



City of Sidney

Industrial Pretreatment Program – Data Disclosure Form Guidance

This instruction packet is provided to help answer question, as the form is completed. All requested information in Sections A through G is to be completed. Where a question does not apply, a “None” or “Non-applicable” (N/A) response should be entered. If additional space is required to complete a particular item, attach additional sheets which show the Section and item number, and write on the form “CONTINUED ON ADDITIONAL SHEET” in the appropriate blank. If you have a question about a particular item, please call the Industrial Pretreatment Coordinator at 937.498.8120.

Upon completing the form, please return to:

City of Sidney - WWTP
Industrial Pretreatment Coordinator
201 W. Poplar St.
Sidney, OH 45365

It is necessary to keep a copy of the completed form in your files.

SECTION I – GENERAL INFORMATION

1. Facility Name: Should be that name which is used for official transactions or as appears on company letterhead.
2. Site Address: Physical address where the industrial activity or discharge of industrial wastewater occurs.
3. Mailing Address: If different than physical address please list.
4. Name of person completing said form.
5. Name, title, phone number, and email address of person designated as the facility contact.
6. Delegation/Authorization Form: The form authorizing certain individuals to report to the City of Sidney regarding all industrial activity. If this form is not on file with the City please review its applicability.
7. Certification Statement Signature: Requirements for this individual are found in the City of Sidney Codified Ordinance 913.25 (a)(2).



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SECTION II – FACILITY OPERATIONAL CHARACTERISTICS

1. Please indicate whether major operations or activities are batch or continuous.
2. Please indicate whether the business is seasonal or continuous.
3. If business is seasonal, please indicate the months in which business activity occurs.
4. Do operations have planned shut downs for vacations, maintenance, or other reasons?
5. Indicate any plans for expansion of your facility.
6. Please indicate the days of the week that industrial activity occurs.
7. Please indicate the number of shifts per work day.
8. Please indicate the number of employees per shift
9. Please indicate the start and stop times of each shift.

SECTION III – Business Activity and Product/Service Availability

1. Describe the primary operations at the facility to provide a general idea of the manufacturing or service activities. For example, if dairy products are manufactured, the primary operations might be: receiving milk, bottling milk, condensing milk, ice cream manufacturing, cheese making, and butter making.
2. It is important to correctly classify the industry. The assigned Standard Industrial Classification (SIC) Code will determine if the industry comes under pretreatment regulations. The SIC number can be found in the Standard Industrial Classification Manual published in 1972 as prepared by the Statistical Policy Division, Office of Management and Budget, Washington, D.C. The SIC numbers reported should be 4 digit numbers which best describe the various products or



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services provided. List these numbers in order of decreasing importance based on volume.

Also, one product may be produced but incorporate separate identifiable processes. An example would be a tool manufacturer who electroplates. The primary activity of tool manufacturing is SIC Code 3423. However, since electroplating is performed, a secondary SIC Code of 3471 should also be listed. Also, describe each process for each listed SIC Code.

3. List the principal products produced by the manufacturing operations. If the business performs a service rather than producing a product, describe this service.
4. List the principal raw materials used in producing the product.
5. Please indicate whether all materials are used in the product or discharged to the sanitary sewer.
6. List material disposal materials and methods if not incorporated in the product or discharged to the sanitary sewer.

SECTION IV – Intake Water Supply and Discharge Outfalls

1. Indicate the intake water type for each process and the quantity used.
2. Indicate the discharge water flow from each process and it's designated discharge outfall.
3. Please list the gallons of water discharged from boiler blow downs and/or cooling towers. Also list any and all chemicals/reagents used in the process.
4. Process flow line diagrams are required to be submitted with this data disclosure form. The flow diagram shall, at a minimum, include incoming water sources, and the discharge point for each process.
5. Please indicate whether or not your facility is subject to Categorical Pretreatment Standards as promulgated by the USEPA.



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6. If yes, please list each regulated process, the average and maximum daily flow from said process as well as the type of discharge.
7. Some flow may be considered dilution flow regarding a regulated process. If present, please list the dilution flow, the average and maximum daily flow, as well as the type of discharge.
8. Please indicate whether or not sampling has been conducted of the wastewater. If yes, please include the most recent analytical results.
9. Please indicate if a sampling manhole is present. If yes, please describe its location.
10. Please indicate if there are any planned changes or expansions planned at the facility that could alter the volume or characteristics of the wastewater discharged. If yes, please describe the change(s).

SECTION V – Pretreatment

1. Please indicate if any method of pretreatment is used before wastewater is discharged to the sewer system.
2. Attach a process flow diagram for each existing pretreatment system. Describe the amount of flow received from each source, design capacity of the system, process equipment, and an operational narrative.
3. Please indicate if the system(s) produce a by-product.
4. Please indicate if the by-product is considered a hazardous waste. Resource Conservation and Recovery Act (RCRA) states sludge or residues resulting from pretreatment will be considered a hazardous waste if the residue fails to meet any of the testing criteria, or if it is listed as a hazardous waste.
5. Please indicate if air pollution devices are used at your facility. If yes, include the disposal methods of any residual materials.



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6. Please indicate if the facility has a pretreatment operator. If yes, please include the name(s) of the operator, title, phone number, indicate whether this is a full or part time position along with the hours worked.

SECTION VI – Spill Prevention

1. Please indicate if you have chemical storage containers at your facility.
2. Please indicate if you have floor drains in your manufacturing areas, or in chemical storage areas. If yes, please submit a drawing or aerial photo of said drains and show the proximity of chemical storage to the nearest drain.
3. Please indicate if you have a spill prevention plan in place to prevent slug loads from entering the publicly owned treatment works (POTW). If yes, a copy of said plan must be included with this document.

Table 1 and Table 2

Please check boxes in Table 1 Materials Used next to materials utilized at your facility.

Please check the appropriate boxes in Table 2 Priority Pollutants.