



INDUSTRIAL WASTEWATER DISCHARGE QUESTIONNAIRE



City of Yreka

Public Works Department
Wastewater Treatment Plant
856 N. Main Street
Yreka, CA 96097
(530) 841-2385
(530) 842-3721 Fax

SECTION A - GENERAL INFORMATION

Business Lic. No. _____

- 1. Company Name _____ Tel. No. (____) _____
2. Mailing Address _____ Zip Code _____
3. Facility Address _____ Zip Code _____
4. Name of Signing Official _____ Title _____
5. Name of Contact Official _____ Title _____ Tel. No. (____) _____
6. Business Activity _____ (auto repair, machine shop, electroplating, warehousing, Painting, printing, meat packing, food processing, etc.)
7. Standard Industrial Classification Number(s) (SIC Code) for your facilities: _____
8. This facility generates the following types of wastes check all that apply:

Table with 2 columns: Waste Type and Average gal/day. Rows include Domestic Wastes, Cooling water, Boiler/Tower blowdown, Process, Equipment/Facility wash down, Air Pollution Control Unit, Storm water runoff to sewer, and Other (describe).

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

Table with 2 columns: Discharge Location and Average gal/day. Rows include Groundwater, Evaporation, Waste haulers, Sanitary, Storm sewer, Surface water, and Other (describe).

NOTE: If your facility did not check one or more of the items listed in Section A.8a through A.8.i above, then you do not need to complete any further section in this survey/application. If any items A.8.a. through A.8.i were checked, complete the remainder of this survey/application.



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SECTION B – FACILITY OPERATION CHARACTERISTICS

1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

a. 34 Industrial Categories:

- | | |
|---|---------------------------------------|
| 1. ___ Adhesives | 18. ___ Ore Mining |
| 2. ___ Aluminum Forming | 19. ___ Organic Chemicals |
| 3. ___ Auto & Other Laundries | 20. ___ Paint & Ink |
| 4. ___ Battery Manufacturing | 21. ___ Pesticides |
| 5. ___ Coal Mining | 22. ___ Petroleum Refining |
| 6. ___ Coil Coating | 23. ___ Pharmaceutical |
| 7. ___ Copper Forming | 24. ___ Photographic Supplies |
| 8. ___ Electric & Electronic Components | 25. ___ Plastic & Synthetic Materials |
| 9. ___ Electroplating | 26. ___ Plastics Processing |
| 10. ___ Explosives Manufacturing | 27. ___ Porcelain Enamel |
| 11. ___ Foundries | 28. ___ Printing & Publishing |
| 12. ___ Gum & Wood Chemicals | 29. ___ Pulp & Paper |
| 13. ___ Inorganic Chemicals | 30. ___ Rubber |
| 14. ___ Iron & Steel | 31. ___ Soaps & Detergents |
| 15. ___ Leather Tanning & Finishing | 32. ___ Steam Electric |
| 16. ___ Mechanical Products | 33. ___ Textile Mills |
| 17. ___ Nonferrous Metals | 34. ___ Timber |

b. Other Business Activities

- ___ Dairy Products
- ___ Slaughter/Meat Packing/Rendering
- ___ Food/Edible Products Processor
- ___ Beverage Bottler

2. Provide a brief narrative description of the manufacturing, production, and service activities your firm conducts.

3. Number of employees and Hours of Work:

| | OFFICE | | PRODUCTION | | | | | |
|----------|--------|------|------------|------|-------------|------|-------------|------|
| | | | DAY SHIFT | | SWING SHIFT | | NIGHT SHIFT | |
| | NO. | HRS. | NO. | HRS. | NO. | HRS. | NO. | HRS. |
| WEEKDAYS | | to | | to | | to | | to |
| SATURDAY | | to | | to | | to | | to |
| SUNDAY | | to | | to | | to | | to |



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SECTION C – WASTEWATER INFORMATION

1. Physical and chemical characteristics of wastes discharged (check all that apply):

a. 34 Industrial Categories:

- | | |
|---|---|
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Temperature over 150E F |
| <input type="checkbox"/> Toxic or poisonous | <input type="checkbox"/> Total dissolved solids above 5000 mg/l |
| <input type="checkbox"/> Toxic gases | <input type="checkbox"/> Rainwater |
| <input type="checkbox"/> Highly odorous | <input type="checkbox"/> Dilution water |
| <input type="checkbox"/> Dissolved Sulfides over 0.1 mg/l | <input type="checkbox"/> Single pass cooling water |
| <input type="checkbox"/> Waste larger than 3/8" in diameter | <input type="checkbox"/> Petroleum base soluble cutting oils |
| <input type="checkbox"/> Cyanides | <input type="checkbox"/> Petroleum based oils |
| <input type="checkbox"/> Highly colored | <input type="checkbox"/> Others (specify) _____ |
| <input type="checkbox"/> Radioactive | _____ |

2. Waste Composition parameters:

- | | | | |
|------------------------|----------------|---------------------------------|------------|
| Flow (Avg.) | _____ gal/day | COD (Chemical Oxygen Demand) | _____ mg/l |
| Flow (Peak) | _____ gal/day | BOD (Biochemical Oxygen Demand) | _____ mg/l |
| Total Dissolved Solids | _____ mg/l | SS (Suspended Solids) | _____ mg/l |
| EC | _____ umhos/cm | Oil and Grease | _____ mg/l |
| Chlorides | _____ mg/l | pH range | _____ |

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 that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

 Date

 Signature of Official