

NORTHWESTERN LANCASTER COUNTY AUTHORITY

Lancaster County, Pennsylvania

NON-RESIDENTIAL WASTE DISCHARGE QUESTIONNAIRE

The information provided in this Non-Residential Waste Discharge Questionnaire will be relied on by the Northwestern Lancaster County Authority (Authority) to determine if the non-residential user meets the requirements for obtaining a Non-Residential Waste Discharge Permit. If such a permit is determined to be necessary, an application form will be forwarded to the applicant and a site observation will be scheduled. The information received in the application form and obtained during the site observation will be used to develop the conditions in the Discharge Permit.

If, at any time, the non-residential user determines that information in this questionnaire is inaccurate or incomplete, or has become inaccurate or incomplete due to changes that may have occurred, it is a duty of the user to notify the Authority and to provide the necessary corrections. At the Authority's discretion, the non-residential user may be required to submit a new questionnaire. Failure to provide correct information may constitute a violation of local, Commonwealth or federal laws or regulations and may result in the imposition of civil or criminal penalties. Requests for confidential treatment of information provided herein shall be governed by procedures specified in 40 CFR Part 2.

The completed and signed questionnaire shall be mailed to:

Northwestern Lancaster County Authority
97 North Penryn Road
Manheim, PA 17545

1. Company/Business Name: _____

2. Facility Address: _____

Municipality: _____

3. Mailing/Billing Address (If different from facility address): _____

4. Name of Authorized Representative: _____

Title: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

5. Alternative person to contact concerning information provided on this form:

Name: _____

Title: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

6. Briefly describe what business will be performed at the site, including all production, manufacturing, and/or service operations: _____

7. List all applicable Standard Industrial Classification (SIC) Codes and descriptions: _____

8. List all water sources used by this facility: _____

9. Is there any discharge to the sanitary sewer other than domestic/residential waste? If so, please explain: _____

10. Is any wastewater treated prior to discharge to the sewer? If so, please explain: _____

11. Do you have any chemical storage areas, tanks, bins, etc.? If so, please describe: _____

12. Are there any floor drains in your facility? If so, please describe: _____

13. Are there any process wastes generated at this facility? If so, please describe: _____

14. Is there any waste disposal other than sanitary sewer or trash at this facility? If so, please describe: _____

15. Does this facility discharge any cooling water? If so, please describe: _____

16. If you have any other comments you feel are relevant to sewerage or waste generation, please explain: _____

Certification by Authorized Representative:

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. I understand that there may be penalties, including the possibility of criminal prosecution, for providing false information.

Name of Official

Title

Signature of Official
(Seal if applicable)

Date