

City of Sidney, Ohio

**Department of Utilities
Data Disclosure Form**

Section A-General Information

1. Company Name: _____

2. Mailing Address: _____

3. Facility Address: _____

4. Provide name of person who completed this form.

Name Title Phone

5. Provide name of person to contact on a regular basis.

Name Title Phone

I have personally examined and am familiar with the information submitted in this form and attachments. Based upon my own observations and my inquiry of those individuals immediately responsible for obtaining information reported herein, I believe that the submitted information is true, accurate, and complete.

Signature of Official Title Date

Section B-Facility Operational Characteristics

1. Major operations or activities are: batch _____ and/or continuous _____

2. Indicate whether the business activity is:

Continuous through the year, or

Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

Section B (cont.)

3. Shift Information

Work Days	() Mon	() Tues	() Wed	() Thurs	() Fri	() Sat	() Sun
Shifts per Work day:	_____	_____	_____	_____	_____	_____	_____
Employees Per shift	1st _____	_____	_____	_____	_____	_____	_____
	2nd _____	_____	_____	_____	_____	_____	_____
	3rd _____	_____	_____	_____	_____	_____	_____
Shift start And end Times:	1st _____	_____	_____	_____	_____	_____	_____
	2nd _____	_____	_____	_____	_____	_____	_____
	3rd _____	_____	_____	_____	_____	_____	_____

4. Does operation shut down for vacation, maintenance, or other reasons?

() Yes, indicate reasons and period when shutdown occurs:

() No

5. Do plans scheduled within the next three years include an expansion?

() Yes, explain _____

() No

Section C-Business Activity and Product or Service Activity

1. Describe the manufacturing or service activity at your facility.

Section C (cont.)

2. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.)

<u>SIC Code</u>	<u>Process Description</u>
_____	_____
_____	_____
_____	_____
_____	_____

3. Product Information:

A. List Products: _____

B. List Raw Materials: _____

4. Refer to Table 1 to generally characterize material utilized at your facility.

5. Refer to Table 2 to indicate any Priority Pollutant used at your facility.

6. Are all materials utilized at our facility either incorporated into your product or discharged to the sanitary sewer system? Yes No

If no, list the material and the disposal method:

<u>Material</u>	<u>Disposal Method</u>
_____	_____
_____	_____
_____	_____

Section D- Water Supply

1. Water Sources and Usage:

Type of Use _____	Quantity (gpd) _____	Source (Check One)		
		City	Well	Other (explain)
Contact Cooling Water	_____	_____	_____	_____
Non-Contact Cooling Water	_____	_____	_____	_____
Boiler Feed	_____	_____	_____	_____
Process Water	_____	_____	_____	_____
Sanitary Facilities	_____	_____	_____	_____
Air Pollution Control	_____	_____	_____	_____
Contained in Product	_____	_____	_____	_____
Plant and Equipment Wash down	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total Water Usage	_____			

2. Check the appropriate discharge means at your facility:

Type of Use	Sanitary Sewer	Storm Sewer	Other (explain)
Cooling Water	_____	_____	_____
Boiler Feed	_____	_____	_____
Process Water	_____	_____	_____
Sanitary	_____	_____	_____
Air Pollution Equipment	_____	_____	_____
Plant Wash down	_____	_____	_____
Other	_____	_____	_____

Section D (cont.)

3. Is a National Pollutant Discharge Elimination System (NPDES) Permit issued to this facility?

_____yes

_____no

4. Schematic Flow Diagram

For each major activity in which wastewater is or will be generated, draw a diagram of the flow of wastewater from the start of its activity to its completion. Include the average daily volume of each wastewater.

(If more room is required attach a schematic to this form)

Section D (cont.)

5. Is your facility subject to Categorical Pretreatment Standards as promulgated by the U.S. EPA? _____yes _____no

6. If no, list average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. New facilities should provide estimates for each discharge.

<u>Process Description</u>	<u>Average Flow(gpd)</u>	<u>Maximum Flow (gpd)</u>	<u>Type of Discharge (Batch, continuous, none)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If yes, indicate CFR Part Number(s) and Category Title(s).

<u>CFR Part No.</u>	<u>Category Title</u>
_____	_____
_____	_____
_____	_____

8.a. If yes to number "5" above, provide the wastewater discharge flows for each of your processes or proposed processes.

<u>Regulated Process</u>	<u>Average Flow(gpd)</u>	<u>Maximum Flow(gpd)</u>	<u>Type of Discharge (Batch, continuous, none)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section D (cont.)

8.b.

<u>Unregulated Process</u>	<u>Average Flow(gpd)</u>	<u>Maximum Flow(gpd)</u>	<u>Type of Discharge (Batch, continuous, none)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Dilution</u>	<u>Average Flow(gpd)</u>	<u>Maximum Flow (gpd)</u>	<u>Type of Discharge (Batch, continuous, none)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Has sampling of the wastewater been conducted? If so, attach a copy of the analyses report.

10. Are sampling manholes available? _____ Yes _____ No

11. If yes, describe location. _____

12. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.
_____ Yes _____ No

13. If yes, describe these changes and their effects on the wastewater volume and characteristics.

5. Are air pollution control devices employed? _____yes _____no

If yes, describe devices and method of residue disposal. _____

Section F- Spill Prevention

1. Do you have chemical storage containers or bins at your facility?

_____yes _____no

2. Indicate in a diagram the proximity of these containers to a sewer or storm drain.

3. Do you have floor drains in your manufacturing or chemical storage area(s)?

_____Yes _____No

4. Do you have an accidental spill prevention plan to prevent spills of chemicals or slug discharges from entering the City of Sidney's collection systems?

Yes

No

N/A, non applicable since there are no floor drains and/or the facility discharges only domestic wastes.

Section G -Compliance Status

If the industrial facility has not conducted sampling as baseline monitoring for all parameters regulated by the applicable regulation(s), the City of Sidney will conduct the sampling and bill the industrial facility for all sampling and analyses costs.

1. I certify that, to the best of my knowledge, the wastewater discharged from this facility is in compliance with the City of Sidney Sanitary Sewer Ordinance as defined I Sections 913.20 and 913.21.

Signature of Official

Title

Date

2. The discharge from this facility is not in compliance with limits defined in the City of Sidney Sanitary Sewer Ordinance, Sections 913.20 and 913.21. Therefore, we are providing, with this form, a compliance schedule, as required by Section 913.22(d).

Signature of Official

Title

Date