

 <p data-bbox="224 237 760 296">City of Savannah Industrial Pretreatment Program Industrial Discharge Survey</p>	<p data-bbox="922 191 1333 216">IDENTIFICATION INFORMATION</p>
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The information requested in this survey is required in accordance with the existing City of Savannah Combined Sewer Use and Industrial Pretreatment Ordinance

1. Business Name :

2. The Street Address of Facility :
 - City :
 - State :
 - Zip :

3. Mailing Address (If Different From Above)
 - Street or P.O. Box No.:
 - City :
 - State :
 - Zip :

4. Person to be contacted about this survey:
 - Name :
 - Title :
 - Phone No.:
 - Address :

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 imprisonment for knowing violations.

Signature: _____ Date _____

Name:

Title :

Do not write below this line

Treatment Plant Service Area _____ Collection System Route _____

Survey Complete: Yes No Visit Required: Yes No Questionnaire Required: Yes No

Comments: _____

Reviewed by _____ Date _____



City of Savannah Industrial Pretreatment Program
Industrial Discharge Survey

IDENTIFICATION INFORMATION

1. North American Industry Classification System Code(s) for this facility. :

Briefly describe all operations conducted at this facility, including receiving, processing, manufacturing, assembly, warehousing, and shipping :

2. Substances Discharged - Give common and technical names for each raw material or product that may be discharged to the city sewers. Include all catalysts and intermediates. Use additional sheets, as necessary.

3. What potentially hazardous, corrosive, flammable, explosive, or toxic substances are handled at your facility?

4. Describe the wastewater generating operations (Including processes and cleanups).

5. How is wastewater generated?: Batch or Continuous? Amount: _____ Gallons per _____ Number of batches _____ per _____

6. Are any facility discharges covered by any of the federal discharge standards found in 40 CFR 405-471?
 Yes No If yes, which one(s) :

7. Indicate whether the business activities are:

a. Continuous during the year, or Seasonal

Check the months of the year during which operations occur:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

b. Continuous during the week, or Variable

Check the days of the week during which operations occur:

Sun Mon Tue Wed Thu Fri Sat

c. Are there any scheduled facility shutdowns? Yes No

When:

Reason:



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8. Wastewater Discharge Periods

Discharge occurs daily from ____ AM/PM to ____ AM/PM

Check the days of the week discharges occur: Sun Mon Tue Wed Thu Fri Sat

Peak days(s) of discharge is (are) ____

Clean-up occurs daily from ____ AM/PM to ____ AM/PM

Peak hours of cleanup are ____

9. Employee Information: Total Number of Employees at this Facility ____

	Office		Production (number of employees per shift)					
	No.	Hours	No.	Hours	No.	Hours	No.	Hours
Weekday		to		to		to		to
Saturday		to		to		to		to
Sunday		to		to		to		to
Seasonal		to		to		to		to

Describe any wastewater treatment equipment or processes in use:

Describe any water recycling or reuse processes utilized:

10. List each raw water source (city, county, well, other), account number (if applicable), designated use (fire service, production, lawn sprinkler, etc.) and average monthly consumption (indicate units):

Source	Account Number	Use	Consumption (gal/day)



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11. Does the facility discharge any wastewater to any surface water connections: Yes or No
12. Attach a drawing showing each building on the premises. Show locations of water meters, storm water drains, waste streams, sewer connections, sampling points and pretreatment facilities (i.e. grease traps, grit chambers, etc...).



For those operations which produce waste in the course of WASTEWATER TREATMENT which is not removed by means of the City sanitary sewer or trash disposal service, complete the following:

Use additional copies for each different waste stream. This includes sludge generated in Process Operations, Laboratory Operations, or Wastewater Pretreatment Processes (including grease traps).

Describe processes or operations generating waste:

Briefly describe waste:

Frequency of waste production: continual seasonal other (specify):

1. Waste Composition

- a. Physical state: liquid, slurry, sludge, solid, other (specify):
- b. Hazardous properties of waste: flammable toxic reactive explosive
 infectious corrosive other (specify):

2. Treatment and Disposal

- a. Final treatment or disposal is: on site off site
- b. Waste is: reclaimed treated and disposed incinerated other (specify):

3. On Site Storage

- a. Greater than 90 days: Yes No
- b. Containment: drum roll-off container tank lagoon other (specify):
- c. Is the storage site diked AND covered? Yes No