

Title: _____ Fax: _____

Phone: _____ E-mail:_____

II. PLANT OPERATIONAL CHARACTERISTICS – *40CFR 403.12(b)(3)*

Complete a separate Section II for each business activity occurring on the premises.

A. General

1. Business Activity. Provide a brief description of the manufacturing or service activity on the premises.

_____

_____

_____

2. Please provide the NAICS or SIC Code for the Primary Business Activity

NAICS Code _____
(Can be found at http://www.census.gov/epcd/www/naics.html)

SIC Code _____
(Can be found at https://www.osha.gov/pls/imis/sic_manual.html)

3. Raw Materials and Products.

	DESCRIPTION	DAILY QUANTITIES (Include Units)	
		Avg.	**Max.**
Principal Raw Materials Used			
Catalysts or Intermediates			
Products or Services Produced			

4. Shift Information

a. Days of week in operation (check all that apply):
Mon____ Tue____ Wed____ Thu____ Fri____ Sat____ Sun____

b. Average number of employees per shift:
1st _____ 2nd _____ 3rd _____

c. Shift start times:
1st _____ 2nd _____ 3rd _____

5. Do any of the following exist for this facility? Please complete all relevant information for each. *40CFR 403.12(b)(2)*

Type	**Permit/Plan number**	**Date Issued/Created**	**Expiration Date**	**Facility or process covered/purpose**
National Pollutant Discharge Elimination System (NPDES) Permit				
SPCC (Spill Prevention, Countermeasure and Control) Plan				
Slug Control Plan				
Toxic Organic Management Plan (TOMP)				
Chemical Hygiene Plan				
Resource Conservation and Recovery Act (RCRA) Plan or disposal permit				
Clean Air permit				
Stormwater Permit				

Note: The need for a Slug Control Plan and Toxic Organic Management Plan is determined by Ames Water & Pollution Control staff. All others may be required by DNR or EPA.

B. Water Sources and Uses – *40CFR 403.12(b)(4)*

1. Estimate the average quantity of water received and wastewater discharged in gallons per day. Please use recent water bills to verify the estimates of total water supply. Use appropriate number of days per week to correspond to operational days per week or month.

	Supply From			**Discharged To**		
		Other (1)		**Sanitary Sewer**	**Other (2)**	
Water Use	**City gal/day***	**gal/day**	**Source**	**gal/day**	**gal/day**	**Discharge**
Sanitary						
Process						
Boiler Feed						
Cooling						
Washing						
Contained in Product						
Other						
Total [Total supply must equal total discharge]						

* Water bill quantities are listed in units of 100 cubic feet, 1 cubic foot = 7.48 gallons.

(1) Indicate the quantity and appropriate code letter for the source.

a. Well b. Surface Water c. Rural Water
d. Stormwater e. Reclaimed Water

(2) Indicate the quantity and appropriate code letter for the discharge location.

a. Surface Water b. Waste Hauler c. Evaporation
d. Storm Drain e. Land Application f. Contained in Product

2. Do you have wells or any other water supply source at this address which are not in use at the present time? If so, describe.

3. Describe any water supply treatment process in use and any resulting brines or wastewaters that may be created by the treatment process.

4. Describe any plans for expansion that may impact water used or wastewater discharged.

C. Wastewater Characterization – *40CFR 403.12(b)(3)*

1. Describe any wastewater treatment equipment or processes in use and any byproducts produced by the treatment equipment. Include disposal practices for byproducts.

2. Wastewater Flow Diagram

For each unit process generating wastewater, indicate on a simple schematic the flow of the water from start to completed product.

3. Building and Sewer Layout

Draw a simple site plan. Please indicate the location of the following:
a. Water sources for the facility
b. Regulated wastewater generating processes
c. Sampling sites
d. Pretreatment facilities (if any)
e. Facility connection to the sanitary sewer

An attached blueprint or drawing of the facility, including the above items, may be substituted for the sketch.

4. Pollutant Checklist. Indicate by placing an X in the space following each chemical if the chemical is suspected or known to be present in your service activity, manufacturing activity, or generated as a by-product. *40CFR 403.12(p)(1)*

1	1,1,1-Trichloroethane	
2	1,1,2,2-Tetrachloroethane	
3	1,1,2-Trichlorethane	
4	1,1-Dichloroethane	
5	1,1-Dichloroethene	
6	1,2-Dichloroethane	
7	1,2-Dichloropropane	
8	1,3-Dichloropropylene	
9	2-Chloroethylvinyl ether	
10	Acetone	
11	Acrolein	
12	Acrylonitrile	
13	Benzene	
14	Bromodichloromethane	
15	Bromoform	
16	Carbon Tetrachloride	
17	Chlorobenzene	
18	Chloroethane	
19	Chloroform	
20	Dibromochloromethane	
21	Dichloroethylene	
22	Ethylbenzene	
23	Methyl Bromide	
24	Methyl Chloride	
25	Methylene Chloride	
26	Tetrachloroethene	
27	Toluene	
28	Trichloroethene	
29	Vinyl Chloride	
30	1,2,4-Trichlorobenzene	
31	1,2-Dichlorobenzene	
32	1,2-Diphenylhydrazine	
33	1,3-Dichlorobenzene	
34	1,4-Dichlorobenzene	
35	2,2'-oxybis(1-chloropropane)	
36	2,4,6-Trichlorophenol	
37	2,4-Dichlorophenol	
38	2,4-Dimethylphenol	
39	2,4-Dinitrophenol	
40	2,4-Dinitrotoluene	
41	2,6-Dinitrotoluene	
42	2-Chloronaphthalene	
43	2-Chlorophenol	
44	2-Methylnaphthalene	
45	2-Nitrophenol	
46	3,3'-Dichlorobenzidine	
47	4,6-Dinitro-o-cresol	
48	4-Bromophenyl phenyl ether	
49	4-Chlorophenyl phenyl ether	
50	4-Nitrophenol	
51	Acenaphthene	
52	Acenaphthylene	
53	Anthracene	
54	Benzidine	
55	Benzo(a)anthracene	
56	Benzo(a)pyrene	

57	Benzo(b)fluoranthene	
58	Benzo(g,h,i)perylene	
59	Benzo(k)fluoranthene	
60	bis(2-Chloroethoxy)methane	
61	bis(2-Chloroethyl)ether	
62	bis(2-Chloroisopropyl)ether	
63	bis(2-Ethylhexyl)phthalate	
64	Butyl benzyl phthalate	
65	Chrysene	
66	Dibenzo(a,h)anthracene	
67	Diethyl phthalate	
68	Dimethyl phthalate	
69	Di-n-butyl phthalate	
70	Di-n-octyl phthalate	
71	Fluoranthene	
72	Fluorene	
73	Hexachlorobenzene	
74	Hexachlorobutadiene	
75	Hexachlorocyclopentadiene	
76	Hexachloroethane	
77	Indeno(1,2,3-cd)pyrene	
78	Isophorone	
79	Naphthalene	
80	Nitrobenzene	
81	N-Nitrosodi-methylamine	
82	N-Nitrosodi-n-propylamine	
83	N-Nitrosodi-phenylamine	
84	p-Chloro-m-cresol	
85	Pentachlorophenol	
86	Phenanthrene	
87	Pyrene	
88	Antimony	
89	Arsenic	
90	Beryllium	
91	Cadmium	
92	Chloride	
93	Chromium	
94	Copper	
95	Cyanide	
96	Iron	
97	Lead	
98	Phosphorus (total)	
99	Magnesium	
100	Manganese	
101	Mercury	
102	Molybdenum	
103	Nickel	
104	Oil & Grease	
105	Phenol	
106	Selenium	
107	Silver	
108	Thallium	
109	Zinc	

5. Process Discharge Characterization Summary

Toxic Pollutants:

a. For each pollutant identified on the Pollutant Checklist, describe the source, average rate of discharge, and maximum rate of discharge. Discharge may be expressed in gallons/day, gallons/batch, etc. A table may be used for this summary.

b. List any other potentially toxic substances known or anticipated to be present in the discharge.

_____

_____

_____

c. List any RCRA hazardous wastes that may be discharged to the sanitary sewer. For each waste listed, describe the source, the EPA hazardous waste number, the type of discharge (continuous, batch, etc.) and average rate of discharge, and maximum rate of discharge. *40CFR 403.12(p)*

_____

_____

_____

6. Pretreatment

a. Are additional pretreatment facilities and/or operation and maintenance required to meet pretreatment standards? If so, please list the schedule indicating when they will be provided.

Facility/Operation Description	Date
_____	_____
_____	_____
_____	_____

IV. STORED WASTES

This section applies to facilities whose processes or operations produce wastes which are NOT discharged to sanitary sewers, combined sewers, or to surface waters. *Please complete the following questions using a separate form for each industrial process.*

A. General

1. Process Identification: _____

2. Description of process or operation producing waste:

_____

_____

_____

3. Brief characterization of waste:

_____

_____

_____

4. Annual waste production: _____ Tons/yr. _____ Gallons/yr.

5. Frequency of waste production:
_____ Seasonal (describe) _____ Occasional
_____ Continual _____ Other (specify)

B. Waste Composition

1. Average percent solids: _____ % pH range: _____ to _____

2. Physical State: _____ Liquid _____ Slurry _____ Sludge
_____ Solid _____ Other (specify)

3. Hazardous Properties: _____ Flammable _____ Toxic
_____ Reactive _____ Explosive _____ Infectious
_____ Corrosive _____ Other (specify)

C. Storage

1. Typical length of time waste is stored:

_____ Days _____ Weeks _____ Months

2. Method of on-site storage for greater than 90 days:

_____ Drum _____ Roll-off Container
_____ Tank _____ Lagoon
_____ Other (specify)

3. Typical volume of stored waste: _____ (Tons, Gallons, etc)

4. Is storage site diked? Yes _____ No _____

5. Is surface drainage collection provided? Yes _____ No _____

6. Is there another form of secondary containment provided for the waste?
Yes ___ No ___
If so, please describe the containment.

7. Is the waste stored close to an open floor drain or sink? Yes ___ No ___

8. Is a spill kit available near waste storage site? Yes ___ No ___

D. Treatment and Disposal

1. Treatment or disposal: _____ On-site _____ Off-site
If waste is hauled off-site, fill out 3 and 4 below.

2. Waste is: _____ Reclaimed _____ Treated _____ Land Application
_____ Incinerated _____ Other (Specify)

3. Contractor Hauling Waste:

Name: _____

Address: _____

_____

E-mail: _____

4. Off-site facility receiving waste:

Name of Facility: _____

Facility Address: _____

_____

E-mail: _____

III. CHEMICALS USED/STORED ON SITE

List all chemicals used or stored in the facility in quantities that may be potentially toxic or hazardous.

Chemical Name	Chemical Components	Chemical Storage		Usage	Secondary Containment	Close to Floor Drain	Drain Plugged	Spill Kit Available	Direct Contact With Wastewater*			Potential Contact with Wastewater*	MSDS Available?
		Amount	Location		Y/N	Y/N	Y/N	Y/N	Amount	Frequency	Y/N	Y/N	Y/N

* How soon would spill be noticed?

- Direct Contact: _____
- Potential Contact: _____