

**Town of Queensbury**  
**Department of Wastewater**  
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**INDUSTRIAL WASTE SURVEY**

Section 403.8(f)(2) of the General Pretreatment Regulations requires Publicly Owned Treatment Works (POTW) to identify and locate all possible industrial users subject to a pretreatment program and to identify the volume and character of pollutants discharged by these users.

Industrial wastes that contain certain pollutants cannot be adequately treated, interfere with operation or contaminate sewage sludge at conventional Municipal Wastewater Treatment Plants and should not be discharged to Municipal Sewers unless permitted or pretreated.

The results of this survey will enable the Town of Queensbury and the city of Glens Falls to identify all Significant Industrial Users who may be required to submit an application, with the city of Glens Falls, for an Industrial Wastewater Discharge Permit.

*NOTE:* In accordance with Title 40 of the Code of Federal Regulations (CFR) Part 403, Section 403.14, information and data provided in this survey which identifies effluent data, such as the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of information shall be governed by 40 CFR Part 2. Any information claimed as confidential shall be clearly identified as such, and each page on which such information appears shall be clearly marked "CONFIDENTIAL BUSINESS INFORMATION".

If additional space is needed to answer any question(s) attach additional sheet(s) and so indicate in the space provided in this survey. If a response to a question is an estimate indicate so in the answer.

1. Company Name \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Service Address \_\_\_\_\_
4. Parent Company (if any) \_\_\_\_\_
5. Address of Parent Company (if any) \_\_\_\_\_
6. Name and Title of person to contact in reference to survey: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

7. General description of the business and uses:

8. Do you discharge to the POTW? \_\_\_\_\_
9. Does the discharge consist of domestic wastewater only? \_\_\_\_\_  
If "yes", no need to complete remaining questions.

10. Type and amount of finished products or services where Standard Industrial Classification (SIC)\* Codes are applied:

<u>Product/Service</u>	<u>Production Process</u>	<u>SIC*Code</u>	<u>Current, Daily, &amp; Annual Production (Note Units: Air Dry Tons, Etc)</u>		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. If types and concentrations of pollutants contained in discharge are known please list them. (Indicate if oil and/or grease are discharges to sewer). If not known, describe major products manufactured or services supplied.

12. Volume of wastewater to be discharged to POTW:

- A. Average daily wastewater discharged to POTW: (If unknown, use water consumption rate) \_\_\_\_\_
- B. Is the rate of daily discharge continuous throughout each day? \_\_\_\_\_  
If "no", specify the time(s), duration(s), and volume discharge(s) throughout the day: \_\_\_\_\_
- C. Three minute peak wastewater discharge flow rate: \_\_\_\_\_
- D. Does any of the above vary seasonally, monthly, weekly, or daily? \_\_\_\_\_  
If "yes", specify the above information for each separate period referred to: \_\_\_\_\_  
\_\_\_\_\_
- E. Any other disposal involved that is not directed to the sewer system.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the facility currently have a pretreatment program or a proposal for a pretreatment program? Describe.

I have personally examined and am familiar with the information submitted in this document. The information herein is true, accurate and complete, and contains no misrepresentations of fact or omissions of fact necessary to make the statements contained herein not misleading.

Date: \_\_\_\_\_ Signature of Official: \_\_\_\_\_