

SAMPLE COPPER SURVEY FORM

Wastewater Collection System Industrial Source Survey: Copper

On _____, the Agency of Natural Resources renewed Discharge Permit No. 3-1254. This permit authorizes the City of Essex Junction, the Town of Essex, and the Town of Williston to discharge treated and disinfected wastewater from the City of Essex Junction Wastewater Treatment Facility (WWTF) to the Winooski River.

Your business is located within the municipal sewer collection system serving the WWTF and discharges wastewater from a commercial or industrial process into the collection sewer and could contain pollutants of concern into the WWTF. Therefore, the _____ is sending your business this Copper Survey Form to comply with Section I.D.3 of Discharge Permit No. 3-1254. This Section requires the City and Towns to develop and maintain a list of users within the municipal sewer collection systems that may discharge copper into the collection system above the background level found in domestic wastewater.

Your business's response to this form will support the WWTF as one of several steps being taken to gather data on the possible sources of copper within the collection systems, the amount of copper entering the WWTF, and the amount of copper being discharged from the WWTF into the Winooski River.

If you have any questions or concerns while completing the form, please contact using the information provided at the end of this form.

1. Name of Business: _____

2. Appropriate Contact Person: _____

3. Street Address: _____
4. City/State/Zip Code: _____
5. Telephone: _____ Fax: _____
6. Email: _____
7. Number of Employees: _____
8. Business North American Industry Classification System (NAICS) Code(s) and/or Subcode(s):
9. Briefly describe your business, including products manufactured or services performed:
10. Please estimate the average monthly flow (gallons per day) of your business's industrial/commercial discharges to the WWTF: _____
11. Does/Do your process(es) use any products that contain copper (e.g., raw materials, process additives, or other products)? (Check One)

Yes No

If the answer to the above question is Yes, please proceed to the next Question. If the answer is No, you are not required to complete the remainder of this form, but you are asked to sign the form and send the form back.

12. Is a wastewater generated from manufacturing process(es) that use copper? (Check One)

Yes No

If the answer to the above question is Yes, please proceed to the next Question. If the answer is No, you are not required to complete the remainder of this form, but you are asked to sign the form and send the form back to the address listed below.

13. Is this wastewater discharged to the municipal sewer collection system?

Yes No

If the answer to the above question is Yes, please proceed to fill out the rest of this form. If the answer is No, you are not required to complete the remainder of this form, but you are asked to sign the form and send the form back to the address listed below.

14. Please describe all copper-containing products, their use, and approximate quantities used:

15. Describe all wastewater management and cleaning practices used at your facility to control the discharge of copper into the municipal sewer collection system. This includes but is not limited to any wastewater treatment methods and procedures, pH adjustment, pollution prevention practices, waste minimization practices, and/or slug/spill prevention measures that you utilize or employ:

16. To the extent possible, provide a qualitative estimation (pounds per year) of the copper discharged in your wastewater to the municipal sewer collection system. *This estimate can be based on wastewater sampling and flow measurements, but sampling of the wastewater is not required to answer this question.*

Check one:

High (>10 lbs/yr)

Moderate (< 10 lbs/yr but > 1 lb/yr)

Low (>1 lb/yr)

Explain:

To the Best of my knowledge the information on this form is true and accurate,

Signature: _____ Date: _____

Title: _____

Return this form within 30 days to:

Wastewater Treatment Facility: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

As a reminder, if your facility expands or changes process in a way that may change your responses to the answers on this form, please reach out to the individual above.