



# INDUSTRIAL WASTEWATER PRETREATMENT SURVEY

Department of Public works  
180 South Street  
Geneva, IL 60134  
Phone: 630-232-1501  
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**Rich Babica**  
Director  
**Robert VanGyseghem**  
Superintendent  
Water/Wastewater

Date: \_\_\_\_\_

Return the completed survey within 30 of receipt to the address above

<b>Company Information</b>	Date _____
Name: _____	Contact Person: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: (____) _____	Work Phone: (____) _____ Cell _____
Phone: (____) _____	
The best time to contact me is: _____	
Business Description: _____	
_____	
Mail to Address if different from above: _____	
Additional Contact Person: _____ Work Phone: (____) _____	
Cell Phone: (____) _____	

Number of Employees: _____	Hours of Operation: _____
Standard Industrial Classification: _____	
(NAICS/SIC) Number	
SIC Code Web Pages- <a href="http://www.naics.com/search.htm">www.naics.com/search.htm</a>	
<a href="http://www.census.gov/epcd/naics02/naicod02.htm">www.census.gov/epcd/naics02/naicod02.htm</a>	
<b>Check all activities performed within this facility:</b>	
<input type="checkbox"/> Office	
<input type="checkbox"/> Retail	Briefly describe what you sell _____
<input type="checkbox"/> Warehouse	Briefly describe what is warehoused _____
<input type="checkbox"/> Manufacturing	Briefly describe what you manufacture _____

Is this facility classified with 40 Effluent Guidelines ( Parts 400-699) ?  Yes  No  
Check the regulated categories below . Definitions of 40 CFR can be found at US EPA Web  
Site: <http://www.gpoaccess.gov/crf/index.html>

425 <input type="checkbox"/> Leather tanning and finishing	439 <input type="checkbox"/> Pharmaceutical manufacturing Ore	460 <input type="checkbox"/> Hospital
426 <input type="checkbox"/> Glass manufacturing	440 <input type="checkbox"/> Mining and dressing Transportation	461 <input type="checkbox"/> Battery manufacturing
428 <input type="checkbox"/> Asbestos manufacturing	442 <input type="checkbox"/> Equipment cleaning	463 <input type="checkbox"/> plastics molding and Forming
428 <input type="checkbox"/> Rubber manufacturing	444 <input type="checkbox"/> Waste combustors	464 <input type="checkbox"/> Metal molding & casting
429 <input type="checkbox"/> Timber products processing	445 <input type="checkbox"/> Landfills	465 <input type="checkbox"/> Coil coating
430 <input type="checkbox"/> The pulp, paper, and paperboard	446 <input type="checkbox"/> Paint formulating	466 <input type="checkbox"/> Porcelain enameling
432 <input type="checkbox"/> Meat and poultry products	447 <input type="checkbox"/> Ink formulating	467 <input type="checkbox"/> Aluminum Forming
433 <input type="checkbox"/> Metal finishing	451 <input type="checkbox"/> Concentrated aquatic animal production	468 <input type="checkbox"/> Copper Forming
434 <input type="checkbox"/> Coal mining point	454 <input type="checkbox"/> Gum and wood chemicals manufacturing	469 <input type="checkbox"/> Electrical & Electronic components Nonferrous metals forming & metal powders
435 <input type="checkbox"/> Oil and gas extraction	455 <input type="checkbox"/> Pesticide chemicals	
436 <input type="checkbox"/> Mineral mining and processing	457 <input type="checkbox"/> Explosives manufacturing	
437 <input type="checkbox"/> The centralized waste treatment	458 <input type="checkbox"/> Carbon black manufacturing	
438 <input type="checkbox"/> Metal Products and machinery	459 <input type="checkbox"/> Photographic	

<b>Food Preparation: Check all that apply</b>				
<input type="checkbox"/> Full Service cafeteria	<input type="checkbox"/> Meals Served	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> Lunch Room				
<input type="checkbox"/> Dishwasher				



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Grease Trap If yes, Indicate trap size (Gallons) \_\_\_\_\_ How often is the trap serviced? \_\_\_\_\_

**Does this facility use products that contain any of the items listed below: Check all that are present.**  
Product verification should be done by label and MSDS inspection

<input type="checkbox"/> Acetone	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Cyanide	<input type="checkbox"/> Methylene Chloride	<input type="checkbox"/> Phenols/Phenolics	<input type="checkbox"/> Xylene
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Chloroform	<input type="checkbox"/> Ethyl benzene	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Selenium	<input type="checkbox"/> Zinc
<input type="checkbox"/> Barium	<input type="checkbox"/> Chromium	<input type="checkbox"/> Lead	<input type="checkbox"/> Nickel	<input type="checkbox"/> Silver	
<input type="checkbox"/> Benzene	<input type="checkbox"/> Copper	<input type="checkbox"/> Mercury	<input type="checkbox"/> Petroleum based oils	<input type="checkbox"/> Toluene	

**Does this facility operate a pretreatment unit on any wastewater streams?**  Yes  No

If yes, specify the treatment provided:  pH Adjustment  Oils separator  Other, Attach a Description of the process

If yes, provide your IEPA Permit Number \_\_\_\_\_

**Does this facility generate a Hazardous Waste?**  Yes  No

If yes, attach a list of each Hazardous waste and method of disposal.

**Does this facility perform any self monitoring on any wastewater streams?**  Yes  No

If yes, provide a copy of the most recent analysis.

**Does this facility discharge water from any non-domestic source(s)?**  Yes  No  
(Check all that may apply) If yes, include the MSDS for each product or additive used.

<input type="checkbox"/> Boiler	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Water Soluble Wetting Agents
<input type="checkbox"/> Chiller or Cooling Tower	<input type="checkbox"/> Floor Cleaning	<input type="checkbox"/> Parts washing
<input type="checkbox"/> Non-Contact Cooling Water	<input type="checkbox"/> Deburring/ Polishing Units	<input type="checkbox"/> Other

**Does this facility use SARA Title 3 Products?**  Yes  No

If yes, attach MSDS for each product.  
Indicate the estimated quantity on hand. \_\_\_\_\_

**Indicate the estimated volume of water discharged to the sanitary sewer in ( gallons/per day)**

<input type="checkbox"/> 0-1,499	<input type="checkbox"/> 25,000-49,999	<input type="checkbox"/> 500,000-999,999
<input type="checkbox"/> 1,500-9,999	<input type="checkbox"/> 50,000-99,999	<input type="checkbox"/> Greater than 1,000,000
<input type="checkbox"/> 10,000-24,999	<input type="checkbox"/> 100,000-499,999	

Name of person completing this form (Print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please attach your business card)  
*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 person or persons who manage the system, or those 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 fines and imprisonment for knowing violations." All information provided to COG is public and subject to Federal, State and local laws.*