

City of Bentonville
Pretreatment Section
Water Utilities Technical Services
117 West Central Avenue,
Bentonville, AR 72712

DATE RECEIVED:

PERMIT NO. ISSUED:

RENEWAL DATE:

INDUSTRIAL USER WASTEWATER SURVEY (Long Form) and PERMIT APPLICATION

Company Name:

Person on-site at the facility who is authorized to represent the company in an official capacity in conjunction with the City Water Utilities Pretreatment Section.

Alternative on-site person familiar with the day-to-day operations, environmental permitting requirements, monitoring, record keeping, and data management.

Name:		Name:	
Title:		Title:	
Phone #:		Phone #:	
Fax#:		Fax#:	
Cell #:		Cell #:	
Email:		Email:	

Physical Street Address of Facility.

Official Mailing Address, if Different. Note if Same.

City:		City:	
State:		State:	
Zip Code:		Zip Code:	

The information provided by you on this questionnaire will:

- 1) Determine if your facility needs an Industrial Wastewater Discharger Permit for the discharge of wastewater to the local sanitary sewer.
- 2) Serve as an application if an Industrial Wastewater Discharger Permit is required.

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in 40 CFR Part 403 and Part B of the City of Winston-Salem Sewer Use Resolution. In accordance with 40 CFR Part 403.14, information and data provided in this questionnaire that identifies the content, volume and frequency of the effluent wastewater discharge cannot be claimed as confidential and shall be available to the public without restriction.

This is to be signed by an authorized representative of your firm, as defined in the City of Bentonville Pretreatment Ordinance #2019-185, Appendix B #7, after completion of this form.

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. The information submitted is, to the best of my knowledge, and belief, true, accurate and complete based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information. I am aware that there are significant penalties for submitting false information, including the possibility of assessment of fines and/or imprisonment for knowing violations.

 Signature of Authorized Representative listed above

 Date

Part 1 - BUSINESS ACTIVITY

For all questions, please attach any additional information if insufficient space is provided for your answer.

1)	<p>Please check below to indicate the purpose(s) of this submittal.</p> <p><input type="checkbox"/> New Permit for PROPOSED Discharge (This facility is a new facility or one currently under construction and has never discharged wastewater to the City of Bentonville Sanitary Sewer System)</p> <p><input type="checkbox"/> Existing UNPERMITTED Discharge (This facility is an existing facility that is currently discharging wastewater to the City of Bentonville Sanitary Sewer System)</p> <p><input type="checkbox"/> Permit Renewal for Existing SIU Permit (This facility currently has a valid SIU Permit from the City of Bentonville and wishes to renew the permit in response to the permit expiration date).</p>					
2)	<p>Provide a detailed narrative description of the type of business, manufacturing processes, or service activities conducted at this site.</p>					
3)	<p>List the types of products (using common/brand names and/or the proper scientific name) produced at this facility.</p>					
4)	<p>Indicate whether the business activity is:</p> <p><input type="checkbox"/> Continuous through the year, or</p> <p><input type="checkbox"/> Seasonal - Check the months of the year during which the business activity occurs:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Jan <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jul <input type="checkbox"/> Sept <input type="checkbox"/> Nov <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Jun <input type="checkbox"/> Aug <input type="checkbox"/> Oct <input type="checkbox"/> Dec </p>					
5)	<p>Indicate whether the facility discharge is:</p> <p><input type="checkbox"/> Continuous through the year, or</p> <p><input type="checkbox"/> Seasonal - Check the months of the year during which the facility discharge occurs:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Jan <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jul <input type="checkbox"/> Sept <input type="checkbox"/> Nov <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Jun <input type="checkbox"/> Aug <input type="checkbox"/> Oct <input type="checkbox"/> Dec </p>					
6)	<p>Does your production vary significantly (+/- 20%) by season?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please describe:</p>					
7)	<p>The Production Process is:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Batch <input type="checkbox"/> Continuous</p> <p>If both, please enter %: Batch = Continuous =</p>					
8)	<p>Are any significant (+/- 20%) changes in production that will affect wastewater discharge expected in the next 5 years? Check one.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please describe:</p>					
9)	<p>Do you have floor drains to the sanitary sewer system in the manufacturing area of your facility?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
10)	<p>Do you have floor drains to the sanitary sewer system in ANY chemical storage area of your facility?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
11)	<p>List all Standard Industrial Classification (SIC) Codes or North American Industrial Classification System (NAICS) Codes for your facility. If more than one code number applies, list in order starting with process that generates the most wastewater. These may be found on State Unemployment Forms, tax forms, or accounting records.</p> <table border="1" style="width: 100%; height: 30px; margin-top: 10px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					

Part 2 - WATER SUPPLY, USE and DISPOSAL SUMMARY

For all questions, please attach any additional information if insufficient space is provided for your answer.

List all water and/or sewer account numbers and the corresponding service addresses.

Account Number

Service Address

1)

2) Do you treat the raw incoming water?

Yes

No

If Yes, please describe:

3)

Does the wastewater generated from your facility require pumping in order to reach the City of Bentonville's sewer system?

Yes No

4)

Permitted Industrial Users Only

Does all industrial wastewater discharged from your facility flow through the currently permitted monitoring

Yes No

If no, please detail below the identity of the non-monitored industrial wastewater(s), the approximate volume discharged each day, the discharge route of the non-monitored industrial wastewater. Remember to show location on site diagram.

5)

Are biocides (chemicals used to control bacterial and/or algal growth) added to any water (in cooling towers, boilers, etc.) that is eventually discharged to the POTW?

Yes No

If yes, submit current MSDS sheets and dosage rates.

6)

Complete the worksheet on the next page to summarize water usage and wastewater disposal practices at your facility. There must be a final disposition for all water/wastewaters listed. This is essentially a "balance worksheet" for water and wastewater. The following information should be helpful:

Water Sources/Gallons: (All values should be "measured" except for NEW Facilities).

If you read your incoming water meter every day, just calculate the average daily value for the past calendar year and use as "average gallons per day". Use the maximum daily value recorded for the "maximum gallons per day".

If you do not conduct incoming water meter readings, refer to the previous 12 month water bills to determine average daily volume of water used. The volumes on the bills are in cubic feet of water. To convert cubic feet to gallons multiply by 7.5. Example: If you average 1850 units of water per month you use 13,875 gallons per month. Divide this value by the average number of workdays in a month (typically 22 for a facility that works Monday through Friday and 30 for facilities that operate every day) to get average gallons per day. Calculate the "maximum gallons per day" by using the highest monthly average.

Domestic Water Used:

Use 30 gallons per day per employee for a "typical" facility. If you have employee showers or require "ultra clean" procedures for all employees use 45 gallons per day per employee. If you have field service employees use 10 gallons per employee per day.

PART 2 - WATER SUPPLY, USE and DISPOSAL SUMMARY, cont.

Water Supply, Use, & Disposal Worksheet:

Water Used for:	Water Sources (See Source List Below)	Avg. gal/day	Max. gal/day	Measur ed		Disposal Method(s) (See Disposal List Below)	Avg. gal/day	Max. gal/day	Measur ed	
					Esti m at ed					Esti m at ed
1. Process water										
2. Washdown water										
3. Water into product										
4. Air Quality Permitted units										
5. Domestic - toilets, drinking, cafe										
6. Cooling water, Process NON-Contact										
7. Boiler / Cooling tower blowdown										
8. Cooling water, HVAC										
9. Other:										

- Typical Water Sources:**
1. City / Public supply
 2. Private wells, drinking
 3. Groundwater remediation wells
 4. Private ponds
 5. Surface waters of Arkansas, please identify
 6. Include others if applicable

- Possible Water Disposal Methods:**
1. Sanitary sewer, with pretreatment
 2. Sanitary sewer, without pretreatment
 3. Storm sewer
 4. Surface waters of Arkansas
 5. Evaporation
 6. Land applied
 7. To groundwater
 8. Septic Tank
 9. Waste Haulers (identify)
 10. Water into Product
 11. Include others, if applicable

PART 3 - ENVIRONMENTAL

For all questions, please attach any additional information if insufficient space is provided for your answer.

1) List any other environmental control permits held by or for this facility. (Examples include Air Permits, National Pollutant Discharge Elimination System (NPDES) Permits, Resource Conservation and Recovery Act (RCRA), Hazardous Waste Permits, Stormwater Permits, etc.)

Permit Type	Permit #	Control Authority

2) List all environmental permits applied for in the United States but issuance was denied. This is to include all NPDES permits, Industrial User Pretreatment (IUP) Permits, air, RCRA, Groundwater, Stormwater, NonDischarge, Septic tank, etc.

Permit Type	Control Authority	Date	Facility Name	Reason for Denial

3) Do you have any liquid storage tanks located inside your facility? If yes, for each tank, list the contents, volume, spill prevention and/or containment devices. Use Codes listed below and use additional pages if necessary. Remember to show location of tanks(s) on site diagrams required in Part 6.

Yes No

Liquid Storage Tank Contents	Tank Volume	Spill Prevention Code(s)	Tank Release Code(s)

Spill Prevention Codes for Storage Tanks	
0	No containment or spill prevention devices
1	Tanks are self contained or double walled tanks
2	Tanks are bermed or curbed
3	Tanks are located in recessed area
4	Tanks are equipped with high level indicator
5	Tanks are equipped with leak detection system and alarm
6	Other type of containment (Please describe below)
Tank Release or Tank Failure Equipment Codes	
If tank(s) were to rupture or malfunction where would contents drain?	
A	Floor
B	Dead-end trench
C	Dead-end sump
D	Pit or sump with automatic pump to pretreatment system
E	Pit or sump with automatic pump to sanitary sewer system
F	Pit or sump with locked valve – no discharge to sewer without key
G	Other (Please describe below)

“OTHER” Description - Please use corresponding code(s)

PART 3 - ENVIRONMENTAL, cont.

4) Is your facility a Hazardous Waste Generator?
 Yes No

If yes, Check below:
 Conditionally Exempt
 Small Generator
 Large Generator

List EPA Identification Number: _____

5) List all current waste haulers. Please give name, address, phone numbers, and volume and type of materials hauled off. This includes pretreatment wastes, oils and sludges.

Company Name	Address	Phone	Volume & Type

6) Some types of facilities and/or operations are required to have specific spill or waste control plans. Does this facility have:

A	Spill Prevention Control and Countermeasure Plan (SPCC) (This is a plan designed to prevent and/or control spills of oil products to streams and storm drains and is required for certain facilities per 40 CFR Part 112).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	Spill/Slug Control Plan (This is a plan designed to prevent spills and slug loads from entering the POTW and details the actions the facility will take to prevent and/or control a Spill/Slug).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C	Toxic Organic Management Plan (TOMP) or Solvent Management Plan (may be required by certain Federal Categorical Pretreatment Standards). (This is a Plan that outlines the storage, use and final disposal practices for specific regulated toxic organics and is included in certain Federal Categorical Standards).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D	Any other spill or pollution prevention plan required by Local, State or Federal authorities? If yes, give brief description of the plan below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E	Do any of your plans include notification to the POTW in the event of a spill, bypass or pretreatment facility upset? If yes, identify plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7) Do you continuously monitor the effluent flow?
 Yes No

If yes, what equipment is used? _____

Last date of calibration of meter? _____

Who calibrated the meter? _____

What is the calibration schedule for this instrument? _____

8) Do you continuously monitor the effluent pH with a probe?
 Yes No

What is the calibration schedule for this equipment? _____

Is the pH probe standardized with a low and high buffer? _____ Which ones?
 4 7 10

Is calibration documented? _____
 Other: _____

9) How often is the pH probe(s) cleaned?

PART 4 - WASTEWATER TREATMENT FACILITIES

Are there any pretreatment devices or processes used for treating wastewater before being discharged to the sanitary sewer (POTW)?

Yes No

If No, Skip to Part 5

1)	Is pretreatment of wastewater a continuous or batch operation? ² <input type="checkbox"/> Continuous <input type="checkbox"/> Batch
2)	Please list normal (anticipated) operating hours for the pretreatment system?
3)	What alarms are in place to assist with notification of malfunctions/problems? Audible and/or Visual.
4)	What kind of situation triggers an alarm condition (pump failure, power failure, high water, etc)?
5)	Are any changes planned for the wastewater treatment facility/process in the next five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.
6)	Describe any bypass lines or procedures intended to accommodate unusual occurrences that may allow untreated wastewater to be discharged.
7)	Is there an on-site written procedure manual for the operation of the wastewater pretreatment system/process? <input type="checkbox"/> Yes <input type="checkbox"/> No
8)	Is there an established maintenance schedule for the wastewater pretreatment system? <input type="checkbox"/> Yes <input type="checkbox"/> No
9)	Is there an operator for each shift? <input type="checkbox"/> Yes <input type="checkbox"/> No
10)	Is the operator(s) certified by the Arkansas Department of Environmental Quality? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what licenses do they hold? _____
11)	Does the operator have additional responsibilities other than the pretreatment system? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 4 - WASTEWATER TREATMENT FACILITIES, cont.

Please check/describe all pretreatment devices or processes used for treating wastewater before being discharged to the sanitary sewer (POTW)?

1 Flow Equalization: Total Volume of Equalization (Gallons): _____

- Aerated Equalization
- Non-Aerated Equalization

- 2. Activated Carbon Yes No
- 3. Air Stripping Yes No
- 4. Biological Treatment Yes No
- 5. Chemical Precipitation Yes No
- 6. Chlorination Yes No
- 7. Cyanide Destruction Yes No
- 8. Dissolved Air Floatation (DAF) Yes No
- 9. Flocculation Yes No
- 10. Ion Exchange Yes No
- 11. Neutralize, pH adjustment Yes No
- 12. Oil/Water Separator Yes No
- 13. Ozonation Yes No
- 14. Reverse Osmosis Yes No
- 15. Silver Recovery Yes No
- 16. Solids Removal Yes No
 - Centrifuge Yes No
 - Clarifier Yes No
 - Cyclone Yes No
 - Filtration Yes No
 - Grit Removal Yes No
 - Sedimentation Yes No
 - Screening Yes No
 - Ultrafiltration Yes No
 - Filter Press Yes No
- 17. Solvent Separation Yes No
- 18. Other: Yes No

12)

PART 5 - CATEGORICAL INFORMATION

The United States Environmental Protection Agency has promulgated national discharge standards for certain industrial categories and processes. Any discharge regulated under a Federal Categorical Standard must be issued a "Significant Industrial User" Permit (regardless of the amount of wastewater flow discharged to the wastewater treatment facility). If your facility employs processes in any of the industrial categories listed in this section you may be regulated by a Federal Categorical Pretreatment Standard. Place a check beside any industrial category or business activity that is applicable to your facility (regardless of whether the activity or process generates wastewater). Check all that apply. If you have questions regarding how to categorize your business activity, contact the Pretreatment Section for technical assistance.

1)	Facility Start-Up Date:																																																								
2)	<p>Has this facility ever been considered a Categorical Industrial User (CIU) as described by the Code of Federal Regulations (40 CFR)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, give complete 40 CFR Number and Subpart:</p>																																																								
3)	<p>Are any other facilities owned and/or operated by your company permitted as Categorical Industrial Users (CIU) as described by the Code of Federal Regulations (40 CFR)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please give name, location, and 40 CFR Number and Subpart:</p>																																																								
4)	<p>Check any activities listed below that are performed (manufactured) at your facility:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 405 Dairy Products Processing</td> <td><input type="checkbox"/> 434 Coal Mining</td> </tr> <tr> <td><input type="checkbox"/> 406 Grain Mills</td> <td><input type="checkbox"/> 435 Oil & Gas Extraction</td> </tr> <tr> <td><input type="checkbox"/> 407 Canned & Preserved Fruits & Veg.</td> <td><input type="checkbox"/> 436 Mineral Mining & Processing</td> </tr> <tr> <td><input type="checkbox"/> 408 Canned & Preserved Seafood</td> <td><input type="checkbox"/> 437 Centralized Waste Treatment</td> </tr> <tr> <td><input type="checkbox"/> 409 Sugar Processing</td> <td><input type="checkbox"/> 437 Landfill & Incinerators</td> </tr> <tr> <td><input type="checkbox"/> 410 Textile Mills</td> <td><input type="checkbox"/> 438 Metal Products & Machinery</td> </tr> <tr> <td><input type="checkbox"/> 411 Cement Manufacturing</td> <td><input type="checkbox"/> 439 Pharmaceutical Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> 412 Feedlots</td> <td><input type="checkbox"/> 440 Ore Mining and Dressing</td> </tr> <tr> <td><input type="checkbox"/> 413 Electroplating</td> <td><input type="checkbox"/> 441 Industrial Laundries</td> </tr> <tr> <td><input type="checkbox"/> 414 OCPSF, Organic Chemicals, Plastics, & Synthetic Fiber Manufacturing</td> <td><input type="checkbox"/> 442 Transportation Equipment Cleaning</td> </tr> <tr> <td><input type="checkbox"/> 415 Inorganic Chemical Manufacturing</td> <td><input type="checkbox"/> 443 Paving & Roofing Materials Mfg.</td> </tr> <tr> <td><input type="checkbox"/> 417 Soap & Detergent Manufacturing</td> <td><input type="checkbox"/> 446 Paint Formulating</td> </tr> <tr> <td><input type="checkbox"/> 418 Fertilizer Manufacturing</td> <td><input type="checkbox"/> 447 Ink Formulating</td> </tr> <tr> <td><input type="checkbox"/> 419 Petroleum Refining</td> <td><input 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Forming</td> </tr> <tr> <td><input type="checkbox"/> 427 Asbestos Manufacturing</td> <td><input type="checkbox"/> 464 Metal Molding & Casting (Foundries)</td> </tr> <tr> <td><input type="checkbox"/> 428 Rubber Manufacturing</td> <td><input type="checkbox"/> 465 Coil Coating</td> </tr> <tr> <td><input type="checkbox"/> 429 Timber Products Processing</td> <td><input type="checkbox"/> 466 Porcelain Enameling</td> </tr> <tr> <td><input type="checkbox"/> 430 Pulp, Paper, & Paperboard</td> <td><input type="checkbox"/> 467 Aluminum Forming</td> </tr> <tr> <td><input type="checkbox"/> 431 Builders' Paper & Board Mills</td> <td><input type="checkbox"/> 468 Copper Forming</td> </tr> <tr> <td><input type="checkbox"/> 432 Meat Products</td> <td><input type="checkbox"/> 469 Electrical, Electronic Components</td> </tr> <tr> <td><input type="checkbox"/> 433 Metal Finishing</td> <td><input type="checkbox"/> 471 Nonferrous Metal, Form & Powders</td> </tr> </table>	<input type="checkbox"/> 405 Dairy 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Transportation Equipment Cleaning	<input type="checkbox"/> 415 Inorganic Chemical Manufacturing	<input type="checkbox"/> 443 Paving & Roofing Materials Mfg.	<input type="checkbox"/> 417 Soap & Detergent Manufacturing	<input type="checkbox"/> 446 Paint Formulating	<input type="checkbox"/> 418 Fertilizer Manufacturing	<input type="checkbox"/> 447 Ink Formulating	<input type="checkbox"/> 419 Petroleum Refining	<input type="checkbox"/> 454 Gum & Wood Chemicals Mfg.	<input type="checkbox"/> 420 Iron & Steel Manufacturing	<input type="checkbox"/> 455 Pesticide Manufacturing	<input type="checkbox"/> 421 Nonferrous Metals Manufacturing	<input type="checkbox"/> 457 Explosives Manufacturing	<input type="checkbox"/> 422 Phosphate Manufacturing	<input type="checkbox"/> 458 Carbon Black Manufacturing	<input type="checkbox"/> 423 Steam Electric Power Generation	<input type="checkbox"/> 459 Photographic Supplies	<input type="checkbox"/> 424 Ferroalloy Manufacturing	<input type="checkbox"/> 460 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PART 6 - WASTEWATER POLLUTANT CHECKLIST

Does your facility purchase, store on-site, use, generate or have the potential to discharge in measurable quantities, any of the compounds found on the following 3 pages?

A review of Safety Data Sheets (SDS) for chemicals purchased, stored on-site or used at your facility will assist you in the completion of this section. Usually chemicals on the SDS is called "Hazardous Ingredients" or "Composition/Information on Ingredients". This section lists the chemical ingredients (usually by percent (%)). The Chemical Abstract Number (CAS #) will often be listed in addition to the name of the chemical. The same chemical may have more than one "brand name", but the CAS# is unique to a specific chemical formula regardless of the name. (CAS Numbers are listed on the Wastewater Pollutant Checklist).

PLEASE CHECK TWO COLUMNS FOR EACH CHEMICAL ON THIS LIST

If the chemical is not present at the facility (i.e. not purchased, not stored on-site, not used and not generated in any of the processes), check "Absent at Facility" and "Absent in Discharge to POTW".

If the chemical is purchased, stored on-site, used or generated at the facility BUT is not present in the wastewater discharged to the POTW, check "Present at Facility" and "Absent in Discharge to POTW".

Note Concerning Small Quantities of Chemicals: If the chemical is purchased, stored on-site or used at the facility but is present only in laboratory quantities, please indicate by the use of an asterisk (*) next to the check in "Present at Facility" column and/or the check in "Present in Discharge to POTW" column.

PART 6 - WASTEWATER POLLUTANT CHECKLIST, cont.

Chemical Name	Chemical Extract Number (CAS#)	Check If "Present" at Facility	Check If "Absent" at Facility	Check If "Present" in Discharge	Check If "Absent" in Discharge	Concentration in Discharge if Known (mg/L)
Acid Extractable Organics						
2-Chlorophenol	95-57-8					
2,4-Dichlorophenol	120-83-2					
2,4-Dimethylphenol	105-67-9					
2,4-Dinitrophenol	51-28-5					
2-Methyl-4,6-dinitrophenol	534-52-1					
4-Chloro-3-methylphenol	59-50-7					
2-Nitrophenol	88-75-5					
4-Nitrophenol	100-02-7					
Pentachlorophenol	87-86-5					
Phenol	108-95-2					
2,4,6-Trichlorophenol	88-06-2					
Base Neutral Organics						
1,2,4-Trichlorobenzene	120-82-1					
1,2-Dichlorobenzene	95-50-1					
1,2-Diphenylhydrazine	122-66-7					
1,3-Dichlorobenzene	541-73-1					
1,4-Dichlorobenzene	106-46-7					
2,4-Dinitrotoluene	121-14-2					
2,6-Dinitrotoluene	606-20-2					
2-Chloronaphthalene	91-58-7					
3,3-Dichlorobenzidine	91-94-1					
4-Bromophenyl phenyl ether	101-55-3					
4-Chlorophenyl phenyl ether	7005-72-3					
Acenaphthene	83-32-9					
Acenaphthylene	208-96-8					
Anthracene	120-12-7					
Benzidine	92-87-5					
Benzo (a) anthracene	56-55-3					
Benzo (a) pyrene	50-32-8					
Benzo (b) fluoranthene	205-99-2					
Benzo (ghi) perylene	191-24-2					
Benzo (k) fluoranthene	207-08-9					
Bis(2-chloroethoxy) methane	111-91-1					
Bis(2-chloroethyl) ether	111-44-4					
Bis(2-chloroisopropyl) ether	102-60-1					
Bis(2-ethylhexyl) phthalate (DEHP)	117-81-7					
Butyl benzyl phthalate (BBP)	85-68-7					
Chrysene	218-01-9					
Di-n-butyl phthalate (DBP)	84-74-2					
Di-n-octyl phthalate (DOP)	117-84-0					
Dibenzo (a,h) anthracene	53-70-3					
Diethyl phthalate (DEP)	84-66-2					
Dimethyl phthalate (DMP)	131-11-3					
Fluoranthene	206-44-0					

PART 6 - WASTEWATER POLLUTANT CHECKLIST, cont.

Chemical Name	Chemical Extract Number (CAS#)	Check If "Present" at Facility	Check If "Absent" at Facility	Check If "Present" in Discharge	Check If "Absent" in Discharge	Concentration in Discharge if Known (mg/L)
Base Neutral Organics, cont.						
Fluorene	86-73-7					
Hexachlorobenzene	118-74-1					
Hexachlorobutadiene	87-68-3					
Hexachlorocyclopentadiene	77-47-4					
Hexachloroethane	67-72-1					
Indeno(1,2,3-cd) pyrene	193-39-5					
Isophorone	78-59-1					
N-nitroso-di-n-propylamine	621-64-7					
N-nitrosodimethylamine	62-75-9					
N-nitrosodiphenylamine	86-30-6					
Naphthalene	91-20-3					
Nitrobenzene	98-95-3					
Phenanthrene	85-01-8					
Pyrene	129-00-0					
Metals						
Aluminum	7429-90-5					
Antimony	7440-36-0					
Arsenic	7440-38-2					
Beryllium	7440-41-7					
Cadmium	7440-43-9					
Chromium	7440-47-3					
Copper	7440-50-8					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Silver	7440-22-4					
Thallium	7440-28-0					
Zinc	7440-66-6					
Other Inorganics						
Barium	7440-39-3					
Chloride	16887-00-6					
Cyanide	57-12-5					
Fluoride	16984-48-8					
Purgeable Volatile Organics						
1,1,1-Trichloroethane	71-55-6					
1,1,2,2-Tetrachloroethane	79-34-5					
1,1,2-Trichloroethane	79-00-5					
1,1-Dichloroethane	75-34-3					
1,1-Dichloroethylene	75-35-4					
1,2-Dichloroethane	107-06-2					
1,2-Dichloropropane	78-87-5					
2-Chloroethyl vinyl ether	110-75-8					
Acrolein	107-02-8					

PART 6 - WASTEWATER POLLUTANT CHECKLIST, cont.

Chemical Name	Chemical Extract Number (CAS#)	Check If "Present" at Facility	Check If "Absent" at Facility	Check If "Present" in Discharge	Check If "Absent" in Discharge	Concentration in Discharge if Known (mg/L)
Purgeable Volatile Organics, cont.						
Acrylonitrile	107-13-1					
Benzene	71-43-2					
Bromodichloromethane	75-27-4					
Bromoform	75-25-2					
Bromomethane	74-83-9					
Carbon tetrachloride	56-23-5					
Chlorobenzene	108-90-7					
Chloroethane	75-00-3					
Chloroform	67-66-3					
Chloromethane	74-87-3					
cis 1,3-Dichloropropene	10061-01-5					
Dibromochloromethane	594-18-3					
Ethylbenzene	100-41-4					
Methylene chloride	75-09-2					
Tetrachloroethylene	127-18-4					
Toluene	108-88-3					
trans 1,3-Dichloropropene	10061-02-6					
trans 1,2-Dichloroethylene	156-60-5					
Trichloroethylene	79-01-6					
Trichlorofluoromethane	75-69-4					
Vinyl chloride	75-01-4					
Acid, Caustics, & Misc.						
Acetic Acid	64-19-7					
Hydrochloric acid	7647-01-0					
Hydrofluoric acid	7664-39-3					
Nitric acid	7697-37-2					
Perchloric acid	7601-90-3					
Phosphoric acid	7664-38-2					
Sulfuric acid	7664-93-9					
Other acids:						
Ammonium hydroxide	1336-21-6					
Magnesium hydroxide	1309-42-8					
Potassium hydroxide	1310-58-3					
Sodium hydroxide	1310-73-2					
Other caustics:						

PART 7 - DIAGRAMS

The following diagrams and/or flow schematics are required as part of this application. The diagrams or flow schematics can be separate or combined, can be hand drawn and do not necessarily have to be drawn to scale. Submit each diagram on 8 ½ x 11 inch paper, if possible. If a larger size is needed, the diagram(s) should be no larger than 11 x 17 inches. Examples are attached.

SCHEMATIC FLOW DIAGRAM (Required)

The schematic flow diagram is a simple line drawing that illustrates the nature and flow of your plant's processes, placing particular emphasis on the processes that generate wastewater. It also includes any associated wastewater pre-treatment processes/systems. At a minimum, the schematic flow diagram should include the following:

Each plant process that generates wastewater

- Include all process steps and tanks (with volumes)

- Identify the chemicals/raw materials used in each step/tank/vessel

Each process and wastestream should have a unique identifying number

Discharge points for each process/wastestream

WASTEWATER PRETREATMENT SYSTEM FLOW DIAGRAM (If applicable)

At a minimum, this schematic flow diagram should include the following:

Flow schematic showing order of treatment units

- Include all process tanks

- Identify the chemicals/additives in each tank/vessel

Each process and wastestream should have a unique identifying number

Piping and control Features

Compliance sampling point

PLANT SITE LAYOUT (REQUIRED)

The site layout locates each activity included in the schematic flow diagrams in a geographical setting. At a minimum the site layout should include the following:

Building Outlines, Property Lines

Water lines and meters

Sewer Lines (including floor drains) and all connections to sewer

Storm Drains

Production Areas, Office Areas and Warehouse Areas

Cooling Towers, Boilers

Chemical Storage Areas

Waste Storage Areas

Compliance Sampling and Flow Measurement Locations

FIGURE 1: EXAMPLE SCHEMATIC FLOW DIAGRAM FOR EXHIBIT A

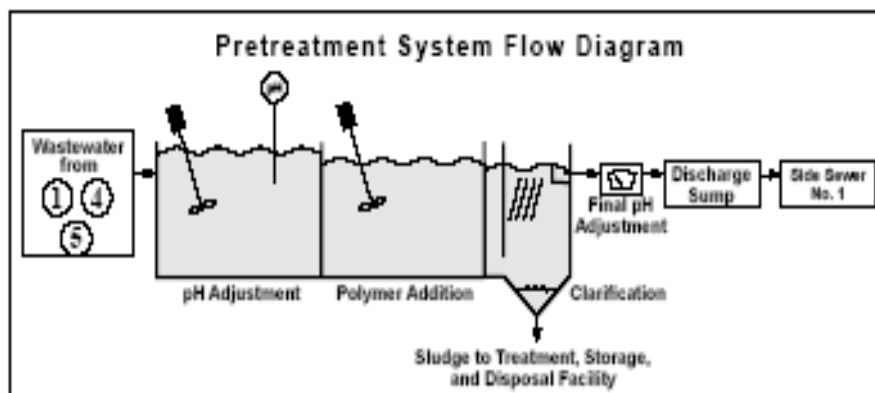
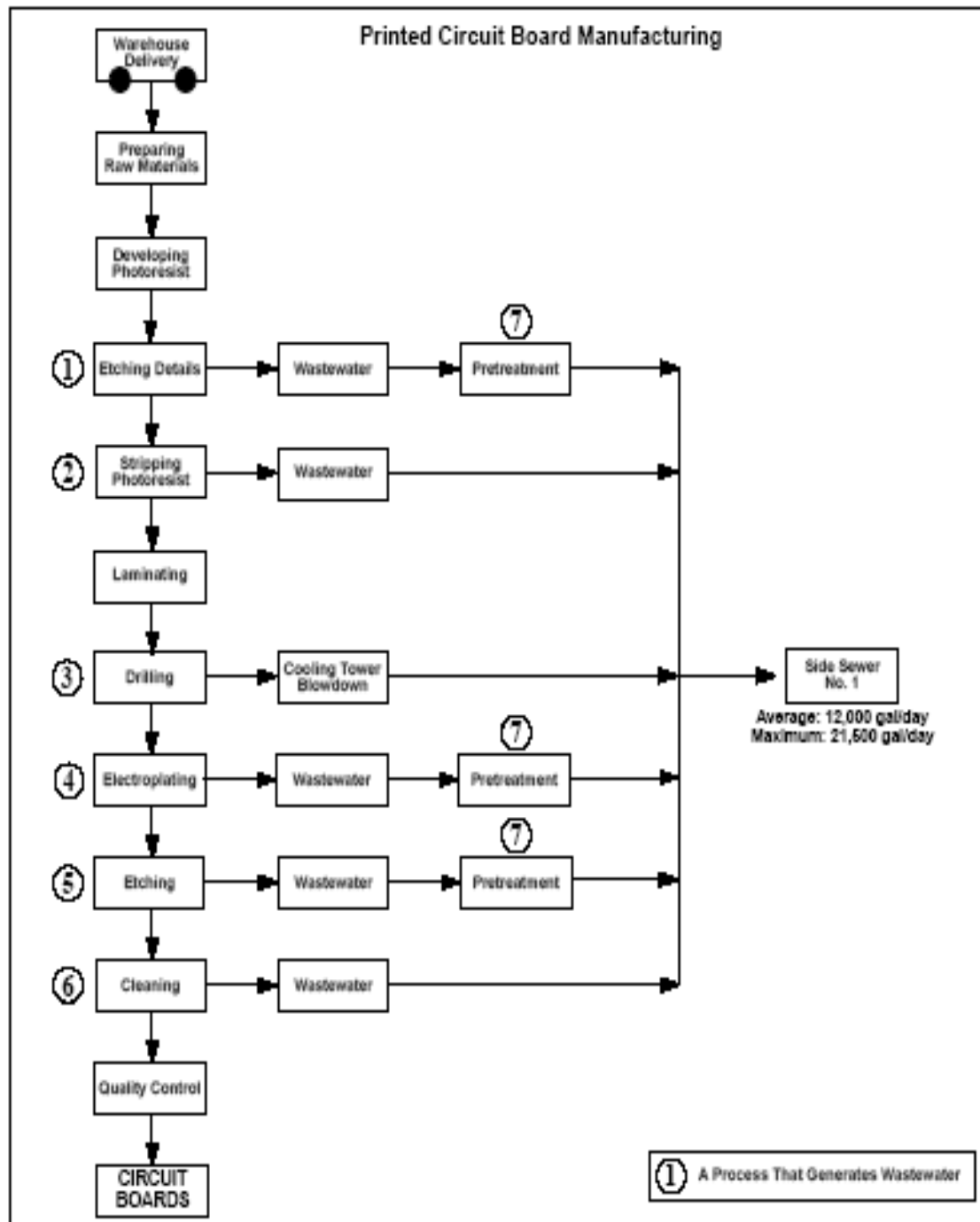


FIGURE 2: EXAMPLE SITE LAYOUT FOR EXHIBIT B

