



DEKALB COUNTY DEPARTMENT OF WATERSHED MANAGEMENT

Industrial Pretreatment Program

Industrial/Commercial Business Questionnaire

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.

SECTION A – GENERAL INFORMATION

A. Company name, mailing address, and telephone number:

Company Name
Company Address
City State Zip Code
Telephone No. Fax No.
Industrial Discharge Permit No. (If Applicable)

B. Address of production or manufacturing facility. If same as above, check []

City State Zip Code
Telephone No. Fax No.

C. Name, title, telephone number, fax number, cell number, and e-mail address of person authorized to represent this company in official dealings with the DeKalb County:

Name Title
Telephone No. Fax No.
Cell. Phone No. E-mail

D. Alternative person to contact concerning information provided herein:

Name Title
Telephone No. Fax No.
Cell. Phone No. E-mail

This form is to be signed by an authorized official of your company after adequate completion of this form and review of the information by the signed official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and / or imprisonment.

Date Signature of Official

SECTION B – FACILITY OPERATIONS

E. North American Industrial Classification System (NAICS) Number(s) for processes:

F. Date Operation Began: _____

G. Are primary activities generally batch or continuous processes? Batch Continuous

Principal Raw Materials Used:

Principal Activities at the Facility:

Principal Products Produced:

Check all activities which are conducted at your premise including the primary activities described in above. Indicate the Standard Industrial Classification (SIC) and North American Industrial Classification System (NAICS) number, if known.

- | | |
|---|---|
| <input type="checkbox"/> Adhesive and Sealants Mfg. | <input type="checkbox"/> Painting, Finishing or Paint Stripping |
| <input type="checkbox"/> Aluminum Forming (467) | <input type="checkbox"/> Parts Washing |
| <input type="checkbox"/> Asbestos Mfg. (427) | <input type="checkbox"/> Paving and Roofing Mat'ls (Tars & Asphalt) (443) |
| <input type="checkbox"/> Battery Mfg. (461) | <input type="checkbox"/> Pesticide Chem Mfg/Formulating/Packaging (455) |
| <input type="checkbox"/> Carbon Black Mfg. (458) | <input type="checkbox"/> Petroleum Refining (419) |
| <input type="checkbox"/> Cement Mfg. (411) | <input type="checkbox"/> Concentrated Aquatic Animal Production (451) |
| <input type="checkbox"/> Centralized (non-Haz.) Waste Treatment (437) | <input type="checkbox"/> Copper Forming (468) |
| <input type="checkbox"/> Coal Mining (434) | <input type="checkbox"/> Dairy Products Processing (405) |
| <input type="checkbox"/> Coil Coating (465) | <input type="checkbox"/> Drum Reconditioning |
| <input type="checkbox"/> Concentrated Animal Feeding Operations (412) | <input type="checkbox"/> Electrical and Electronic Components (469) |
| <input type="checkbox"/> Nonferrous Metals Mfg. (421) | <input type="checkbox"/> Electroplating (413) |
| <input type="checkbox"/> Oil and Gas Extraction (435) | <input type="checkbox"/> Explosives Mfg. (457) |
| <input type="checkbox"/> Ore Mining and Dressing (440) | <input type="checkbox"/> Ferroalloy Mfg. (424) |
| <input type="checkbox"/> Organic Chem/Plastics/Synthetic Fibers Mfg (414) | <input type="checkbox"/> Fertilizer Mfg. (418) |
| <input type="checkbox"/> Paint Formulating (446) | |

- Food Preparation
- Pharmaceutical Mfg. (439)
- Phosphate Mfg. (422)
- Photographic Processing (459)
- Plastic Molding and Forming (463)
- Porcelain Enameling (466)
- Printing and Publishing
- Pulp, Paper and Paperboard Mfg. (430)
- Q.C. Laboratory
- R & D Laboratory
- Radioactive Materials Processing
- Fruit and Vegetable Processing (407)
- General Offices
- Glass Mfg. (426)
- Grain Milling (406)
- Gum and Wood Chemical Mfg. (454)
- Haz. Waste Treatment, Storage or Disposal
- Health Care or Hospital (460)
- Industrial Laundry
- Ink Formulating (447)
- Inorganic Chemicals Mfg. (415)
- Repair Shop, Garage
- Rubber and Rubber Products Mfg. (428)
- Seafood Processing (408)
- Soap and Detergent Mfg. (417)

- Solvent Recycling
- Steam Electric Power Generation (423)
- Sugar Processing (409)
- Textile Mills (410)
- Timber Products Mfg. (429)
- Transportation Equipment Cleaning (442)
- Iron and Steel Mfg. (420)
- Leather Tanning and Finishing (425)
- Machine Shop
- Machinery Mfg. or Rebuilding (438)
- Meat Processing (432)
- Metal Finishing (433)
- Metal Molding and Casting (464)
- Mineral Mining and Processing (436)
- Nonferrous Metals Forming/Metal Powders (471)
- Transportation Services
- Used Oil Reclamation
- Vehicle/Equipment Washing
- Warehousing
- Waste Combustors (444)
- Waste Recycling
- Others (Describe) _____
- Others (Describe) _____
- Others (Describe) _____

SECTION C – DISCHARGE DATA

H. Are your activities subject to seasonal variation? If “Yes,” explain and indicate the month(s) of peak activity:

- Yes No

Describe:

I. This facility generates the following types of waste (check all that apply):

Types	Average gallons/day	Estimated	Measured
1. <input type="checkbox"/> Sanitary (Restrooms, Etc.)		<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/> Cooling Water, Non-Contact		<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> Boiler / Compressor / Tower Blowdown		<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/> Cooling Water, Contact		<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="checkbox"/> Process		<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="checkbox"/> Equipment / Facility Washdown		<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="checkbox"/> Irrigation & Lawn Water		<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="checkbox"/> Stormwater To Sanitary Sewer		<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="checkbox"/> Other (Describe Below)		<input type="checkbox"/>	<input type="checkbox"/>
Total gallons/day (A.8.1 – A.8.9)			

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

Location	Average gallons/day	Estimated	Measured
<input type="checkbox"/> Sanitary Sewer		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm Sewer, Watercourse, Ground Surface		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waste Hauler		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contained In Product		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Describe Below)		<input type="checkbox"/>	<input type="checkbox"/>

K. Waste Generation and Disposal Information:

- List types and amounts of chemicals used in gallons per day. Indicate the method of disposal for each chemical by listing the letter that corresponds to the appropriate method listed below.

Method of Disposal:

- Discharge to county sewer system with no treatment.
- Discharge to county sewer hazardous waste system after pretreatment.
- On-site storage, treatment, or disposal.
- Placement with trash for collection.
- Shipment off-site by outside hauler to waste management facility.
- Other

Chemical Used	Amount (Gallons per day)	Method of Disposal

- If an outside firm removes hazardous waste, state the name and address of all waste haulers and indicate the frequency of pick-up.

Name of Waste Hauler	Address	Frequency

- EPA Hazardous Waste Identification Number(s) (if applicable)

SECTION D: ENVIRONMENTAL CONTROL PERMITS

K. Describe all environmental control permits held by or for the facility:

Permit Title	Permit Number	Issuing Agency	Expiration Date

Please return the questionnaire to the following:

Email address (*preferred method*): IPP@dekalbcountyga.gov

Mailing address: 1580 Roadhaven Drive, Stone Mountain, Georgia 30083