



INDUSTRIAL WASTEWATER PRETREATMENT SURVEY

Glenbard Wastewater Authority
 945 Bemis Rd
 Glen Ellyn, IL 60137
 Phone: 630-790-1901
 Fax: 630-858-8119

Executive Director
 Matt Streicher

Environmental Resources Coordinator
 Ashley Staat

Date: _____

Return the completed survey within 30 of receipt to the address above

Company Information		Date _____	
Name: _____		Contact Person: _____	
Address: _____		City: _____	State: _____ Zip: _____
Phone: (____) _____	Work Phone: (____) _____	Cell _____	
Phone: (____) _____			
The best time to contact me is: _____			
Business Description: _____			

Mail to Address if different from above: _____			
Additional Contact Person: _____		Work Phone: (____) _____	
Cell Phone: (____) _____			

Number of Employees: _____	Hours of Operation: _____
Standard Industrial Classification: _____	
(NAICS/SIC) Number	
SIC Code Web Pages- www.naics.com/search.htm	
www.census.gov/epcd/naics02/naicod02.htm	
Check all activities performed within this facility:	
<input type="checkbox"/> Office	
<input type="checkbox"/> Retail	Briefly describe what you sell _____
<input type="checkbox"/> Warehouse	Briefly describe what is warehoused _____
<input type="checkbox"/> Manufacturing	Briefly describe what you manufacture _____

Is this facility classified with 40 Effluent Guidelines (Parts 400-699) ? Yes No

Check the regulated categories below . Definitions of 40 CFR can be found at US EPA Web Site: <http://www.gpoaccess.gov/crf/index.html>

425 <input type="checkbox"/> Leather tanning and finishing	439 <input type="checkbox"/> Pharmaceutical manufacturing Ore	460 <input type="checkbox"/> Hospital
426 <input type="checkbox"/> Glass manufacturing	440 <input type="checkbox"/> Mining and dressing Transportation	461 <input type="checkbox"/> Battery manufacturing
428 <input type="checkbox"/> Asbestos manufacturing	442 <input type="checkbox"/> Equipment cleaning	463 <input type="checkbox"/> plastics molding and Forming
428 <input type="checkbox"/> Rubber manufacturing	444 <input type="checkbox"/> Waste combustors	464 <input type="checkbox"/> Metal molding & casting
429 <input type="checkbox"/> Timber products processing	445 <input type="checkbox"/> Landfills	465 <input type="checkbox"/> Coil coating
430 <input type="checkbox"/> The pulp, paper, and paperboard	446 <input type="checkbox"/> Paint formulating	466 <input type="checkbox"/> Porcelain enameling
432 <input type="checkbox"/> Meat and poultry products	447 <input type="checkbox"/> Ink formulating	467 <input type="checkbox"/> Aluminum Forming
433 <input type="checkbox"/> Metal finishing	451 <input type="checkbox"/> Concentrated aquatic animal production	468 <input type="checkbox"/> Copper Forming
434 <input type="checkbox"/> Coal mining point	454 <input type="checkbox"/> Gum and wood chemicals manufacturing	469 <input type="checkbox"/> Electrical & Electronic components Nonferrous metals forming & metal powders
435 <input type="checkbox"/> Oil and gas extraction	455 <input type="checkbox"/> Pesticide chemicals	
436 <input type="checkbox"/> Mineral mining and processing	457 <input type="checkbox"/> Explosives manufacturing	
437 <input type="checkbox"/> The centralized waste treatment	458 <input type="checkbox"/> Carbon black manufacturing	
438 <input type="checkbox"/> Metal Products and machinery	459 <input type="checkbox"/> Photographic	

Food Preparation: Check all that apply			
<input type="checkbox"/> Full Service cafeteria	<input type="checkbox"/> Meals Served	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch
<input type="checkbox"/> Lunch Room			<input type="checkbox"/> Dinner
<input type="checkbox"/> Dishwasher			



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Grease Trap If yes, Indicate trap size (Gallons) _____ How often is the trap serviced? _____

Does this facility use products that contain any of the items listed below: Check all that are present.
Product verification should be done by label and MSDS inspection

<input type="checkbox"/> Acetone	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Cyanide	<input type="checkbox"/> Methylene Chloride	<input type="checkbox"/> Phenols/Phenolics	<input type="checkbox"/> Xylene
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Chloroform	<input type="checkbox"/> Ethyl benzene	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Selenium	<input type="checkbox"/> Zinc
<input type="checkbox"/> Barium	<input type="checkbox"/> Chromium	<input type="checkbox"/> Lead	<input type="checkbox"/> Nickel	<input type="checkbox"/> Silver	
<input type="checkbox"/> Benzene	<input type="checkbox"/> Copper	<input type="checkbox"/> Mercury	<input type="checkbox"/> Petroleum based oils	<input type="checkbox"/> Toluene	

Does this facility operate a pretreatment unit on any wastewater streams? Yes No

If yes, specify the treatment provided: pH Adjustment Oils separator Other, Attach a Description of the process

If yes, provide your IEPA Permit Number _____

Does this facility generate a Hazardous Waste? Yes No

If yes, attach a list of each Hazardous waste and method of disposal.

Does this facility perform any self monitoring on any wastewater streams? Yes No

If yes, provide a copy of the most recent analysis.

Does this facility discharge water from any non-domestic source(s)? Yes No
(Check all that may apply) If yes, include the MSDS for each product or additive used.

<input type="checkbox"/> Boiler	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Water Soluble Wetting Agents
<input type="checkbox"/> Chiller or Cooling Tower	<input type="checkbox"/> Floor Cleaning	<input type="checkbox"/> Parts washing
<input type="checkbox"/> Non-Contact Cooling Water	<input type="checkbox"/> Deburring/ Polishing Units	<input type="checkbox"/> Other

Does this facility use SARA Title 3 Products? Yes No

If yes, attach MSDS for each product.
Indicate the estimated quantity on hand. _____

Indicate the estimated volume of water discharged to the sanitary sewer in (gallons/per day)

<input type="checkbox"/> 0-1,499	<input type="checkbox"/> 25,000-49,999	<input type="checkbox"/> 500,000-999,999
<input type="checkbox"/> 1,500-9,999	<input type="checkbox"/> 50,000-99,999	<input type="checkbox"/> Greater than 1,000,000
<input type="checkbox"/> 10,000-24,999	<input type="checkbox"/> 100,000-499,999	

Name of person completing this form (Print): _____
Title: _____
Signature: _____ Date: _____
(Please attach your business card)

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 person or 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 fines and imprisonment for knowing violations." All information provided to GWA is public and subject to Federal, State, and local laws.