



GREATER LAWRENCE SANITARY DISTRICT
240 Charles Street, North Andover, MA 01845

Preliminary Industrial Waste Survey

The Greater Lawrence Sanitary District is the facility responsible for the safe and efficient treatment of wastewater's generated in the Cities of Lawrence, Methuen and the Towns of North Andover, Andover and Salem, New Hampshire. The District has an EPA approved Industrial Pretreatment Program. The purpose of the program is to monitor the industries in our service area to ensure compliance with all Federal, State and local regulations.

One aspect of this program involves the periodic screening of the industries and commercial institutions in our service area. To assist the District with this process, please find the following survey. It is important that you take the time to review the survey and complete the document to the best of your ability.

We realize that some of the information contained in this survey may not apply to you, however, it is imperative that at the very least the first page of the survey should be completed and returned to the Greater Lawrence Sanitary District 240 Charles Street, North Andover, MA 01845.

Should you need assistance in completing the survey, you may call this office at (978) 685-1612 ask for the Monitoring/Pretreatment Department.



PRELIMINARY INDUSTRIAL WASTE SURVEY

**GREATER LAWRENCE SANITARY DISTRICT
240 CHARLES STREET
NORTH ANDOVER, MA 01845
(978) 685-1612**

DATE: _____

Company Name: _____

Mailing Address: _____

Facility Address: _____

Organization of business, (sole proprietorship, partnership or corporation)

(a) If sole proprietorship, give name of owner:

(b) If partnership, give names of general partners:

(c) If corporation, give state in which incorporated:

Contact Person: _____

Title: _____

Phone No. _____

Type of Business: _____

SIC No. _____

1. Operating Characteristics:

(a) Hours of operation are from, _____ am/pm, _____ am/pm

Days per Week (circle), (S M T W TH F Sat)

(b) Number of employees per shift:

1st Shift _____ 2nd Shift _____ 3rd Shift _____

(c) Time and duration of discharge to the sanitary sewer discharge occurs from _____ am/pm to _____ am/pm

(d) Production process is: batch continuous both

_____ average number _____ % continuous
of batches / 24 hours _____ % batch

2. (a) Provide a brief narrative description of manufacturing, production or service activities your firm conducts.

(b) Principal raw materials used: _____

(c) Principal products generated: _____

3. Average daily water consumption (if more than one source or supply please list and identify each):

4. This facility generates the following types of wastes (check all that apply):

**Average
Gallons / day**

- | | | | |
|----------------------------------------------------------------|-------|------------------------------------|-----------------------------------|
| a. <input type="checkbox"/> Sanitary Wastes | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| b. <input type="checkbox"/> Cooling Water, non -contact | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| c. <input type="checkbox"/> Cooling Wwter, contact | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| d. <input type="checkbox"/> Boiler / Tower blowdown | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| e. <input type="checkbox"/> Process Wastewater | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| f. <input type="checkbox"/> Plant & Equipment washdown | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| g. <input type="checkbox"/> Air Pollution Contact Unit | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| h. <input type="checkbox"/> Storm Water runoff to sewer | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| i. <input type="checkbox"/> Other (describe) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

5. (a) Are you currently discharging into the Greater Lawrence Sanitary District Treatment Plant? _____
- (b) If you answered "no" to 5a, what is the location of your discharge? _____
- (c) Do you plan to discharge into the Greater Lawrence Sanitary District in the future? _____

6. Characteristics of wastewater – Mark the appropriate column (if it is known, please indicate average concentration).

	<u>Believed Present</u>	<u>Believed absent</u>	<u>Concentration</u>	
pH	<input type="checkbox"/>	<input type="checkbox"/>	_____	s.u.
Temperature	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
BOD	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
COD	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Total Solids	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Suspended Solid	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Settable Solids	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Ammonia (NH3)	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Phosphorus	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Oil & Grease	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Phenols	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Cyanide (CN)	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
Cadmium (Cd)	<input type="checkbox"/>	<input type="checkbox"/>	_____	mg/L
	Believed	Believed	<u>Concentration</u>	

	<u>Present</u>	<u>absent</u>	
Chromium (Cr)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L
Copper (Cu)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L
Iron (Fe)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L
Lead (Pb)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L
Mercury (Hg)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L
Molydenum	<input type="checkbox"/>	<input type="checkbox"/>	_____ mgL
Nickel (Ni)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L
Silver (Ag)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L
Zinc (Zn)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L
Organic Compounds (VOC's, SVOC's etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/L

7. Do you now own and maintain a treatment or pretreatment facility?

yes No

8. Please describe your treatment or pretreatment facility: _____

9. (a) Do you purchase or store any chemicals in drum quantities? If yes complete 9b.

Yes No

(b) If you answered yes to 9a, list the trade name, quantity stored and use of each chemical. Include a copy of the Material Safety Data Sheets (MSDS) for these products. If MSDS have already been provided, please indicate this fact.

<u>Product</u>	<u>Quantity Stored</u>	<u>USE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 403.11, information and data provided in this questionnaire which identified the nature and frequency of discharge shall be available to the public without restriction. Request for confidential treatment of other information shall be governed by procedure specified in 40 CFR, Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue a permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing 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 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 possibility of fine and/or imprisonment.

Signature of Official

Date

Title