



**APPLICATION FOR
 INDUSTRIAL WASTEWATER
 DISCHARGE PERMIT**

SECTION A – GENERAL INFORMATION

Business Lic. No. _____

1. Company Name _____ Tel. No. (____) _____

2. Mailing Address _____
 _____ Zip Code _____

3. Facility Address _____ Zip Code _____

4. Name of Signing Official _____ Title _____

5. Name of Contact Official _____ Title _____

Tel. No. (____) _____

6. Business Activity _____ (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

7. Standard Industrial Classification Number(s) (SIC Code) for your facilities: _____

8. This facility generates the following types of wastes (check all that apply):

<u>Average gal/day</u>	<u>Average gal/day</u>
a. <input type="checkbox"/> Domestic wastes _____ (restrooms, employee showers, etc.)	e. <input type="checkbox"/> Process _____
b. <input type="checkbox"/> Cooling water, non-contact _____	f. <input type="checkbox"/> Equipment/Facility washdown _____
c. <input type="checkbox"/> Boiler/Tower blowdown _____	g. <input type="checkbox"/> Air Pollution Control Unit _____
d. <input type="checkbox"/> Cooling water, contact _____	h. <input type="checkbox"/> Storm water runoff to sewer _____
	i. <input type="checkbox"/> Other (describe) _____

9. Wastes are discharged to (check all that apply):

<u>Average gal/day</u>	<u>Average gal/day</u>
<input type="checkbox"/> Groundwater _____	<input type="checkbox"/> Sanitary sewer _____
<input type="checkbox"/> Evaporation _____	<input type="checkbox"/> Storm sewer _____
<input type="checkbox"/> Waste haulers _____	<input type="checkbox"/> Surface water _____
Provide name and address of waste hauler(s), if used. _____	<input type="checkbox"/> Other (describe) _____

10. Is a Spill Prevention Control and Countermeasure Plan established for the facility? Yes No

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

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

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

_____ Date

_____ Signature of Official

NOTE: If your facility did not check one of more of the items listed in section A.8.d through A.8.i above, then you do not need to complete any further section in this survey/application. If any items A.8.d through A.8.i were checked, complete the remainder of this survey/application.

SECTION B – FACILITY OPERATION CHARACTERISTICS

1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

a. 34 Industrial Categories:

- | | |
|---|---------------------------------------|
| 1. ___ Adhesives | 18. ___ Ore Mining |
| 2. ___ Aluminum Forming | 19. ___ Organic Chemicals |
| 3. ___ Auto & Other Laundries | 20. ___ Paint & Ink |
| 4. ___ Battery Manufacturing | 21. ___ Pesticides |
| 5. ___ Coal Mining | 22. ___ Petroleum Refining |
| 6. ___ Coil Coating | 23. ___ Pharmaceutical |
| 7. ___ Copper Forming | 24. ___ Photographic Supplies |
| 8. ___ Electric & Electronic Components | 25. ___ Plastic & Synthetic Materials |
| 9. ___ Electroplating | 26. ___ Plastics Processing |
| 10. ___ Explosives Manufacturing | 27. ___ Porcelain Enamel |
| 11. ___ Foundries | 28. ___ Printing & Publishing |
| 12. ___ Gum & Wood Chemicals | 29. ___ Pulp & Paper |
| 13. ___ Inorganic Chemicals | 30. ___ Rubber |
| 14. ___ Iron & Steel | 31. ___ Soaps & Detergents |
| 15. ___ Leather Tanning & Finishing | 32. ___ Steam Electric |
| 16. ___ Mechanical Products | 33. ___ Textile Mills |
| 17. ___ Nonferrous Metals | 34. ___ Timber |

b. Other Business Activities

- ___ Dairy Products
- ___ Slaughter/Meat Packing/Rendering
- ___ Food/Edible Products Processor
- ___ Beverage Bottler

2. Provide a brief narrative description of the manufacturing, production, and service activities your firm conducts.

3. Number of employees and Hours of Work:

	OFFICE		PRODUCTION					
			DAY SHIFT		SWING SHIFT		NIGHT SHIFT	
	NO.	HRS.	NO.	HRS.	NO.	HRS.	NO.	HRS.
WEEK DAYS		to		to		to		to
SATURDAY		to		to		to		to
SUNDAY		to		to		to		to

4. Raw water source: (public utility name, private well, etc.) (please circle)

<u>Source</u>	<u>Account #</u>	<u>gal/day or ft/day</u>	<u>Use</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

5. Principal product produced: _____

6. Raw materials and process additives used:

7. Production process is:
 Batch Continuous Both _____% batch _____% continuous
Average number of batches per 24-hour day _____

8. Hours of operation: _____ a.m. to _____ p.m. Continuous

9. Is production subject to seasonal variation? Yes No
If yes, briefly describe seasonal production cycle.

10. Are there any process changes or expansions planned during the next three years?
 Yes No
If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

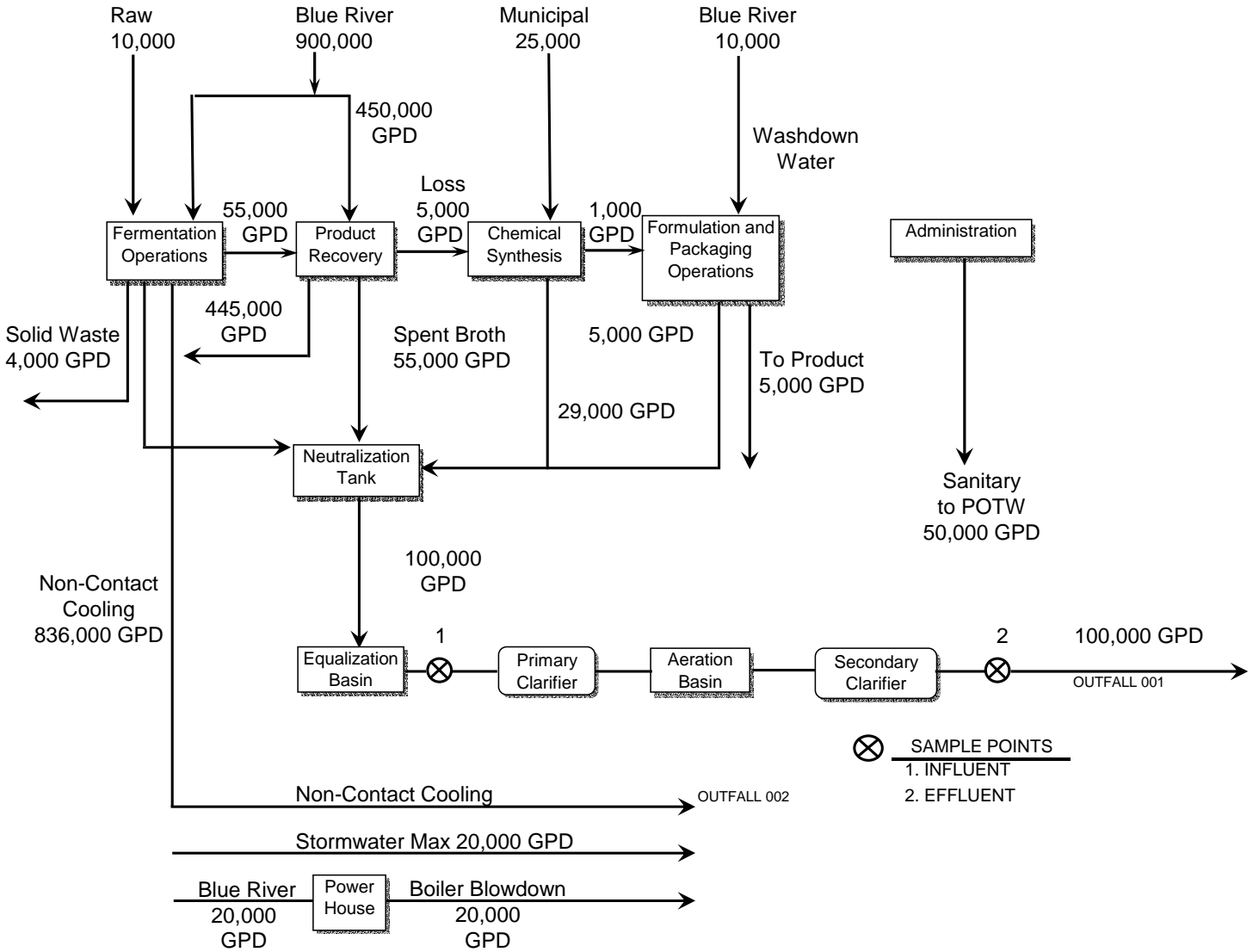
11. Schematic Flow Diagram (An example of the drawing is shown on page 4).
Attach a diagram of the flow pattern of materials and water from start to completed product, showing all unit processes generating wastewater.

12. Building Layout:
Attach a drawing or blue print of the location of each building on the premises. Show the location and sizes of water meters, storm drains, community sewers and each building sewer connected to the community sewers.

Example of Schematic Water Flow

SCHEMATIC OF WATER FLOW

ACME Drug, Inc.
City, County, State



⊗ SAMPLE POINTS
1. INFLUENT
2. EFFLUENT

Note: Do not turn in this example diagram with your submittal.

SECTION C – WASTEWATER INFORMATION

1. Physical and chemical characteristics of wastes discharged (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Temperature over 150E F |
| <input type="checkbox"/> Toxic or poisonous | <input type="checkbox"/> Total dissolved solids above 5000 mg/l |
| <input type="checkbox"/> Toxic gases | <input type="checkbox"/> Rainwater |
| <input type="checkbox"/> Highly odorous | <input type="checkbox"/> Dilution water |
| <input type="checkbox"/> Dissolved Sulfides over 0.1 mg/l | <input type="checkbox"/> Single pass cooling water |
| <input type="checkbox"/> Waste larger than 3/8" in diameter | <input type="checkbox"/> Petroleum base soluble cutting oils |
| <input type="checkbox"/> Cyanides | <input type="checkbox"/> Petroleum based oils |
| <input type="checkbox"/> Highly colored | <input type="checkbox"/> Others (specify)_____ |
| <input type="checkbox"/> Radioactive | _____ |

2. Waste Composition parameters:

- | | |
|-----------------------------------|--|
| Flow (Avg.) _____ gal/day | COD (Chemical Oxygen Demand) _____ mg/l |
| Flow (Peak) _____ gal/day | BOD (Biochemical Oxygen Demand) _____ mg/l |
| Total Dissolved Solids _____ mg/l | SS (Suspended Solids) _____ mg/l |
| EC _____ umhos/cm | Oil and Grease _____ mg/l |
| Chlorides _____ mg/l | pH range _____ |

3. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate):

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Grease or oil separation, type_____ | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Sediment |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Ion exchange | <input type="checkbox"/> Solvent separation |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Ozonation | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Reverse Osmosis | |
| <input type="checkbox"/> Biological treatment, type_____ | | |
| <input type="checkbox"/> Rainwater diversion or storage, type_____ | | |
| <input type="checkbox"/> Other chemical treatment, type_____ | | |
| <input type="checkbox"/> Other physical treatment, type_____ | | |
| <input type="checkbox"/> Other, type_____ | | |
| <input type="checkbox"/> No pretreatment provided | | |

4. Certification: Are pretreatment standards for your industry being met on a consistent basis by this facility?

- Yes No If "yes," go on to Question 6.

5. If answer to number 4 is "no," will additional pretreatment and/or operations and maintenance be required for this facility to meet pretreatment standards? Yes No

If "no," explain reason for non-compliance_____

If "yes," attach a description of the required pretreatment and/or operations and maintenance to gain compliance, and include schedule of dates for commencement and completion of events leading to the construction and operation of this additional pretreatment.

6. List any other environmental control permits held by this facility:

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

8. Priority Pollutant Information: Please indicate by placing an "x" in the approximate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent" "Suspected to be Present," or "Known to be Present" in your manufacturing or service activity or is generated as a by-product.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentrations/Day	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentrations/Day
I METALS & INORGANICS						IV PCBs & RELATED COMPOUNDS					
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V ETHERS					
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bis (2-chloroethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bis (2-chloroisopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-chloroethyl vinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bis(2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VI NITROSAMINES & OTHER NITROGEN-CONTAINING COMPOUNDS					
Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II PHENOLS & CRESOLS						N-nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3,3-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	III MONOCYCLIC AROMATICS (EXCLUDES PHENOLS, CRESOLS, & PHTALATES)					
2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p-chloro-m-cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentrations/Day	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentrations/Day
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VII HALOGENATED ALIPHATICS

Chloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dibromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorodibromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dichlorobromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetrachloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,1-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,2-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,2,2-tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-trans dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,3-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII PHTHALATE ESTERS

Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bis (2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX POLYCYCLIC AROMATIC HYDROCARBONS

Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Benzo(a)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzo(b)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzo(k)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzo(ghi)perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzo(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dibenzo(a,h)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indeno (1,2,3-cd)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X PESTICIDES

Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alpha-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gamma-BHC or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alpha-endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta-endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCDD or Dioxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you are unable to identify the chemical constituents of the products you use that are discharged in your wastewater, you may submit copies of the Material Safety Data Sheets for such products, or any organic or inorganic certified laboratory analyses conducted.

SECTION D – OTHER WASTES

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

Yes No

If "No," skip remainder of Section D.

If "Yes," complete items 2 and 3.

2. These wastes may best be described as:

Estimated Gallons or Pounds/Year

Acids and Alkalies

Heavy Metal Sludge

Inks/Dyes

Oil and/or Grease

Organic Compounds

Paints

Pesticides

Plating Wastes

Pretreatment Sludge

Solvents/Thinners

Other Hazardous Wastes (specify)

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

on-site storage

off-site storage

on-site disposal

off-site disposal

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

