

NORTHWESTERN LANCASTER COUNTY AUTHORITY

Lancaster County, Pennsylvania

NON-RESIDENTIAL WASTE DISCHARGE APPLICATION

The information provided in this Non-Residential Waste Discharge Application will be relied on by the Authority to determine if the non-residential user meets the requirements for obtaining a Non-Residential Waste Discharge Permit. If such a permit is determined to be necessary, the information in this application will be used in part to develop the conditions in the Discharge Permit. If at any time the non-residential user determines that the information in this application is inaccurate or incomplete, or has become inaccurate or incomplete due to changes that may have occurred, it is a duty of the user to notify the Authority and to provide the necessary corrections. At the Authority's discretion, the non-residential user may be required to submit a new application. Failure to provide correct information may constitute a violation of local, Commonwealth or federal laws or regulations and may result in the imposition of civil or criminal penalties. Requests for confidential treatment of information provided herein shall be governed by procedures specified in 40 CFR Part 2.

INSTRUCTIONS: Instructions for completing this application are attached. Please refer to the instructions before completing.

The completed and signed application should be mailed to:

Northwestern Lancaster County Authority
97 North Penryn Road
Manheim, PA 17545

Section A – General Information

1. Company/Business Name: _____

2. Facility Address: _____

_____ Municipality: _____

3. Mailing/Billing Address (If different from facility address): _____

4. Name of Authorized Representative: _____

(See instructions for definition of Authorized Representative. Attach delegation statement if necessary)

Title: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

5. Alternative person to contact concerning information provided on this form:

Name: _____

Title: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

6. Check one: This form provides information about: An existing discharge.
 A proposed discharge. Anticipated date of connection: _____
7. Does this facility discharge OR HAVE THE POTENTIAL TO DISCHARGE any wastewater OTHER THAN from restrooms or kitchens/cafeterias? *(Before answering this question, please refer to the Instructions for this question).*
- Yes If the answer to this question is "YES", continue to Question 8.
 No If the answer to this question is "No", complete Question 8.1 and then you may skip to Section I. You must also sign the certification statement in Section J on the last page of this application.
8. a. If this facility discharges ONLY non-contact cooling water, check here:
 b. If you answered "Yes" to Question 7 ONLY because of potential to discharge, through floor drains or other facilities because of leaks or spills, check here.

If you checked either box in Question 8, see instructions for how to complete this application.

If you answered Question 7 "Yes" and you did not check one of the boxes in Question 8, continue on to Section B.

Section B – Product or Service Information

1. Briefly describe the manufacturing, production, or service activities your firm conducts. Indicate which of these activities produce non-residential waste: (Attach additional sheets if necessary). For a definition of "non-residential waste" see instructions. _____

2. Indicate applicable National American Industrial Classification System (NAICS) code(s), which replace the 1987 Standard Industrial Classification (SIC) Code(s), for each process at your facility. (If more than one NAICS code applies, list in descending order of importance.)

a) _____ b) _____ c) _____

3. If your facility manufactures any of the products or employs any of the manufacturing processes listed below, AND any of these processes generate wastewater or waste sludge, place a check mark beside the appropriate activity (check all that apply).

- | | | |
|-----------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Gum & Wood Chemicals | <input type="checkbox"/> Phosphating or Chromating |
| <input type="checkbox"/> Anodizing/Coloring | <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Plastic & Synthetic Materials Mfr. |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Iron & Steel Manufacturing | <input type="checkbox"/> Plastics Molding/Forming |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Metal Molding and Casting | <input type="checkbox"/> Printed Circuit Board Manufacturing. |
| <input type="checkbox"/> Dairy Product Processing | <input type="checkbox"/> Nonferrous Metals | <input type="checkbox"/> Pulp & Paper Products |
| <input type="checkbox"/> Electric & Electronic Components | <input type="checkbox"/> Organic Chemicals Manufacturing | <input type="checkbox"/> Rubber Products |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Paint & Ink Formulating | <input type="checkbox"/> Slaughtering/Packing/Rendering |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Paving & Roofing Materials | <input type="checkbox"/> Soap & Detergent Manufacturing |
| <input type="checkbox"/> Fertilizer Products | <input type="checkbox"/> Pesticides Manufacturing | <input type="checkbox"/> Steam Electric Power Generation |
| <input type="checkbox"/> Food/Edible Products Processing | <input type="checkbox"/> Pesticides Formulating/Packaging | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Timber Products Processing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Pharmaceutical Manufacturing | <input type="checkbox"/> Waste Treatment or Disposal |

4. List all materials, including industrial process chemicals, chemical additives and catalysts, water treatment chemicals, and cleaning agents (other than household type) stored or used in quantities of at least 25 pounds or 25 pounds per month at this facility. (Attach additional sheets if necessary).

<u>Material</u>	<u>Quantity</u> <u>(Indicate units)</u>	<u>Use</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section C – Plant Operational Characteristics

1. Shift Information:

- a) Number of shifts per work day: 1 2 3
- b) Work Days: Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday
- c) Number of employees per shift: 1st _____ 2nd _____ 3rd _____
- d) Shift start times: 1st _____ 2nd _____ 3rd _____
- e) Shift end times: 1st _____ 2nd _____ 3rd _____

2. Is operation subject to seasonal variation: Yes No

If "Yes", indicate: Months of peak operation _____
Maximum wastewater flow (gallons per day) _____

3. Does operation shutdown for vacation, maintenance or other reasons: Yes No

If "Yes", indicate period of when shutdown occurs: _____

4. Are any process changes or expansions planned during the next three years that would alter wastewater volumes or characteristics? Consider both production processes and air or water pollution control processes.

- Yes No (If yes, attach a separate sheet to this form describing the nature of the planned changes or expansions and their effects on the wastewater volume and characteristics.)

5. Are any materials recovery/reuse or water reclamation systems in use or planned?

- Yes No (If yes, attach a separate sheet to this form describing the recovery or recycling process.)

6. Has a Preparedness, Prevention and Contingency (PPC) Plan been prepared for this facility?

- Yes No (If yes, the applicant shall provide a copy of the PPC Plan to the Authority, if requested.)

Section D – Water Usage

1. Water Sources: (Check all that apply)
 Private Well Surface Water Water Utility (Specify) _____
2. Name on water bill: _____
3. Water service account number(s): (1) _____ (2) _____
4. If water is supplied by landlord, give name and address:
 Name: _____
 Street: _____
 City: _____ Zip Code: _____

5. List estimated average water use on premises: (see instructions for definitions)

<u>Estimated Average Water Usage</u> (gallons per day)	<u>Estimated Average Water Usage</u> (gallons per day)
a) Cooling Water _____	e) Equipment Washdown _____
b) Boiler Feed _____	f) Lawn Watering _____
c) Process _____	g) Other (_____) _____
d) Sanitary _____	TOTAL of 'a' through 'g' _____

6. List average volume of wastewater discharge and other water losses:

<u>Estimated Average Volume</u> (gallons per day)	<u>Estimated Average Volume</u> (gallons per day)
a) Municipal Sewer _____	e) Evaporation _____
b) Watercourse, Storm Drain _____	f) Contained in Product _____
c) Waste Haulers _____	g) Other (_____) _____
d) Septic Tank _____	TOTAL of 'a' through 'g' _____ (Should equal TOTAL in item 5 above)

7. Attach a schematic water and wastewater flow diagram, and show all possible sources of water and wastewater flow, including overflows. The diagram should include a water balance so that all water sources and discharges are accounted for. The schematic should also identify the industrial process steps.

8. List average water usage for each process at the facility and resultant average wastewater discharge. Processes A, B, C are the same as those in Section B.2. (Attach additional sheets if necessary.)

	<u>PROCESS A</u>	<u>PROCESS B</u>	<u>PROCESS C</u>
a) Process description	_____	_____	_____
b) Is process (check which applies)	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
c) If batch, number per day	_____	_____	_____
d) Average water use (gallons per day)	_____	_____	_____
e) If wastewater discharge (check which applies)	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
f) If batch, number per day	_____	_____	_____
g) Avg wastewater discharge (gal/day)	_____	_____	_____
h) Peak wastewater discharge (gallons per day or gpm)	_____	_____	_____

9. Describe any water treatment or conditioning process utilized: _____

Section E – Wastewater Information

1. Please indicate the quantities of wastewater discharged from the processes indicated below. (Refer to Section D; Items 6.a, 6.b and 8). For discharges not to the sewer system, provide any NPDES Permit Number(s) for such discharges.

<u>PROCESS</u>	<u>DISCHARGE TO SEWER</u> (gallons/day)	<u>DIRECT DISCHARGE</u> (gallons/day)
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

<u>PROCESS (cont'd)</u>	<u>DISCHARGE TO SEWER</u> (gallons/day)	<u>DIRECT DISCHARGE</u> (gallons/day)
Sanitary waste	_____	_____
Boiler blowdown	_____	_____
Cooling water, contact	_____	_____
Cooling water, non-contact	_____	_____
Plant and equipment washdown	_____	_____
Air pollution control liquid waste	_____	_____
Stormwater runoff to sanitary sewer	_____	_____
Other _____	_____	_____
TOTALS.....	_____	_____
(Should equal Section D totals):	Part 6.a	Part 6.b

*NPDES Permit Number(s) for direct discharge(s): _____

2. Does your facility have floor drains that tie into the sanitary sewer system? Yes No
 If "Yes", please attach a description of the areas that are served by the floor drains. Indicate whether chemicals, oils or other substances are normally or occasionally present in each area. Also describe the measures in place to prevent accidental spills or leaks from entering the sewer system.

3. Is the facility subject to EPA Categorical Pretreatment Standards? Yes No Don't Know
 (Facilities checking any of the items listed in Section B, Part 3, might be a Categorical Industry, see instructions.)

If "Yes", indicate which standards apply. _____

If "Yes", will the discharge comply with these standards? _____

If EPA Categorical Pretreatment Standards apply, please include the applicable parameters and their anticipated concentrations in the wastewater before and after pretreatment in Section H, Part 2 of this form. Estimates may be used for the new discharges. If a Baseline Monitoring Report, as required by 40 CFR §403.12(b) has not been submitted, contact the Pretreatment Coordinator for instructions on submission of this required report.

Section F – Sewer Information

1. Attach a scaled drawing, if available, or sketch of your plant site showing the location of all sewers. Assign a sequential reference number to each building sewer (lateral) starting with No. 1. Also show the location of possible sampling points for process wastewater itemized in Section D, Part 8. For reference and field orientation, buildings, streets and other prominent physical structures should be indicated.
2. By reference number, list size, descriptive location and flow of each sewer shown in Item F-1. (If more than three, attach additional information on a separate sheet.)

<u>REFERENCE NUMBER</u>	<u>SEWER SIZE</u> (inches)	<u>DESCRIPTIVE LOCATION OF SEWER CONNECTION OR DISCHARGE POINT</u>	<u>TYPE OF WASTE</u>	<u>AVG FLOW</u> (gal/day)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

3. Is non-residential waste segregated from or combined with sanitary waste when discharged to the sewer system?
 Segregated Combined

If combined, with which waste? _____

4. Will the non-residential wastewater discharge to the sewer system be continuously metered?
 Yes No If "Yes", please describe the metering facilities _____

Section G – Wastewater Pretreatment

1. Is any form of wastewater pretreatment practiced at this facility? Yes No
(Includes pH adjustment, filtering, precipitation, grease or silt traps, etc.)
2. Is any form of pretreatment planned for this facility within the next three years? Yes No
3. Please furnish a process flow diagram for each existing or planned pretreatment system. Include a brief description of the facilities, process equipment, by-products produced, by-product disposal method, concentrations, waste and by-product volumes, design and operating conditions.

Section H – Characteristics of Discharges

1. For each of the following, if it is used in your manufacturing or service activity, or generated as a product, by-product or waste, check whether it is KNOWN or SUSPECTED to be present in your wastewater discharge. If it is used in your facility but NOT discharged, check whether this has been confirmed by laboratory tests (NOT- Detected) or not (SUSPECTED NOT PRESENT). Not checking any box serves as your assertion that you have been unable to determine, after reasonable inquiry, if the substance is present at this facility. See instructions for more details. Please note that some compounds are known by other names (i.e. trichloromethane = chloroform).

<u>Chemical</u>	<u>Known Present</u>	<u>Suspected Present</u>	<u>Not Detected</u>	<u>Suspected Not Present</u>	<u>Chemical</u>	<u>Known Present</u>	<u>Suspected Present</u>	<u>Not Detected</u>	<u>Suspected Not Present</u>
I. METALS & INORGANICS					IV. PCB'S				
Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1221	<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"/>	PCB-1232	<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"/>	PCB-1242	<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"/>	PCB-1248	<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"/>	PCB-1254	<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"/>	PCB-1260	<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"/>	V. ETHERS (E)				
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, bis chloromethyl	<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"/>	E, bis 2-chloroethyl	<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"/>	E, bis 2-chloroisopropyl	<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"/>	E, 2-chloroethylvinyl	<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"/>	E, 4-bromophenyl phenyl	<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"/>	Bis 2-chloroethoxy methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VI. NISTROSAMINES				
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. PHENOLS & CRESOLS					Nitrosamine, diphenyl	<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"/>	Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2-chloro	<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"/>
Phenol, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzidine, 3,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2, 4, 6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydrazine, 1,2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, pentachloro	<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"/>
Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VII. HALOGENATED APLIPHATICS				
Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methane, bromo-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methane, chloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2, 4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methane, dichloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-Cresol, 4, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. MONOCYCLIC AROMATICS					Methane, trichloro	<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"/>	Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methane, dichlorodifluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, 1, 3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, 1, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, 1, 2, 4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, 1, 1, 1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, 1, 1, 2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, Ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, 1, 1, 2, 1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, hexachloro	<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"/>	Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toluene, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethane 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, trans dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Ethane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Ethane tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Chemical</u>	<u>Known Present</u>	<u>Suspected Present</u>	<u>Not Detected</u>	<u>Suspected Not Present</u>
VII. HALOGENATED APLIPHATICS (Cont'd)				
Propene, 1-2 dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propene, 2-4 dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. PHTHALATE ESTERS

Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di (2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. POLYCYCLIC AROMATICS

Acanaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acanaphthylene	<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"/>
Benzo (a) anthracene	<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"/>
Benzo (k) fluoranthene	<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"/>
Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-Chloronaphthalene	<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"/>
Dibenzo (a,n) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluroanthene	<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"/>
Indeno (1, 2, 3-cd) pyrene	<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"/>
Phenanthrene	<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"/>

<u>Chemical</u>	<u>Known Present</u>	<u>Suspected Present</u>	<u>Not Detected</u>	<u>Suspected Not Present</u>
X. PESTICIDES				
Acrolein	<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"/>
BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BHC (Delta)	<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"/>
DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDT	<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"/>
Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endosulfan (Beta)	<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"/>
Endrin	<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"/>
Heptachlor	<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"/>
Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCCD (or Dioxin)	<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"/>

2. Provide the information requested below for each pollutant listed. Also list those substances indicated in Part 1 above, as being discharged or suspected of being discharged. If recent laboratory results are not available, collect representative composite samples of the industrial waste discharge and have the sample analyzed for the listed items. Along with the analysis of the characteristics of the discharge, **an estimate of wastewater flow on the day of sampling must be provided.** Attach a copy of the laboratory report(s) with this form. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and the location(s) from which the sample(s) were taken. Attach sketches, plans, additional sheets, etc., as necessary.

CHARACTERISTIC POLLUTANT	NUMBER OF SAMPLES	SAMPLE TYPE (GRAB OR COMPOSITE)	MAXIMUM DISCHARGE CONCENTRATION (Indicate units - mg/l, Φ g/l, etc.)	
			BEFORE PRETREATMENT	AFTER PRETREATMENT
5-Day Biochemical Oxygen Demand				
Total Suspended Solids				
Total Phosphorous				
Ammonia Nitrogen				
Oil & Grease				
pH				
Temperature				
Arsenic				
Barium				
Cadmium				
Chromium (hexavalent)				
Chromium (total)				
Copper				
Cyanides				
Lead				
Mercury				
Molybdenum				
Nickel				
Phenolics				
Selenium				
Silver				
Zinc				
Priority Pollutant VOC's. List those detected.		Estimated Flow during sampling (gal/day):		

3. Does your company keep a continuous record of wastewater pH? Yes No
4. Does your company measure and record wastewater discharge volume? Yes No
5. Is there a sampling manhole on the industrial waste discharge line or any other wastewater discharge line into the sanitary sewer? Yes No
- If "Yes", please indicate its location _____

If there is no sampling manhole and a discharge permit is issued, the Authority may require that one be installed.

6. Hazardous Waste Reporting

- a. Does your facility discharge to the sewer any waste which, if otherwise disposed of, would be classified as Hazardous Waste under 40 CFR Part 2.61? Yes No
 If "No", continue to SECTION I – Non-Discharged Waste

b. Please provide the following information on these wastes:

<u>Name of Waste</u>	<u>EPA Hazardous Waste Number</u>	<u>Type of Discharge (Batch, Continuous)</u>	<u>Quantity Discharged (Kilograms per Month)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mark any of the above listed waste classified as Acute Hazardous Waste under 40 CFR §261.30(d) or §261.33(3) with an 'A'.

- c. For each waste listed above as discharged in quantities greater than 100 kilograms per month, provide on a separate sheet the following: identify all hazardous constituents; estimate mass and concentration discharged in the wastewater during the most recent month; estimate mass and concentration expected to be discharged during the next 12 months.
- d. If hazardous waste is discharged to the sewer, the following statement must be signed by a corporate official, partner, proprietor, director or other responsible person:

"I certify that the industry named in this document has in place a program which is designed to reduce the volume and/or toxicity of the discharged waste to the extent that it is economically practical."

 (Signature)

 (Name) Please Print

NOTE: This program is subject to verification by inspection.

This section constitutes the report required under 40 CFR §403.12(p) and copies will be forwarded to EPA and DEP as required by that regulation. If discharge or different hazardous waste than those listed above occurs, the discharger must file a similar report regarding those substances to the Authority, EPA, and DEP. See 40 CFR §403.12(p) for more information.

Section I – NON-DISCHARGED WASTE

1. Is any waste, by-product or sludge received or generated and not disposed in the sewer system? (Other than normal office and kitchen/cafeteria trash.) Yes No

If "No", skip the remainder of SECTION I and go to SECTION J.

If "Yes", these materials may best be described and quantified as: (check all that apply)

	ESTIMATED QUANTITY PER YEAR OR MONTH (Indicate Units)		ESTIMATED QUANTITY PER YEAR OR MONTH (Indicate Units)
<input type="checkbox"/> Waste Solvent	_____	<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Waste Product	_____	<input type="checkbox"/> Acids and Alkalies	_____
<input type="checkbox"/> Oil	_____	<input type="checkbox"/> Plating Waste	_____
<input type="checkbox"/> Grease	_____	<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Pretreatment Sludge	_____	<input type="checkbox"/> Other (Specify):	_____
<input type="checkbox"/> Thinner	_____		
<input type="checkbox"/> Heavy Metals	_____		
<input type="checkbox"/> Organic Compounds	_____		

2. Describe method of storing this waste, including storage locations, size and type of containers, and methods for containing leaks and spills. _____

3. Does your company remove any of the above itemized waste from the facility? Yes No
 (Do not answer "Yes" if a contract hauler removes this waste. See Question 6)

Describe: _____

4. Is any of the above itemized waste placed with trash for disposal? Yes No

Describe: _____

5. Does your company practice on-site disposal for any of the above itemized waste? Yes No

Describe: _____

6. If an outside firm removes any of the above checked waste, state the name(s) and address(es) of all haulers.

a. _____	b. _____
_____	_____
_____ zip code _____	_____ zip code _____
Permit No. (if applicable) _____	Permit No. (if applicable) _____

7. Does your facility require any Resource Conservation and Recovery Act permits? Yes No

If "Yes", please specify: _____

EPA Generator Number: _____

Section J – CERTIFICATION

(By the Authorized Representative named in SECTION A, Question 4)

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 understand that there may be penalties, including the possibility of criminal prosecution, for providing false information.

Signature of Official
(Seal if applicable)

Date

-For Authority Use Only-

Date application received _____ Fee paid? Yes No
Discharge approved by Authority? Yes No Date of Authority decision _____
Non-Residential Waste Discharge Permit required? Yes No
Permit Number _____ Permit effective date _____
Permit expiration date _____ Re-application due date _____
Pretreatment required? Yes No
Customer Account Number _____