

**APPENDIX B**

**COMMERCIAL AND/OR INDUSTRIAL  
WASTEWATER  
CUSTOMER**

**FORM WMUA-CID**



**WILLINGBORO MUNICIPAL UTILITIES AUTHORITY**  
**433 John F. Kennedy Way**  
**Willingboro, New Jersey 08046**  
**(609) 877-2900**

**Questionnaire for Commercial and/or  
Industrial Wastewater Customers**

**FORM CID -**

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*NOTE TO SIGNING OFFICIAL: IN ACCORDANCE WITH TITLE 40 OF THE CODE OF FEDERAL REGULATIONS, PART 403, SECTION 403.14, INFORMATION AND DATA PROVIDED IN THIS QUESTIONNAIRE WHICH IDENTIFIES THE NATURE AND FREQUENCY OF DISCHARGE SHALL BE AVAILABLE TO THE PUBLIC WITHOUT RESTRICTION. REQUEST FOR CONFIDENTIAL TREATMENT OF OTHER INFORMATION SHALL BE GOVERNED BY PROCEDURES SPECIFIED IN 40 CFR, PART 2. SHOULD A DISCHARGE PERMIT BE REQUIRED FOR YOUR FACILITY, THE INFORMATION IN THIS QUESTIONNAIRE WILL BE USED TO ISSUE THE PERMIT.*

*(PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED CORRECTLY.)*

**Section A. - General Information**

Date: \_\_\_\_\_

1. Company Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Premise Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_

4. How long has this company occupied this premise: \_\_\_\_\_

5. Name and Title of Signing Official: \_\_\_\_\_  
\_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

6. Alternate Person to Contact Concerning Information Provided Herein:  
Name and Title: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

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7. Check One:  Existing Discharge      If proposed discharge, anticipated  
     Proposed Discharge      date of discharge commencement: \_\_\_\_\_
8. Does discharge contain any material other than domestic wastewater such as oil, grease, chemical wastes, etc.?       Yes       No

**Section B. - Product of Service Information**

1. Narrative description of the primary manufacturing or service activity at premise address and the applicable standard industrial classification code(s) (SIC No.):

\_\_\_\_\_

\_\_\_\_\_

2. Principal raw materials used: \_\_\_\_\_

\_\_\_\_\_

3. Principal products produced: \_\_\_\_\_

\_\_\_\_\_

4. Check all additional activities and indicate SIC No.(s), if known, at your premise:

	<u>SIC #</u>		<u>SIC #</u>
<input type="checkbox"/> Electroplating	(____)	<input type="checkbox"/> Photographic Processing	(____)
<input type="checkbox"/> Flammables, Explosives	(____)	<input type="checkbox"/> Plastic Processing	(____)
<input type="checkbox"/> Food Preparation Service	(____)	<input type="checkbox"/> Printing	(____)
<input type="checkbox"/> Laboratory	(____)	<input type="checkbox"/> Repair Shop, Garage	(____)
<input type="checkbox"/> Laundry, Cleaning	(____)	<input type="checkbox"/> Research	(____)
<input type="checkbox"/> Machine Shop	(____)	<input type="checkbox"/> Rubber Processing	(____)
<input type="checkbox"/> Medical Care	(____)	<input type="checkbox"/> Steam/Power Generation	(____)
<input type="checkbox"/> Painting, Finishing	(____)	<input type="checkbox"/> Warehousing	(____)
<input type="checkbox"/> Paint or Ink Formulation	(____)	<input type="checkbox"/> Other (Specify)	(____)
		_____	(____)
		_____	(____)
		_____	(____)

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**Section C. - Plant Operational Characteristics (Not applicable if none of the activities in Item 4. are checked) N/A ( )**

1. Are major processes batch or continuous?  
\_\_\_\_\_  
Average number of batches per twenty-four (24) hour day: \_\_\_\_\_
  
2. Are your processes subject to seasonal variations? \_\_\_\_\_  
If yes, explain and indicate the month(s) of peak operation and products: \_\_\_\_\_  
\_\_\_\_\_
  
3. Shift Information:
  - A. Number of shifts per work day: \_\_\_\_\_
  - B. Number of work days per week: \_\_\_\_\_
  - C. Average number of employees per shift: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ Total \_\_\_\_\_
  - D. Shift start times: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_
  
4. Describe any water recycling or material reclaiming processes utilized:  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Is a spill prevention control and countermeasure plan prepared for the facility?  
( ) Yes ( ) No Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Describe plant wash-down activities and list all solvents, degreasers and cleaning agents used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Describe any water treatment or conditioning processes utilized:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Schematic of Water Flows**

*Attach sketch showing entrance of water services from municipal system, and sizes, sewer connection to municipal system, sizes, proposed location for installing control manhole, or locate existing manhole, for sampling, observation, etc.*

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**Section D. - Water Consumption and Loss (Not applicable if none of the activities in Item 4. are checked)    N/A    ( )**

1. Raw Water Source(s):    ( ) Municipal Water Division    ( ) County Water Company  
                                   ( ) Private Contract                                   ( ) Private Well  
                                   ( ) Surface Water   ( ) Other \_\_\_\_\_
2. Water Bill Addressee: \_\_\_\_\_
3. Water Service Account Numbers: \_\_\_\_\_
4. List past twelve months water usage from water bills:
  - A. 1st 6 month period, 19\_\_\_\_, \_\_\_\_\_ GPD
  - B. 2nd 6 month period, 19\_\_\_\_, \_\_\_\_\_ GPD.
  - C. Volume from other source(s): \_\_\_\_\_ gallons per day.
  - D. Name of other source(s): \_\_\_\_\_

5. List Water Consumption Within The Plant:

<u>Type</u>	<u>Estimated Average Volume (Gallons Per Day)</u>
A. Cooling water	_____
B. Boiler feed	_____
C. Process	_____
D. Sanitary	_____
E. Plant and equipment wash-down	_____
F. Irrigation and lawn watering	_____
G. Other (specify)	_____
H. Total of A. through G.	_____

6. List Average Volume of Discharge or Water Losses to:

<u>Outlet</u>	<u>Estimated Average Volume (Gallons Per Day)</u>
A. Municipal sewer	_____
B. Watercourse, storm drain, ground	_____
C. Waste haulers	_____
D. Evaporation	_____
E. Contained in product	_____
F. Total of A. through E.	_____

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7. List average water usage and average wastewater discharge for SIC processes itemized in Section B (attach additional sheets if necessary):

<u>Brief Process Description</u>	<u>SIC Number</u>	<u>Average Water Consumption (Gals Per Day)</u>	<u>Estimated Average Discharge (Gals Per Day)</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

8. Describe any water treatment or conditioning processes utilized:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Schematic of Water Flows**

*Attach sketch showing entrance of water services from municipal system, and sizes, sewer connection to municipal system, sizes, proposed location for installing control manhole, or locate existing manhole, for sampling, observation, etc.*

**Section E. - Sewer Information (Not applicable if none of the activities in Item 4. are checked)**

- Attach a scaled drawing of your plant site showing the location of all sewers. Also, show locations of possible sampling points for these sewers and sampling points for regulated SIC processes. For reference and field orientation, building, streets, alleys, and other pertinent physical structures should be included.
- List plant sewers shown in Item 1, size and flow; assign sequential reference number to each sewer starting with No. 1 (if more than three, attach additional connection information on another sheet):

<u>Reference Number</u>	<u>Sewer Size (Inches)</u>	<u>Descriptive Connection or Discharge Point</u>	<u>Location of Sewer</u>	<u>Average Flow (GPD)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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**Section F. - Wastewater Information (Not applicable if none of the activities in Item 4. are checked) N/A ( )**

1. Does this facility discharge any wastewater other than from restrooms, cafeterias, or non-contaminated cooling water?  
 Yes. If yes complete the remainder of the questionnaire.  
 No. If no you have completed the questionnaire.
  
2. Please indicate the quantities discharged from the activities indicated below in unit of gallons per day. (Refer to Section D, Items 5, 6, 7 and 8). The quantities are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NJPDES permit number.

Discharge Quantity By Sewer Referenced In E-2

Type Process (From D-7)	1	2	3	4	5	6	Total (Refer to D-5, 6 & 7)
A.	_____	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____	_____
Sanitary	_____	_____	_____	_____	_____	_____	_____
Boiler	_____	_____	_____	_____	_____	_____	_____
Cooling	_____	_____	_____	_____	_____	_____	_____
Plant and Equipment Washdown	_____	_____	_____	_____	_____	_____	_____
Regeneration Waste (From D-8)	_____	_____	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____	_____	_____
Total (Refer to E-2)	_____	_____	_____	_____	_____	_____	_____
*NJPDES Outfall Number	_____	_____	_____	_____	_____	_____	_____
*NJPDES Permit Number	_____	_____	_____	_____	_____	_____	_____

3. Is any form of wastewater pretreatment utilized at this facility?  
 Yes     No    If "Yes", briefly describe: \_\_\_\_\_  
 \_\_\_\_\_

4. If any wastewater analyses have been performed on the wastewater discharges from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the data of the analysis, name of the laboratory performing the analysis location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).



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5. Priority pollutant information: Please indicate by placing an “X” in the appropriate box by each listed chemical whether it is “suspected to be absent”, “known to be absent”, “suspected to be present”, or “known to be present” in your manufacturing or service activity or generated as a by-product. Some compounds are known by other names (\*). Be sure to list these compounds in F-6.

ITEM NO.	CHEMICAL COMPOUND	SUSPECTED TO BE ABSENT	KNOWN TO BE ABSENT	SUSPECTED TO BE PRESENT	KNOWN TO BE PRESENT	ITEM NO.	CHEMICAL COMPOUND	SUSPECTED TO BE ABSENT	KNOWN TO BE ABSENT	SUSPECTED TO BE PRESENT	KNOWN TO BE PRESENT
1.	Asbestos (fibrous)					31.	D-BHC (Beta)				
2.	Cyanide (total)					32.	G-BHC* (Gamma)				
3.	Antimony (total)					33.	Bis(2-Chloroethyl) ether *				
4.	Arsenic (total)					34.	Bis (2-chloroethoxy) methane *				
5.	Beryllium (total)					35.	Bis (2-chloroisopropy) ether *				
6.	Cadmium (total)					36.	Bis (chloromethyl) ether *				
7.	Chromium (total)					37.	Bis (2-ethylhexyl) phthalate				
8.	Copper (total)					38.	Bromodichloromethane *				

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ITEM NO.	CHEMICAL COMPOUND	SUSPECTED TO BE ABSENT	KNOWN TO BE ABSENT	SUSPECTED TO BE PRESENT	KNOWN TO BE PRESENT	ITEM NO.	CHEMICAL COMPOUND	SUSPECTED TO BE ABSENT	KNOWN TO BE ABSENT	SUSPECTED TO BE PRESENT	KNOWN TO BE PRESENT
9.	Lead (total)					39.	Bromoform *				
10.	Mercury (total)					40.	Bromomethane *				
11.	Nickel (total)					41.	4-bromophenylphenyl ether				
12.	Selenium (total)					42.	Butylbenzyl phthalate				
13.	Silver (total)					43.	Carbon tetrachloride *				
14.	Thallium (total)					44.	Chlordane				
15.	Zinc (total)					45.	4-chloro-3-methylphenol *				
16.	Acenaphthylylene					46.	Chlorobenzene				
17.	Acenaphthylylene					47.	Chloroethane *				
18.	Acrolein					48.	2-chloroethylvinyl ether				

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19.	Acrylonitrile					49.	Chloroform *				
20.	Aldrin					50.	Chloromethane *				
21.	Ahthracene					51.	2-chloronaphthalene				
22.	Benzene					52.	2-chlorophenol *				
23.	Benzidine					53.	4-chlorophenylphenyl ether				
24.	Benzo(A)anthracene *					54.	Chrysene *				
25.	Benzo(G,H,I) pyrene *					55.	4,4' - DDD *				
26.	Benzo(B)fluoranthene					56.	4,4'-DDE *				
27.	Benzo(G,H,I)pyrene *					57.	4,4'-DDT*				
28.	Benzo(K)fluoranthene *					58.	Dibenzo(A,H)anthracene *				

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29.	A-BHC (Alpha)					59.	Dibromochloromethane *				
30.	B-BHC (Beta)					60.	1,2 - dichlorobenzene *				
61.	1,3-dichlorobenzene *					95.	Hexachlorocyclopentadiene *				
62.	1,4-dichlorobenzene *					96.	Hexachoroethane *				
63.	3,3'-dichlorobenzidine					97.	Indeno(1,2,3-CD)pyrene *				
64.	Dichlorodifluoromethane *					98.	Isophorone *				
65.	1,1-Dichloroethane *					99.	Methylene chloride *				
66.	1,2-dichloroethane *					100.	Naphthalene				
67.	1,1-dichloroethane *					101.	Nitrobenzne				
68.	Trans-1,2-dichloroethene *					102.	2-nitrophenol *				

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ITEM NO.	CHEMICAL COMPOUND	SUSPECTED TO BE ABSENT	KNOWN TO BE ABSENT	SUSPECTED TO BE PRESENT	KNOWN TO BE PRESENT	ITEM NO.	CHEMICAL COMPOUND	SUSPECTED TO BE ABSENT	KNOWN TO BE ABSENT	SUSPECTED TO BE PRESENT	KNOWN TO BE PRESENT
69.	2,4-dichlorophenol					103.	4-nitrophenol *				
70.	1,2-dichloropropane *					104.	N-nitrosodimethylamine *				
71.	(CIS & TRANS) 1,3-dichloropropene *					105.	N-nitrosodi-n-propylamine				
72.	Dieldrin					106.	N-nitrosodiphenylamine *				
73.	Diethyl phthalate *					107.	PCB-1016 *				
74.	2,4-dimethylphenol *					108.	PCB-1221 *				
75.	Dimethyl phthalate					109.	PCB-1232 *				
76.	Di-N-butyl phthalate					110.	PCB-1242 *				
77.	Di-N-Octyl Phthalate *					111.	PCB-1248 *				
78.	4,6-Dinitro-2-methylphenol *					112.	PCB-1254 *				

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ITEM NO.	CHEMICAL COMPOUND	SUSPECTED TO BE ABSENT	KNOWN TO BE ABSENT	SUSPECTED TO BE PRESENT	KNOWN TO BE PRESENT	ITEM NO.	CHEMICAL COMPOUND	SUSPECTED TO BE ABSENT	KNOWN TO BE ABSENT	SUSPECTED TO BE PRESENT	KNOWN TO BE PRESENT
79.	2,4-dinitrophenol					113.	PCB-1260 *				
80.	2,4-dinitrotoluene					114.	Pentachlorophenol				
81.	2,6-dinitrotoluene					115.	Phenanthrene				
82.	1,2-diphenylhydrazine *					116.	Phenol				
83.	Endosulfan I *					117.	Pyrene				
84.	Endosulfan II *					118.	2,3,7,8-Tetrachloro-dibenzo-P-dioxin *				
85.	Endosulfan sulfate					119.	1,1,2,2-tetrachloroethane				
86.	Endrin					120.	Tetrachloroethene *				
87.	Endrin aldehyde					121.	Toluene *				
88.	Ethylbenzene					122.	Toxaphene				

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89.	Fluoranthene					123.	1,2,4-trichlorobenzene				
90.	Fluorene *					124.	1,1,1-trichloroethane *				
91.	Heptachlor					125.	1,2,2-trichloroethane *				
92.	Heptachlor epoxide					126.	Trichloroethene *				
93.	Hexachlorobenzene *					127.	Trichlorofluoromethane *				
94.	Hexachlorobutadiene					128.	2,4,6-Trichlorophenol				

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6. For chemical compounds in F-5 which are indicated to be “known present”, please list and provide the following data for each:  
(attach additional sheets if needed)

<b>ITEM NO.</b>	<b>CHEMICAL COMPOUND</b>	<b>ANNUAL USAGE (LBS)</b>	<b>ESTIMATED LOSS TO SEWER (LBS/YR)</b>	<b>ITEM NO.</b>	<b>CHEMICAL COMPOUND</b>	<b>ANNUAL USAGE (LBS)</b>	<b>ESTIMATED LOSS TO SEWER (LBS/YR)</b>



**(Not applicable if none of the activities in Item 4. are checked)**

N/A ( )

**EMERGENCY PERSONNEL**

=====

Name of Licensed Operator \_\_\_\_\_

Type of License on Hand: C-1 C-2 C-3 C-4

License Number \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**COMPANY PERSONNEL**

=====

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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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.

\_\_\_\_\_  
Name of Organization

By: \_\_\_\_\_  
Title of Person Signing

State of \_\_\_\_\_ SS.

County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says that he is  
\_\_\_\_\_ of the above \_\_\_\_\_  
Name of Organization

and that the answers to the foregoing questions and all statements therein contained and attached hereto are true and correct.

Sworn to before me this \_\_\_\_\_

day \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_

My Commission Expires: \_\_\_\_\_