

CITY OF SHAWNEE
INDUSTRIAL PRETREATMENT PROGRAM
WASTEWATER DISCHARGE PERMIT
APPLICATION FORM
BASELINE MONITORING REPORT



Note: Please read all attached instructions prior to completing this application.

SECTION A — GENERAL INFORMATION

1. Facility Name: _____
 - a. Operator Name: _____
 - b. Is the operator identified in 1.a., the owner of the facility? Yes No
If no, provide the name and address of the operator and submit a copy and/or other documents indicating the operator's scope of responsibility for the facility.

2. Facility Address:
Street: _____
City: _____ State: _____ Zip: _____

3. Business Mailing Address:
Street: _____
City: _____ State: _____ Zip: _____

4. Designated signatory authority of the facility:
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

5. Designated facility contact:
Name: _____
Title: _____
Phone #: _____

6. Industrial Wastewater Contribution Permit No.: _____

SECTION B— BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the business activities listed below (regardless of industrial categories or whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industrial Categories

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass-Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

SECTION C—WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface water
- Municipal Water Utility (Specify City): _____
- Other (Specify): _____

2. Name on the water bill:

Name: _____ Water services account number: _____
 Street: _____
 City: _____ State: _____ ZIP: _____

3. List average water usage on premises: (New facilities may estimate)

Type	Average Usage (GPD)	Measured	Estimated
a. Contact cooling water	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Non-contact cooling water	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Boiler feed	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. Sanitary	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. Air pollution control	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. Contained in product	_____	<input type="checkbox"/>	<input type="checkbox"/>
h. Plant and equipment wash down	_____	<input type="checkbox"/>	<input type="checkbox"/>
i. Irrigation and lawn watering	_____	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	_____	<input type="checkbox"/>	<input type="checkbox"/>
k. Total daily usage (total of a-j)	_____		

SECTION D—SEWER INFORMATION

1. For an existing business:

Is the building presently connected to the public sanitary sewer system?

Yes Sanitary sewer account number _____

No Have you applied for a sanitary sewer hookup? Yes No

For a new business:

a. Will you be occupying an existing vacant building (such as in an industrial park)? Yes No

b. Have you applied for a building permit if a new facility will be constructed? Yes No

c. Will you be connected to the public sanitary sewer system? Yes No

2. List size, descriptive location, and flow of each facility sewer that connects to the City's sewer system. (If more space is needed, attach additional information on another sheet.)

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____

_____	_____	_____

_____	_____	_____

_____	_____	_____

SECTION E—WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the city sewer?

Yes If the answer to this question is “yes,” complete the remainder of the application.

No If the answer to this question is “no,” skip to Section I.

2. Provide the following information on wastewater flow rate. (New facilities may estimate).

a. Hours/Day Discharged (e.g., 8 hours/day):

M_____ T_____ W_____ T_____ F_____ Sat_____ Sun_____

Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

M_____ T_____ W_____ T_____ F_____ Sat_____ Sun_____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate.(GPD) _____

e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur, indicate: (New facilities may estimate).

a. Number of batch discharges _____ per day

b. Average discharge per batch _____ (GPD)

c. Time of batch discharges _____ at _____
(days of week) (hours of day)

d. Flow rate _____ gallons per minute

e. Percent of total discharge _____ %

4. Attach Schematic Flow Diagram For each-major activity in which wastewater is or will be generated, draw a diagram of the flow materials, products, water, and wastewater from the start of the activity to its completion showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing these unit processes in the building layout in Section H.

Note: Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Process Description	Average Flow GPD	Maximum Flow GPD	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Regulated Process Description	Average Flow GPD	Maximum Flow GPD	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Unregulated Process Description	Average Flow GPD	Maximum Flow GPD	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Unregulated Process Description	Average Flow GPD	Maximum Flow GPD	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements Provide the Following.(TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

- Yes
- No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

- Yes
- No

c. Has a toxic organics management plan (TOMP) been developed?

- Yes (Please attach copy)
- No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

- | | | | | | | | |
|----------|--------------------|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Current: | Flow Metering | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| | Sampling Equipment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Planned: | Flow Metering | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| | Sampling Equipment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes
- No (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

11. Are any materials or water reclamation systems in use or planned?

Yes

No (skip question 10)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

SECTION F—CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process, Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (**P**), suspected to be present (**S**), or known not to be present (**0**), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a **P** (expected to be present), **S** (may be present), or **0** (will not be present) under the average reported values.

Pollutant	Detection	Maximum		Average	Number
	Level	Daily	Value	of	
	Used	Mass	Conc.	Analyses	of
	Conc.	Mass	Conc.	Mass	Analyses
Acenaphthene	_____	_____	_____	_____	_____
Acrolein	_____	_____	_____	_____	_____
Acrylonitrile	_____	_____	_____	_____	_____
Benzene	_____	_____	_____	_____	_____
Benzidine	_____	_____	_____	_____	_____
Carbon tetrachloride	_____	_____	_____	_____	_____
Chlorobenzene	_____	_____	_____	_____	_____
1,2,4-Trichlorobenzene	_____	_____	_____	_____	_____
Hexachlorobenzene	_____	_____	_____	_____	_____
1,2-Dichloroethane	_____	_____	_____	_____	_____
1, 1, 1 -Trichloroethane	_____	_____	_____	_____	_____
Hexachloroethane	_____	_____	_____	_____	_____
1,1-Dichloroethane	_____	_____	_____	_____	_____
1, 1,2-Trichloroethane	_____	_____	_____	_____	_____
1,1,2,2-Tetrachloroethane	_____	_____	_____	_____	_____
Chloroethane	_____	_____	_____	_____	_____
Bis(2-chloroethyl) ether	_____	_____	_____	_____	_____
17 Bis (chloro methyl) ether	_____	_____	_____	_____	_____
2-Chloroethyl vinyl ether	_____	_____	_____	_____	_____
2-Chloronaphthalene	_____	_____	_____	_____	_____
2,4,6-TriGhlorophenol	_____	_____	_____	_____	_____
Parachlorometa cresol	_____	_____	_____	_____	_____
Chloroform	_____	_____	_____	_____	_____
2-Chlorophenol	_____	_____	_____	_____	_____
1,2-Dichlorobenzene	_____	_____	_____	_____	_____
1,3-Dichlorobenzens	_____	_____	_____	_____	_____
1,4-Dichlorobenzene	_____	_____	_____	_____	_____
3,3-Dichlorobenzidine	_____	_____	_____	_____	_____
I,I-Dichloroethylene	_____	_____	_____	_____	_____
1,2-Trans-dichloroethylene	_____	_____	_____	_____	_____
2,4-Dichloropheno	_____	_____	_____	_____	_____

Pollutant	Detection	Maximum		Average	Number
	Level Used	Mass	Daily Value Conc.	of Analyses Mass	
1,2-Dichloropropane	_____	_____	_____	_____	_____
1,2-Dichloropropylene	_____	_____	_____	_____	_____
1,3-Dichloropropylene	_____	_____	_____	_____	_____
2,4-Dimethylphenol	_____	_____	_____	_____	_____
2,4-Dinitrotoluene	_____	_____	_____	_____	_____
2,6-Dinitrotoluene	_____	_____	_____	_____	_____
1,2-Diphenylhydrazine	_____	_____	_____	_____	_____
Ethylbenzene	_____	_____	_____	_____	_____
Fluoranthene	_____	_____	_____	_____	_____
4-Chlorophenyl phenyl ether	_____	_____	_____	_____	_____
4-Bromophenyl phenyl ether	_____	_____	_____	_____	_____
Bis(2-chlorisopropyl) ether	_____	_____	_____	_____	_____
Bis(2-chloroethoxy) methane	_____	_____	_____	_____	_____
Methylene chloride	_____	_____	_____	_____	_____
Methyl chloride	_____	_____	_____	_____	_____
Methyl bromide	_____	_____	_____	_____	_____
Bromoform	_____	_____	_____	_____	_____
Dichlorobromomethane	_____	_____	_____	_____	_____
Chlorodibromomethane	_____	_____	_____	_____	_____
Hexachlorobutadiene	_____	_____	_____	_____	_____
Hexachlorocyclopentadiene	_____	_____	_____	_____	_____
Isophorone	_____	_____	_____	_____	_____
Naphthalene	_____	_____	_____	_____	_____
Nitrobenzene	_____	_____	_____	_____	_____
Nitrophenol	_____	_____	_____	_____	_____
2-Nitrophenol	_____	_____	_____	_____	_____
4-Nitrophenol	_____	_____	_____	_____	_____
2,4-Dinitrophenol	_____	_____	_____	_____	_____
4,&Dinitro-o-cresol	_____	_____	_____	_____	_____
N-nitrosodimethylamine	_____	_____	_____	_____	_____
N-nitrosodiphenylamine	_____	_____	_____	_____	_____
N-nitrosodi-n-propylamine	_____	_____	_____	_____	_____
Pentachlorophenol	_____	_____	_____	_____	_____
Phenol	_____	_____	_____	_____	_____
Bis(2-ethylhexyl) phthalate	_____	_____	_____	_____	_____
Butyl benzyl phthalate	_____	_____	_____	_____	_____
Di-n-butyl phthalate	_____	_____	_____	_____	_____
Di-n-octyl phthalate	_____	_____	_____	_____	_____
Diethyl phthalate	_____	_____	_____	_____	_____
Dimethyl phthalate	_____	_____	_____	_____	_____
Benzo(a)anthracene	_____	_____	_____	_____	_____
Benzo(a)pyrene	_____	_____	_____	_____	_____
3-4-benzofluoranthene	_____	_____	_____	_____	_____
Senzo(k)	_____	_____	_____	_____	_____
fluoranthane	_____	_____	_____	_____	_____
Chrysene	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses	Number of Analyses
	Conc.	Mass	Conc.	Mass	
Acenaphthylene	_____	_____	_____	_____	_____
Anthracene	_____	_____	_____	_____	_____
Benzo(ghi)perylene	_____	_____	_____	_____	_____
Fluorene	_____	_____	_____	_____	_____
Phenanthrene	_____	_____	_____	_____	_____
Dibenzo(a,h)anthracene	_____	_____	_____	_____	_____
Indeno(1,2,3-cd)pyrene	_____	_____	_____	_____	_____
Pyrene	_____	_____	_____	_____	_____
Tetrar-hioroethylene	_____	_____	_____	_____	_____
Toluene	_____	_____	_____	_____	_____
Trichloroethylene	_____	_____	_____	_____	_____
Vinyl chloride	_____	_____	_____	_____	_____
Aldrin	_____	_____	_____	_____	_____
Dieldrin	_____	_____	_____	_____	_____
Chlordane	_____	_____	_____	_____	_____
4,4-DDT	_____	_____	_____	_____	_____
4,4-DDE	_____	_____	_____	_____	_____
4,4-DDD	_____	_____	_____	_____	_____
Alpha-endosulfan	_____	_____	_____	_____	_____
Beta-endosulfan	_____	_____	_____	_____	_____
Endosulfan sulfate	_____	_____	_____	_____	_____
Endrin	_____	_____	_____	_____	_____
Endrin aidehyde	_____	_____	_____	_____	_____
Heptachlor	_____	_____	_____	_____	_____
Heptachlor epoxide	_____	_____	_____	_____	_____
Alpha-BHC	_____	_____	_____	_____	_____
Beta-BHC	_____	_____	_____	_____	_____
Gamma-BHC	_____	_____	_____	_____	_____
Defeta-BHO	_____	_____	_____	_____	_____
PCB-1242	_____	_____	_____	_____	_____
PCB-1254	_____	_____	_____	_____	_____
PCB1221	_____	_____	_____	_____	_____
PCB-1232	_____	_____	_____	_____	_____
PCB-1248	_____	_____	_____	_____	_____
PCB-1260	_____	_____	_____	_____	_____
PCB-1016	_____	_____	_____	_____	_____
Toxaphene (TCDD)	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses
	Conc.	Mass	Conc.	Mass		
Asbestos	_____	_____	_____	_____	_____	_____
Acidity	_____	_____	_____	_____	_____	_____
Alkalinity	_____	_____	_____	_____	_____	_____
Bacteria	_____	_____	_____	_____	_____	_____
BOD ₅	_____	_____	_____	_____	_____	_____
COD	_____	_____	_____	_____	_____	_____
Chloride	_____	_____	_____	_____	_____	_____
Chlorine	_____	_____	_____	_____	_____	_____
Fluoride	_____	_____	_____	_____	_____	_____
Hardness	_____	_____	_____	_____	_____	_____
Magnesium	_____	_____	_____	_____	_____	_____
NH ₃ -N	_____	_____	_____	_____	_____	_____
Oil and Grease	_____	_____	_____	_____	_____	_____
TSS	_____	_____	_____	_____	_____	_____
TOC	_____	_____	_____	_____	_____	_____
Kjeldahl N	_____	_____	_____	_____	_____	_____
Nitrate N	_____	_____	_____	_____	_____	_____
Nitrite N	_____	_____	_____	_____	_____	_____
Organic N	_____	_____	_____	_____	_____	_____
Orthophosphate P	_____	_____	_____	_____	_____	_____
Phosphorous	_____	_____	_____	_____	_____	_____
Sodium	_____	_____	_____	_____	_____	_____
Specific Conductivity	_____	_____	_____	_____	_____	_____
Sulfate (SO ₄)	_____	_____	_____	_____	_____	_____
Sulfide (S)	_____	_____	_____	_____	_____	_____
Sulfite (SO ₃)	_____	_____	_____	_____	_____	_____
Antimony	_____	_____	_____	_____	_____	_____
Arsenic	_____	_____	_____	_____	_____	_____
Barium	_____	_____	_____	_____	_____	_____
Beryllium	_____	_____	_____	_____	_____	_____
Cadmium	_____	_____	_____	_____	_____	_____
Chromium	_____	_____	_____	_____	_____	_____
Copper	_____	_____	_____	_____	_____	_____
Cyanide	_____	_____	_____	_____	_____	_____
Lead	_____	_____	_____	_____	_____	_____
Mercury	_____	_____	_____	_____	_____	_____
Nickel	_____	_____	_____	_____	_____	_____
Selenium	_____	_____	_____	_____	_____	_____
Silver	_____	_____	_____	_____	_____	_____
Thallium	_____	_____	_____	_____	_____	_____
Zinc	_____	_____	_____	_____	_____	_____

SECTION G—TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?

- Yes
- No

2. Is any form of wastewater treatment (or changes to a existing wastewater treatment) planned for this facility within the next three years?

- Yes (Describe) _____
- No _____

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

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: _____
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection, type: _____
- Sump
- Biological treatment, type: _____
- Rainwater diversion or storage
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____

4. Description:

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. (Add additional sheet if necessary).

- 5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.
- 6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

- 7. Do you have a treatment operator?

(If Yes,) Name: _____

Title: _____ Phone: _____

Full time: _____ (specify hours) Part time: _____ (specify hours)

- 8. Do you have a manual on the correct operation of your treatment equipment?

Yes

No

- 9. Do you have a written maintenance schedule for your treatment equipment?

Yes

No

SECTION H—FACILITY OPERATIONAL CHARACTERISNCS

1. Shift Information

Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Shifts per work day:	_____	_____	_____	_____	_____	_____	_____
	1st _____	_____	_____	_____	_____	_____	_____
Employees per shift	2nd _____	_____	_____	_____	_____	_____	_____
	3rd _____	_____	_____	_____	_____	_____	_____
	1st _____	_____	_____	_____	_____	_____	_____
Shift start and end times:	2nd _____	_____	_____	_____	_____	_____	_____
	3rd _____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

Continuous through the year, or

Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

3. Indicate whether the facility discharge is: Continuous through the year, or

Continuous through the year, or

Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

4. Does operation shut down for vacation, maintenance, or other reasons?

Yes, indicate reasons and period when shutdown occurs: _____

No

5. List times and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

6. List types and quantity of chemicals used or planned for use (attach additional list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

7. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewer, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. Attach to application. A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing.

SECTION I—SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?

- Yes
- No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?

- Yes, if yes; where do they discharge? _____
- No

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

- an on site disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground other, specify: _____
- not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

- Yes (Please enclose a copy with the application)
- No
- Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J—NON-DISCHARGED WASTES

1. Are any waste liquids or sludge generated and not disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section J.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

4. If an outside firm removes any of the above checked wastes, state the name(s) and addressees of all waste haulers:

- | | |
|--|--|
| a. _____

Permit No. _____
(If applicable) | b. _____

Permit No. _____
(If applicable) |
|--|--|

5. Have you been issued any Federal, State, or local environmental permits?

- Yes
- No

If yes, please list the permit(s): _____

SECTION K— COMPLIANCE CERTIFICATION

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

- Yes
- No
- Not yet discharging

2. If No:

- a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.
- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

<u>Milestone Activity</u>	<u>Completion Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (Typed or Printed)

Title

Signature

Date

Phone