



# New York City Industrial Waterfront Communities Pollution Prevention, Toxics Reduction and Resiliency Planning

## Data Intake Form

NYSDEC Contact: \_\_\_\_\_

### 1. General Company and Facility Information

Company Name:		
Address 1:		
Address 2:		
City:	County:	Zip Code:
Contact Name:	Title:	
Phone #:	E-Mail:	
Industry Type & NAICS Code(s):		
Have you undertaken any P2 projects in the past (please describe):		

### 2. Operational Information

Describe the types of processes performed:
Please specify hours of operation/number of shifts:
What is the number of employees at this plant location?

### 3. Potential Areas of Opportunity

Reduce environmental footprint (eliminate or reduce hazardous waste, wastewater, air emissions, solid waste)? <i>If Yes, explain in Additional Information section.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduce energy consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Increase productivity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If improvements are identified, is the company able to commit resources and funding to implement equipment and changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the case that funds are needed to implement improvements, what level of return on investment (ROI) is acceptable?	Number of Years -	

### 4. Chemical Inventory (If more room is needed, use the Additional Information section)

Chemical name and container size and material:	Storage location? (basement, 1 <sup>st</sup> floor, unenclosed)	MSDS Yes / No	Annual Usage (gallons or lbs)	Annual Cost (dollars)
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Does the facility submit a Toxic Release Inventory (TRI) Report, a NYC Community Right-To-Know form or emergency plan, or other requirement for its use of chemicals?  Yes  No  
 If yes, please describe which one:

**5. Water Use**

What is the facility's annual water use and related cost?	<b>Annual Water Use (gallons)</b>	<b>Annual Cost (dollars)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copies of water use bills for last 12 months provided? (Required)	
<b>Describe the top 3 uses of water</b>		
Activity using water	Percentage of total annual use	

**6. Wastewater**

What is the facility's annual wastewater volume and related cost?	<b>Annual Wastewater Volume (gallons)</b>	<b>Annual Cost (dollars)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copies of wastewater bills for last 12 months provided? (Required)	
Does the facility have a wastewater discharge permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, what kind? (Check box below)</i>		
<input type="checkbox"/> SPDES (State Pollutant Discharge Elimination System) <input type="checkbox"/> Sewer (POTW or Publically Owned Treatment Works)		
Is the facility paying any surcharges on wastewater due to contaminants (BOD, TOC, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, how much per year?		

**7. Energy Use (fill out applicable sections)**

What is the facility's Annual Energy Usage and cost?	<b>Electricity Usage (kWh)</b>	<b>Electricity Cost (dollars)</b>	<b>Gas Usage (MBTU per year)</b>	<b>Gas Cost (dollars)</b>	<b>Steam Usage (K-lbs)</b>	<b>Steam Cost (dollars)</b>	<b>Other Energy Usage (units)</b>	<b>Other Energy Cost (dollars)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No			Copies of all energy bills for last 12 months provided? (Required)					

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### 8. Air Emissions

Does the facility have any air emissions of concern? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, what kind?</i>		
Is the facility required to have a Title V Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### 9. Hazardous Waste

Does the facility generate hazardous wastes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if No, skip to next section)</i>		
Hazardous Waste Generator Status <i>(check one box below)</i>		
<input type="checkbox"/> LQG (Large Quantity Generator)	<input type="checkbox"/> CESQG (Conditionally Exempt Small Quantity Generator)	
<input type="checkbox"/> SQG (Small Quantity Generator)		
Please describe the types of waste <i>(listed wastes, characteristic wastes)</i> :		
Please indicate Annual Quantity and Cost of Hazardous waste generated.	Annual Haz. Waste Quantity <i>(Specify units i.e. pounds or gallons)</i>	Annual Cost of Disposal <i>(dollars per year)</i>

### 10. Non-Hazardous (Solid) Waste [ex: cardboard, plastics, fabric]

Does the facility generate non-hazardous / solid wastes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please describe the types of waste and quantities.		
Is any waste recycled? Where?		

### 11. Petroleum Bulk Storage (PBS)/Chemical Bulk Storage (CBS)

Does the facility have a PBS/CBS registration with NYSDEC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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### 12. Tidal Wetlands / Flood Zone

Is the facility located in or adjacent to tidal wetlands? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the facility located in or adjacent to a flood, storm surge, or evacuation zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		

### 13. Climate Change

Was the facility impacted during recent severe weather events (like Superstorm Sandy, Hurricane Irene, etc)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe:		

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Has the facility implemented any climate change mitigation measurements (building adaptation, emergency management)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

**14. Site Risk Assessment (Scale if 1 (high risk) - 5 (low risk))**

Probability of Release : 1   2   3   4   5
Potential Impact on Environment : 1   2   3   4   5
Overall Risk Level : Low - Moderate - High

**15. Additional Information**

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**16. Sketch**

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