



*City of*  
**Marietta**  
WASTEWATER DEPARTMENT

440 E. 8<sup>th</sup> Street, Marietta, Ohio 45750  
Phone: (740) 373-3858 Fax: (740) 373-8214

**INDUSTRIAL WASTE QUESTIONNAIRE**

**GENERAL INSTRUCTIONS**

Please type or print in ink when filling out questionnaire. All questions are to be completed Section A through E. Where a question does not apply, a "Not-applicable (N/A) response should be entered.

**SECTION A. GENERAL INFORMATION**

- 1. Company Name: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Facility Name/Address: \_\_\_\_\_
- 4. Contact Name (s): \_\_\_\_\_
- 5. Facility Telephone #: \_\_\_\_\_
- 6. Email: \_\_\_\_\_

**SECTION B. PRODUCT OR SERVICE INFORMATION**

- 1. Brief description of manufacturing or service activity at this site.  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Production information:
  - a) List products: \_\_\_\_\_
  - b) List raw products: \_\_\_\_\_
  - c) List by-products: \_\_\_\_\_

**SECTION C. SEWER CONNECTION AND DISCHARGE INFORMATION**

- 1. Circle days of week of operation: 1 2 3 4 5 6 7
- 2. Hours per day of operation: \_\_\_\_\_
- 3. Shift information: Start time: \_\_\_\_\_ Stop time: \_\_\_\_\_
- 4. Number of employees: \_\_\_\_\_
- 5. Is this facility connected to the sanitary sewer system? Yes / No
- 6. Is wastewater pretreated prior to disposal? Yes / No
- 7. Are all liquid wastes discharged to the sanitary sewer? Yes / No
- 8. If no, describe any other liquid disposal method(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Briefly describe discharge to the sanitary sewer:(nature of waste, volume, frequency)

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10. Does this facility have more than one (1) sanitary sewer connection? Yes / No

11. Is there a grease trap or interceptor in use? Yes / No

12. Size of trap or interceptor: \_\_\_\_\_gal.

13. Frequency of cleaning: \_\_\_\_\_

14. Is there a non-interceptor oil storage container? Yes / No If yes, capacity and location of container:

15. Describe trap or interceptor cleaning and/or removal procedures:

16. Person or Company that cleans the trap or interceptor:

17. Do you have a spill prevention plan? Yes / No

18. Is there a sampling manhole available to collect a sample for analysis? Yes/ No

#### SECTION D. FACILITY OPERATIONAL CHARACTERISTICS

1. Major operations or activities are \_\_\_\_\_batch, \_\_\_\_\_ and/or continuous

3. Do scheduled shutdowns occur? Yes / No

If yes, list time period. \_\_\_\_\_

4. Do scheduled shutdowns occur? Yes/No

If yes , list time period. \_\_\_\_\_

5. Is production seasonal? Yes / No

If yes, indicate periods of maximum production and products: \_\_\_\_\_

6. At this time, are you currently operating at a lower level that significantly affects your water usage and wastewater discharge: yes/no

#### SECTION E. WASTEWATER INFORMATION

1.Are other sources of water used (well, spring, river, etc.)? yes/no

If yes, list source: \_\_\_\_\_

2. Does water usage vary widely during production? Yes/no

If yes, indicate periods of maximum use: \_\_\_\_\_

3. List water use and discharge information: (check all that apply)

| Type               | Estimated gal/day | Discharge to Sewer |
|--------------------|-------------------|--------------------|
| Cooling Water      | _____             | yes/no             |
| Boiler Feed        | _____             | yes/no             |
| Process Water      | _____             | yes/no             |
| Re-circulate Water | _____             | yes/no             |

Total water flow discharged to sewer \_\_\_\_\_

4. Are corrosive or biological inhibiting chemicals added to facility water systems that are discharged to the sanitary sewer? yes/no

If yes, list them below:

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- 5. Is there a raw water treatment process being used? yes/no
- 6. Is sanitary waste discharge separate from process water? yes/no
- 7. Method of disposal for captured/stored liquid waste: Include name and location of disposal site.

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8. Are quantities of chemicals stored at this facility? yes/no  
If yes, list chemical and volume of chemical?

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**SECTION F: VERIFICATION**

**"I Certify under the penalty of law that the information submitted is true, accurate, and complete. I am aware there are significant penalties for submitting false information including the possibility of fine and imprisonment."**

**Print name of person whom completed this questionnaire:**

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**Contact information:**

**Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this Questionnaire form to:**  
[mariettapretreatment@mariettaoh.net](mailto:mariettapretreatment@mariettaoh.net)

or

**Operator/Pretreatment Coordinator**  
**City of Marietta WWTP**  
**440 E. Eight St.**  
**Marietta, OH 45750**