

**CITY OF BANGOR WASTEWATER TREATMENT PLANT**  
**PRETREATMENT SURVEY AND DISCLOSURE FORM**

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

b. Is the Operator identified in 1.a. the owner of the facility?

( ) Yes ( ) No

If no, provide the name and address of the owner.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

2. Facility Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Business Mailing Address:

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Designated Signatory Authority for facility:

(Attach similar information for each authorized representative)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Designated facility contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (**regardless** of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

### Industrial Categories \*

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Dairy Products Processor
- Electric and Electronic Components Manufacturing
- Electroplating
- Etching (Ferrous and Non-ferrous Materials)
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Funeral Home
- Glass Manufacturing
- Grain Mills
- Hospital
- Inorganic and/or Organic Chemicals
- Iron and Steel
- Laundry
- Leather Tanning and Finishing
- Metal Finishing
- Non-ferrous Metals forming and/or Manufacturing
- Paint and/or Ink Formulating
- Paving and Roofing Manufacturing
- Pesticide Manufacturing
- Petroleum Refining
- Pharmaceutical Manufacturing
- Photographic Processing
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and fiberboard Manufacturing
- Rubber

**Industrial Categories (continued)**

- ( ) Soap and Detergent Manufacturing
- ( ) Steam Electric
- ( ) Sugar Processing
- ( ) Textile Mills
- ( ) Timber Products

\* A facility with processes included in these business areas may be covered by Environmental Protection Agency's (EPA) "Categorical Pretreatment Standards".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets as necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies list in descending order of importance).

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

4. Product Volume:

<u>Product</u> (Brand name)	<u>Past Calendar Year</u> (Amounts Per Day) (Daily Units)		<u>Estimate This Year</u> (Amounts Per Day) (Daily Units)	
	average	maximum	average	maximum
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION C – WATER SUPPLY**

1. Water Sources: (Check all that apply)
- ( ) Private well
  - ( ) Surface water
  - ( ) Municipal (Specify City): \_\_\_\_\_
  - ( ) Other (Specify): \_\_\_\_\_

2. Water billed to:
- Name: \_\_\_\_\_
- Street: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Water Service Account number: \_\_\_\_\_

4. List Average water usage:

<u>Type</u>	<u>Av. Consumption</u> (gallons per day)	<u>Estimate or Actual</u>	
		(E)	(A)
a. Contact cooling water _____			
b. Non-contact cooling water _____			
c. Boiler feed _____			
d. Process _____			
e. Sanitary _____			
f. Air Pollution Control _____			
g. Contained in Product _____			
h. Plant & Equipment Washdown _____			
i. Irrigation & Lawns _____			
j. Other _____			

TOTALS: \_\_\_\_\_

**SECTION D – SEWER INFORMATION**

1. a. Existing Business

Is the facility presently connected to the public sewer system?

- ( ) Yes: Sewer Account Number \_\_\_\_\_
- ( ) No:

**Sewer Information** (continued)

Have you applied for a sanitary sewer connection?    ( ) Yes    ( ) No

b.     New Business

Will the business be occupying an existing vacant building?    ( ) Yes    ( ) No

Have you applied for a building permit for a new facility?    ( ) Yes    ( ) No

Will the facility be connected to the public sewer system?    ( ) Yes    ( ) No

2.     List size, location, and average flow of each facility sewer connection to the public sewer (outfall).

<u>Sewer Size</u>	<u>Location</u>	<u>Average Flow</u> (gallons per day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION E – WASTEWATER DISCHARGE INFORMATION**

1.     Does (or will) this facility discharge any wastewater other than sanitary to the public sewer?

( ) Yes            If yes, complete the remainder of this form.

( ) No            If no, skip to SECTION F of this form.

2.     If continuous discharge, provide the following information (or estimate).

a.     Total Hours/Day of discharge:

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_ Sat\_\_\_\_\_ Sun\_\_\_\_\_

b.     Hours of Discharge (e.g. 9 A.M. to 5 P.M.):

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_ Sat\_\_\_\_\_ Sun\_\_\_\_\_

c.     Peak hourly flowrate: \_\_\_\_\_

d.     Maximum Daily flowrate: \_\_\_\_\_

e.     Average Daily flowrate: \_\_\_\_\_

**Wastewater Discharge Information** (continued)

3. If batch discharge, provide the following information (or estimate).

a. Days of discharge:

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_ Sat\_\_\_\_\_ Sun\_\_\_\_\_

b. Hours of Discharge (e.g. 9 A.M. to 5 P.M.)

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_ Sat\_\_\_\_\_ Sun\_\_\_\_\_

c. Number of discharges per day:\_\_\_\_\_

d. Average gallons per discharge:\_\_\_\_\_

e. Discharge flowrate:\_\_\_\_\_

f. Percent of total facility discharge:\_\_\_\_\_

4. Schematic Flow Diagram:

- a. For each activity in which process wastewater is or will be generated, provide a diagram of the flow of the material, products, water and wastewater from the start of the activity to completion. Show all unit processes.
- b. Indicate which processes use water and which generate wastestreams. Include average and maximum volumes for each wastestream.
- c. Number each unit process generating wastewater discharged to the public sewer. Use these numbers in SECTION F.

5. Provide the wastewater discharge flows for each process (or proposed process). Include the reference number from the process schematic that corresponds to each process.

<u>No.</u>	<u>Process Wastewater</u>	<u>Av. Flow</u>	<u>Max. Flow</u>	<u>Type of Discharge</u> (continuous, batch, none)

**Wastewater Discharge Information** (continued)

<u>No.</u>	<u>Non-process Wastewater</u>	<u>Av. Flow</u>	<u>Max. Flow</u>	<u>Type of Discharge</u> (continuous, batch, none)
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<u>No.</u>	<u>Dilution</u>	<u>Av. Flow</u>	<u>Max. Flow</u>	<u>Type of Discharge</u> (continuous, batch, none)
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6. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each recovery process (use additional sheets if necessary):

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**SECTION F – FACILITY OPERATIONAL CHARACTERISTICS**

1. List types and amount of raw materials used or planned to be used:

Type: Amount:

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**Facility Operational Characteristics (continued)**

2. List type and amount of chemicals used or planned to be used: (include copies of appropriate Material Safety Data Sheets)

Type:

Amount:

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3. Building Layout Diagram:

- a. Provide scale drawing identifying location of each building on premises.
- b. Show all water meters, storm drains, numbered unit processes, and each connection to public sewers. Number each existing or proposed sewer connection.
- c. A blueprint showing the above information may be submitted in lieu of a drawing.

4. Check all of the following that apply or may apply to the wastewater generated at this facility:

- Contains stormwater, sump drain or geothermal pump discharges
- Temperature exceeds 150 degrees Fahrenheit
- Contains oil, grease or emulsified solids
- Contains flammable materials
- Contains large size or high concentrations of solid materials
- Contains volatile gases
- Has pH lower than 5.00 su
- Has pH higher than 12.00 su
- Contains metal compounds
- Contains radioactive compounds
- Contains toxic organic residues
- Contains organic solvents
- Contains soap or detergents



AUTHORIZED REPRESENTATIVE STATEMENT:

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 those 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 fine and imprisonment for knowing violations.

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Name (type or print)

Title

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Signature

Date