CITY OF CORTLAND
INDUSTRIAL WASTEWATER SURVEY

DATES: __________________

PERMIT NO.: ______________

SECTION 1
COMPANY INFORMATION

1. COMPANY NAME ____________________________________________

2. MAILING ADDRESS __________________________________________

3. ADDRESS OF PREMISES ______________________________________

4. NAME & TITLE OF CONTACT OFFICIAL ____________________________

5. PHONE NUMBER _____________________________________________

6. BRIEF DESCRIPTION OF YOUR MANUFACTURING OR SERVICE
   ACTIVITIES ___________________________________________________

7. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE _________

8. NUMBER OF EMPLOYEES/SHIFT _________

9. DAYS PER WEEK OF OPERATION _________

10. LENGTH OF WORKDAY BY SHIFT _________
SECTION 2
WATER USE

1. FROM WHOM TO YOU PURCHASE WATER? ____________________________

2. ACCOUNT NO. OR NO’S. ____________________________

3. AVERAGE DAILY WATER USE BY ACCOUNT ___________GALLONS PER DAY (GPD)

   A. THIS WATER IS USED IN THE FOLLOWING WAYS (ESTIMATE):

      ________________ GPD SANITARY PURPOSES (restrooms)

      ________________ GPD PROCESS WATER

      ________________ GPD NON-CONTACT COOLING WATER

      ________________ GPD CONTACT COOLING WATER

      ________________ GPD BOILER FEED

      ________________ GPD CONTAINED IN PRODUCT

      ________________ GPD Other ________________

   B. THIS WATER IS DISPOSED OF OR LOST IN THE FOLLOWING WAYS (ESTIMATE):

      ________________ GPD SANITARY SEWER

      ________________ GPD STORM SEWER

      ________________ GPD SURFACE WATER

      ________________ GPD EVAPORATION

      ________________ GPD CONTAINED IN PRODUCT

      ________________ GPD WASTE HAULER

      ________________ LAND APPLICATION

      ________________ GPD Other ________________
4. IN THE EVENT OF DISCHARGE TO A STORM SEWER OR SURFACE WATER, HAS A NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT BEEN APPLIED FOR? _____

5. IF YES, PLEASE INDICATE THE APPLICATION OR PERMIT NUMBER

__________.

*** NOTE: IF YOUR WATER IS USED FOR SANITARY PURPOSES ONLY, YOU DO NOT HAVE TO COMPLETE SECTIONS 3, 4 AND 5 OF THIS FORM. HOWEVER, PLEASE REMEMBER TO SIGN THE FORM ON PAGE 5 AND RETURN. ALSO YOU MUST COMPLETE THE NEW YORK STATE INDUSTRIAL CHEMICAL SURVEY (ICS) FORM, AND SIGN AND RETURN. THANK YOU.

SECTION 3
PLANT OPERATION

1. TYPE AND AMOUNT OF PRINCIPAL RAW MATERIALS USE PER YEAR:

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<thead>
<tr>
<th>TYPE</th>
<th>AMOUNT</th>
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2. TYPE AND AMOUNT OF FINISHED PRODUCTS OR SERVICES PER YEAR:

<table>
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<th>TYPE</th>
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3. DESCRIPTION OF PROCESSES USED AT PLANT:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. IS PRODUCTION SEASONAL? (IF YES, DESCRIB

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. IS THERE A SCHEDULED SHUTDOWN? (IF YES, WHEN?) ________________________________
6. DO YOU HAVE AN SPCC PLAN? 

7. DO YOU HAVE ANY AIR POLLUTION DEVICES? 

8. PLEASE LIST ANY ENVIRONMENTAL PERMITS ISSUED TO THIS PLANT 

9. IS THIS PLANT SUBJECT TO AN EXISTING CATEGORICAL PRETREATMENT STANDARD? 

SECTION 4
WASTEWATER CHARACTERISTICS

1. PLEASE ATTACH A SKETCH OR PLAN OF YOUR BUILDING OR BUILDINGS SHOWING ALL CONNECTIONS TO THE SANITARY SEWER. INDICATE LOCATION OF MANHOLES AND SIZE OF SEWER PIPES.

2. WHAT ARE THE CHEMICAL CHARACTERISTICS OF YOUR WASTEWATER DISCHARGES?
   ATTACH A COPY OF THE LATEST ANALYSIS IF POSSIBLE.

3. IS YOUR DISCHARGE BATCH OR CONTINUOUS?
   IF BATCH, AVERAGE NUMBER OF BATCHES PER DAY: 

5. DESCRIBE ANY RAW WATER TREATMENT PROCESS IN USE:

6. DESCRIBE ANY WASTEWATER TREATMENT EQUIPMENT OR PROCESSES IN USE (INDICATED LOCATION ON SKETCH):

SECTION 5
RESIDUALS

1. DO YOU GENERATE ANY LIQUID OR SOLID WASTE SUCH AS SOLVENT, ELECTROPLATING SLUDGES, THINNERS, OILS, STILL BOTTOMS, FLY ASH, FILLER, ETC.?
   YES _____    NO _____
IF YES, PLEASE FILL OUT THE FOLLOWING TABLE.

<table>
<thead>
<tr>
<th>Type of Waste</th>
<th>Produced By Pretreatment</th>
<th>Amount Per Year (Specify lbs or gals)</th>
<th>On-Site</th>
<th>Municipal Landfill</th>
<th>Hazardous Waste Hauler</th>
<th>Reclaimed or Reused</th>
<th>OTHER</th>
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DESCRIPTION OF DISPOSAL METHOD

A. On-Site: How is it disposed of (landfill, incineration, lagoon, landspreading, etc)?

B. Municipal Landfill: Please give name and address

C. Hazardous Waste Hauler: Please give name and address

D. Reclaimed or Reused: Please describe process, if on-site, or give name and address of reclaimer.

E. Other: Please describe

2. Do you store any hazardous wastes on site? Yes _____ No _____

3. Have you filed an EPA Form 8700-12 (Notification of Hazardous Waste Activity)?
   Yes _____ No _____ If yes, please attach.
NOTE: PLEASE COMPLETE THE ICS FORM, SIGN, AND RETURN IT WITH THIS FORM. THANK YOU FOR YOUR COOPERATION.

Signature of company official completing questionnaire

DATE: __________________________