



Virginia

Department of Utilities

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Pretreatment Survey Form

[] New Customer [] Existing

I. Owner Information

1. Name: _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Owner Contact/Title: _____
Phone: _____ E-Mail: _____

II. Individual Completing Form

1. Name: _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Owner Contact/Title: _____
Phone: _____ E-Mail: _____

III. Facility Information

1. Name: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Facility Contact/Title: _____
Phone: _____ E-Mail: _____
4. Water/Sewer Account Number: _____
5. Hours of Operation _____ Number of shifts: _____
Employees Per Shift: _____ Total Employees: _____
6. Is operation subject to seasonal variation? Yes [] No [] Months of Peak: _____
7. Are there shutdowns for vacation, maintenance, or other reasons? Yes [] No [] Periods when Shut-Down Occurs: _____
8. Are Major Processes: Continuous [] Batch [] Number of Batches per Day: _____

IV. Activity Information

1. Does this facility or will this facility discharge to a Town's sanitary sewer system (POTW)?

YES NO

If YES, then please provide the anticipated discharge date: _____

2. Type of Industry or

Business: _____

3. Give a brief description of the operations at the business including primary products and services: _____

4. Do you have separate processes for start up, commissioning, and/or flushing activities performed during construction and installation of equipment?

YES NO

5. **A.)** Please place a check beside any of the industrial categories or business activities listed below which are employed by your facility

	Adhesives and Sealants		Metal Finishing
	Adiabatic Cooling		Nonferrous Metals Forming
	Aluminum Forming		Offices
	Assembly		Organic Chemicals Manufacturing
	Battery Manufacturing		Paint or Ink Formulation
	Biotechnology		Painting, Finishing
	Cement Manufacturing		Paving & Roofing (<i>Tars & asphalt</i>)
	Cooling Tower		Pesticides
	Copper Forming		Photographic Processing
	Electrical & Electronic Components		Pharmaceutical Processing
	Electroplating/Galvanizing		Plant Washdown
	Fertilizer Manufacturing		Plastics Processing
	Flammables, Explosives		Printing
	Food or Beverage Processing		Repair Shop, Garage
	Gas Station		Research
	Government		Restaurant
	Inorganic Chemicals Manufacturing		Soaps/Detergent Manufacturing
	Laboratory		Vehicle or Equipment Washdown
	Laundry, Cleaning		Warehousing
	Leather Tanning & Finishing		Wholesale Trade
	Machine Shop		Wood Preserving/ Finishing
	Manufacturing		Other (<i>Please specify</i>)
	Meat Processing		
	Medical Care		

B.) Identify all North American Industrial Classification System (NAICS) and applicable Standard Industrial Classification (SIC) that best represent the principal products or services rendered by this facility and major co-located activities:

NAICS	SIC	Principal Product

6. Does this facility currently hold a NPDES/VPDES permit, or any other environmental permit? If so, please list the permit type, permit number, and expiration date here:

7. Description of Industrial Process. Note which processes discharge wastewater to the POTW.

8. List raw materials and products used (include products or chemicals used in processing, cleaning, etc.). Please attach MSDS sheets for each.

9. Please check source(s) of water used:

"X"	SOURCE	ESTIMATED GALLONS PER DAY USED
	Town of Leesburg Utilities	
	Private Well	
	Other (<i>Specify</i>)	
	TOTAL	

<u>Equipment Type</u>	<u>Water Usage (gpd)</u>	<u>Equipment Type</u>	<u>Water Usage (gpd)</u>
Boiler Feed		Rinse Water	
Cooling Water		Sanitary System	
Evaporation		Plant / Equipment Washdown	
Contained in Product		Other:	
Process Water		Other:	
Total Daily Water Usage:			

V. Discharge Information

1. Circle days of the week that discharge occurs: Sun Mon Tue Wed Thur Fri Sat
2. Estimated daily wastewater discharge (gallons per day):

TYPE	GALLONS/DAY		*FLOW I OR C	DESCRIPTION OF WASTEWATER
	AVERAGE	MAXIMUM		
Sanitary/domestic				
Cooling				

Boiler Blow Down				
Process 1				
Process 2				
Process 3				
Process 4				
Process 5				
Commercial Kitchen				
Other				

*Intermittent or Continuous

3. Describe the methods used for flow measurement and/or flow estimation in item D-2 above.

4. Are process industrial wastes physically separated from all other wastes prior to discharge to the POTW? YES NO

Comments/Description: _____

VI. Pretreatment

1. Does this facility pretreat wastewater prior to discharge? YES NO

2. Is the applicant aware of any Federal Pretreatment Standards applicable to this Industry?

[] YES [] NO

3. Is the industry considered a Categorical Industry as defined in 40 CFR Chapter I, Subchapter N, Parts 405-471? [] YES [] NO

If "YES" please describe below:

4. Do the pretreatment facilities operate continuous [] or batch []? If batch, describe frequency and duration of operation.

5. Describe the wastewater pretreatment facilities¹ and include design volumes, detention times, removal efficiencies, etc. Attach any design drawings:

6. List the type and quantity of wastes, fluids, industrial sludges, or pollutants being stored or managed at this facility. Briefly describe the storage facilities and list any measures taken to prevent the stored material from reaching the POTW.

¹ Pretreatment facilities includes both simple devices such as **oil/water separators, grease traps or flow equalization tanks**, as well as more complex processes such as **heavy metals removal systems**.

VII. Waste Generation and Disposal Information

1. 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:

- A. Discharge to Town's water system with no treatment.
- B. Discharge to Town's sewer waste system after pretreatment.
- C. Placement with trash for collection.
- D. On-site storage, treatment or disposal.
- E. Shipment off-site by outside hazardous hauler to waste management facility.
- F. Other (specify)

Waste/Chemical Used	Amount (gpd)	Method of Disposal
Grease		
Oil		
Solvent		
Paints		
Other (specify)		

2. 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

3. EPA Hazardous Waste Identification Number (if applicable):

(Pretreatment Survey Form Continued on following page)

VIII. Characteristics and Concentrations of Pollutants in Wastewater Discharge

1. Provide recent monitoring or modeling data (within the last year) for the following parameters.

Conventional Parameters

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Alkalinity	mg/L			
	Ammonia	mg/L			
	Anionic Surfactants	Ug/L			
	Biochemical Oxygen Demand (BODs)	mg/L			
	Cationic Surfactants	mg/L			
	Dissolved Oxygen (D.O.)	mg/L			
	Methylene blue active substances (MBAs)	Standard Units (SU)			
	Nitrites (NO ₂)	mg/L			
	Nitrates (NO ₃)	mg/L			
	Nonionic Surfactants	mg/L			
	Oil and Grease (petroleum based)	mg/L			
	Oil and Grease (animal/vegetable based)	mg/L			
	pH	Standard Units (SU)			
	Quaternary ammonium compounds (QACs)	mg/L			
	Sulfate	mg/L			
	Temperature	°C			

	Total Dissolved Solids	mg/L			
	Total Kjeldahl Nitrogen	mg/L			
	Total Phosphorus	mg/L			
	Total Suspended Solids	mg/L			

Metal Parameters

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Aluminum	mg/L			
	Arsenic	mg/L			
	Barium	mg/L			
	Cadmium	mg/L			
	Chromium	mg/L			
	Copper	mg/L			
	Cyanide	mg/L			
	Iron	mg/L			
	Lead	mg/L			
	Mercury	mg/L			
	Molybdenum	mg/L			
	Nickel	mg/L			
	Selenium	mg/L			
	Silver	mg/L			
	Zinc	mg/L			

All metals shall be reported as total metals for each parameter.

2. To the best of your knowledge, are any of the following pollutants present or suspected of being present in the wastewater discharge to the POTW? If yes, please provide the anticipated or known concentrations (after pretreatment) in parts per million (ppm), milligrams per liter (mg/L) or parts per billion (ppb). Provide recent monitoring data (within the last year) if available.

Organics and Volatiles

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Chloromethane (Methyl Chloride)	mg/L			
	Bromomethane (Methyl Bromide)	mg/L			
	Vinyl Chloride	mg/L			
	Chloroethane	mg/L			
	Methylene Chloride	mg/L			
	Acrolein	mg/L			
	Acrylonitrile	mg/L			
	Trichlorofluoromethane	mg/L			
	1,1-Dichloroethylene	mg/L			
	1,1-Dichloroethane	mg/L			
	1,2-trans-dichloroethylene	mg/L			
	Chloroform	mg/L			
	1,2-Dichloroethane	mg/L			
	1,1,1-Trichloroethane	mg/L			
	Carbon Tetrachloride	mg/L			
	Chlorodibromomethane	mg/L			
	1,1-Dichloropropane	mg/L			
	1,3-Dichloropropylene	mg/L			
	Benzene	mg/L			
	Dichlorobromomethane	mg/L			
	1,1,2-Trichloroethane	mg/L			
	2-Chloroethyl vinyl ether	mg/L			
	Bromoform (Tribromomethane)	mg/L			
	Tetrachloroethylene	mg/L			
	1,1,2,2,-Tetrachloroethane	mg/L			
	Toluene	mg/L			
	Chlorobenzene	mg/L			
	Ethylbenzene	mg/L			

	1,3-Dichlorobenzene	mg/L			
	1,4-Dichlorobenzene	mg/L			
	1,2-Dichlorobenzene	mg/L			

Acid Extractable

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Phenol	mg/L			
	2-Chlorophenol	mg/L			
	2-Nitrophenol	mg/L			
	2,4-Dichlorophenol	mg/L			
	Parachlorometacresol	mg/L			
	2,4,6-Trichlorophenol	mg/L			
	2,4-Dinitrophenol	mg/L			
	4-Nitrophenol	mg/L			
	4,6-dinitro-o-cresol	mg/L			
	Pentachlorophenol	mg/L			
	N-Nitrosodimethylamine	mg/L			
	Benzidine	mg/L			

Base Neutral

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Bis (2-chloroethyl) ether	mg/L			
	1,3,-Dichlorobenzene	mg/L			
	1,4-Dichlorobenzene	mg/L			
	1,2-Dichlorobenzene	mg/L			
	Bis (2-Chloroisopropyl) ether	mg/L			
	N-Nitrosodi-N-propylamine	mg/L			

	Hexachloroethane	mg/L			
	Nitrobenzene	mg/L			
	Isophorone	mg/L			
	Bis (2-chloroethoxy) methane	mg/L			
	1,2,4-Trichlorobenzene	mg/L			
	Naphthalene	mg/L			
	Hexachlorobutadiene	mg/L			
	Hexachlorocyclopentadiene	mg/L			
	2-Chloronaphthalene	mg/L			
	Dimethylphthalate	mg/L			
	Acenaphthylene	mg/L			
	2,6-Dinitrotoluene	mg/L			
	Acenaphthene	mg/L			
	2,4-Dinitrotoluene	mg/L			
	Diethylphthalate	mg/L			
	Fluorene	mg/L			
	4-Chlorophenyl phenyl ether	mg/L			
	N-Nitrosodiphenylamine	mg/L			
	1,2,-Diphenylhydrazine	mg/L			
	1,2,-Diphenylhydrazine	mg/L			
	4-Bromophenyl pheny ether	mg/L			
	Hexachlorobenzene	mg/L			
	Phenanthrene	mg/L			
	Anthracene	mg/L			
	Di-n-buthyphthalate	mg/L			
	Fluoranthene	mg/L			
	Pyrene	mg/L			
	Butyl benzyl phthalate	mg/L			
	Chrysene	mg/L			
	3,3-Dichlorobenzidine	mg/L			

	Benzo (a) anthracene	mg/L			
	Bis (2-ethylhexyl) phthalate	mg/L			
	Di-n-octylphthalate	mg/L			
	Benzo (b) fluoranthene	mg/L			
	Benzo (k) fluoranthene	mg/L			
	Benzo (a) pyrene	mg/L			
	Indeno (1,2,3-C,D) pyrene	mg/L			
	Dibenzo (a,h) anthracene	mg/L			
	Benzo (g,h,i.) Perylene	mg/L			
	PCB 1016	mg/L			
	PCB 1221	mg/L			
	PCB 1232	mg/L			
	PCB 1248	mg/L			
	PCB 1254	mg/L			
	PCB 1260	mg/L			

Others

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Dissolved Sulfides	mg/L			

Pesticides

Present (Y or N)	Parameter	Units	Average	Maximum	Minimum
	Alpha BHC	mg/L			
	Beta BHC	mg/L			
	Gamma BHC	mg/L			
	Delta BHC	mg/L			
	Heptachlor	mg/L			
	Aldren	mg/L			
	Heptachlor expoxide	mg/L			

	Alpha-endosulfan	mg/L			
	4,4-DDE	mg/L			
	Dieldrin	mg/L			
	Endrin	mg/L			
	Beta-endosulfan	mg/L			
	4,4-DDD	mg/L			
	Endosulfan sulfate	mg/L			
	Endrin aldehyde	mg/L			
	Chlordane	mg/L			
	Toxaphene	mg/L			
	TCDD (Dioxin)	mg/L			

List any other substances/characteristics known to be present but not identified by the preceding lists. Identify those substances here:

IX. Required Attachments

1. Provide facility "Plumbing Plans" which show the origin and flow paths of all generated waste streams.
2. Provide a facility "Site Piping Plan" for determination of appropriate sampling points.
3. Provide schematic and/or final engineering drawings for the proposed/existing waste pretreatment system.
4. Provide copies of all existing environmental regulatory permits for these facilities.
5. Attach all other relevant information that would aid in evaluating the proposed wastewater characteristics (e.g. laboratory analyses, control test logs, etc.).

X. Certification

I certify under the 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 persons who manage the system, or those persons directly responsible for gathering 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.

NAME (Type or Print)

SIGNATURE

TITLE

DATE