

U.S. ENVIRONMENTAL PROTECTION AGENCY

DETAILED QUESTIONNAIRE FOR THE MEAT AND POULTRY PRODUCTS EFFLUENT GUIDELINES DRAFT



Form Approved
OMB Control No. 2040-NEW
Approval Expires [Date]

The public reporting and recordkeeping burden for this collection of information is estimated to average 24 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This estimate includes the time needed to review instructions, develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

To comment on the Agency's need for this collection, the accuracy of the provided burden estimate, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques, EPA has established a public docket for this ICR under Docket ID No. EPA-HQ-OW-2021-0736, which is available for public viewing at the Water Docket in the EPA Docket Center (EPA/DC), EPA West, Room 3334, 1301 Constitution Ave., NW, Washington, DC 20004. The EPA Docket Center Public Reading Room is open from 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Reading Room is (202) 566-1744, and the telephone number for the Water Docket is (202) 566-2426. An electronic version of the public docket is available through the Federal Docket Management System (FDMS) at <http://www.regulations.gov>. Use FDMS to submit or view public comments, access the index listing of the contents of the public docket, and access those documents in the public docket that are available electronically. Once in the system, select "search", then key in the docket ID number identified above. Please include the EPA Docket ID No. (EPA-HQ-OW-2021-0736) and OMB control number (2040-NEW) in any correspondence.

November 5, 2021

NOTE: This questionnaire will be administered as an electronic questionnaire; therefore, this paper copy may not accurately reflect final formatting and spacing.

NOTE: For the purposes of this draft paper copy, all tables include minimal rows for data entry, these tables are intended to show the types of data EPA is requesting. In the final format, electronic or hardcopy, all tables will come prepopulated with additional rows.

NOTE: This questionnaire will include confidential business information (CBI) checkboxes for each question, allowing the respondent to indicate if a response contains CBI. This paper copy does not include these CBI checkboxes.

NOTE: Questions identified in this draft in blue text identify the subset of questions that will be included in the Census Questionnaire.

INTRODUCTION, PURPOSE, AND AUTHORITY

The U.S. Environmental Protection Agency (EPA) is conducting a survey of the Meat and Poultry Products (MPP) industry as part of its effort to review and revise, as appropriate, effluent limitations guidelines and standards for this industry (40 CFR Part 423). This questionnaire requests data from sites engaged in MPP operations for human consumption and/or animal food and feeds. EPA will use the data collected in this questionnaire to determine rates and characteristics of wastewater generated by the MPP industry, to develop treatment technology options, and to evaluate incremental costs and benefits associated with different regulatory options.

This questionnaire is being conducted under the authority of Section 308 of the Clean Water Act (Federal Water Pollution Control Act, 33 U.S.C. Section 1318). **All facilities that receive this questionnaire must respond within 60 days of receipt.** Failure to respond, late filing, or failure to comply with the instructions may result in fines, civil penalties, and other sanctions, as provided by law.

For detailed information on how EPA plans to use these data obtained from each question, see the document titled “Supporting Statement – U.S. Environmental Protection Agency Meat and Poultry Products Industry Data Collection” at EPA Docket ID No. (EPA-HQ-OW-2021-0736).

OVERVIEW OF THE QUESTIONNAIRE

The questionnaire is divided into the following sections:

- SECTION 1: Contact Information
- SECTION 2: Eligibility Confirmation
- SECTION 3: Facility Information
- SECTION 4: Production Information

SECTION 5: Process Flow Diagrams
SECTION 6: Wastewater Generation Information
SECTION 7: Wastewater Treatment Information
SECTION 8: Monitoring Data Collected
SECTION 9: Environmental Management and Pollution Prevention Practices
SECTION 10: Environmental Assessment Information
SECTION 11: Financial Information

EPA's Office of Water will administer the Census Questionnaire to all facilities engaged in Meat and Poultry production. The Census questions are a subset of the questions included in the Detailed Questionnaire [and are identified in this file in blue text](#). EPA requests information for calendar year 2021.

EPA's Office of Water will administer the Detailed Questionnaire to a statistically sampled subset of facilities engaged in Meat and Poultry production. The questionnaire consists of multiple sections; the questionnaire must be completed before submittal. EPA requests information for calendar year 2021, unless otherwise noted.

Respondents will be required to complete and submit an electronic version of the questionnaire unless internet access is not available at the facility. Facilities without access to internet should refer to **QUESTIONNAIRE ASSISTANCE** for contact information for the Helpline.

Duplicate questionnaires. If you received multiple notifications to complete questionnaires for the same facility, please contact the Helpline; refer to **QUESTIONNAIRE ASSISTANCE** for contact information for the Helpline.

Multiple facilities. If you received too few questionnaire notifications for your facilities, decide which of your facilities is missing a request. Refer to **QUESTIONNAIRE ASSISTANCE** for contact information for the Helpline from which you may receive direction on how to complete multiple questionnaires.

Incorrectly identified. If you received a questionnaire notification and you do not operate an MPP facility or this facility is no longer operating, select the appropriate responses in Section 1 for that questionnaire, then certify and submit your response.

DATA CONFIDENTIALITY

If no business confidentiality claim accompanies the information when it is received by EPA, EPA may make the information available to the public without further notice.

Regulations governing the confidentiality of business information are contained in 40 CFR Part 2, Subpart B. You may assert a business confidentiality claim covering part or all information you submit, other than effluent data and information or data that is otherwise publicly available, as described in 40 CFR 2.203(b):

“(b) Method and time of asserting business confidentiality claim. A business

which is submitting information to EPA may assert a business confidentiality claim covering the information by placing on (or attaching to) the information, at the time it is submitted to EPA, a cover sheet, stamped or typed legend, or other suitable form of notice complying language such as 'trade secret,' 'proprietary,' or 'company confidential.' Allegedly confidential portions of otherwise nonconfidential documents should be clearly identified by the business and may be submitted separately to facilitate identification and handling by EPA. If the business desires confidential treatment only until a certain date or until the occurrence of a certain event, the notice should so state."

You may claim as confidential all information included in the response to a question by checking the Confidential Business Information (CBI) box next to each question for which responses contain CBI. If you do not check this box, any individual response where "CBI" is **NOT** checked will be considered nonconfidential. Note that you may be required to justify any claim of confidentiality made after questionnaire submission. Note also that plant effluent data are not eligible for confidential treatment, pursuant to Section 308(b) of the Clean Water Act, and thus will be treated as nonconfidential even if the CBI boxes are checked for those questions.

If you claim any questionnaire response or other data as CBI, you must specify the portion of the response or document for which you assert a claim of confidentiality by reference to page numbers, paragraphs, and lines, or specify entire document. **In addition, you must provide information to identify and justify the basis of your CBI claim. This information must be provided as part of the submission of the completed questionnaire.** If you believe that facts and documents necessary to substantiate confidentiality are themselves confidential, please identify them as such so that EPA may maintain their confidentiality pursuant to 40 C.F.R. Part 2, Subpart B.

Information covered by a claim of confidentiality will be disclosed by EPA only to the extent of, and by means of, the procedures set forth in 40 CFR Part 2, Subpart B. In general, submitted information protected by a business confidentiality claim may be disclosed to other employees, officers, or authorized representatives of the United States concerned with implementing the Clean Water Act.

Information covered by a claim of confidentiality will be made available to EPA contractors to enable the contractors to perform the work required by their contracts with EPA. All EPA contracts provide that contractor employees use the information only for the purpose of performing the work required by their contracts and will not disclose any CBI to anyone other than EPA without prior written approval from each affected business or from EPA's legal office. Any comments you may wish to make on this issue must be submitted in writing along with your completed survey.

HOW TO NAVIGATE AND COMPLETE THE ELECTRONIC VERSION OF THE QUESTIONNAIRE

EPA intends to create an electronic web-based questionnaire to minimize burden. This questionnaire will be available in electronic format via a web address and facility-specific entry

code, and respondents will be required to submit the completed questionnaire to EPA in electronic format. The electronic questionnaire has been developed to meet the 1998 Government Paperwork Elimination Act (GPEA).

EPA designed the electronic questionnaire to include burden-reducing features. For example, it contains “screening” questions that direct respondents to skip specific questions or sections that are not relevant. The questionnaire is also designed with drop down choices to simplify responses, minimizing the number of text responses.

Each facility required to complete this questionnaire will be notified in writing. In this notification, EPA will include a web address and facility-specific entry code that should be used to access the electronic questionnaire. This facility-specific entry code is a unique facility identifier (ID) for each MPP facility that will be used within this questionnaire and on any supplementary documents (e.g., process flow diagrams, environmental assessment reports, permits) submitted along with responses to the questions. **These entry codes should not be used to access a questionnaire for another facility.**

This questionnaire should be completed by personnel most knowledgeable about the operations of the facility. Please read each question carefully and provide the appropriate response(s).

Each facility must have the corporate official or designee responsible for directing or supervising the questionnaire response sign the Certification Statement (located on page 71) to verify and validate the information provided, or to certify that this site does not engage in MPP processes.

EPA is not requesting you perform non-routine tests or measurements solely for the purpose of responding to this questionnaire. In the event exact data or information are not available, provide responses using your best professional judgement. Please note the basis for any estimates in the **COMMENTS** section located at the end of the questionnaire. You may also provide any clarifying notes in the **COMMENTS** section. For example, you may indicate if information provided for calendar year 2021 is not representative of normal operations.

Key terms are defined in the **GLOSSARY** and acronyms are described in the **ACRONYMS** section on page viii. Additional information needed to respond to questions throughout the questionnaire are found in the **REFERENCES** section on page xiv.

If your facility lacks electronic access or you are unable to submit an electronic questionnaire, please contact the Helpline to request an official hardcopy be mailed to you; refer to **QUESTIONNAIRE ASSISTANCE** for contact information for the Helpline. Only official paper copies requested from the Helpline will be accepted as hardcopy submission; submissions of the draft copy available for printing on the MPP ELG website will not be accepted.

[Specific instructions on electronic navigating the questionnaire to be completed at a later date.]

QUESTIONNAIRE ASSISTANCE

If you have any questions about completing this questionnaire, you can request assistance using the e-mail and telephone Helplines provided below.

EPA MPP Questionnaire Helplines

Eastern Research Group, Inc

Local: 703-633-xxxx or Toll-free: 1-xxx-xxx-xxxx

E-mail

TBD

WHEN TO RETURN THE QUESTIONNAIRE

The response to this questionnaire is due **60 days after receipt**. If you wish to request an extension, you must do so **in writing** within **xx** days of receipt of this questionnaire. Written requests may be e-mailed (preferred) or mailed to:

E-mail address TBD

OR

U.S. Environmental Protection Agency
c/o Eastern Research Group, Inc.
MPP Industry Questionnaire
14555 Avion Pkwy, Suite 200
Chantilly, VA 20151-1102

Extension requests will be evaluated on a case-by-case basis. Submittal of an extension request to EPA does **not** alter the due date of your questionnaire unless and until EPA agrees to the extension and establishes a new date.

WHERE TO RETURN THE QUESTIONNAIRE

EPA intends to create an electronic web-based questionnaire to minimize burden and allow for electronic submittal. However, EPA also recognizes there may be cases where facilities may lack electronic access and require a format that can be mailed to EPA.

If you request a hardcopy questionnaire from the Helpline: after completing the entire questionnaire and certifying the information that it contains, use the enclosed mailing label to mail the completed questionnaire to:

U.S. Environmental Protection Agency
c/o Eastern Research Group, Inc.
MPP Industry Questionnaire
14555 Avion Parkway, Suite 200
Chantilly, VA 20151-1102

GENERAL INSTRUCTIONS

Read all question-specific instructions (throughout the questionnaire). Refer to the **ACRONYMS** section and **GLOSSARY** for terms which are used in this questionnaire. Refer to the **REFERENCES** section for codes and other information required to respond to specific questions.

Complete this questionnaire for your entire facility. A facility is one contiguous physical location at which processing of meat or poultry products occurs. In some instances, a facility may include properties located within separate fence lines but located close to each other.

Enter responses for each question. Fill in the appropriate response(s) to each question. If the space allowed for the answer to any free-response question is inadequate for your complete response, continue the response in the **COMMENTS** section at the end of the questionnaire, cross-referencing the appropriate section and question number.

[Specific instructions for submitting supplemental files to the electronic format to be completed at a later date.]

Answer all questions to which you are directed. The purpose of this questionnaire is to gather necessary information pertinent to meat and poultry processing. Report only whole numbers, unless instructed otherwise. Enter zero where appropriate; do not leave an entry blank if the answer is zero. You are required to provide best professional judgements when data are not readily available. If you provide an estimate, note the basis for the estimate in the **COMMENTS** section at the end of the questionnaire. EPA does not intend for facilities to conduct detailed studies to obtain the data. If you feel you need to conduct a detailed study, please call the Helpline noted in the **QUESTIONNAIRE ASSISTANCE** section.

Pay close attention to the measurement units requested. Be careful to provide data in the requested units, where available, or note where alternate units are used.

Retain a copy of the completed questionnaire for your records. EPA recommends those submitting a hardcopy make a copy of your completed questionnaire and keep it for two years. Those responding through the electronic format will be provided a copy of their responses via e-mail after submission, and EPA also recommends keeping this e-mail for two years. EPA will review the information submitted and may request, if necessary, your cooperation in answering follow-up clarification questions to complete the data collection effort. Retain a copy of your responses, including attachments, in case you (i.e., the contact identified in Question 3) are contacted to clarify your responses. Also, please maintain a record of sources used to complete your response.

If you have any comments or clarifications on a question, use the **COMMENTS** section at the end of the questionnaire. Be sure to cross-reference your comments by section and question numbers.

Indicate atypical data in the COMMENTS section at the end of the questionnaire. Year-to-year operations are expected to fluctuate but note in the **COMMENTS** section if any information is not representative of normal operations and why.

Indicate information which should be treated as confidential by checking the CBI check box next to each question with responses containing CBI. Any response where "CBI" is not individually checked will be considered nonconfidential. Refer to the instructions given in the **DATA CONFIDENTIALITY** section for additional information regarding EPA's confidentiality procedures set forth in 40 CFR Part 2, Subpart S. While not present in this draft paper copy questionnaire, CBI check boxes will be included in the final electronic format and in the hardcopy questionnaire.

[Specific instruction on how the electronic survey functions to be completed at a later date. Details include the following:

The electronic questionnaire will include automatic checks of the responses to ensure completeness. These checks will require respondents to complete all required questions before responses can be submitted.

Skipped questions and sections will be automatically programmed as part of the electronic survey. Skipped questions or sections are noted in this draft paper copy but respondents will automatically be directed to the next applicable question in the electronic format.

EPA does NOT intend for facilities to complete the questionnaire in one sitting. The electronic format will allow facilities to complete portions of the questionnaire, save responses, and return to complete remaining questions.]

ACRONYMS

BOD ₅	5-Day Biochemical Oxygen Demand
CBI	Confidential Business Information
CFR	Code of Federal Regulations
COD	Chemical Oxygen Demand
CBOD	Carbonaceous Biochemical Oxygen Demand
CY	Calendar Year
DAF	Dissolved Air Flotation
ELWK	Equivalent Live Weight Killed
EPA	U.S. Environmental Protection Agency
FRS	Facility Registry Service
FSIS	Food Safety and Inspection Service
FTE	Full-Time Equivalent
GPD	Gallons per day
LWK	Live Weight Killed
MPP	Meat and Poultry Products
NAICS	North American Industry Classification System
NPDES	National Pollutant Discharge Elimination System
PFD	Process Flow Diagram
POTW	Publicly Owned Treatment Works
PrOTW	Privately Owned Treatment Works
SBA	Small Business Administration
TDS	Total Dissolved Solids
TKN	Total Kjeldahl Nitrogen
TOC	Total Organic Carbon
TSS	Total Suspended Solids
USDA	United States Department of Agriculture

GLOSSARY

Batch Discharge: Discharge only occurs at certain times or during certain times of the year. Also referred to as controlled or intermittent discharge.

Biological Treatment: Wastewater treatment intended to degrade and reduce organic matter in wastewater, primarily in the form of soluble organic compounds.

Blood Processing: Activities include but are not limited to blood healing through coagulation to the albumin, albumin and fibrin separation (e.g., with a screen or centrifuge), further blood processing, and blood water or serum processing.

Canned Meat Processor: An operation which prepares and cans meats (such as stew, sandwich spreads, or similar products) alone or in combination with other finished.

Complex Slaughterhouse: A slaughterhouse that accomplishes extensive byproduct processing, usually at least three such operations as rendering, paunch and viscera handling, blood

processing, hide processing, or hair processing.

Continuous Discharge: Discharge occurs non-stop throughout the year or processing day.

Deep-Well Injection: Long-term or permanent disposal of untreated, partially treated, or treated wastewaters by pumping the wastewater into underground formations of suitable character through a bored, drilled, or driven well.

Disinfection: Destruction of pathogenic microorganisms in wastewater, typically achieved through chemical and/or physical treatment.

Dry Rendering: The process of cooking animal byproducts by dry heat in open steam-jacketed tanks.

Effluent Limitations Guidelines and Standards: Regulations promulgated by U.S. EPA under authority of Sections 301, 304, 306, and 307 of the Clean Water Act that set out minimum, national technology-based standards of performance for point source wastewater discharges from specific industrial categories (e.g., iron and steel manufacturing plants). Effluent limitations guidelines and standards regulations are implemented through the NPDES permit and national pretreatment programs and include the following:

- Best Practicable Control Technology Currently Available (BPT)
- Best Available Technology Economically Achievable (BAT)
- Best Conventional Pollutant Control Technology (BCT)
- New Source Performance Standards (NSPS)
- Pretreatment Standards for Existing Sources (PSES)
- Pretreatment Standards for New Sources (PSNS)

The pretreatment standards (PSES, PSNS) are applicable to industrial facilities with process wastewater discharges to publicly owned treatment works (POTWs). The effluent limitations guidelines and new source performance standards (BPT, BAT, BCT, and NSPS) are applicable to industrial facilities with direct discharges of process wastewaters to waters of the United States.

Facility: A facility is generally one contiguous physical location at which manufacturing operations related to the meat products industry occur. This includes, but is not limited to, slaughtering, processing, and rendering. In some instances, a facility may include properties located within separate fence lines but located close to each other.

Facility Registry Services (FRS): A centrally managed database that identifies facilities, sites, or places subject to environmental regulations or of environmental interest using a unique identifier (e.g., 110012345678).

Finished Product: The final manufactured product produced onsite, including products intended for consumption with no additional processing as well as products intended for further processing, when applicable.

First Processing: Operations which receive live meat animals and produce a raw, dressed meat product, either whole or in parts.

Further Processing: Operations that utilize whole carcasses or cut-up meat or poultry products for the production of fresh or frozen products and may include the following types of processing: Cutting and deboning, cooking, seasoning, smoking, canning, grinding, chopping, dicing, forming, breading, breaking, trimming, skinning, tenderizing, marinating, curing, pickling, extruding, and/or linking.

Ground Water: Water in a saturated zone or stratum beneath the surface of land or water.

Ham Processor: An operation which manufactures hams alone or in combination with other finished products.

Hide Processing: Wet or dry hide processing. Includes demanuring, washing, and defleshing, followed by curing.

High-Processing Packinghouse: A packinghouse which processes both animals slaughtered onsite and additional carcasses from outside sources (Definition for 40 CFR 432, Subpart D).

Live Weight Killed (LWK): The total weight of the total number of animals slaughtered during the time to which the effluent limitations apply (i.e., during any one day or any period of thirty consecutive days).

Low-Processing Packinghouse: A packinghouse that processes no more than the total animals killed at that plant, normally processing less than the total kill.

Meat and/or poultry products: Include meat and poultry from cattle, hogs, sheep, chickens, turkeys, ducks and other fowl, as well as sausages, luncheon meats, and cured, smoked or canned or other prepared meat and poultry products from purchased carcasses and other materials intended for human consumption. Meat and poultry products for animal food and feeds include animal oils, meat meal and facilities that render grease and tallow from animal fat, bones, and meat scraps.

Meat: Includes all animal products from cattle, calves, hogs, sheep, and lambs, etc., except those defined as Poultry.

Meat Cutter: An operation which fabricates, cuts, or otherwise produces fresh meat cuts and related finished products from livestock carcasses.

Meat Operations/Meat Product Operations: Includes meat slaughtering operations, byproduct operations, rendering, and further processing.

National Pollutant Discharge Elimination System (NPDES): The national program authorized by Sections 307, 318, 402, and 405 of the Clean Water Act for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements under the Clean Water Act. The NPDES permit number is assigned by the respective state or EPA Region and generally includes the state abbreviation in the number.

Nitrogen Removal: The biological removal of nitrogen from wastewater in a two-step process, beginning with nitrification and followed by denitrification.

Noncontact Cooling Water: Water used for cooling in process and non-process applications

which does not come into contact with any raw material, intermediate product, byproduct, waste product (including air emissions), or finished product.

North American Industry Classification System (NAICS): The standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Each facility is categorized within a NAICS code based on the type of operations conducted at the facility (e.g., NAICS code 311611 is for Animal (except Poultry) Slaughtering).

Nutrient Removal: Wastewater treatment that is engineered or operated to remove the nutrients nitrogen and phosphorus in amounts greater than the basic metabolic needs of the biological treatment system. Nutrient removal may be accomplished through biological or chemical means or a combination thereof.

Packinghouse: A plant that both slaughters animals and subsequently processes carcasses into cured, smoked, canned, or other prepared meat products.

Phosphorus Removal: The removal of phosphorus from wastewater through either biological or chemical means or a combination thereof.

Poultry: Products derived from the slaughter and processing of broilers, other young chickens, mature chickens, hens, turkeys, capons, geese, ducks, small game fowl such as quail or pheasants, and small game such as rabbits.

Poultry Operations: Includes poultry slaughtering operations, byproduct operations, rendering, and further processing.

Primary Treatment: An initial wastewater treatment stage that is intended to remove floating and settleable solids.

Privately Owned Treatment Works (PrOTWs): Any device or system owned and operated by a private entity and used for storage, treatment, recycling, or reclamation of liquid industrial wastes.

Process Wastewater: Any water which, during meat or poultry operations, comes into direct contact with or results from the storage, production, or use of any raw material, intermediate product, finished product, byproduct, or waste product. Wastewater from equipment cleaning, direct-contact air pollution control devices, rinse water, storm water associated with industrial activity, and contaminated cooling water are considered process wastewater. Process wastewater may also include wastewater that is contract hauled for offsite disposal. Sanitary wastewater, uncontaminated noncontact cooling water, and storm water not associated with industrial activity are not considered process wastewater.

Publicly Owned Treatment Works (POTWs): Any device or system owned and operated by a public entity and used in the storage, treatment, recycling, or reclamation of liquid municipal sewage and/or liquid industrial wastes. The sewerage system that conveys wastewaters to treatment works is considered part of the POTW.

Raw Material: The basic input materials to a renderer composed of animal and poultry trimmings, bones, meat scraps, dead animals, feathers, and related usable byproducts.

Renderer: An independent or offsite rendering operation, conducted separate from a slaughterhouse, packinghouse, or poultry dressing or processing plant, which manufactures meat meal, tankage, animal fats or oils, grease, and tallow and may cure cattle hides but excluding marine oils, fish meal, and fish oils.

Rendering: An operation, which is conducted separate from a slaughterhouse, packinghouse or poultry dressing or processing operation that uses raw material, produces meat meal, tankage, animal fats or oils, grease, and tallow and may cure cattle hides. Excludes marine oils, fish meal, and fish oils.

Simple Slaughterhouse: A slaughterhouse which accomplishes very limited byproduct processing, if any, usually no more than two such operations as rendering, paunch and viscera handling, blood processing, hide processing, or hair processing.

Sausage and Luncheon Meat Processor: An operation which cuts fresh meats, grinds, mixes, seasons, smokes, or otherwise produces finished products such as sausage, bologna, and luncheon meats.

Slaughterhouse: A plant that slaughters animals and has as its main product fresh meat as whole, half, or quarter carcasses or smaller meat cuts.

Slaughtering: Operations that kill animals for the purpose of food for human consumption and/or animal food and feeds.

Small processor: An operation that produces up to 2,730 kg (6,000 lbs.) per day of any type or combination of finished products.

Solids (Biosolids) Handling: Disposal or destruction of biosolids generated during the treatment of wastewater.

Surface Water: Waters of the United States as is consistent with the pre-2015 regulatory regime. Refer to the Current Implementation of Waters of the United States for further detail and definition of terms (<https://www.epa.gov/wotus/current-implementation-waters-united-states#Pre-2015>).

Ultimate parent company: A business organization that owns more than 50 percent of one or more other domestic businesses and is not a subsidiary to another domestic business organization. Subsidiary business organizations to the ultimate parent can include “headquarters” business organizations. A “headquarters” is a business that has branches or divisions reporting to it. Branches or divisions can also report directly to the Ultimate Parent Company. In this case, the Ultimate Parent Company is also a headquarters organization. The Ultimate Parent Company typically resides in a different physical location than its subsidiary headquarters or division/branch locations.

United States Department of Agriculture (USDA) Food Safety and Inspection Service (FSIS): A federal program that works to protect the public’s health by ensuring the safety of meat, poultry, and processed egg products. Establishments that are part of this program are assigned a unique letter/number combination identification (e.g., M1234).

Viscera Handling: Wet or dry viscera handling. Includes removal of partially digested feed and

washing of viscera.

Wastewater Treatment: The processing of wastewater by physical, chemical, biological, or other means to remove specific pollutants from the wastewater stream or to alter the physical or chemical state of specific pollutants in the wastewater stream. Treatment is performed for discharge of treated wastewater, recycle of treated wastewater to the same process which generated the wastewater, or for reuse of the treated wastewater in another process.

Wet Rendering: The process of cooking animal byproducts by steam under pressure in closed tanks.

REFERENCES

Final Destination Codes: Use these codes to indicate final disposal methods of wastewater. These codes should be referenced in responding to specific questionnaire questions and used in your process flow diagram.

LF: Land applied offsite

LN: Land applied onsite

OC: Transferred to an offsite commercial waste treatment facility

OI: Transferred to an offsite intracompany wastewater treatment facility

PW: Discharged to a publicly owned treatment works (POTW)

PRW: Discharged to a privately owned treatment works (PrOTW)

SI: Surface impoundment onsite (as final disposal)

SW: Discharged to a surface water under an NPDES permit

RO: Reused onsite

RF: Transferred to an offsite facility for reuse.

OT: Other

Types of Process Wastewater Codes: Use these codes to label process wastewater streams on your process flow diagram and respond to questionnaire questions.

Codes for Meat Operations

R1: Process wastewater generated from animal pens

R2: Process wastewater generated from titling and bleeding operations

R3: Process wastewater generated from hide removal operations

R4: Process wastewater generated from evisceration operations

R5: Process wastewater generated from paunch operations

R6: Process wastewater generated from scalding and hair removal operations

R7: Process wastewater generated from meat washing operations

R8: Process wastewater generated from rendering operations

R9: Process wastewater generated from cutting operations

R10: Process wastewater generated from further processing operations (e.g., thaw tanks, cooking vats, cooling tanks)

R11: Process wastewater generated from clean-up operations

R12: Process wastewater generated from rendering plant condensate and condenser water

R13: Process wastewater from truck washing

R14: Stormwater runoff from meat product activity area

Codes for Poultry Operations

P1: Process Wastewater from Live Receiving

P2: Process Wastewater from Killing

P3: Process Wastewater from Bleeding

P4: Process Wastewater from Scalding

P5: Process Wastewater from Defeathering

P6: Process Wastewater from Whole Bird Wash

P7: Process Wastewater from Evisceration

P8: Process Wastewater from Final Bird Wash

P9: Process Wastewater from Chilling

P10: Process Wastewater from Cut-up

P11: Process Wastewater from Packaging

P12: Process Wastewater from Deboning Operations

P13: Process Wastewater from Injection/Marination Operations

P14: Process Wastewater from Breeding/Batter Operations

P15: Process Wastewater from Cooking Operations

P16: Process Wastewater from Offal Rendering/Condensing

P17: Process Wastewater from Feather Rendering/Condensing

P18: Process Wastewater from Other Rendering/Condensing

P19: Process wastewater from truck washing

P20: Process wastewater generated from clean-up operations

Common Wastewater Treatment Processes: List of common wastewater treatment at MPP facilities. Keep these common treatment units in mind when developing the process flow diagram and responding to Section 7 on Wastewater Treatment.

Primary Treatment

- Screening
- Flow Equalization
- pH Adjustment
- Grease Recovery System
 - Catch Basin

- Wet Well
- Sump
- Dissolved Air Flotation (DAF; with or without Chemical Coagulation)
- Electrocoagulation

Biological Wastewater Treatment Systems

- Lagoons (Stabilization Ponds)
 - Anaerobic (Facultative)
 - Aerobic (Oxidation)
 - Aerated
- Activated Sludge
 - Conventional
 - Oxidation Ditch
 - Extended Aeration
 - Step Aeration
 - Contact Stabilization
- Trickling Filter
- Rotating Biological Contactors
- Anaerobic Digestion

Nutrient Removal

- Nitrification
- Nitrification/Denitrification
- Ammonia Stripping
- Breakpoint Chlorination
- Chemical Oxidation
- Moving Bed Biofilm Reactor (MBBR)
- Membrane Bioreactor (MBR)
- Bardenpho (e.g., 4-stage, 5-stage)
- Modified activated sludge (e.g., Modified Ludzack-Ettinger (MLE); University of Cape Town (UCT); Sequencing Batch Reactor (SBR); Johannesburg; A2O)

Other Wastewater Treatment

- Air stripping
- Carbon Adsorption
- Clarification
 - Primary
 - Secondary
 - With Chemical Coagulation
- Chemical Precipitation
- Disinfection
 - Chlorine

- Ozone
 - Ultraviolet Light
- Electrodialysis
- Evaporation
- Filtration
 - Sand
 - Mixed-Media
 - Packed Bed
 - Filter Cloth
- Ion Exchange
- Microscreen/Micro-strainer
- Neutralization
- Reverse Osmosis

Biosolids Handling

- Thickening
 - Gravity thickening
 - Air Flotation
 - Centrifugation
- Stabilization
 - Anaerobic Digestion
 - Aerobic Digestion
 - Heat Treatment
- Dewatering
 - Vacuum Filtration
 - Drying Beds
 - Filter Press
 - Centrifugation

Section 1. Contact Information

1. Provide the name and physical street address of your facility.

Facility Name

Facility Street Address

City

Facility Street Address Line 2

State

ZIP Code

2. Provide contact information for the ultimate parent company. If your facility does not have an ultimate parent company, please indicate so using the checkbox.

No ultimate parent company.

Ultimate Parent Company Name

Primary Contact Name

Primary Contact Title

Mailing Address or P.O. Box

City

State

ZIP Code

Telephone Number

Email address

3. Provide the name, title, telephone number, email address, and office location of a primary and secondary contact at your facility for information supplied in this survey.

Primary Contact Name

Primary Contact Title

Telephone Number

Email address

City

State

Secondary Contact Name

Secondary Contact Title

Telephone Number

Email address

City

State

Section 2. Eligibility Confirmation

4. Did your facility engage in the slaughter, further process, or render of meat and/or poultry products for human consumption and/or animal food and feeds at any time between January 1, 2017 to December 31, 2021?

Yes

No



IF YOU ANSWERED “No” TO THIS QUESTION, DO NOT COMPLETE THE REMAINDER OF THIS QUESTIONNAIRE. PROCEED TO SECTION 12.

5. Has your facility permanently closed or ceased operation as of January 1, 2021?

Yes

No



IF YOU ANSWERED “Yes” TO THIS QUESTION, DO NOT COMPLETE THE REMAINDER OF THIS QUESTIONNAIRE. PROCEED TO SECTION 12.

Section 3. Facility Information

6. What year did operations begin at your facility? If unknown, provide the best estimate. Operations are any processes related to the meat and poultry products industry and not necessarily operations as they are currently performed. Operations at your facility may have begun under other ownership.

Year Operations Began: _____

7. In calendar year 2021, what was the average number of Full-Time Equivalent (FTE) employees at your facility. For example, four half-time employees would be listed as two full-time equivalent employees. Only directly employed personnel should be counted; contracted workers should not be included.

FTEs: _____

8. Indicate the operating shifts for calendar year 2021.

Shift	Shift Start Time	Shift Length (hours)	Indicate Month(s) When Shift Operated in Calendar Year 2021											
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	<input type="checkbox"/> AM	_____	<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"/> PM													
2	<input type="checkbox"/> AM	_____	<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"/> PM													
3	<input type="checkbox"/> AM	_____	<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"/> PM													

9. Provide the applicable 12-digit Facility Registry Service (FRS) identification associated with your facility (also known as EPA Registry ID). If you do not know your facility’s FRS number, visit EPA’s FRS Search Website (<https://www.epa.gov/frs/frs-query#facility>) and search for your facility using your facility’s address and/or name. If your facility does not have an associated FRS ID, select ‘Do not have an FRS ID.’

FRS ID Number: _____

OR

Facility does not have an FRS ID

10. Provide the establishment alpha-numeric ID assigned to your facility through the United States Department of Agriculture (USDA) Food Safety and Inspection Service (FSIS) grant of inspection. If you do not know your facility’s USDA FSIS establishment number, visit the USDA FSIS website (<https://www.fsis.usda.gov/inspection/fsis-inspected-establishments>) and search for your facility using your facility’s address and name. If your facility does not have a USDA FSIS establishment number, select ‘Facility does not have an Establishment ID.’

Establishment ID Number: _____

OR

Facility does not have an Establishment ID

11. List all six-digit North American Industry Classification System (NAICS) code(s) applicable to your facility and your ultimate parent company. If you do not know which NAICS code(s) your facility falls under, visit the NAICS website (<https://www.census.gov/naics/>) and search for the operation(s) that most accurately describes your facility's operation (NAICS codes starting with 31 through 33 are for manufacturing facilities). If your facility and/or ultimate parent company are associated with more than three NAICS codes, list additional codes in Section 12. Comments.

Facility NAICS Code(s)

Primary NAICS code

Primary NAICS code: _____

Secondary NAICS code

Secondary NAICS code: _____

Tertiary NAICS code

Tertiary NAICS code: _____

Ultimate Parent Company NAICS Code(s)

Primary NAICS code

Primary NAICS code: _____

Secondary NAICS code

Secondary NAICS code: _____

Tertiary NAICS code

Tertiary NAICS code: _____

12. If your facility is regulated by any existing wastewater permit(s) (e.g., National Pollutant Discharge Elimination System (NPDES) permit, pretreatment agreement, subsurface injection permit), provide the permit number(s) below and attach a copy of the permit documents to your response.

Facility does not hold any wastewater permit(s)

Permit Number	Type of Permit (check one)	Regulating Body	Date Issued
_____	<input type="checkbox"/> General NPDES Permit <input type="checkbox"/> Individual NPDES Permit <input type="checkbox"/> Pretreatment Agreement/Permit <input type="checkbox"/> Subsurface Injection Permit <input type="checkbox"/> Other, specify: _____	_____	__/__/__

Permit Number	Type of Permit (check one)	Regulating Body	Date Issued
_____	<input type="checkbox"/> General NPDES Permit <input type="checkbox"/> Individual NPDES Permit <input type="checkbox"/> Pretreatment Agreement/Permit <input type="checkbox"/> Subsurface Injection Permit <input type="checkbox"/> Other, specify: _____	_____	__/__/__
_____	<input type="checkbox"/> General NPDES Permit <input type="checkbox"/> Individual NPDES Permit <input type="checkbox"/> Pretreatment Agreement/Permit <input type="checkbox"/> Subsurface Injection Permit <input type="checkbox"/> Other, specify: _____	_____	__/__/__

13. If your facility has an individual NPDES permit, indicate the basis for the limitations established in the permit. Select all that apply.

- No individual NPDES permit
- Technology-based limitations (from 40 CFR 432)

Identify the subcategory used as the basis for these limitations:

- A – Simple slaughterhouses
- B – Complex slaughterhouses
- C – Low-processing packinghouses
- D – High-processing packinghouses
- E – Small processors
- F – Meat cutters
- G – Sausage and luncheon meats processors
- H – Ham processors
- I – Canned meats processors
- J – Renderers
- K – Poultry first processing
- L – Poultry further processing
- Based on Total maximum daily load (TMDL) established for the facility and waterbody. Identify the waterbody, pollutant, and TMDL.

Waterbody Name	Pollutant	TMDL	Units
_____	_____	_____	_____

Water quality-based limitations other than a TMDL

Other basis. Please specify basis for limitations:

14. Is your facility planning to close or cease operations by December 31, 2027?

Yes

No

15. Is your facility planning to significantly increase or decrease production in the next five years? If yes, provide a description of the significant change.

Increase Production

Describe Change: _____

Decrease Production

Describe Change: _____

No significant change to production planned

16. Indicate which of the following meat or poultry operations your facility conducted in calendar year 2021.

Meat	Poultry	Operations
<input type="checkbox"/>	<input type="checkbox"/>	Slaughter
<input type="checkbox"/>	<input type="checkbox"/>	Further processed meat from onsite slaughtering
<input type="checkbox"/>	<input type="checkbox"/>	Further processed meat from offsite slaughtering
<input type="checkbox"/>	<input type="checkbox"/>	Rendered products from onsite slaughtering
<input type="checkbox"/>	<input type="checkbox"/>	Rendered products from offsite slaughtering

17. Effluent limitations guidelines for the Meat and Poultry Products Point Source Category are presented at 40 CFR Part 432. Indicate which subcategory(ies) applies to the operations conducted at your facility.

40 CFR Part 432	Check all that apply
<p>A. Simple Slaughterhouses <i>Simple slaughterhouse</i> means a slaughterhouse that provides only minimal, if any, processing of the by-products of meat slaughtering. A simple slaughterhouse would include usually no more than two by-product processing operations such as rendering, paunch and viscera handling, or processing of blood, hide or hair.</p>	<input type="checkbox"/>
<p>B. Complex Slaughterhouses <i>Complex slaughterhouse</i> means a slaughterhouse that provides extensive processing of the by-products of meat slaughtering. A complex slaughterhouse would usually include at least three processing operations such as rendering, paunch and viscera handling, or processing of blood, hide or hair.</p>	<input type="checkbox"/>
<p>C. Low-Processing Packinghouses <i>Low-processing packinghouse</i> means a packinghouse that processes no more, and usually fewer than, the total number of animals slaughtered at that plant. <i>Packinghouse</i> means a plant that both slaughters animals and subsequently processes carcasses into cured, smoked, canned or other prepared meat products.</p>	<input type="checkbox"/>
<p>D. High-Processing Packinghouse <i>High-processing packinghouse</i> means a packinghouse which processes both animals slaughtered at the site and additional carcasses from outside sources. <i>Packinghouse</i> means a plant that both slaughters animals and subsequently processes carcasses into cured, smoked, canned or other prepared meat products.</p>	<input type="checkbox"/>
<p>E. Small Processors Applies to discharges of process wastewater resulting from the production of finished meat products such as fresh meat cuts, smoked products, canned products, hams, sausages, luncheon meats, or similar products by a small processor. <i>Small processor</i> means an operation that produces no more than 6000 lbs (2730 kg) per day of any type or combination of finished products.</p>	<input type="checkbox"/>
<p>F. Meat Cutters Applies to discharges of process wastewater resulting from the production of fresh meat cuts, such as steaks, roasts, chops, etc. by a meat cutter. <i>Meat cutter</i> means an operation which cuts or otherwise produces fresh meat cuts and related finished products from larger pieces of meat (carcasses or not carcasses), at rates greater than 6000 lbs (2730 kg) per day.</p>	<input type="checkbox"/>
<p>G. Sausage and Luncheon Meats Processors Applies to discharges of process wastewater resulting from the production of fresh meat cuts, sausage, bologna and other luncheon meats by a sausage and luncheon meat processor. <i>Sausage and luncheon meat processor</i> means an operation which cuts fresh meats, grinds, mixes, seasons, smokes or otherwise produces finished products such as sausage, bologna and luncheon meats at rates greater than 6000 lbs (2730 kg) per day.</p>	<input type="checkbox"/>

40 CFR Part 432	Check all that apply
<p>H. Ham Processors Applies to discharges of process wastewater resulting from the production of hams, alone or in combination with other finished products, by a ham processor. <i>Ham processor</i> means an operation producing hams, alone or in combination with other finished products, at rates greater than 6000 lbs (2730 kg) per day.</p>	<input type="checkbox"/>
<p>I. Canned Meats Processors Applies to discharges of process wastewater resulting from the production of canned meats, alone or in combination with any other finished products, by a canned meats processor. <i>Canned meats processor</i> means an operation which prepares and cans meats (stew, sandwich spreads, or similar products), alone or in combination with other finished products, at rates greater than 6000 lbs (2730 kg) per day.</p>	<input type="checkbox"/>
<p>J. Renderers Applies to discharges of process wastewater resulting from the production of meat meal, dried animal by-product residues (tankage), animal oils, grease and tallow, and in some cases hide curing, by a renderer. <i>Renderer</i> means an independent or off-site rendering operation, which is conducted separate from a slaughterhouse, packinghouse or poultry dressing or processing operation, uses raw material at rates greater than 10 million pounds per year, produces meat meal, tankage, animal fats or oils, grease, and tallow, and may cure cattle hides, but excludes marine oils, fish meal, and fish oils.</p>	<input type="checkbox"/>
<p>K. Poultry First Processing Applies to discharges of process wastewater resulting from the slaughtering of poultry, further processing of poultry and rendering of material derived from slaughtered poultry. Process wastewater includes water from animal holding areas at these facilities. <i>Poultry first processing</i> means slaughtering of poultry and producing whole, halved, quarter or smaller meat cuts.</p>	<input type="checkbox"/>
<p>L. Poultry Further Processing Applies to discharges of process wastewater resulting from further processing of poultry.</p>	<input type="checkbox"/>

Section 4. Production Information

18. Did your facility slaughter or further process poultry in calendar year 2021?

Yes

No



IF YOU ANSWERED “No” TO THIS QUESTION, SKIP TO QUESTION 23.

19. Did your facility slaughter or further process any type of poultry in calendar year 2021? Select the most appropriate response and provide the annual capacity in live weight killed as indicated.

Slaughtered only

Live Weight Killed (LWK) in 2021: _____

Slaughtered and further processed poultry from onsite slaughtering.

LWK in 2021: _____

Pounds Finished Product in 2021: _____

Slaughtered and further processed poultry from both onsite and offsite slaughtering.

LWK in 2021: _____

Pounds Finished Product in 2021: _____

Further processed poultry slaughtered offsite.

Pounds Finished Product in 2021: _____

No slaughtering or further processing of poultry in 2021.

20. Identify the type(s) of further processing of poultry conducted by your facility? Select all that apply.

No further processing of poultry performed

Cutting and/or deboning

Cooking

Seasoning

Smoking

Canning

- Grinding
- Chopping
- Dicing
- Forming
- Breeding
- Breaking
- Trimming
- Skinning
- Tenderizing
- Marinating
- Curing
- Pickling
- Extruding
- Linking

21. In calendar years 2017, 2019, and 2021, how many days did your facility process poultry?

Number of Days Facility Processed Poultry												
Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2017												
2019												
2021												

22. Complete the tables below identifying poultry operations in calendar years 2017, 2019, and 2021. If no poultry operations were conducted or the facility was not operating, select “no poultry operations.” Complete the tables in either pounds or kilograms and indicate your unit selection.

NOTE: Only one example table is included below. Respondents should complete one table for 2017 production, one table for 2019 production, and one table for each of the 12 months of 2021 production, a total of 14 completed tables. The web-based questionnaire and final hardcopy will include a copy of each table to be completed by the facility. Facilities will report production for the following years/months:

- 2017 (Annual Production)
- 2019 (Annual Production)

- January 2021 (Monthly Production)
- February 2021 (Monthly Production)
- March 2021 (Monthly Production)
- April 2021 (Monthly Production)
- May 2021 (Monthly Production)
- June 2021 (Monthly Production)
- July 2021 (Monthly Production)
- August 2021 (Monthly Production)
- September 2021 (Monthly Production)
- October 2021 (Monthly Production)
- November 2021 (Monthly Production)
- December 2021 (Monthly Production)

No poultry operations

Values are in 1,000 Pounds (lbs.) 1,000 Kilograms (kg)

Type of Poultry Product	Production [Year or Month/Year]			
	Broilers and Other Young Chickens	Hens (or Fowl) and Other Chickens	Turkeys	Other Poultry and Small Game (Specify: _____)
Poultry slaughtered onsite (first processing LWK)				
Dressed poultry produced onsite for further processing				
Dressed poultry received from offsite for further processing				
<i>All By-Product Operations (Identify only those operations that occur onsite at your poultry rendering facility)</i>				
Weight of feathers from onsite first processing				
Weight of feathers from offsite facilities				
Weight of offal from onsite first processing				
Weight of offal from offsite facilities				
Weight of skimmings from onsite first processing				
Weight of blood from onsite first processing				
Weight of blood from offsite facilities				
Weight of other byproducts from onsite first processing				
Weight of other byproducts from offsite				
Weight of total by-products to wet or low temperature rendering onsite				
Weight of total by-products to dry rendering onsite				

<i>All Finished Products Produced Onsite</i>				
Weight of dressed poultry, whole				
Weight of dressed poultry, parts				
Weight of deboned meat, raw				
Weight of further processed, raw, or cooked				
Weight of other finished products (Include a description of the products in comments section)				
<i>Byproducts Produced Onsite and Sent Offsite for Rendering</i>				
Weight of feathers				
Weight of blood				
Weight of offal				
Weight of skimmings				
Weight of other byproducts				
Weight of skimmings from offsite facilities				

23. Did your facility slaughter meat in calendar year 2021?

Yes

LWK in 2021: _____

No



IF YOU ANSWERED “No” TO THIS QUESTION, SKIP TO QUESTION 28.

24. Did your facility process any type of meat by-product in calendar year 2021? Select all that apply.

None

Yes

Select all by-product further processing operations that apply:

- Processing Hides
- Processing Blood
- Wet or Low-Temp Rendering
- Dry Rendering
- Processed Hair
- Other Processing Operation

Describe other processing operation: _____

25. In calendar years 2017, 2019, and 2021, how many days did your facility process meat?

Number of Days Facility Processed Meat												
Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2017												
2019												
2021												

26. Complete the table below identifying meat operations between 2017 and 2021. If no meat operations were conducted or the facility was not operating, select “no meat operations.” Complete the table below in either pounds or kilograms and indicate your unit selection.

NOTE: Only one example table is included below. Respondents should complete one table for 2017 production, one table for 2019 production, and one table for each of the 12 months of 2021 production, a total of 14 completed tables. The web-based questionnaire and final hardcopy will include a copy of each table to be completed by the facility. Facilities will report production for the following years/months:

- 2017 (Annual Production)
- 2019 (Annual Production)
- January 2021 (Monthly Production)
- February 2021 (Monthly Production)
- March 2021 (Monthly Production)
- April 2021 (Monthly Production)
- May 2021 (Monthly Production)
- June 2021 (Monthly Production)
- July 2021 (Monthly Production)
- August 2021 (Monthly Production)
- September 2021 (Monthly Production)
- October 2021 (Monthly Production)
- November 2021 (Monthly Production)
- December 2021 (Monthly Production)

No meat operations

Values are in: 1,000 Pounds (lbs.) 1,000 Kilograms (kg)

Type of Meat Product	Production [Year or Month/Year]				
	Cattle	Calves	Hogs	Sheep and Lambs	Other (Specify: _____)
Animals Slaughtered onsite [as LWK]					
Carcasses, Animal Parts, or By-Products Received from Offsite for Processing [as Equivalent Live Weight Killed (ELWK)]					
<i>All By-Product Operations (processing) includes by-products received from offsite for rendering or processing)</i>					
Weight of blood rendered onsite					
Weight of hides processed onsite					
Weight of hair rendered onsite					
Weight of offal rendered onsite					
Weight of skimmings rendered onsite					
Weight of total by-products to wet or low temperature rendering onsite					
Weight of total by-products to dry rendering onsite					

27. Complete the table below to identify the amount of finished product or byproduct produced in calendar years 2017, 2019, and 2021.

List each finished product or byproduct in a separate row of the table. Complete the table below in either pounds or kilograms and indicate your unit selection. Finished product could refer to any whole or cut-up final product, including carcasses or other further processed product. Byproducts could refer to any other product sold by your facility (e.g., blood, hides, hair, offal, skimmings).

No finished product produced in 2017, 2019, and 2021

Values are in 1,000 Pounds (lbs.) 1,000 Kilograms (kg)

Product or Byproduct Type	Weight of Finished Product per CY		
	2017	2019	2021

28. Did your facility only further process meat in calendar year 2021? This includes cutting meat, smoking products, or producing sausage or luncheon meat.

Yes

Pounds of Finished Product in calendar year 2021: _____

No



IF YOU ANSWERED “No” TO THIS QUESTION, SKIP TO QUESTION 32.

29. Identify the type(s) of further processing of meat conducted at your facility. Select all that apply.

Cutting and/or deboning

Cooking

Seasoning

Smoking

Canning

Grinding

Chopping

Dicing

Forming

Breeding

Breaking

Trimming

Skinning

Tenderizing

Marinating

Curing

Pickling

Extruding

Linking

30. In calendar years 2017, 2019, and 2021, how many days did your facility perform further processing operations?

Number of Days Facility Performed Further Processing												
Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2017												
2019												
2021												

31. Complete the two tables below to identify the amount of finished product produced in calendar years 2017, 2019, and 2021. Complete the tables below in either pounds or kilograms and indicate your unit selection.

No finished product produced in 2017 and 2019.

Values are in 1,000 Pounds (lbs.) 1,000 Kilograms (kg)

Type of Product	Weight of Finished Product Each CY	
	2017	2019
Fresh meat cuts (steaks, roasts, chops)		
Smoked product		
Cured product (Ham)		
Sausage		
Luncheon meat		
Canned meat		

Values are in 1,000 Pounds (lbs.) 1,000 Kilograms (kg)

Type of Product	Weight of Finished Product by Month for 2021											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Fresh meat cuts (steaks, roasts, chops)												
Smoked product												
Cured product (Ham)												

Type of Product	Weight of Finished Product by Month for 2021											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Sausage												
Luncheon meat												
Canned meat												

32. Did your facility operate as an independent or offsite renderer of meat in calendar year 2021?

Yes

No



IF YOU ANSWERED “No” TO THIS QUESTION, SKIP TO QUESTION 35.

33. In calendar years 2017, 2019, and 2021, how many days did your facility perform independent or off-site rendering operations?

Number of Days Facility Performed Independent or Offsite Rendering												
Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2017												
2019												
2021												

34. If your facility performs independent or offsite rendering operations, conducted separate from a slaughterhouse, packinghouse or poultry dressing or processing operation, complete the tables below in either pounds or kilograms for independent or off-site rendering operations at your facility in calendar years 2017, 2019, and 2021.

No independent or off-site rendering operations in 2017 and 2019

Values are in 1,000 Pounds (lbs.) 1,000 Kilograms (kg)

Type of Raw Material and Type of Animal as Source of Raw Material	Weight of Raw Material Rendered Independently or Offsite Each CY	
	2017	2019
Raw Material: Circle one (trimmings, bones, meat scraps, dead animals, feathers, other byproducts) Animal Type: Circle one (cattle, calves, hogs, sheep/lambs, other meat, boilers/young chickens, hens, turkeys, other poultry)		
Raw Material: Circle one (trimmings, bones, meat scraps, dead animals, feathers, other byproducts) Animal Type: Circle one (cattle, calves, hogs, sheep/lambs, other meat, boilers/young chickens, hens, turkeys, other poultry)		
Raw Material: Circle one (trimmings, bones, meat scraps, dead animals, feathers, other byproducts) Animal Type: Circle one (cattle, calves, hogs, sheep/lambs, other meat, boilers/young chickens, hens, turkeys, other poultry)		

Values are in 1,000 Pounds (lbs.) 1,000 Kilograms (kg)

Type of Raw Material and Type of Animal as Source of Raw Material	Monthly Weight of Raw Material Rendered Independently or Offsite for CY 2021											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Raw Material: Circle one (trimmings, bones, meat scraps, dead animals, feathers, other byproducts) Animal Type: Circle one (cattle, calves, hogs, sheep/lambs, other meat, boilers/young chickens, hens, turkeys, other poultry)												
Raw Material: Circle one (trimmings, bones, meat scraps, dead animals, feathers, other byproducts) Animal Type: Circle one (cattle, calves, hogs, sheep/lambs, other meat, boilers/young chickens, hens, turkeys, other poultry)												

Type of Raw Material and Type of Animal as Source of Raw Material	Monthly Weight of Raw Material Rendered Independently or Offsite for CY 2021											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Raw Material: Circle one (trimmings, bones, meat scraps, dead animals, feathers, other byproducts) Animal Type: Circle one (cattle, calves, hogs, sheep/lambs, other meat, boilers/young chickens, hens, turkeys, other poultry)												

Section 5. Process Flow Diagrams

35. Did your facility generate process wastewater from operations engaging in meat and/or poultry product operations at any point from January 1, 2017 to December 31, 2021?

Yes

No



IF YOU ANSWERED “No” TO THIS QUESTION, DO NOT COMPLETE THE REMAINDER OF THIS SECTION NOR SECTIONS 6 - 8. SKIP TO SECTION 9, QUESTION 63.

36. To understand your facility's overall process, EPA is requiring you to include one or more process flow diagram(s) (PFDs) to document all process wastewater treatment operations. Include your facility ID on each diagram and number each PFD in the upper right corner, starting with "PFD-1" and numbering each sequentially. More than one meat product process, wastewater treatment operation, and/or wastewater discharge location may be shown on the same PFD.

Specifically, include one or more PFDs that show:

- the production process(es) and the final products;
- wastewater treatment operations;
- 2021 annual average flow rates for all water and wastewater streams; and
- wastewater discharge locations.

You are **NOT** required to create a new PFD if an existing diagram will suffice. Specific instructions for including the PFD(s) are provided below.

[Instructions for how to submit PFDs electronically will be included in a later version.]

Note: See the References Section for codes, abbreviations, and common wastewater treatment unit names that should be used in the process flow diagrams.

Process and Wastewater Treatment Process Flow Diagrams Checklist

Be sure that...

- All meat and poultry production processes, wastewater treatment operations, and discharge locations onsite are included. Include outfall numbers where appropriate.
- The diagram of each production process includes the input of your starting materials (e.g., chickens, cattle), the movement of the meat and poultry products through the processes, and the final products shipped.
- The diagram shows the flow of streams (e.g., the generation of wastewater from process units and the movement of wastewater through treatment units). All streams should either be entering another unit shown on the diagram or the next destination should be noted (e.g., note "to end-of-pipe WWT system" on diagram). Be sure to include any wastewater streams received from offsite.
- The diagram includes the annual average flow for 2021 in gallons per day (GPD) for all streams on the diagram. Indicate on the diagram(s) estimated values by using "(EST)" or a * symbol after the value.
- Any streams that are reused or recycled within your facility should also be included on the diagram and destination noted.
- All locations of chemical addition are noted on the diagram (i.e., into or between wastewater treatment units).
- All processes are labeled.
- All treatment units are named and numbered (e.g., equalization tank 1, equalization tank 2). Label all locations where wastewater treatment chemicals are added to individual treatment units.
- Any wastewater monitoring locations are identified. Specifically, any monitoring locations noted in response to Question 62.
- The PFD number(s) and your facility ID number have been identified on each diagram(s).

If you believe that a diagram should be treated as confidential, mark it “Confidential” by including “Confidential” or “CBI” across the top. If any diagram is not marked “Confidential,” it will be considered nonconfidential under 40 CFR Part 2, Subpart B.

37. Include an aerial map of your facility campus to the questionnaire. The map should show property boundaries; buildings; waste, wastewater, and/or stormwater management systems including ponds, lagoons, impoundments, land application sites, landfills, storm drains; discharge pipes, canals; surface water outfall(s); holding pens; truck wash down stations; other significant features.

[Instructions for how to submit aerial maps electronically will be included in a later version.]

Attached

Not attached/included

Provide reason or explanation: _____

Section 6. Wastewater Generation Information

38. Identify the type(s) and quantity of process wastewater generated at your facility for the specified operation for calendar years 2017, 2019, and 2021 using the tables below. Table A and Table B are for Meat operations and Table C and Table D are for Poultry operations. Indicate all types of process wastewater that apply. Use the ‘Type of Value Field’ to indicate whether the quantity is a measured or estimated value. If the quantity of that type of wastewater is not segregated at your facility, and the flow is unknown and you are unable to estimate, select “Not Segregated”. Identify the final destination of each process wastewater stream using the dropdown menu, final destination should reflect the final disposal method or ultimate location of the waste (after all treatment).

Be sure to include any wastewater generated from activities related to meat and poultry processing (e.g., onsite storage of raw materials). Report any wastewaters not specifically described or identified using the “other” designation.

Note: See definitions for Meat operations, Poultry operations, and Process Wastewater in the Glossary. Also see the References Section for codes that should be used in the process flow diagrams requested in Question 36 and noted in the tables below.

Table A: Process Wastewater Generated at Your Facility for Meat Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process wastewater generated from animal pens		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from titling and bleeding operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from hide removal operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table A: Process Wastewater Generated at Your Facility for Meat Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Destination (Select all that apply) <input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
	Flow in MGY	Type of Value <input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	Flow in MGY	Type of Value <input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		
Process wastewater generated from evisceration operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from paunch operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from scalding and hair removal operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table A: Process Wastewater Generated at Your Facility for Meat Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process wastewater generated from meat washing operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from rendering operations [Specify type(s) of rendering (e.g., wet or dry)]		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from cutting operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table A: Process Wastewater Generated at Your Facility for Meat Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process wastewater generated from further processing operations (e.g., thaw tanks, cooking vats, cooling tanks)		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from clean-up operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from rendering plant condensate and condenser water		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table A: Process Wastewater Generated at Your Facility for Meat Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process wastewater from truck washing		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Stormwater runoff from meat product activity area		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Other--Specify:		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table A: Process Wastewater Generated at Your Facility for Meat Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Other--Specify:		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table B: Process Wastewater Generated at Your Facility for Meat Operations in CY 2021

Type of Process Wastewater	Million Gallons/month												Treated onsite?	Final Destination (Select all that apply)	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			Type of Values
Process wastewater generated from animal pens													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from titling and bleeding operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from hide removal operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table B: Process Wastewater Generated at Your Facility for Meat Operations in CY 2021

Type of Process Wastewater	Million Gallons/month												Type of Values	Treated onsite?	Final Destination (Select all that apply)
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			
Process wastewater generated from evisceration operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from paunch operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table B: Process Wastewater Generated at Your Facility for Meat Operations in CY 2021

Type of Process Wastewater	Million Gallons/month												Type of Values	Treated onsite?	Final Destination (Select all that apply)
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			
Process wastewater generated from scalding and hair removal operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from meat washing operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from rendering operations [Specify type(s) of rendering (e.g., wet or dry)]													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table B: Process Wastewater Generated at Your Facility for Meat Operations in CY 2021

Type of Process Wastewater	Million Gallons/month												Type of Values	Treated onsite?	Final Destination (Select all that apply)
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			
Process wastewater generated from cutting operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from further processing operations (e.g., thaw tanks, cooking vats, cooling tanks)													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from clean-up operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table B: Process Wastewater Generated at Your Facility for Meat Operations in CY 2021

Type of Process Wastewater	Million Gallons/month												Type of Values	Treated onsite?	Final Destination (Select all that apply)
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			
Process wastewater generated from rendering plant condensate and condenser water													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater from truck washing													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Stormwater runoff from meat product activity area													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table B: Process Wastewater Generated at Your Facility for Meat Operations in CY 2021

Type of Process Wastewater	Million Gallons/month												Type of Values	Treated onsite?	Final Destination (Select all that apply)
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			
Other-- Specify:													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Other-- Specify:													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table C: Process Wastewater Generated at Your Facility for Poultry Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process Wastewater from Live Receiving		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Killing		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Bleeding		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table C: Process Wastewater Generated at Your Facility for Poultry Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process Wastewater from Scalding		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Defeathering		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Whole Bird Wash		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table C: Process Wastewater Generated at Your Facility for Poultry Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process Wastewater from Evisceration		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Final Bird Wash		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Chilling		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table C: Process Wastewater Generated at Your Facility for Poultry Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process Wastewater from Cut-up		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Packaging		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Deboning Operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table C: Process Wastewater Generated at Your Facility for Poultry Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process Wastewater from Injection/Marination Operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Breeding/Batter Operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Cooking Operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table C: Process Wastewater Generated at Your Facility for Poultry Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process Wastewater from Offal Rendering/ Condensing		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Feather Rendering/ Condensing		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Other Rendering/ Condensing		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table C: Process Wastewater Generated at Your Facility for Poultry Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Process wastewater from truck washing		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from clean-up operations		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Other—Specify:		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table C: Process Wastewater Generated at Your Facility for Poultry Operations in CY 2017 and CY 2019

Type of Process Wastewater	2017		2019		Treated onsite?	Final Destination (Select all that apply)
	Flow in MGY	Type of Value	Flow in MGY	Type of Value		
Other—Specify:		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table D: Process Wastewater Generated at Your Facility for Poultry Operations for CY 2021

Type of Process Wastewater	Gallons/month												Treated onsite?	Final Destination (Select all that apply)	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			Type of Value
Process Wastewater from Live Receiving													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Killing													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Bleeding													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table D: Process Wastewater Generated at Your Facility for Poultry Operations for CY 2021

Type of Process Wastewater	Gallons/month												Treated onsite?	Final Destination (Select all that apply)	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			Type of Value
Process Wastewater from Scalding													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Defeathering													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Whole Bird Wash													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table D: Process Wastewater Generated at Your Facility for Poultry Operations for CY 2021

Type of Process Wastewater	Gallons/month												Treated onsite?	Final Destination (Select all that apply)	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			Type of Value
Process Wastewater from Evisceration													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Final Bird Wash													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Chilling													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table D: Process Wastewater Generated at Your Facility for Poultry Operations for CY 2021

Type of Process Wastewater	Gallons/month												Treated onsite?	Final Destination (Select all that apply)	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			Type of Value
Process Wastewater from Cut-up													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Packaging													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Deboning Operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table D: Process Wastewater Generated at Your Facility for Poultry Operations for CY 2021

Type of Process Wastewater	Gallons/month												Treated onsite?	Final Destination (Select all that apply)	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			Type of Value
Process Wastewater from Injection/Marination Operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Breeding/Batter Operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Cooking Operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table D: Process Wastewater Generated at Your Facility for Poultry Operations for CY 2021

Type of Process Wastewater	Gallons/month												Treated onsite?	Final Destination (Select all that apply)	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			Type of Value
Process Wastewater from Offal Rendering/ Condensing													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Feather Rendering/ Condensing													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process Wastewater from Other Rendering/ Condensing													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table D: Process Wastewater Generated at Your Facility for Poultry Operations for CY 2021

Type of Process Wastewater	Gallons/month												Treated onsite?	Final Destination (Select all that apply)	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec			Type of Value
Process wastewater from truck washing													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Process wastewater generated from clean-up operations													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____
Other—Specify:													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

Table D: Process Wastewater Generated at Your Facility for Poultry Operations for CY 2021

Type of Process Wastewater	Gallons/month													Treated onsite?	Final Destination (Select all that apply)
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Type of Value		
Other—Specify:													<input type="checkbox"/> Measured <input type="checkbox"/> Estimate <input type="checkbox"/> Not Segregated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LN <input type="checkbox"/> OC <input type="checkbox"/> OI <input type="checkbox"/> PW <input type="checkbox"/> PRW <input type="checkbox"/> SI <input type="checkbox"/> SW <input type="checkbox"/> RO <input type="checkbox"/> RF <input type="checkbox"/> OT Specify: _____

39. Does the generation of any wastewater streams identified in Question 38 change throughout the day? If yes, identify the type of wastewater, the shift where the flow is at a minimum and at a maximum, and the minimum and maximum flow rate.

No

Yes

Note: See definitions for Meat operations, Poultry operations, and Process Wastewater in the Glossary. Also see the References Section for codes that should be used in the process flow diagrams requested in Question 36 and noted in the tables below.

Type of Process Wastewater (Include code from PFD from Question 38)	Select Meat or Poultry	Minimum Flow		Maximum Flow	
		Flow Rate (in GPD)	Shift (From Question 8)	Flow Rate (in GPD)	Shift (From Question 8)
	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry				
	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry				

40. Does your facility receive wastewater from other facilities?

Yes

No



IF YOU ANSWERED “No” TO THIS QUESTION. SKIP TO QUESTION 43.

41. For wastewater received from other facilities, provide a description of the source, indicate if the wastewater is from another MPP facility, the flow rate or volume, and how often the wastewater is received.

Description of Source	Wastewater from an MPP Facility?	Frequency of Received Wastewater	[If continuous] Flow rate	[If batch] Volume and Duration
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continuous <input type="checkbox"/> Batch	_____ GPD	_____ gallons _____ per days

42. How is wastewater received from other facilities handled onsite? Select all that apply.

- Commingled with untreated process wastewater
 - Commingled with treated process wastewater
 - Commingled with stormwater or non-process wastewater
 - Treated onsite
 - Discharged through NPDES outfall
 - Discharged to a POTW
 - Transferred to offsite (e.g., waste treatment facility, land applied) without commingling
 - Reused or recycled onsite
Describe the reuse practices: _____
-

- Other
Describe other: _____

Section 7. Wastewater Treatment Information

43. Does your facility treat MPP process wastewater onsite prior to its final destination? Treatment can include separation (e.g., settling, Dissolved Air Floatation (DAF), or grease traps), filtration (e.g., grit chambers, screening, etc.), or other more advanced treatment processes.

Note: Equalization tanks should be identified here as treatment.

- Yes
- No



IF YOU ANSWERED “No” TO THIS QUESTION. SKIP TO QUESTION 48.

44. Identify in the table all types of onsite wastewater treatment processes (a list of common wastewater treatment processes for the MPP industry is provided in the References section) used to treat the process wastewater stream(s) identified in Question 38. If a wastewater treatment process is used that is not included in the list of common processes, or if a unique variation of a listed wastewater treatment process is used, provide specific details in the Comments section.

The treatment system documented in the table below should match the system depicted in the PFD submitted as part of Section 5. This system should be consistent with the treatment system used for calendar year 2021.

If the treatment unit where the process takes place was installed between January 1, 2017 and December 31, 2021, provide any costing information. Attach any costing information as separate

files. Where costing data is provided, indicate which treatment unit it applies to in the table below.

Treatment Unit Name (should match PFD)	Date Added to Treatment System (mm/dd/yyyy)	Design Influent Flow (GPD)	Design Residence Time (hours)	Average Influent Flow in CY 2021 (GPD)	Average Residence Time in CY 2021 (hours)	Purpose of the Treatment Unit	Cost Information Provided?
						<input type="checkbox"/> Primary treatment <input type="checkbox"/> Biological treatment <input type="checkbox"/> Nutrient removal <input type="checkbox"/> Phosphorus removal <input type="checkbox"/> Disinfection <input type="checkbox"/> Solids handling <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/>
						<input type="checkbox"/> Primary treatment <input type="checkbox"/> Biological treatment <input type="checkbox"/> Nutrient removal <input type="checkbox"/> Phosphorus removal <input type="checkbox"/> Disinfection <input type="checkbox"/> Solids handling <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/>

45. Have any operational changes been made to the treatment system between January 1, 2017 and December 31, 2021? The addition of treatment units should be identified in Question 44. Identify in this question any changes to the system other than new treatment units. This could include operation or changes made to optimize the system beyond the addition of equipment. Describe these changes or updates. If you need additional space to describe these changes, use the Comments section at the end of this questionnaire.

Yes

Describe changes: _____

No

46. Were chemicals added in the wastewater treatment process in calendar year 2021? If yes, complete a row in the table for each chemical added (e.g., trisodium phosphate as a treatment chemical). Where the same chemical is added, but to a different unit or for a different purpose, include as a separate row in the table.

No treatment chemicals used

Yes

Chemical Trade Name	Chemical Manufacturer	Treatment Unit Name (should match PFD)	Purpose of Chemical Addition	Average Concentration of Addition (mg/L)	Average Rate of Addition (GPD)	Addition Frequency
						<input type="checkbox"/> Continuous (24 hrs, 7 days) <input type="checkbox"/> Once per shift <input type="checkbox"/> Once per day <input type="checkbox"/> Once per week <input type="checkbox"/> Other, describe: _____
						<input type="checkbox"/> Continuous (24 hrs, 7 days) <input type="checkbox"/> Once per shift <input type="checkbox"/> Once per day <input type="checkbox"/> Once per week <input type="checkbox"/> Other, describe: _____

47. Provide details on wastewater treatment units that generate and waste sludge. Wasted sludge includes any solids removed from the treatment system. List the average amount of sludge wasted from the treatment of process wastewaters identified in Question 38 in calendar year 2021.

No sludge generated

Treatment Unit Generating Wasted Sludge	Amount of Wasted Sludge	Units for Amount of Wasted Sludge	Weight Basis	Destination of Wasted Sludge
			<input type="checkbox"/> dry weight basis <input type="checkbox"/> wet weight basis	
			<input type="checkbox"/> dry weight basis <input type="checkbox"/> wet weight basis	

48. Indicate the land area occupied by your entire facility.

Location	Number	Units
Total Site Area		
Total First Processing Area		
Total Further Processing Area		
Total Byproduct Rendering Area		
Total Waste Treatment Area		
Total Area for Warehousing and Ancillary Facilities (e.g., administrative building, parking, utilities, etc.)		
Total Underdeveloped Area		

49. Is the underdeveloped area indicated in Question 48 suitable for construction, such as for new or additional wastewater treatment systems?

- No underdeveloped area
- Yes, underdeveloped area is suitable for construction.
- No, underdeveloped area is not suitable for construction.

Provide explanation: _____

Unsure

Provide explanation: _____

50. How many discharge locations (final outfalls) and other permit monitoring locations are present at your facility? Include discharge locations discharging to surface waters, publicly owned treatment works (POTWs), and privately owned treatment works (PrOTWs). Do not include internal outfalls.

Number of locations/outfalls: _____

Number of locations/outfalls that contain MPP process wastewater: _____

51. Please identify the types of wastewaters transferred to each final outfall identified in Question 50. Include the outfall name, location (latitude and longitude in decimal degrees to at least three decimal places), annual flow for calendar year 2021 in GPD, details on the wastewater contributions relative to the total outfall flow for 2021, and discharge destination. Each final outfall should be identified in a separate row in the table below. If the immediate receiving water is unknown, please provide the name of the closest downstream water (e.g., unnamed tributary of the Snake River).

Outfall Name & Location	Flow Rate in CY 2021 (in GPD)	Type(s) of Wastewater & Relative Contributions to the Outfall (Select all that apply)	Discharge Destination	Has mixing zone been applied at the outfall?	Frequency of Discharge
Name/Number: _____ Latitude: _____ Longitude: _____		<input type="checkbox"/> Process wastewater (other than stormwater associated with industrial activity) Percentage of total outfall flow: _____ <input type="checkbox"/> Landfill leachate Percentage of total outfall flow: _____ <input type="checkbox"/> Sanitary wastewater Percentage of total outfall flow: _____ <input type="checkbox"/> Non-contact cooling water Percentage of total outfall flow: _____ <input type="checkbox"/> Stormwater associated with industrial activity Percentage of total outfall flow: _____ <input type="checkbox"/> Stormwater not associated with industrial activity Percentage of total outfall flow: _____ <input type="checkbox"/> Other, specify: _____ Percentage of total outfall flow: _____	<input type="checkbox"/> Receiving Water, Type and Name of receiving water: _____ <input type="checkbox"/> POTW, Name: _____ <input type="checkbox"/> PrOTW, Name: _____ <input type="checkbox"/> Land applied onsite or offsite <input type="checkbox"/> Underground injection onsite or offsite <input type="checkbox"/> Reused <input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Continuous <input type="checkbox"/> Once per shift <input type="checkbox"/> Once per day <input type="checkbox"/> Once per week <input type="checkbox"/> Other, describe below _____

52. Select all pollutants that are known to be present in your facility's untreated process wastewater (before any treatment) in calendar 2021 and provide the average concentrations of the pollutants identified below. For each pollutant, indicate whether the concentration is measured, estimated, or unknown.

Pollutant	Average Concentration in Untreated Process Wastewater	Units	Measured or Estimated (Select One)	Unknown Concentration
Total Nitrogen			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Total Kjeldahl Nitrogen (TKN)			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Ammonia (as N)			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Nitrate-N			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Nitrite-N			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Total Phosphorus			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Phosphate			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Orthophosphate			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
5-day Biochemical Oxygen Demand (BOD ₅)			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Carbonaceous Biochemical Oxygen Demand (CBOD)			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Total Suspended Solids (TSS)			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>
Oil and Grease (O&G)			<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	<input type="checkbox"/>

53. Do you discharge of process wastewater, non-process wastewater, or stormwater to a POTW or PrOTW?

Yes

No



IF YOU ANSWERED "No." SKIP TO QUESTION 57.

54. If the discharge of process wastewater, non-process wastewater, or stormwater to the POTW or PrOTW is subject to regulation under a local ordinance, provide copies of the applicable portions of the local ordinance related to discharge (e.g., local limits, general and specific prohibitions, etc.).

Provided

Not Provided

Explain: _____

Not subject to local ordinance

55. Provide the name, address, telephone number, and name of your contact at the POTW or PrOTW to which your facility discharges. Provide the permit number provided by the POTW or PrOTW and the expiration date (if applicable) and, if known, the NPDES permit number of the permit issued to the POTW or PrOTW.

Name of POTW or PrOTW

POTW or PrOTW Street Address Line 1

POTW or PrOTW Street Address Line 2

City State ZIP Code

POTW or PrOTW Contact Name Email address

Telephone Number Facility Discharge Permit number (if applicable)

Expiration Date (if applicable) POTW or PrOTW NPDES Permit number (if applicable)

56. Are any fees paid to the POTW or PrOTW for discharge/disposal?

Yes

Explain fee structure (include details on flat fee or rate-based fee): _____

No

57. Does your facility collect biogas?

Yes

No



IF YOU RESPONDED "No." SKIP TO QUESTION 61.

58. What volume of biogas is collected and how much energy is generated with this gas?

Gas Volume: _____ Units: _____

Energy: _____ Units: _____

59. Does your facility use the biogas to offset energy needs?

Yes

No

Describe the destination of the collected biogas: _____

60. What are the energy offsets for your facility from biogas?

0 – 25%

25 – 50%

50% or above

Section 8. Monitoring Data Collected

61. Did your facility collect wastewater monitoring data between January 1, 2017 and December 31, 2021 outside of monitoring data required for a NPDES permit or POTW/PrOTW discharge permit or agreement? Examples of these data include data from internal monitoring points and wastewater treatment influent, monitoring required under a POTW/PrOTW agreement, or monitoring for pollutants not required to be required for permit compliance.

Yes

No



IF YOU ANSWERED “No” TO THIS QUESTION, DO NOT COMPLETE THE REMAINDER OF THIS SECTION. SKIP TO QUESTION 63.

62. Do you collect individual monitoring data (not averaged or aggregated) for ANY of the following pollutants:

Aeromonas, ammonia, BOD, carbaryl, COD, chloride, chromium, Cryptosporidium, copper, enterococci, fecal coliforms, hexane extractable material, manganese, nitrate/nitrite, Salmonella, titanium, total coliforms, TDS, TKN, TOC, total orthophosphate, total residual chlorine, cis-permethrin, trans-permethrin, phosphorus, TSS, volatile residue, zinc, and pharmaceuticals (including antibiotics).

No



IF YOU ANSWERED “No.” SKIP TO QUESTION 63.

Yes. Provide all individual monitoring data for the pollutants listed above.

Below is an example table format that should be used for submitting monitoring data. Copy/paste this format into Microsoft Excel and populate the rows with available data. Please ensure that all monitoring locations noted in the table are identified in the PFD provided in response to Question 36.

[Include details on submitting supplemental files at a later date.]

Analyte	CAS Number	Measured value			Analytical method	Date Collected	Monitoring Location Collected	Collected as Grab or Composite	Data Qualifiers or Notes
		Non-detect Indicator	Value	Units					

Section 9. Environmental Management and Pollution Prevention Practices

63. Does your facility recycle or reuse any process wastewater?

Yes

No



IF YOU ANSWERED "No." SKIP TO QUESTION 65.

64. For any process wastewater recycled or reused onsite, provide the amount and use of recycled and/or reused.

Type(s) of Wastewater (Select all that apply)	Recycled or Reused?	Use of Wastewater Description	Flow rate (with units and frequency)	Final Destination
<input type="checkbox"/> Process wastewater (other than stormwater associated with industrial activity) <input type="checkbox"/> Landfill leachate <input type="checkbox"/> Sanitary wastewater <input type="checkbox"/> Groundwater <input type="checkbox"/> Non-contact cooling water <input type="checkbox"/> Stormwater associated with industrial activity <input type="checkbox"/> Stormwater not associated with industrial activity <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Recycle <input type="checkbox"/> Reuse		Flow: _____ Frequency: <input type="checkbox"/> Continuous <input type="checkbox"/> Once per shift <input type="checkbox"/> Once per day <input type="checkbox"/> Once per week <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Discharged with treatment (list treatment system and discharge location): _____ <input type="checkbox"/> POTW, Name: _____ <input type="checkbox"/> PrOTW, Name: _____ <input type="checkbox"/> Discharged without treatment <input type="checkbox"/> No discharge, complete recycle/reuse. <input type="checkbox"/> Other, specify: _____

65. Does your facility implement any water conservation approaches other than the recycle or reuse of process wastewater?

Yes

No



IF YOU ANSWERED "No." SKIP TO QUESTION 67.

66. Identify all environmental management, monitoring, and/or pollution prevention and waste management practices utilized by your facility.

Clean Up Techniques	
Collection of solids before clean up	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dry clean up	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drain/collect residual product before clean up	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	
Control/Minimization of Freshwater Usage Techniques	
Use of flow reduction nozzles, properly sized spray nozzles, high-pressure/low-volume nozzles, and/or regulation of supply line pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic flow shutoff valves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shut off all unnecessary flow during work breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple use of water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water treatment and reuse system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use minimum USDA-approved quantities of water in scalding/chillers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screened wastewater recycled for feather fluming	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reuse chiller water as makeup water for the scalding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use pretreated poultry processing wastewaters for condensing cooking vapors in on-site rendering operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steam scalding instead of immersion scalding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Control water use in gizzard splitting/washing equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduce wastewater from thawing operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	
Process Changes/Techniques	
Confine bleeding/provide sufficient bleed time; transport collectable blood to rendering tanks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dry offal handling instead of fluming	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimize chemicals in scald tank	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	
Additional Techniques	
Composting as disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dikes, curbs, and other control measures to contain leaks/spills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trainings for employees on good water management practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent, regular maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	
Other: _____	

67. Does your facility monitor groundwater quality?

Yes

No



IF YOU RESPONDED "No." SKIP TO QUESTION 70.

68. Describe the groundwater monitoring schedule your facility follows.

Number of groundwater monitoring wells: _____

Frequency of monitoring: _____

Reason for monitoring: _____

Beginning year of monitoring: _____

Date of last monitoring event: _____

69. Provide details on the average concentration for all groundwater monitoring pollutants for each monitoring location for calendar year 2021.

Well Number	Location Description	Pollutant	Concentration	Units
		[Dropdown list]		<input type="checkbox"/> mg/L <input type="checkbox"/> ug/L <input type="checkbox"/> CFUs/ml
		[Dropdown list]		<input type="checkbox"/> mg/L <input type="checkbox"/> ug/L <input type="checkbox"/> CFUs/ml

70. Does your facility have a Title V Clean Air Act operating permit?

Yes

Specify your permit ID: _____

No



IF YOU RESPONDED "No." SKIP TO QUESTION 72.

71. If your facility monitors or has limits for the pollutants in the chart below, provide information on emission levels where available.

Pollutant	Last Monitoring Date	Result	Units	Monitoring Frequency
Carbon dioxide (CO ₂)				
Nitric oxide (NO)				
Nitrogen dioxide (NO ₂)				
Nitrous oxide (N ₂ O)				
Sulfur dioxide (SO ₂)				
Methane (CH ₄)				
Hydrogen sulfide (H ₂ S)				
Particulate matter (PM _{2.5})				
Particulate matter (PM ₁₀)				
Ammonia				
Total VOCs				
Total GHGs emitted				

Section 10. Environmental Assessment Information

72. Did your facility conduct any environmental assessments or environmental effects studies on the discharge of MPP process wastewater to receiving waters, or the storage and treatment of MPP process wastewater in lagoons, ponds, or impoundments? If so, provide a copy of the study or studies.

- Yes. A copy of the study or studies are attached.
- No

Section 11. Financial Information

73. Select the corporation type that best describes the company indicated in Question 2.

- Subchapter C Corporation
- Subchapter C Corporation/Limited Liability Corporation
- Limited Partnership
- General Partnership
- Sole Proprietor
- Other

Describe corporation type: _____

74. Is the company indicated in Question 2 publicly or privately held?

Privately Held

Publicly Held

75. For the calendar years below, list the average number of full-time equivalent (FTE) employees at your facility and company (i.e., 2080 hr/yr). For example, four half-time employees would be listed as two full-time equivalent employees. Only directly employed personnel should be counted; contracted workers should not be included.

Calendar Year	Number of FTE Employees at your Facility	Number of FTE Employees at the Parent Company
2017		
2019		
2021		

76. If the company borrows money to finance capital improvements, such as wastewater treatment equipment, what interest rate would it pay on such loans? If unknown, what is the most recent interest rate the company paid to finance capital improvements?

Interest Rate (%): _____

77. What is the minimum rate of return on capital (i.e., the discount rate) required to compensate equity owners for bearing risk? Identify whether the rate is pre-tax or post-tax and whether the rate is real or nominal.

Discount Rate (%): _____

Pre-Tax

Real Rate

Post-Tax

Nominal Rate

78. When you finance capital improvements, what is the approximate mix of debt and equity?

Debt (%): _____

Equity (%): _____

79. List any facilities in the United States that are operated by the company. Provide the name, description, and address of the facility, indicate whether the facility was constructed or acquired by the company, and indicate whether the facility is a meat and/or poultry product facility. Use the first line to describe the facility in this survey.

For all facilities that are MPP facilities, please identify the facility ID for their questionnaire.

Facility Name	Facility Description	City	State	ZIP	Constructed or Acquired?	Meat and/or poultry product facility?
					<input type="checkbox"/> Constructed <input type="checkbox"/> Acquired	<input type="checkbox"/> Yes Facility ID: _____ <input type="checkbox"/> No
					<input type="checkbox"/> Constructed <input type="checkbox"/> Acquired	<input type="checkbox"/> Yes Facility ID: _____ <input type="checkbox"/> No

80. For calendar years (January – December) 2017, 2019, and 2021, complete the following income statement information. If your facility is the company, check the box below and complete only the first column. If certain items are not held on your facility's books, enter zero for the item under the 'Facility' column. Report amounts in dollars; round to the nearest thousand. Complete the table for each year (i.e., 2017, 2019, 2021). Respondents should complete one table for each year, a facility operating for the entire period will submit a total of three completed tables.

Revenue and expense values represent (select one): 2017
 2019
 2021

Single Facility Company

	Facility	Company
REVENUES		
a. Net sales from meat products	\$	\$
b. Other income (such as equity earnings and interest)	\$	\$
c. Total revenues (sum of a and b)	\$	\$
COST AND EXPENSES		
d. Cost of goods sold (purchases and operating expenses)	\$	\$
e. Selling, general, administrative, depreciation and amortization expenses	\$	\$
f. Total costs and expenses (sum of d and e)	\$	\$
g. Earnings before interest and taxes (EBIT) (subtract f from c)	\$	\$
h. Interest expense	\$	\$
i. Taxes	\$	\$
j. Net Income	\$	\$

81. Is your facility owned, controlled, or managed by an ultimate parent company?

- Yes
 No



IF YOU ANSWERED “No” TO THIS QUESTION, DO NOT COMPLETE THE REMAINDER OF THIS SECTION. CONTINUE TO SECTION 12.

82. What is your facility's relationship to your ultimate parent company?

- Branch
- Subsidiary

83. In what state is the ultimate parent company organized as a legal entity?

State: _____

84. Does your facility's ultimate parent company have operations in foreign countries that are a source of international revenue?

- Yes
- No

85. Is your facility's ultimate parent company a small business? The Small Business Administration (SBA) defines businesses as "small" based on either a revenue or an employment level threshold that is specific to each NAICS code. Visit the Small Business Administration website (<https://www.sba.gov/federal-contracting/contracting-guide/size-standards>). In determining whether your facility's ultimate parent is a small business, consider only revenue from domestic sources. Base your determination on the most recent fiscal year for which revenue is available.

- Yes
- No



IF YOU ANSWERED "No" TO THIS QUESTION, DO NOT COMPLETE THE REMAINDER OF THIS SECTION. CONTINUE TO SECTION 12.

86. Complete the table below with the *ultimate parent company's* total annual revenue for calendar years 2017, 2019, and 2021. Provide values in dollars and fill in all values; you may round values to the nearest thousand dollars. If the ultimate parent company was not in business for one or more of the years, enter "N/A" for those years. If the ultimate parent company is a multinational firm, limit revenue estimates to domestic sources.

Ultimate Parent Company Total Annual Revenue (US Dollars)		
2017	2019	2021

Section 12. Comments

NOTE: *The electronic questionnaire format will allow facilities to navigate to the comments section from individual questions, then navigate back from the comments section to individual questions. The comments section is being shown here, at the end, in this draft paper copy as an example.*

Section Number	Question Number	Comment



THE QUESTIONNAIRE IS NOW COMPLETE. PLEASE REVIEW YOUR RESPONSES, COMPLETE THE CERTIFICATION STATEMENT, AND PROCEED TO SUBMIT RESPONSES AS INDICATED IN THE INSTRUCTIONS.

CERTIFICATION STATEMENT

The individual responsible for directing or supervising the preparation of the questionnaire must read and sign the Certification Statement listed below. The certifying official must be a responsible corporate official or his/her authorized representative.

Certification Statement

I certify under penalty of law that the submitted questionnaire was prepared under my direction or supervision and that qualified personnel properly gathered and evaluated the information submitted. The information submitted is, to the best of my knowledge and belief, accurate and complete. In those cases, where we did not possess the requested information for questions applicable to our company, we provided best estimates. We have to the best of our ability indicated what we believe to be company confidential business information as defined under 40 CFR Part 2, Subpart B. We understand that we may be required at a later time to justify our claim in detail with respect to each item claimed confidential. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment as explained in Section 308 of the Clean Water Act.

_____ Signature of Certifying Official	_____ Date
_____ Printed Name of Certifying Official	_____ Telephone Number
_____ Title of Certifying Official	
_____ Company Name	

ONCE COMPLETE, THE ELECTRONIC QUESTIONNAIRE PLATFORM WILL DIRECT FACILITIES TO SUBMIT A COMPLETED QUESTIONNAIRE.