



CH2M Fort Campbell
5101 Tennessee Ave
PO Box 100
Ft Campbell, KY 42223
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www.ch2m.com

22 May 2024

TDEC Division of Water Resources

Subject: Industrial Waste Survey, NPDES Permit No. TN0021296

Attached please find one copy of our recently completed Industrial waste Survey.

At the time survey was conducted no Significant Industrial Users were found to exist at Ft. Campbell, Ky.

Please feel free to call or write should you have any questions; I may be reached at (931) 320-4902 or by e-mail: trent.wilson@jacobs.com .

Respectfully, *Trent Wilson*

Trent Wilson
WWTP Manager
Fort Campbell

Non-Residential Establishments Buildings Surveyed

Location	Building Number	Survey	Measurement Amount	Unit	Main Usage Type	Water Gallon/Day (GPD)
TN Side	650	Y	580,000	SF	Hospital	138,000
TN Side	744		9,000	SF	Maintenance Shop, General Purpose	130
TN Side	749		3,108	SF	Maintenance Shop, General Purpose	50
TN Side	751		18,240	SF	Maintenance Shop, General Purpose	250
TN Side	752		18,299	SF	Maintenance Shop, General Purpose	250
TN Side	754		18,299	SF	Maintenance Shop, General Purpose	250
TN Side	755		18,299	SF	Maintenance Shop, General Purpose	250
TN Side	756		18,299	SF	Maintenance Shop, General Purpose	250
TN Side	757		3,108	SF	Maintenance Shop, General Purpose	50
TN Side	762		9,000	SF	Maintenance Shop, General Purpose	130
TN Side	763	Y	3,055	SF	Maintenance Shop, General Purpose	50
TN Side	1110	Y	4,850	SF	Maintenance Shop, General Purpose	70
TN Side	5334	Y	7,000	SF	Vehicle Maintenance Shop	100
TN Side	5336	Y	7,000	SF	Vehicle Maintenance Shop	100
TN Side	5338	Y	7,000	SF	Vehicle Maintenance Shop	100
TN Side	5339	Y	22,630	SF	Maintenance Shop, General Purpose	62
TN Side	5340	Y	54,750	SF	Maintenance Shop, General Purpose	150
TN Side	5341	Y	47,085	SF	Maintenance Shop, General Purpose	129
TN Side	5342	Y	16,425	SF	Maintenance Shop, General Purpose	45
TN Side	5440	Y	4,921	SF	Maintenance Shop, General Purpose	70
TN Side	5442	Y	7,500	SF	Vehicle Maintenance Shop	110
TN Side	5444	Y	18,000	SF	Vehicle Maintenance Shop	250
TN Side	5500	Y	18,000	SF	Vehicle Maintenance Shop	250
TN Side	5505	Y	99,270	SF	Vehicle Maintenance Shop	1360
TN Side	5508	Y	18,993	SF	Vehicle Maintenance Shop	260
TN Side	5513	Y	10,736	SF	Maintenance Shop, General Purpose	150
TN Side	5638	Y	5,250	SF	Vehicle Maintenance Shop	80

Location	Building Number	Survey	Measurement Amount	Unit	Main Usage Type	Water Gallon/Day (GPD)
TN Side	5640	Y	7,036	SF	Vehicle Maintenance Shop	100
TN Side	5641	Y	7,036	SF	Vehicle Maintenance Shop	100
TN Side	5646	Y	7,036	SF	Vehicle Maintenance Shop	100
KY Side	5737	Y	7,000	SF	Maintenance Shop, General Purpose	100
KY Side	5800		8,750	SF	Vehicle Maintenance Shop	120
KY Side	5860	Y	5,000	SF	Vehicle Maintenance Shop	70
KY Side	5862	Y	7,000	SF	Vehicle Maintenance Shop	100
KY Side	5901	Y	28,800	SF	Vehicle Maintenance Shop	400
KY Side	6055		6,590	SF	Maintenance Shop, General Purpose	90
KY Side	6056	Y	10,500	SF	Vehicle Maintenance Shop	150
TN Side	6076	Y	7,000	SF	Maintenance Shop, General Purpose	100
KY Side	6242	Y	12,524	SF	Vehicle Maintenance Shop	180
KY Side	6243	Y	12,524	SF	Vehicle Maintenance Shop	180
KY Side	6247	Y	17,190	SF	Vehicle Maintenance Shop	240
KY Side	6250	Y	17,329	SF	Vehicle Maintenance Shop	240
KY Side	6261	Y	11,960	SF	Vehicle Maintenance Shop	170
KY Side	6262	Y	11,960	SF	Vehicle Maintenance Shop	170
KY Side	6310	Y	7,037	SF	Vehicle Maintenance Shop	100
KY Side	6312	Y	6,182	SF	Vehicle Maintenance Shop	90
KY Side	6313	Y	32,900	SF	Vehicle Maintenance Shop	450
KY Side	6314	Y	7,295	SF	Vehicle Maintenance Shop	100
KY Side	6316	Y	7,225	SF	Vehicle Maintenance Shop	100
KY Side	6318	Y	6,182	SF	Vehicle Maintenance Shop	90
KY Side	6419		6,898	SF	Vehicle Maintenance Shop	100
KY Side	6421	Y	6,898	SF	Vehicle Maintenance Shop	100
KY Side	6479	Y	8,453	SF	Maintenance Shop, General Purpose	120
KY Side	6484		5,250	SF	Vehicle Maintenance Shop	40
KY Side	6485	Y	5,250	SF	Vehicle Maintenance Shop	40
KY Side	6492		6,570	SF	Vehicle Maintenance Shop	90
KY Side	6494	Y	7,037	SF	Vehicle Maintenance Shop	100
KY Side	6498	Y	3,750	SF	Vehicle Maintenance Shop	60
KY Side	6512	Y	6,253	SF	Vehicle Maintenance Shop	90
KY Side	6514	Y	6,255	SF	Vehicle Maintenance Shop	90
KY Side	6516	Y	6,018	SF	Vehicle Maintenance Shop	90
KY Side	6518	Y	6,254	SF	Vehicle Maintenance Shop	90
KY Side	6521	Y	25,000	SF	Vehicle Maintenance Shop	350
KY Side	6525	Y	25,000	SF	Vehicle Maintenance Shop	350
KY Side	6530	Y	2,558	SF	Vehicle Maintenance Shop	40
KY Side	6533		2,688	SF	Vehicle Maintenance Shop	40
KY Side	6535	Y	22,013	SF	Vehicle Maintenance Shop	310
TN Side	6627		29,373	SF	Aircraft Maintenance Hangar	410
TN Side	6628		63,698	SF	Aircraft Maintenance Hangar	870
TN Side	6636	Y	71,573	SF	Aircraft Maintenance Hangar	980

Location	Building Number	Survey	Measurement Amount	Unit	Main Usage Type	Water Gallon/Day (GPD)
TN Side	6828	Y	34,155	SF	Vehicle Maintenance Shop	470
TN Side	6833	Y	12,975	SF	Vehicle Maintenance Shop	180
TN Side	6836	Y	12,506	SF	Vehicle Maintenance Shop	180
TN Side	6847		5,105	SF	Vehicle Maintenance Shop	70
TN Side	6849		5,218	SF	Vehicle Maintenance Shop	80
TN Side	6850	Y	4,748	SF	Vehicle Maintenance Shop	70
TN Side	6853	Y	5,250	SF	Vehicle Maintenance Shop	80
TN Side	6871	Y	7,000	SF	Vehicle Maintenance Shop	100
TN Side	6872	Y	35,290	SF	Vehicle Maintenance Shop	490
TN Side	6874		27,412	SF	Vehicle Maintenance Shop	380
TN Side	6882	Y	35,291	SF	Vehicle Maintenance Shop	490
TN Side	6887	Y	6,881	SF	Vehicle Maintenance Shop	100
TN Side	6890		27,384	SF	Vehicle Maintenance Shop	380
TN Side	6892	Y	28,895	SF	Vehicle Maintenance Shop	400
TN Side	7005		4,754	SF	Vehicle Maintenance Shop	70
TN Side	7006	Y	5,230	SF	Vehicle Maintenance Shop	80
KY Side	7033		5,250	SF	Vehicle Maintenance Shop	80
KY Side	70300		35,290	SF	Vehicle Maintenance Shop	490
KY Side	70302	Y	18,000	SF	Vehicle Maintenance Shop	250
KY Side	7042	Y	4,808	SF	Vehicle Maintenance Shop	70
KY Side	7043	Y	4,748	SF	Vehicle Maintenance Shop	70
KY Side	7047		5,077	SF	Vehicle Maintenance Shop	70
KY Side	7049		4,748	SF	Vehicle Maintenance Shop	70
KY Side	7050	Y	4,754	SF	Vehicle Maintenance Shop	70
KY Side	7062		21,279	SF	Vehicle Maintenance Shop	300
KY Side	7063		5,250	SF	Maintenance Shop, General Purpose	80
KY Side	7064		1,764	SF	Vehicle Maintenance Shop	30
KY Side	7066		1,764	SF	Vehicle Maintenance Shop	30
KY Side	7068		1,764	SF	Vehicle Maintenance Shop	30
KY Side	7070	Y	1,764	SF	Vehicle Maintenance Shop	30
KY Side	7085		17,418	SF	Vehicle Maintenance Shop	240
KY Side	7088		1,764	SF	Vehicle Maintenance Shop	30
KY Side	7089	Y	1,764	SF	Vehicle Maintenance Shop	30
KY Side	7128	Y	6,820	SF	Vehicle Maintenance Shop	100
KY Side	7141	Y	5,077	SF	Vehicle Maintenance Shop	70
KY Side	7142		5,200	SF	Vehicle Maintenance Shop	80
KY Side	7143	Y	10,400	SF	Maintenance Shop, General Purpose	80
KY Side	7144	Y	5,250	SF	Vehicle Maintenance Shop	150
KY Side	7152	Y	20,511	SF	Aircraft Maintenance Hangar	280
KY Side	7154	Y	36,677	SF	Aircraft Maintenance Hangar	500
KY Side	7156	Y	39,137	SF	Aircraft Maintenance Hangar	540
KY Side	7161	Y	16,431	SF	Aircraft Maintenance Hangar	230
KY Side	7206	Y	28,118	SF	Aircraft Maintenance Hangar	390
KY Side	7208	Y	42,925	SF	Aircraft Maintenance Hangar	590

Location	Building Number	Survey	Measurement Amount	Unit	Main Usage Type	Water Gallon/Day (GPD)
KY Side	7210	Y	32,732	SF	Aircraft Maintenance Hangar	450
KY Side	7214	Y	42,605	SF	Aircraft Maintenance Hangar	590
KY Side	7218	Y	45,550	SF	Aircraft Maintenance Hangar	630
KY Side	7224	Y	20,000	SF	Vehicle Maintenance Shop	180
KY Side	7226	Y	11,000	SF	Vehicle Maintenance Shop	90
KY Side	7243	Y	43,500	SF	Aircraft Maintenance Hangar	600
KY Side	7245	Y	49,367	SF	Aircraft Maintenance Hangar	680
KY Side	7249	Y	49,338	SF	Aircraft Maintenance Hangar	680
KY Side	7251	Y	43,100	SF	Aircraft Maintenance Hangar	590
KY Side	7257	Y	105,870	SF	Aircraft Maintenance Hangar	1,450
KY Side	7262	Y	73,040	SF	Aircraft Maintenance Hangar	1,000
KY Side	7264	Y	80,210	SF	Aircraft Maintenance Hangar	1,100
KY Side	7268	Y	64,883		Aircraft Maintenance Hangar	890
KY Side	7272	Y	43,122		Aircraft Maintenance Hangar	590
KY Side	7274	Y	88,983		Aircraft Maintenance Hangar	1,220
TN Side	7550	Y	18,000		Vehicle Maintenance Shop	250
TN Side	7575	Y	7,037		Vehicle Maintenance Shop	100
TN Side	7620		4,660		Maintenance Shop, General Purpose	70
TN Side	7621	Y	4,552		Maintenance Shop, General Purpose	70
TN Side	7631	Y	2,400		Maintenance Shop, General Purpose	40
TN Side	7950		35,290		Vehicle Maintenance Shop	490
TN Side	7952		35,290		Vehicle Maintenance Shop	490
TN Side	7954		18,000		Vehicle Maintenance Shop	250
TN Side	7956		35,290		Vehicle Maintenance Shop	490
TN Side	7958		18,000		Vehicle Maintenance Shop	250
TN Side	7960	Y	18,000		Vehicle Maintenance Shop	250
TN Side	66011	Y	18,218		Vehicle Maintenance Shop	250
KY Side	71005	Y	17,700		Paint Shop	100
KY Side	71029	Y	32,290		Vehicle Maintenance Shop	450
KY Side	71040	Y	17,700		Maintenance Shop, General Purpose	250

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army, BACH, Blanchfield Army Community Hospital
Bldg. 650 Joel Drive, Fort Campbell KY
Zip: 42223 Telephone (270) 798-5214
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title, and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name David Bertoldi Title Facility Telephone (270) 412-8928
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Medical

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-21-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Medical Care / Hospital Operations

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
8062

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	113,000	estimated	measured
b.	<input checked="" type="checkbox"/> Cooling water, noncontact	25,000	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

138,000

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	138,000	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

138,000

Provide name and address of waste hauler(s), if used,

Anthony Jones, Defense Logistics Agency

Bldg. 5212 Oregon Avenue Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army, DOL Maintenance Complex, Buildings 744, 749, 751, 752, 754, 755, 756, 757, 762,
763 Bastogne Ave and 16th
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing
with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating,
warehousing, painting, printing, food processing, etc.)
Military Maintenance Shop

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.
I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.
5-21-24 Date Trent Wilson Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts general maintenance on equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

	Average gallons per day		
a. <input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	1,660	estimated	measured
b. <input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c. <input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d. <input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e. <input type="checkbox"/> Process	_____	estimated	measured
f. <input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g. <input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h. <input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i. <input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 1,660

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

	Average gallons per day		
a. <input checked="" type="checkbox"/> Sanitary	1,660	estimated	measured
b. <input type="checkbox"/> Storm Sewer	_____	estimated	measured
c. <input type="checkbox"/> Surface	_____	estimated	measured
d. <input type="checkbox"/> Ground water	_____	estimated	measured
e. <input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f. <input type="checkbox"/> Evaporation	_____	estimated	measured
g. <input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 1,660

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Organizational Maintenance
Bldg. 1110 Fergus Street (Behind High School)
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-21-24
Date

Trent Wilson TW
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 928110

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	70	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

70

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	70	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

70

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
 US Army 2/17 Aviation Squadron Motor Pool
 BLDG. 5334 9th Street
 Zip: 42223 Telephone () _____
- A.2** Address of production or manufacturing facility.
 Same as above
 Zip: _____ Telephone () _____
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
 Trent Wilson Wastewater Manager
 Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat Program Manager	Telephone (270)	798-9769
	_____		_____		_____
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
 Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 100

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army 2/17 Aviation Squadron Motor Pool
BLDG. 5336 9th Street
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title, and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.
I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.
5-22-24 Trent Wilson
Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 100

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

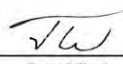
Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 2/17 Aviation Squadron Motor Pool
BLDG. 5338 9th Street
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 _____ Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 100

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army
Bldg 5339 3rd & Wickham Avenue Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	62	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

62

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	62	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

62

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army
Bldg 5340 3rd & Wickham Avenue Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	150	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

150

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	150	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

150

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Paint Shop
Bldg 5341 3rd Street & Wickham Avenue Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Equipment Paint Shop

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts painting operation of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	129	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

129

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	129	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

129

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army
Bldg 5342 3rd & Wickham Avenue Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	45	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 45

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	45	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 45

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army DOL Contractor
Bldg 5440 Wickham and Airborne
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
General Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts general maintenance on equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	70	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

70

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	70	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

70

Provide name and address of waste hauler(s), if used.

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 305 CS Company QM Motor Pool
Bldg 5442 13th Street
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902


A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 _____ Trent Wilson 
Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts general maintenance on equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	110	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

110

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	110	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

110

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army Vehicle Maintenance Shop
Bldg 5444 13th Street
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson TW
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	250	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.8.a - A.8.i		250		

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	250	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.9.a - A.9.g		250		

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 129th CS BTN HHD Vehicle Maintenance Shop
Bldg 5500 Tennessee Ave.
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 Date Trent Wilson Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	250	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

250

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	250	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

250

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army 129th BTN HHD Vehicle Maintenance Shop
Bldg 5505 Tennessee Ave
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson

TW

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	1,360	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 1,360

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	1,360	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 1,360

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
 US Army 305 CS BTN Vehicle Maintenance Shop _____
 Bldg 5508 Tennessee Ave and Wickham _____
 Zip: 42223 _____ Telephone () _____

- A.2 Address of production or manufacturing facility.
 Same as above _____

 Zip: _____ Telephone () _____

- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing
 with Sewer Authority and/or City:
 Trent Wilson Wastewater Manager _____
 Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902 _____

- | | | | |
|--|----------------|-------|--|
| A.4 Alternate person to contact concerning information provided herein: | | | |
| Name | Robert Stewart | Title | Hazmat Telephone (270) 798-9769 |
| | | | Program |
| | | | Manager |

- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating,
 warehousing, painting, printing, food processing, etc.)
 Military Vehicle Maintenance _____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

<i>This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.</i>	
I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.	
5-22-24 _____	Trent Wilson <i>TW</i> _____
Date	Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	260	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

260

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	260	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

260

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army DOL Contractor
Bldg 5513 Tennessee Ave and Air Assault
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military General Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	150	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

150

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	150	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

150

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army 716 Military Police Motor Pool
Bldg 5638 Tennessee Ave and 19th
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	80	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 80

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	80	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 80

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS


Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 561st Military Police Motor Pool
Bldg 5640 Tennessee Ave and 19th
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 _____ Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i **100**

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g **100**

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

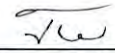
Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 194 Military Police Motor Pool
Bldg 5641 Tennessee Ave and 19th
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 _____ Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 100

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army 551st Military Police Motor Pool
Bldg 5646 Tennessee Ave and 19th
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

100

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army 563 CSB
Bldg 5737 29th and Wickham Fort Campbell, Ky
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military General Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

100

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army 96 CSB Aviation Support
Bldg 5800, 5860 29th and Wickham Fort Campbell, KY
Zip: 42223 Telephone (270) 542-7574
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

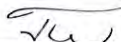
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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	190	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 190

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	190	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 190

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 326 Engineer
Bldg 5862 29th and Wickham Fort Campbell, KY
Zip: 42223 Telephone (270) 412-4189
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24 Date	Trent Wilson Signature of Official (Seal is applicable)
-----------------	---

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input type="checkbox"/> Waste haulers	_____	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army HHC 101st Div

Bldg 5901 29th and Wickham Fort Campbell, KY

Zip: 42223 Telephone (270) 412-4189

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title, and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart Title Hazmat Telephone (270) 798-9769

Program

Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	400	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

400

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	400	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input type="checkbox"/> Waste haulers	_____	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

400

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army Container Storage and Repair Yard
Bldg 6055, 6056 29th and Wickham Fort Campbell, KY
Zip: 42223 Telephone ()


A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

<i>This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.</i>	
I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.	
5-22-24 Date	Trent Wilson  Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	240	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.8.a - A.8.i		240		

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	240	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.9.a - A.9.g		_____		

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army Range Control Maintenance
Bldg 6076 Screaming Eagle Blvd. Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.
I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.
Date 5-22-24 Trent Wilson Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts general maintenance on equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 100

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army SOF Vehicle Maintenance Facility
Bldg 6242, 6242A 46th and Wickham Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	180	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 180

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	180	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 180

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army SOF Vehicle Maintenance Facility
Bldg 6243, 6243A 46th and Wickham Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 Date Trent Wilson Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	180	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i **180**

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	180	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g **180**

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army SOF Vehicle Maintenance Facility
Bldg 6247 46th and Wickham Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902


A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	240	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

240

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	240	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

240

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army SOF Vehicle Maintenance Facility
Bldg 6250 46th and Wickham Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.
I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.
5-22-24 Trent Wilson
Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	240	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 240

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	240	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 240

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

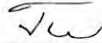
Section A General Information

- A.1 Company name, mailing address and telephone number:
 US Army Vehicle Maintenance Shop
 Bldg 6261, 6261A 46th Street Fort Campbell, KY
 Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
 Same as above
 Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
 Trent Wilson Wastewater Manager
 Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
 Name Robert Stewart Title Hazmat Telephone (270) 798-9769
 Program
 Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
 Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

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5-22-24 _____ Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	170	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

170

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	170	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

170

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army Vehicle Maintenance Shop
Bldg 6262, 6262A 46th Street Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	170	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

170

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	170	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

170

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
 US Army CMD USA FLDS PT, Vehicle Maintenance Shop
 Bldg 6310 + 2 Outbuildings 49th Street Fort Campbell, KY
 Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
 Same as above
 Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
 Trent Wilson Wastewater Manager
 Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
 Name Robert Stewart Title Hazmat Telephone (270) 798-9769
 Program
 Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
 Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

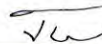
This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

100

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no


Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army 1/327th IN BN AAS, Vehicle Maintenance Shop
Bldg 6312 49th Street Fort Campbell, KY
 Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
 Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
 Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

<p><i>This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.</i></p> <p>I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.</p>	
<p><u>5-22-24</u></p> <p>Date</p>	<p><u>Trent Wilson</u> </p> <p>Signature of Official (Seal is applicable)</p>

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	90	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

90

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	90	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

90

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army, Vehicle Maintenance Shop
Bldg 6313 49th Street Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	450	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

450

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	450	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

450

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 2/327th IN BN AAS, Vehicle Maintenance Shop
Bldg 6314 49th Street Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Program Manager Telephone (270) 798-9769


A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson 
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.8.a - A.8.i		100		

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.9.a - A.9.g		100		

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 1/327th IN BN AAS, Vehicle Maintenance Shop
Bldg 6316 49th Street Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson

[Handwritten Signature]

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.8.a - A.8.i		100		

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.9.a - A.9.g		100		

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	90	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 90

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	90	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 90

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 2/44 AD, Vehicle Maintenance Shop
Bldg 6419, 6421 51st Street and Tennessee Avenue Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24

Date

Trent Wilson

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	200	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 200

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	200	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 200

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 2/44 AD, Vehicle Maintenance Shop
Bldg 6479 Desert Storm & Angels Road Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above

Zip: _____ Telephone () _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
 Program
Manager


A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson 
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	120	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i **120**

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	120	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g **120**

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS


Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 2/320 FA, Vehicle Maintenance Shop
Bldg 6485, 6484 Desert Storm & Angels Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24 _____ Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	80	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

80

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	80	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

80

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	190	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

190

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	190	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

190

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army, Vehicle Maintenance Shop
Bldg 6498 53rd and Tennessee Avenue Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	400	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 400

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	400	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 400

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army 1/502nd IN BN Vehicle Maintenance Shop
Bldg 6512 55th and Tennessee Avenue Fort Campbell, KY
Zip: 42223 Telephone () _____

A.2 Address of production or manufacturing facility.

Same as above

Zip: _____ Telephone () _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance


Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson 

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	90	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

90

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	90	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

90

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 1/502nd IN BN Vehicle Maintenance Shop
Bldg 6514 55th and Tennessee Avenue Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902


A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24 _____ Trent Wilson 
Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	90	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 90

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	90	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 90

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 1/502nd IN BN Vehicle Maintenance Shop
Bldg 6516 55th and Tennessee Avenue Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson

[Signature]

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	90	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 90

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	90	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 90

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army Vehicle Maintenance Shop
Bldg 6518 55th and Tennessee Avenue Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Trent Wilson



Date

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	90	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 90

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	90	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 90

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 523 CS Vehicle Maintenance Shop
Bldg 6521 56th and Tennessee Avenue Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.
I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.
Date 5-22-24 Trent Wilson Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	350	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 350

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	350	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 350

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
 US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	350	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 350

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	350	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 350

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army DOL Maintenance Shop
Bldg 7063 Off Market Garden Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

<i>This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.</i>	
I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.	
5-22-24 Date	Trent Wilson Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	80	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

80

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	80	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

80

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Vehicle Maintenance Shop
Bldg 7085, 7088, 7089 47th Street Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of vehicles & equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	300	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input checked="" type="checkbox"/> Equipment/Facility washdown	2.7	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 303

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	300	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	2.7	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 303

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Vehicle Maintenance Shop
Bldg 7128 Chinook Road Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		


A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson 
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

100

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Vehicle Maintenance Shop 96 CS

Bldg 7141 B Avenue Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
 US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	70	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact		estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown		estimated	measured
d.	<input type="checkbox"/> Cooling water, contact		estimated	measured
e.	<input type="checkbox"/> Process		estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown		estimated	measured
g.	<input type="checkbox"/> Air pollution control unit		estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer		estimated	measured
i.	<input type="checkbox"/> Other, describe		estimated	measured

Total A.8.a - A.8.i

70

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	70	estimated	measured
b.	<input type="checkbox"/> Storm Sewer		estimated	measured
c.	<input type="checkbox"/> Surface		estimated	measured
d.	<input type="checkbox"/> Ground water		estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation		estimated	measured
g.	<input type="checkbox"/> Other, describe		estimated	measured

Total A.9.a - A.9.g

70

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Vehicle Maintenance Shop 6/101 AVN
Bldg 7142, 7144 Blacksheep Run Fort Campbell, KY (Unoccupied to be Demolished)
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		


A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson 
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of vehicles & equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	<u>0</u>	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	<u> </u>	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	<u> </u>	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	<u> </u>	estimated	measured
e.	<input type="checkbox"/> Process	<u> </u>	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	<u> </u>	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	<u> </u>	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	<u> </u>	estimated	measured
i.	<input type="checkbox"/> Other, describe	<u> </u>	estimated	measured

Total A.8.a - A.8.i 0

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	<u>0</u>	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	<u> </u>	estimated	measured
c.	<input type="checkbox"/> Surface	<u> </u>	estimated	measured
d.	<input type="checkbox"/> Ground water	<u> </u>	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<u><1</u>	estimated	measured
f.	<input type="checkbox"/> Evaporation	<u> </u>	estimated	measured
g.	<input type="checkbox"/> Other, describe	<u> </u>	estimated	measured

Total A.9.a - A.9.g 0

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Vehicle Maintenance Shop DOL Transportation
Bldg 7143 Gate 7 Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)


Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson


Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
 US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	80	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact		estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown		estimated	measured
d.	<input type="checkbox"/> Cooling water, contact		estimated	measured
e.	<input type="checkbox"/> Process		estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown		estimated	measured
g.	<input type="checkbox"/> Air pollution control unit		estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer		estimated	measured
i.	<input type="checkbox"/> Other, describe		estimated	measured

Total A.8.a - A.8.i

80

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	80	estimated	measured
b.	<input type="checkbox"/> Storm Sewer		estimated	measured
c.	<input type="checkbox"/> Surface		estimated	measured
d.	<input type="checkbox"/> Ground water		estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation		estimated	measured
g.	<input type="checkbox"/> Other, describe		estimated	measured

Total A.9.a - A.9.g

80

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger CAAF
Bldg 7152 Blacksheep Run Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	280	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

280

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	280	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

280

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger CAAF
Bldg 7154 Blacksheep Run Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	500	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

500

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	500	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

500

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Aircraft Maintenance Hanger CAAF

Bldg 7156 Blacksheep Run Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat Program Manager	Telephone (270)	798-9769
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A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Aircraft Maintenance


Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson


Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	540	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

540

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	540	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

540

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Aircraft Maintenance Hanger CAAF

Bldg 7161 Blacksheep Run Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat Program Manager	Telephone (270)	798-9769
------	----------------	-------	------------------------------	-----------------	----------

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	230	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

230

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	230	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

230

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger Destiny Area CAAF
Bldg 7206 Perimeter Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson 

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	390	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 390

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	390	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 390

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger Destiny Area CAAF
Bldg 7208 Perimeter Road Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	590	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 590

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	590	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 590

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Aircraft Maintenance Hanger Destiny Area CAAF

Bldg 7210 Perimeter Road Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	450	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

450

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	450	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

450

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	590	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

590

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	590	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

590

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Vehicle Maintenance Shop
Bldg 6530 56th and Wickham Avenue Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	40	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

40

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	40	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

40

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Vehicle Maintenance Shop

 Bldg 6535, 6533 56th and Wickham Avenue Fort Campbell, KY

 Zip: 42223 Telephone () _____

A.2 Address of production or manufacturing facility.

Same as above

 Zip: _____ Telephone () _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

 Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
	_____		Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)


Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

 Date

Trent Wilson 

 Signature of Official
 (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
 US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	350	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

350

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	350	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

350

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	2260	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

2260

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	2260	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

2260

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts general maintenance on equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	470	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 470

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	470	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 470

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army 2/320 FA, Motor Pool
Bldg 6833 Ashua Valley Road and Air Assault Street Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	180	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

180

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	180	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

180

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
 US Army Motor Pool
 Bldg 6836 New Market Road Fort Campbell, KY
 Zip: 42223 Telephone ()

- A.2 Address of production or manufacturing facility.
 Same as above
 Zip: Telephone ()

- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
 Trent Wilson Wastewater Manager
 Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

- A.4 Alternate person to contact concerning information provided herein:
 Name Robert Stewart Title Hazmat Telephone (270) 798-9769
 Program
 Manager

- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: *In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.*

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5-22-24
Date
Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts general maintenance on equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	180	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 180

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	180	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 180

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:
US Army 2/187th IN, 1/33 CAV, 1/187th IN Motor Pool
Bldg 6847, 6849, 6850 Ashua Valley Road and New Market Road Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.


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5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	220	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 220

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	220	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 220

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS


Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army DOL Contractor Maintenance Shop
Bldg 6853 Market Garden Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 _____ Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	80	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

80

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	80	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

80

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 326 Engineer Maintenance Shop
Bldg 6871 Ashau Valley Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

100

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Motor Pool

 Bldg 6872 Ashau Valley Road Fort Campbell. KY

 Zip: 42223 Telephone () _____

A.2 Address of production or manufacturing facility.

Same as above

 Zip: _____ Telephone () _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

 Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat Program Manager	Telephone (270)	798-9769
_____	_____	_____	_____	_____	_____

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance


Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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 5-22-24

 Date

Trent Wilson 

 Signature of Official
 (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	490	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 490

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	490	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 490

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army 63rd Chemical Company & 101st AG Vehicle Maintenance Shops

Bldg 6874, 6887 Ashua Valley Road Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson 
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	480	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 480

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	480	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 480

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army Motor Pool
Bldg 6882 Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 Trent Wilson
Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	490	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 490

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	490	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 490

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 106TC and 102QM Vehicle Maintenance Shops
Bldg 6890, 6892 Ashau Vally Road and Air Assault Street Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	780	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 780

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	780	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 780

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army 3/101 AVN Attack Vehicle Maintenance Shops
Bldg 7005, 7006 3/101 Ashau Vally Road and 30th Street Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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Date

5-22-24

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	150	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 150

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	150	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 150

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Vehicle Maintenance Shop
Bldg 7033, 70300, 70302 Ashau Vally Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	820	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 800

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	820	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 820

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 326 EN Vehicle Maintenance Shop
Bldg 7042, 7043 326 EN Aahau Valley Road Fort Campbell, KY
Zip: 42223 Telephone ()

- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()

- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager

- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson 

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	140	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

140

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	140	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

140

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS


Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army 320 FA Vehicle Maintenance Shop
Bldg 7047, 7049, 7050 Ashau Valley Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24 _____ Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	210	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 210

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	210	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 210

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army 4th IN BDE Vehicle Maintenance Shop
Bldg 7062, 7064, 7066, 7068, 7070 Ashau Valley Road Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat Program Manager	Telephone (270)	798-9769
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A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	420	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

420

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	420	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

420

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger Destiny Area CAAF
Bldg 7218 Perimeter Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	630	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 630

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	630	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 630

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	270	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 270

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	270	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 270

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger 5/101 CAAF
Bldg 7243 Perimeter Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson 

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	600	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

600

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	600	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

600

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger 96 CS Aviation CAAF
Bldg 7245 Perimeter Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance


Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson


Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	630	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

630

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	630	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

630

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS


Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger 1/101 Attack CAAF
Bldg 7249 Perimeter Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24 _____ Trent Wilson 

Date Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	680	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

680

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	680	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

680

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger 2/17 Headquarters Squadron CAAF
Bldg 7251 Perimeter Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	590	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

590

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	590	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

590

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger CAAF
Bldg 7257 Perimeter Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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Date

5-22-24

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	1450	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

1450

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	1450	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

1450

Provide name and address of waste hauler(s), if used,
 POC is Stan Calhoun Building 5134 DPW-E (270) 798-9786

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger HHC 160th
Bldg 7262 Night Stalker Way Fort Campbell, KY
Zip: 42223 Telephone () _____
- A.2** Address of production or manufacturing facility.
Same as above

Zip: _____ Telephone () _____
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager


- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24
Date

Trent Wilson 
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	1000	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 1000

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	1000	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 1000

Provide name and address of waste hauler(s), if used,
POC is Stan Calhoun Building 5134 DPW-E (270) 798-9786

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	1100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

1100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	1100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

1100

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Aircraft Maintenance Hanger 160th AVN G

Bldg 7268 Night Stalker Way Fort Campbell, KY

Zip: 42223 Telephone () _____

A.2 Address of production or manufacturing facility.

Same as above

Zip: _____ Telephone () _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart Title Hazmat Telephone (270) 798-9769

Program

Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Aircraft Maintenance

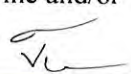
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5-22-24
Date

Trent Wilson


Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	890	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.8.a - A.8.i		890		

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	890	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured
Total A.9.a - A.9.g		890		

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number:
US Army Aircraft Maintenance Hanger 160th AVN
Bldg 7272 Night Stalker Way Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2 Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4 Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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Date

Trent Wilson
Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	590	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 590

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	590	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 590

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	1220	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 1220

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	1220	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 1220

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Vehicle Maintenance Shop
Bldg 7550 CAV Country Headquarters Road Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Vehicle Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date

5-22-24

Trent Wilson

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
 US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

100

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army 52nd EOD Vehicle Maintenance Shop
Bldg 7575 CAV Country Headquarters Road Fort Campbell, KY
Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above
Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat Program Manager	Telephone (270)	798-9769
	_____		_____		_____

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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Date

5-22-24

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of vehicles & equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 100

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army DOL Maintenance

Bldg 7620, 7621 Rail Unloading Road Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat Program Manager	Telephone (270)	798-9769
------	----------------	-------	------------------------------	-----------------	----------

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date

5-22-24

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of vehicles & equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/>	Domestic Waste (restrooms, employee showers, etc.)	140	<u>estimated</u> measured
b.	<input type="checkbox"/>	Cooling water, noncontact	_____	estimated measured
c.	<input type="checkbox"/>	Boiler/tower blowdown	_____	estimated measured
d.	<input type="checkbox"/>	Cooling water, contact	_____	estimated measured
e.	<input type="checkbox"/>	Process	_____	estimated measured
f.	<input type="checkbox"/>	Equipment/Facility washdown	_____	estimated measured
g.	<input type="checkbox"/>	Air pollution control unit	_____	estimated measured
h.	<input type="checkbox"/>	Storm water runoff to sanitary sewer	_____	estimated measured
i.	<input type="checkbox"/>	Other, describe	_____	estimated measured

Total A.8.a - A.8.i

140

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

			Average gallons per day		
a.	<input checked="" type="checkbox"/>	Sanitary	140	<u>estimated</u>	measured
b.	<input type="checkbox"/>	Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/>	Surface	_____	estimated	measured
d.	<input type="checkbox"/>	Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/>	Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/>	Evaporation	_____	estimated	measured
g.	<input type="checkbox"/>	Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

140

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

Jacobs Vehicle Maintenance

Bldg 7631 Rail Unloading Road Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)


Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson


Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of vehicles & equipment owned by Jacob's Engineering in support of Water Utilities.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
221310

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	40	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

40

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	40	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

40

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Vehicle Maintenance Shops

Bldg 7950, 7952, 7954, 7956, 7958, 7960 California Road New Clarksville Base

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name	Robert Stewart	Title	Hazmat	Telephone (270)	798-9769
			Program		
			Manager		

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date

5-22-24

Trent Wilson

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of vehicles & equipment owned by the
US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	2220	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 2220

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	2220	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 2220

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Aircraft Maintenance Shop

Bldg 66011 Sabre AAF Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart

Title

Hazmat

Telephone (270) 798-9769

Program

Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Aircraft Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24

Date

Trent Wilson



Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

Facility conducts routine maintenance and repairs of aircraft owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	250	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

250

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	250	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

250

Provide name and address of waste hauler(s), if used,

Anthony Jones Defense Logistics Agency

Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes

no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Aircraft Paint Shop (ALMD)
Bldg 71005 Campbell Army Airfield (CAAF) near Blacksheep Run Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Equipment Paint Shop


Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson


Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts painting operation of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	100	estimated	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

100

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	100	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

100

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

US Army Motor Pool

Bldg 71029 Campbell Army Airfield (CAAF) near Blacksheep Run Fort Campbell, KY

Zip: 42223 Telephone ()

A.2 Address of production or manufacturing facility.

Same as above

Zip: Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Trent Wilson Wastewater Manager

Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902

A.4 Alternate person to contact concerning information provided herein:

Name Robert Stewart

Title

Hazmat

Telephone (270) 798-9769

Program

Manager

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Military Vehicle Maintenance

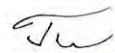
Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

5-22-24
Date

Trent Wilson


Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
Facility conducts routine maintenance and repairs of equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	250	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i 250

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	250	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g 250

Provide name and address of waste hauler(s), if used,
Anthony Jones Defense Logistics Agency
Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1** Company name, mailing address and telephone number:
US Army Airfield Support Vehicle Maintenance Shop
Bldg 71040 First Street and Market Garden Fort Campbell, KY
Zip: 42223 Telephone ()
- A.2** Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
- A.3** Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
Trent Wilson Wastewater Manager
Jacobs Engineering Fort Campbell, KY 42223 (931) 320-4902
- A.4** Alternate person to contact concerning information provided herein:
Name Robert Stewart Title Hazmat Telephone (270) 798-9769
Program
Manager
- A.5** Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Military Equipment Maintenance

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

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5-22-24

Date

Trent Wilson

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.
 Facility conducts routine maintenance and repairs of aircraft-related equipment owned by the US Army.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
 92811

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	250	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, noncontact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

250

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input checked="" type="checkbox"/> Sanitary	250	<u>estimated</u>	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input checked="" type="checkbox"/> Waste haulers	<1	<u>estimated</u>	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

250

Provide name and address of waste hauler(s), if used,
 Anthony Jones Defense Logistics Agency
 Bldg. 5212 Oregon Ave. Fort Campbell, KY 42223

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.