

FRANKLIN TOWNSHIP MUNICIPAL SANITARY AUTHORITY
INDUSTRIAL SEWER USE QUESTIONNAIRE

SECTION A - GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number:

Zip Code _____ Telephone No. (____) _____

A.2. Address of production or manufacturing facility. (If same as above check (___))

Zip Code _____ Telephone No. (____) _____

A.3. Name, title, and telephone number of person authorized to represent this firm in official dealings with the FTMSA:

A.4. Alternate person to contact concerning Information provided herein

Name _____ Title _____ Tel. No. _____

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.)_____

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. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the 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 the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date

Signature of Official
(Seal if applicable)

A.6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

A.8. This facility generates the following types of wastes (check all that apply):

	<u>Average Gallons</u> <u>Per Day</u>		
1. <input type="checkbox"/> Domestic wastes (restrooms, employee showers, etc.)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
2. <input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
3. <input type="checkbox"/> Boiler/Tower blowdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
4. <input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
5. <input type="checkbox"/> Process	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
6. <input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
7. <input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
8. <input type="checkbox"/> Storm Water runoff to sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
9. <input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<hr/>			
TOTAL A.8.1. - A.8.9.	_____		

A.9. Wastes are discharged to (check all that apply):

	<u>Average Gallons</u> <u>Per Day</u>		
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Storm water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

Provide name and address of waste hauler(s) if used: _____

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility:

Yes No

NOTE: If your facility did not check one or more of the items listed in A.8.4. through A.8.9. above, then you do not need to complete any further sections in this survey/application. If any items