FLUORIDE DISCHARGE SURVEY

The Sub-Regional Operating Group (SROG), that is comprised of Glendale, Mesa, Phoenix, Scottsdale, and Tempe, is responsible for implementing and operating industrial wastewater control programs in those communities. SROG is considering the use of best management practices (BMPs) as an alternative to local limit for fluoride. The goals of the Valley-wide BMPs include reducing the industrial and other users' loadings, eliminating/minimizing violations at the wastewater treatment plants (WWTPs), and maintaining (or reducing) current influent loadings while allowing for industrial growth.

The following survey includes questions regarding materials and product usage, type of operation, current pretreatment, etc., at industries that discharge fluoride to the collection system. The survey results will be used to provide SROG with more specific information on industrial discharges of fluoride-containing wastewater. We also apologize for the short time frame in which to complete this survey. SROG and the City of Tempe will appreciate your cooperation in providing this important information. Please contact either your assigned Investigators and/or the Pretreatment Section Supervisor if you have any questions or need assistance with completing the survey. The contact telephone numbers are:

Environmental Investigator	Telephone Number
Richard Dalton	480-350-2851
Ernie Frasquillo	480-350-2645
Jeremy Mikus	480-350-2852
Frank Valles	480-350-2691
Mike Golden	480-350-2674

Instructions: Please complete this survey form by October 29, 2004 and return it (via fax or mail) to:

Mail To:	Fax To:
City of Tempe Water Utilities Department Environmental Division P.O. Box 5002 Tempe, AZ 85280	480-350-2615

DATE: _____

1. COMPANY OVERVIEW

1.1 Company name: _____

1.2 Company address: _____

1.3 Company contact for survey information: _____

1.4 Phone #: _____ Fax #: _____

1.5 Primary SIC Code: _____ Other SIC Codes: _____

1.6 Number of shifts: _____ Start / Stop times: _____

1.7 Approx. number of plant floor employees per shift: 1st_____ 2nd_____ 3rd_____

1.8 Number of total employees: _____ Square footage of facility:_____

1.9 Is business continuous through the year? Yes_____ No_____ Seasonal? Yes_____ No_____

If Seasonal, circle months of operation: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

1.10 Have there been any significant facility changes since January 2001 (i.e., number of shifts, size of facility, etc.)? Yes_____ No_____

If yes, please describe briefly:

_____

_____

_____

_____

2. PRODUCTS AND PROCESS INFORMATION

2.1 Briefly list your company's products and/or services:

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_____

_____

_____

2.2 Indicate which manufacturing processes conducted at your facility are continuous (C) or batch (B):

_____Anodizing	_____Electroplating	_____Machining	_____Printing
_____Blending	_____Etching	_____Milling	_____Reacting
_____Brazing	_____Extruding	_____Molding	_____Stamping
_____Cleaning	_____Formulating	_____Painting	_____Welding
_____Coating	_____Grinding	_____Paint stripping	
_____Degreasing	_____Heat treating	_____Polishing	

Other (specify):

_____

_____

_____

2.3 List all processes that use fluoride-containing chemicals and the quantities used in pounds per year (lb/yr) or gallons per day (gpd). Please indicate if the quantity used is a measured value or an estimate.

Processes	**Fluoride-containing Chemical**	**Chemical Quantity (lb/yr or gal/day)**	**Measured Value/ Estimate**
Acid Etching			
Oxide Etching			
Cleaning			
Scrubber Blow Down			
Welding Electrodes			
Soldering Fluxes			
Surface Treatment			
Other			

2.4 Does your facility maintain Material Safety Data Sheets (MSDS) for fluoride-containing chemicals at the facility?

Yes_____ No_____

If yes, please provide copies of all MSDS for fluoride-containing chemicals when returning this survey.

3. WASTE CHARACTERIZATION AND MANAGEMENT

3.1 Describe the characteristics of the facility's wastewater discharge (e.g., chemical constituents, pH, etc.):

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_____

_____

_____

_____

3.2 List all processes that use fluoride-containing chemicals and the average annual volume of process wastewater discharge. Please indicate if the discharge volume is a measured value or an estimate.

Processes	**Fluoride-containing Chemical**	**CAS Number**	**Wastewater Discharge Volume (gal/day)**	**Measured Value / Estimate**
Acid Etching				
Oxide Etching				
Cleaning				
Scrubber Blow Down				
Welding Electrodes				
Soldering Fluxes				
Surface Treatment				
Others:				
Total Facility-Wide Wastewater Discharge				

3.3 Indicate your facility's pretreatment equipment and processes:

Type of Pretreatment	**Design Removal Efficiency for Fluoride, %**	**Existing System (date of installation)?**	**Proposed System (estimated date of installation)?**
Chemical Oxidation			
Chemical Reduction			
Ion Exchange			
pH Neutralization			
Physical Separation			
Precipitation			
Sedimentation			
Stream segregation			
Reverse Osmosis			
Others:			

3.4 Does your company have policies or procedures to separate fluoride-containing waste or waste streams?
Yes_____ No_____

If yes, please describe briefly:

_____

_____

_____

_____

3.5 Does your company use methods other than pretreatment and discharge to manage your waste streams that contain fluoride? Yes_____ No_____

If yes, please describe briefly:

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_____

4. OPERATIONS AND MAINTENANCE

4.1 Please describe your facility's procedure(s) in the event a non-episodic discharge of fluoride-bearing material is spilled and/or discharged as it is described in your spill prevention, control, and countermeasures plan:

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_____

_____

_____

5. POLLUTION PREVENTION ACTIVITY

5.1 Does your company have a written environmental management policy? Yes_____ No_____

5.2 Does your company have a written pollution prevention plan? Yes_____ No_____
If yes, indicate the items included in the pollution prevention plan:

Item	Yes / No	Description
Spill Prevention		
Waste Minimization		
Water Conservation		
Recycling		
Product Substitution		
Reduced Use		
Others:		

5.3 Has your company performed pollution prevention/waste minimization assessment at the facility?
Yes_____ No_____

5.4 If your company has a pollution prevention program, does it include fluoride-containing chemicals?
Yes_____ No_____

5.5 Has your company ever implemented any pollution prevention projects related to fluoride-containing chemicals? Yes_____ No_____

If yes, please describe:

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5.6 In what production or process areas would more effective pollution prevention efforts be better utilized? What would those efforts be?

_____

_____

_____

_____

6. FUTURE CONSIDERATIONS

6.1 Has your company upgraded the pretreatment facility since January 2001? Yes _____ No _____

If yes, describe what was upgraded:

_____

_____

_____

_____

6.2 Does your company have any current or future company plans or goals to reduce the use or discharge of fluoride-containing chemicals? Yes_____ No_____

If yes, please describe and estimate % of reduction:

_____

_____

_____

_____

6.3 Is your company considering any specific projects to reduce the use or discharge of fluoride-containing chemicals? Yes_____ No_____

If yes, please describe and estimate % of reduction:

_____

_____

_____

_____

6.4 Is your company considering any expansions or new facilities in the future that would increase the use and discharge of fluoride-containing chemicals? Yes_____ No_____

If yes, please describe the facility change(s) and indicate how soon you would implement the expansion or new facility:

_____

_____

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7. SROG BMPS DEVELOPMENT PROCESS

7.1 Would your company be interested in participating in future meetings with SROG to discuss the development of BMPs for fluoride? Yes _____ No _____

If yes, provide contact name and phone number:

_____

Thank you for completing this survey.