

MANUFACTURING OPERATIONS FORM

Legal Business Name: _____

Facility Name: _____

Section A: Operation Description

1. Operation description:

a) Business begin date (mo/yr): _____

b) Size of facility (square feet): _____

c) Average number of employees per shift: 1st _____ 2nd _____ 3rd _____

d) Shift start times: 1st _____ 2nd _____ 3rd _____

e) Days of operation (check all that apply):

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
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f) Hours of Operation: _____

g) Best time for inside inspections: _____

2. Is operation subject to seasonal variation: Yes No (If yes, complete a., b., & c.)

a. When is your peak season? _____

b. Seasonal maximum waste flow _____ gallons per day during months of _____

c. Seasonal minimum waste flow _____ gallons per day during months of _____

3. Does facility shut down for vacation, maintenance, or other reasons? Yes No

If yes, indicate period when the shutdown occurs: _____

Section B: Facility Description

1. Check all processes present at your facility:

<input type="checkbox"/> Food or Beverage Processing	<input type="checkbox"/> Inorganic Chemicals or Fertilizer Manufacturing	<input type="checkbox"/> Landfill or Recycling Facility
<input type="checkbox"/> Industrial Laundries	<input type="checkbox"/> Pesticides and Chemical Manufacturing	<input type="checkbox"/> Central Waste Treatment
<input type="checkbox"/> Drum, Tote, Tank or Transportation Equipment Cleaning (SIC 4491, 4741, 7699)	<input type="checkbox"/> Pharmaceutical Manufacturing (SIC 2833, 2834, 2836, 2844)	<input type="checkbox"/> Laboratories and other Research Facilities
<input type="checkbox"/> Pulp, Paper and Paperboard Processing	<input type="checkbox"/> Soap and Detergent Manufacturing	<input type="checkbox"/> Printing
<input type="checkbox"/> Electroplating, Metal Finishing, Galvanizing or Coil Coating	<input type="checkbox"/> Cosmetics	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Organic Chemical, Plastic and Synthetic Fibers Manufacturing (SIC 2821, 2823, 2824, 2865, 2869)	<input type="checkbox"/> Flavor making	

2. Briefly describe all operations at this facility including primary products or services:

3. Do any of your substances require *Resource Conservation and Recovery Act* Permits? Yes No

If yes, please specify:

4. Do you discharge any RCRA wastewater? Yes No If yes, which substances?

5. Is your facility considered a significant industrial user? Yes No If yes, check all that apply.

- The facility discharges more than 25,000 gallons of process water per day.
- The facility discharges 5% or more of the dry weather hydraulic or pollutant loading of the receiving plant.
- The facility has a reasonable potential to violate a pretreatment standard.

6. Does your facility discharge wastewater to sewers for any reason other than human occupancy? Yes No

7. What is the applicable North American Industrial Classification System (NAICS) Code for each process?

(If more than one applies, list in descending order of importance, numbers available on line at <http://www.census.gov/eos/www/naics>)

- a. _____ b. _____ c. _____
 d. _____ e. _____ f. _____

8. Please attach or email to diwplanreview@cincinnati-oh.gov your facility's SARA 312 list, or if not available, attach or email a list of each chemical or material kept on the premises in quantities of 50 gallons, 500 pounds, or more. How many sheets are attached? _____

- SARA list attached Exhibit attached Emailed Nothing attached

9. Which of the following plans does your facility have? (Check all that apply)

Plan	Exists	Revision Date	On File with MSD
Accidental Discharge/Slug Control Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Response Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spill Prevention, Control, and Countermeasure Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spill and Slug Control Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Stormwater Pollution Prevention Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

10. If your facility stores chemicals and you have answered no to all of the questions in item 9, please describe the chemical storage area(s) and any containment or spill protection devices.

11. Does your facility have an NPDES permit? Yes No If yes, provide permit number:

12. Are raw water treatment processes employed (water softener, filter, etc)? Yes No

If yes, list process(es) and method of residue disposal: _____

Section C: Waste Management (Non-Discharged Wastes)

1. How does your facility manages its waste. (Check all that apply. Fill in blanks that apply. Attach additional sheets if necessary.)

Substance	Quantity per Year to Sewer (Indicate Units)	Quantity per Year to Trash (Solid Waste) (Indicate Units)	Quantity per Year to Hauler for offsite disposal (Indicate Units)	Hauler Permit Number	Disposal Pickup Frequency
<input type="checkbox"/> Waste Solvent					
<input type="checkbox"/> Solid Waste					
<input type="checkbox"/> Waste Product					
<input type="checkbox"/> Oil					
<input type="checkbox"/> Grease					
<input type="checkbox"/> Pretreatment Sludge					
<input type="checkbox"/> Inks/Dyes					
<input type="checkbox"/> Thinners					
<input type="checkbox"/> Heavy Metals					
<input type="checkbox"/> Organic Compounds					
<input type="checkbox"/> Paints					
<input type="checkbox"/> Acids and Alkalis					
<input type="checkbox"/> Plating Wastes					
<input type="checkbox"/> Pesticides					
<input type="checkbox"/> Other (Specify)					

2. Does an outside firm remove any of the above checked wastes? Yes No
 If yes, list the name(s) and address(es) of all waste haulers:

a. Hauler Name: _____
 Address: _____

 _____ Zip Code: _____
 Permit Number: _____

b. Hauler Name: _____
 Address: _____

 _____ Zip Code: _____
 Permit Number: _____

4. Does your facility have any air pollution control equipment? Yes No
 If yes, how are the residuals disposed? _____

Section D: Water Usage

1. Water Sources: (Check all that apply)

<input type="checkbox"/> Cincinnati Water Works	<input type="checkbox"/> South Western Ohio Water
<input type="checkbox"/> Private Well	<input type="checkbox"/> Groundwater
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Municipal Water Utility (Specify City):	

2. Are any water recycling, material reclamation or pollution prevention processes utilized? Yes No

If yes, please describe: _____

Section E: Sewer Information

1. Please attach or email to diwplanreview@cincinnati-oh.gov an 8.5 x 11 inch schematic or plot plan of your facility showing the locations of all sewers. Assign a sequential reference number to each sewer starting with No. 1. Also show location of possible sampling points for these sewers and sampling points for regulated processes. Include buildings, streets, alleys, pavement and other physical structures.
 Exhibit attached (# pages _____) Emailed Nothing attached

2. By reference number assigned above, list size, descriptive location and flow of each sewer shown in the schematic drawing. (Attach additional sheets if necessary.)

<u>Number</u>	<u>Sewer Size</u> (inches)	<u>Sewer Type</u> (sanitary, storm, or combined)	<u>Description of Sample Location</u>	<u>Average Flow</u> (gallons per day)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Total of all discharges to sewer _____

Section F: Wastewater Pretreatment

1. Do you pretreat your wastewater? Yes No

2. What is the objective of your pretreatment system? _____

3. Are any changes planned for your pretreatment system? Yes No

If yes, please describe. _____

4. Please attach or email to diwplanreview@cincinnati-oh.gov an 8.5 x 11 inch process flow diagram for each existing or planned pretreatment system. Include process equipment, by-products, by-product disposal method, concentrations, waste and by-product volumes, design and operating conditions.

Exhibit attached (# pages _____) Emailed Nothing attached

5. Pretreatment system operator business name and address (if contract service): _____

6. Pretreatment system operator contact name and telephone number: _____

How many additional sheets have you enclosed with this application? _____

Certification

"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."

Signature of Duly Authorized Representative

Printed Name

Date