



P.O. BOX 471 • 122 PUBLIC SQUARE • WAYNESBORO • TENNESSEE • 38485
OFFICE (931) 722-5458 • FAX (931) 722-9109 • www.cityofwaynesboro.org

Industrial Waste Survey
City of Waynesboro, TN
TN0021695

February 14, 2024

The City of Waynesboro received its new NPDES Permit that went effective on August 1, 2023. The primary objective of our completed Industrial User Survey was to locate users of the collection system whose discharges could cause interference to the collection system and wastewater treatment facility, cause pass-through violations, cause biosolids contamination and negatively impact the system. The city does not currently have any permitted Industrial users.

The POTW looked at water billing records to identify users to be surveyed. Attached to this submittal are the cover letter, short form and long form used to determine if the area Industries needed to be covered under an approved pretreatment program within the service area of the City of **Waynesboro**. Long survey forms were hand delivered to area industrial users to gather a more detailed picture of their wastewater discharge. Follow up action for some forms and letters was required on the city's part. Phone calls were used to clear up some vague and left out information on the forms. The POTW conducted site visits for those requiring assistance filling out forms.

The City of Waynesboro developed an initial list of users to send out forms to. After evaluating the initial list, eliminating users unlikely to have process discharges, a revised list was developed, and these area users were sent a cover letter with a long form. The City of **Waynesboro** has attached a detailed listing of the findings of our current Industrial Waste Survey to fulfill the requirements within the NPDES Permit # **TN0021695** in Section 3.2.a.Viii.

If you should have any questions concerning the submission of the Industrial Waste Survey, please feel free to contact me at **731-434-8277** or amccall@cityofwaynesboro.com. The City of Waynesboro greatly appreciates the cooperation and assistance expressed by your office concerning our Pretreatment Program.

Sincerely,

Pretreatment Coordinator

"The City of Waynesboro is an equal opportunity provider and employer."

Table 1
POTW Name: City of Waynesboro
IUs Eliminated from Further Survey Efforts

Category

1. Grocery/convenience stores
Reason Eliminated: Domestic waste only.
2. Restaurants
Reason Eliminated: Domestic Waste only.
3. Banks
Reason Eliminated: Domestic Waste only.
4. Automobile Repair
Reason Eliminated: Domestic Waste only.
5. Personal Businesses
Reason Eliminated: Domestic Waste only.
6. Beauty Salons
Reason Eliminated: Domestic Waste only.
7. Dr. Offices
Reason Eliminated: Domestic Waste only.
8. Funeral Homes
Reason Eliminated: Domestic Waste only.
9. Hospital
Reason Eliminated: Domestic Waste only.
10. Dentist Offices
Reason Eliminated: Domestic Waste only.
11. Jewelry Repair
Reason Eliminated: Domestic Waste only.
12. Tn. Container Services Inc.
Reason Eliminated: Domestic Waste and Process Waste. Process waste does not contribute significantly to wastewater loading.

Note: The reason for eliminating each of these IUs from further survey efforts must be shown. If groups of IUs were all eliminated for the same or similar reasons, they may be listed together with single explanation.

Items 8-11 Received short form *Items 12 Received long form

TABLE 2
WAYNESBORO WASTEWATER TREATMETN PLANT
Industrial Waste Survey Results

Company Name	Company Address	SIC Code	No Discharge to POTW	Domestic, Noncontact cooling, Boiler/Tower Blowdown Wastewater ONLY	Nondomestic Wastewater (Check both if appropriate)		Did not Respond
					Contains any of the 129 Toxics	Prohibited Pollutants See 40 CFR 403.5(b)	
C&B Linen	953 Andrew Jackson Drive Waynesboro, TN 38485		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE 3
WAYNESBORO WASTEWATER TREATMETN PLANT
IUs Discharging Nondomestic Wastewater

Company Name	SIC Code	Average Flow (gpd)	Pollutants Know or Suspected Present in Nondomestic Wastestream	Average Pollutant Concentration, If Known	Is Pretreatment of Nondomestic Wastestream Provided	Treatment Plant (if more than one in POTW system)	Jurisdiction (If POTW service area serves IUs in other Jurisdictions.
C&B Linen		29,000			[] [NO] []		
					[] [] []		
					[] [] []		
					[] [] []		
					[] [] []		
					[] [] []		
					[] [] []		
					[] [] []		



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Date: 12-21-2023

Company Address: P.O. Box 471 Waynesboro TN 38485

RE: Industrial Waste Survey

Dear Commercial Sewer Customer,

The City of Waynesboro is required by the EPA 40 CFR 403.8 (f) (2) to identify and locate any industrial and commercial facility that may impact the treatment process of the Publicly Owned Treatment Works (POTW) as part of renewing its NPDES Permit Wastewater Treatment Facility.

In support of this requirement, the Wastewater Treatment Facility uses an Industrial Waste Survey (IWS) Form to evaluate the potential for facilities within our service area to impact the POTW.

Information collected by the IWS is used to determine if any commercial or industrial at the facility could cause interference through:

- Inference with daily treatment operations,
- Limit the usefulness of biosolids treated at the facility,
- Endanger the health and safety of wastewater collections system personnel, or
- Pass through the POTW's treatment process ultimately harming human health and/or the environment.

In an effort to adhere with the EPA Code of Federal Regulations and prevent the possible infringements to facility processes listed above, an IWS Survey Form has been attached to this letter for you to fill out. Section 203 of the City of Waynesboro Sewer Use Ordinance each industrial and commercial facility to complete the attached form and return it to the POTW Control Authority. Within ten (10) days of receipt of this letter, please complete the IWS form and mail to the address listed above.

It is the city's goal to provide dependable sewer services to residents at a reasonable price. Your cooperation with this survey is greatly appreciated. Should you have any questions, please feel free to reach me at 931-722-3863 or EMAIL amccall@cityofwaynesboro.org.

Sincerely,

Pretreatment Coordinator

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WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

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

Zip: _____ Telephone () _____

A.2 Address of production or manufacturing facility.

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:

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

Name _____ Title _____ Telephone () _____

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

_____ Signature of Official
(Seal is applicable)

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

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

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 type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	_____	estimated	measured
b.	<input type="checkbox"/> Cooling water, non contact	_____	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

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

		Average gallons per day		
a.	<input type="checkbox"/> Sanitary	_____	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,

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.

Section B Facility operation characteristics

- B.1** Number of employee shifts worked per 24-hour day: _____
Average number of employees per shift: _____
- B.2** Starting times of each shift: 1st _____ am 2nd _____ am 3rd _____ am
pm pm pm

Note: The following information in this section must be completed for each product line.

B.3 Principal product produced: _____

B.4 Raw materials and process additives used:

B.5 Production is:
 Batch Continuous Both _____% Batch _____% Continuous
Average Number of batches per 24-hour day _____

B.6 Hours of operation: _____ a.m. to _____ p.m. Continuous

B.7 Is production subject to seasonal variation? yes no
If yes, briefly describe seasonal production cycle:

B.8 Are any process changes or expansions planned during the next five yes no
years?
If yes, attach a separate sheet to this form describing the nature of planned changes or
expansions.

Section C Wastewater Information

C.1 If your facility performs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity. Check all that apply:

- | | |
|--|---|
| 1. [] Adhesives | 31. [] Metal finishing |
| 2. [] Aluminum Forming | 32. [] Mineral Mining and Processing |
| 3. [] Asbestos Manufacturing | 33. [] Nonferrous Metals Manufacture |
| 4. [] Auto & other Laundries | 34. [] Nonferrous Metals, Forming |
| 5. [] Battery Manufacturing | 35. [] Ore Mining and Dressing |
| 6. [] Builder's Paper and Board Mills | 36. [] Organic Chemical, Plastic & Synthetic Fibers |
| 7. [] Can Making | 37. [] Organic Chemical |
| 8. [] Carbon Black Manufacturing | 38. [] Paint & ink |
| 9. [] Cement Manufacturing | 39. [] Paving and Roofing Materials |
| 10. [] Coal Mining | 40. [] Pesticides, Formulating, Packaging, Repackaging |
| 11. [] Coil Coating | 41. [] Pesticides, Manufacturing |
| 12. [] Copper Forming | 42. [] Petroleum Refining |
| 13. [] Dairy Products | 43. [] Pharmaceuticals |
| 14. [] Electric & Electronic Components | 44. [] Phosphate Manufacturing |
| 15. [] Electroplating | 45. [] Photographic Supplies |
| 16. [] Explosives Manufacturing | 46. [] Plastic Molding and Forming |
| 17. [] Feedlots | 47. [] Plastics Processing |
| 18. [] Ferroalloy Manufacturing | 48. [] Porcelain Enameling |
| 19. [] Fertilizer Manufacturing | 49. [] Printing & Publishing |
| 20. [] Foundries, (metal molding & casting) | 50. [] Pulp, Paper and Paperboard |
| 21. [] Fruits and Vegetables Processing | 51. [] Rubber Manufacturing |
| 22. [] Glass Manufacturing | 52. [] Seafood Processing |
| 23. [] Grain Mills | 53. [] Soaps & Detergents |
| 24. [] Gum & Wood Chemical | 54. [] Steam Electric Power Generating |
| 25. [] Hospitals | 55. [] Sugar Processing |
| 26. [] Inorganic Chemical | 56. [] Textiles Mills |
| 27. [] Iron & Steel | 57. [] Timber |
| 28. [] Leather Tanning & Finishing | 58. [] Waste Disposal, Treating, and/or Incinerating |
| 29. [] Meat Products | |
| 30. [] Mechanical Products | |

C.2 Pretreatment devices or process used for treating wastewater or sludge. Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Chlorination | <input type="checkbox"/> Flow Equalization |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Cyclone | <input type="checkbox"/> Grease or Oil Separation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Filtration | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ozonation | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Sump | <input type="checkbox"/> Screen | <input type="checkbox"/> Solvent |
| <input type="checkbox"/> Neutralization, pH Correction | | |
| <input type="checkbox"/> Biological Treatment, Type | | |
| <input type="checkbox"/> Rainwater Diversion or Storage | | |
| <input type="checkbox"/> Other Chemical Treatment, | | |
| <input type="checkbox"/> Other physical Treatment, | | |
| <input type="checkbox"/> Other, | | |
| <input type="checkbox"/> No Pretreatment Provided | | |

C.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this form. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and the location(s) from which sample(s) were taken.

C.4 Priority Pollutant Information.

Please indicate by checking the appropriate box. Indicate the concentration of the compound present in the wastestream, if known.

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
1.	Antimony	[]	[]	[]	[]	
2.	Arsenic	[]	[]	[]	[]	
3.	Asbestos	[]	[]	[]	[]	
4.	Beryllium	[]	[]	[]	[]	
5.	Cadmium	[]	[]	[]	[]	
6.	Chromium	[]	[]	[]	[]	
7.	Copper	[]	[]	[]	[]	
8.	Cyanide	[]	[]	[]	[]	
9.	Lead	[]	[]	[]	[]	
10.	Mercury	[]	[]	[]	[]	
11.	Nickel	[]	[]	[]	[]	
12.	Selenium	[]	[]	[]	[]	
13.	Silver	[]	[]	[]	[]	
14.	Thallium	[]	[]	[]	[]	
15.	Zinc	[]	[]	[]	[]	
16.	Phenol (n)	[]	[]	[]	[]	
17.	Phenol 2-chloro	[]	[]	[]	[]	
18.	Phenol, 2,4-dichloro	[]	[]	[]	[]	
19.	Phenol, 2,4,6-trichloro	[]	[]	[]	[]	
20.	Phenol, pentachloro	[]	[]	[]	[]	
21.	Phenol, 2-nitro	[]	[]	[]	[]	
22.	Phenol, 4-nitro	[]	[]	[]	[]	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
23.	Benzene	[]	[]	[]	[]	
24.	Benzene, chloro	[]	[]	[]	[]	
25.	Benzene, 1,2-dichloro	[]	[]	[]	[]	
26.	Benzene, 1,3-dichloro	[]	[]	[]	[]	
27.	Benzene, 1,4-dichloro	[]	[]	[]	[]	
28.	Benzene, 1,2, 4-trichloro	[]	[]	[]	[]	
29.	Benzene, hexachloro	[]	[]	[]	[]	
30.	Benzene, ethyl	[]	[]	[]	[]	
31.	Benzene, nitro	[]	[]	[]	[]	
32.	Toluene	[]	[]	[]	[]	
33.	Toluene, 2,4 dinitro	[]	[]	[]	[]	
34.	Toluene, 2,6-dinitro	[]	[]	[]	[]	
35.	PCB-1016	[]	[]	[]	[]	
36.	PCB-1221	[]	[]	[]	[]	
37.	PCB-1232	[]	[]	[]	[]	
38.	PCB-1242	[]	[]	[]	[]	
39.	PCB-1248	[]	[]	[]	[]	
40.	PCB-1254	[]	[]	[]	[]	
41.	PCB-1260	[]	[]	[]	[]	
42.	2-Chloronaphthalene	[]	[]	[]	[]	
43.	Ether, bis(chloromethyl)	[]	[]	[]	[]	

Chemical compound		Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
44.	Phenol, 2, 4-dimethyl	[]	[]	[]	[]	
45.	Phenol, 2,4-dimethyl	[]	[]	[]	[]	
46.	m-cresol, p-chloro	[]	[]	[]	[]	
47.	o-cresol, 4,6-dinitro	[]	[]	[]	[]	
48.	Nitrosamine, dimethyl	[]	[]	[]	[]	
49.	Nitrosamine, diphenyl	[]	[]	[]	[]	
50.	Nitrosamine, di-n-propyl	[]	[]	[]	[]	
51.	Benzidine	[]	[]	[]	[]	
52.	Benzidine, 3,3'-dichloro	[]	[]	[]	[]	
53.	Hydrazine, 1,2-diphenyl	[]	[]	[]	[]	
54.	Acrlonitrile	[]	[]	[]	[]	
55.	Methane, bromo	[]	[]	[]	[]	
56.	Methane, chloro	[]	[]	[]	[]	
57.	Methane, dichloro	[]	[]	[]	[]	
58.	Methane, chlorodibromo	[]	[]	[]	[]	
59.	Methane, dichlorobromo	[]	[]	[]	[]	
60.	Methane, tribromo	[]	[]	[]	[]	
61.	Methane, trichloro	[]	[]	[]	[]	
62.	Methane, tetrachloro	[]	[]	[]	[]	
63.	Ethane, 1,1-dichloro	[]	[]	[]	[]	
64.	Ethane, 1,2-dichloro	[]	[]	[]	[]	
65.	Ether, bis (2-chloroethyl)	[]	[]	[]	[]	
66.	Ether, bis (2-chlorosopropyl)	[]	[]	[]	[]	

Chemical compound		Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
67.	Ether, 2-chloroethyl vinyl	[]	[]	[]	[]	
68.	Ether, 4- bromophenyl phenyl	[]	[]	[]	[]	
69.	Ether, 4-chlorophenyl phenyl	[]	[]	[]	[]	
70.	Bis (2-chloroethoxy) methane	[]	[]	[]	[]	
71.	Phthalate, di-o-methyl	[]	[]	[]	[]	
72.	Phthalate, di-n-ethyl	[]	[]	[]	[]	
73.	Phthalate, di-n-butyl	[]	[]	[]	[]	
74.	Phthalate, di-n-octyl	[]	[]	[]	[]	
75.	Phthalate, bis(2-ethylhexyl)	[]	[]	[]	[]	
76.	Phthalate, butyl hexyl	[]	[]	[]	[]	
77.						
78.	Acenaphthene	[]	[]	[]	[]	
	Acenaphthylene	[]	[]	[]	[]	
79.	Anthracene	[]	[]	[]	[]	
80.	Benzo (a) anthracene	[]	[]	[]	[]	
81.	Benzo (b) fluoranthene	[]	[]	[]	[]	
82.	Benzo (k) fluorathlene	[]	[]	[]	[]	
83.	Benzo (ghi) perylene	[]	[]	[]	[]	
84.	Benzo (a) pyrene	[]	[]	[]	[]	
85.	Chrysene	[]	[]	[]	[]	
86.	Dibenzo (a,n) anthrance	[]	[]	[]	[]	
87.	Fluorathene	[]	[]	[]	[]	
88.	Fluorene	[]	[]	[]	[]	
89.	Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]	
90.	Ethane, 1,1,1-trichloro	[]	[]	[]	[]	
91.	Ethane, 1,1,2-trichloro	[]	[]	[]	[]	

Section D Other Wastes

D.1 Are any liquid waste or sludges from this firm disposed of by means other than discharge to the sewer system?

yes no

If “no”, skip remainder of Section D.

If “yes”, complete remaining items.

D.2 These wastes may best be described as:

Estimated Gallons or Pounds/Year

- Acids and Alkalines _____
- Heavy Metal Sludges _____
- Inks/Dyes _____
- Oil and/or grease _____
- Organic Compounds _____
- Paints _____
- Pesticides _____
- Plating Wastes _____
- Pretreatment sludges _____
- Solvents/Thinners _____
- Other Hazardous Wastes, describe: _____

- Other Wastes, (describe), _____

D.3 For the above checked wastes, does your company practice:

- On-site storage
- Off-site storage
- On-site disposal
- Off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

