

APPENDIX 6

MOULTON NIGUEL WATER DISTRICT
WASTEWATER DISCHARGE QUESTIONNAIRE

PLEASE TYPE OR PRINT LEGIBLY. Illegible questionnaire will be returned.

1. NAME OF BUSINESS OR INDUSTRY: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER:() _____

2. LOCATION OF BUSINESS:

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

IMPROVEMENT DISTRICT: _____

TRACT, LOT NUMBER: _____

3. PRINCIPAL SERVICE OR PRODUCT OF BUSINESS OR INDUSTRY AT THIS FACILITY:

4. PERSON AND TITLE WITHIN BUSINESS OR INDUSTRY TO BE CONTACTED
CONCERNING WASTEWATER DISCHARGE TO THE SEWER:

NAME: _____

TITLE: _____

TELEPHONE NUMBER:() _____

5. STATEMENT OF RESPONSIBLE OFFICIAL:

The information contained in this questionnaire is familiar to me and to the best of my knowledge and belief, such information is true, complete, and accurate.

SIGNATURE OF OFFICIAL: _____

DATE

6. IS ANY NON-DOMESTIC WASTEWATER DISCHARGED TO THE SEWER SYSTEM?
NON-DOMESTIC WASTEWATER IS CLASSIFIED AS DISCHARGE FROM OTHER THAN
A WASHROOM, TOILET, OR SHOWER.

YES _____
NO _____

7. DESCRIBE THE OPERATION(S) AT THIS FACILITY THAT RESULT(S) IN THE
DISCHARGE TO THE SEWER OF NON-DOMESTIC WASTES. INCLUDE DESCRIPTION
OR RAW MATERIALS, CATALYSTS, OR INTERMEDIATES, IF APPLICABLE.
DESCRIBE ANY MANUFACTURING OPERATION AT THIS LOCATION. (ATTACH
ADDITIONAL SHEETS IF NECESSARY.)

8. DESCRIBE ANY WATER CONDITIONING PROCESSES USED AT THIS FACILITY
(SUCH AS WATER SOFTENING, REVERSE OSMOSIS, FILTRATION):

9. OPERATION SCHEDULE: SHIFT START/END TIMES: 1ST _____
2ND _____
3RD _____

INDICATE BY CHECKMARK SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUES	WED	THUR	FRI	SAT
1 ST	_____	_____	_____	_____	_____	_____	_____
2 ND	_____	_____	_____	_____	_____	_____	_____
3 RD	_____	_____	_____	_____	_____	_____	_____

10. IS PRODUCTION SEASONAL: YES _____ NO _____

11. TYPE OF FLOW OF DISCHARGE OF WASTEWATER:

BATCH	_____	QUANTITY PER BATCH:	_____
CONTINUOUS	_____	SEE QUESTION #13	
INTERMITTENT	_____	QUANTITY PER DISCHARGE	_____

IF BATCH OR INTERMITTENT DISCHARGE, AVERAGE NUMBER OF BATCHES OR INTERMITTENT DISCHARGES PER DAY:

12. LIST THE DAYS OF THE WEEK AND APPROXIMATE TIMES THAT THE DISCHARGE(S) OCCUR(S)?

13. ESTIMATE THE AVERAGE DAILY FLOW RATE FROM EACH WASTE DISCHARGE OPERATION (GALLONS PER DAY):

14. DESCRIBE THE CHARACTERISTICS AND CONSTITUENTS OF WASTEWATER DISCHARGE(S). IF KNOWN, LIST CONCENTRATION IN PERCENT OR MILLIGRAMS PER LITER:

15. ARE ANY OF THE TOXIC POLLUTANTS LISTED IN TABLE 1 (SEE PAGE 4) USED AT THIS FACILITY IN MANUFACTURING OF ANY PRODUCT OR ARE ANY OF THE LISTED POLLUTANTS A BYPRODUCT WHICH MAY BE DISCHARGED? _____ ARE ANY OF THE LISTED POLLUTANTS STORED AT THIS FACILITY? _____ IF _____ SO, PLEASE INDICATE THE APPROPRIATE POLLUTANTS BY CHECK MARKS ON TABLE 1.

16. DESCRIBE ANY TREATMENT FACILITIES AT THIS FACILITY THAT TREATS THE WASTEWATER PRIOR TO DISCHARGE TO THE SEWER:

17. ADDITIONAL INFORMATION CONCERNING OPERATION AT THIS FACILITY:

ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED FOR RESPONSES TO INDIVIDUAL QUESTIONS.

Table 1

65 TOXIC POLLUTANTS LISTED IN CONSENT DECREE AND REFERENCE IN 307 (a) OF THE CWA OF 1977

CHECK POLLUTANTS KNOWN, OR ANTICIPATED TO BE PRESENT, IN THE WASTEWATER DISCHARGE:

<input type="checkbox"/> Acenaphthene	<input type="checkbox"/> Endrin and metabolites
<input type="checkbox"/> Acrolein	<input type="checkbox"/> Ethylbenzene
<input type="checkbox"/> Acrylonitrile	<input type="checkbox"/> Fluoranthene
<input type="checkbox"/> Aldrin/Dieldrin	<input type="checkbox"/> Haloethers
<input type="checkbox"/> Antimony and compounds	<input type="checkbox"/> Halomethanes
<input type="checkbox"/> Arsenic and compounds	<input type="checkbox"/> Heptachlor and metabolites
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Hexachlorobutadiene
<input type="checkbox"/> Benzene	<input type="checkbox"/> Hexachlorocyclopentadiene
<input type="checkbox"/> Benzidine	<input type="checkbox"/> Hexachlorocyclohexane
<input type="checkbox"/> Beryllium and compounds	<input type="checkbox"/> Isophorone
<input type="checkbox"/> Cadmium and compounds	<input type="checkbox"/> Lead and compounds
<input type="checkbox"/> Carbon tetrachloride	<input type="checkbox"/> Mercury and compounds
<input type="checkbox"/> Chlordane	<input type="checkbox"/> Naphthalene
<input type="checkbox"/> Chlorinated benzenes	<input type="checkbox"/> Nickel and compounds
<input type="checkbox"/> Chlorinated ethanes	<input type="checkbox"/> Nitrobenzene
<input type="checkbox"/> Chlorinalkyl ethers	<input type="checkbox"/> Nitrophenols
<input type="checkbox"/> Chlorinated naphthalene	<input type="checkbox"/> Nitrosamines
<input type="checkbox"/> Chlorinated phenols	<input type="checkbox"/> Pentachlorophenol
<input type="checkbox"/> Chloroform	<input type="checkbox"/> Phenol
<input type="checkbox"/> 2-Chlorophenol	<input type="checkbox"/> Phthalate esters
<input type="checkbox"/> Chromium and compounds	<input type="checkbox"/> Polychlorinated byphenyls (PCB)
<input type="checkbox"/> Copper and compounds	<input type="checkbox"/> Polynuclear aromatic hydrocarbons
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Selenium and compounds
<input type="checkbox"/> DDT and metabolites	<input type="checkbox"/> Silver and compounds
<input type="checkbox"/> Dichlorobenzenes	<input type="checkbox"/> 2,3,7,8, - Tetrachlorodibenzo-p-dioxin (TCDD)
<input type="checkbox"/> Dichloroethylenes	<input type="checkbox"/> Tetrachloroethylene
<input type="checkbox"/> Dichlorobenzidine	<input type="checkbox"/> Thallium and compounds
<input type="checkbox"/> 2,4-dichlorophenol	<input type="checkbox"/> Toluene
<input type="checkbox"/> Dinitrotoluene	<input type="checkbox"/> Trichloroethylene
<input type="checkbox"/> Diphenylhydrazine	<input type="checkbox"/> Vinyl chloride
<input type="checkbox"/> Endosulfan & metabolites	<input type="checkbox"/> Zinc and compounds

NOTE: List any other toxicants known or anticipated to be present in the wastewater discharge.
