

**DEPARTMENT OF PUBLIC WORKS
 BUREAU OF WATER & WASTEWATER
 ENVIRONMENTAL SERVICES DIVISION
 CITY OF BALTIMORE, MARYLAND**

WASTEWATER DISCHARGE PERMIT APPLICATION A

FOR CITY USE ONLY FORM A	
CATEGORY	
INDUSTRY NO.	
REVIEWER	
DATE	
SIC DESIGNATIONS	
SEWER CODE	

DIRECTIONS: Article 25 of the Baltimore City Code, as amended, regulates sewage disposal. Any discharger of non-residential wastes into the City wastewater system is required to obtain a Wastewater Discharge Permit from the City. The information requested in this application will determine if a Permit is necessary and the category designation.

Permit Application Form A may be used for industrial or commercial facilities that discharge or have the potential to discharge priority or prohibited pollutants into the sanitary sewer.

IMPORTANT: Applications for confidential treatment of information provided are governed by procedures specified in 40 CFR 403 Part 2. Mail the completed and signed application to:

**Program Administrator
 Pollution Control Section
 8201 Eastern Boulevard
 Baltimore, MD 21224**

For assistance completing the application, please call 410-396-9695. Thank you for your cooperation.

SECTION A. GENERAL INFORMATION.

1. Company Name:		
2. Mailing Address:		
3. City:	4. State:	5. Zip Code:
6. Facility Address:		
7. City:	8. State:	9. Zip Code:
10. Type of Business:		
11. Name of Signing Official:		
12. Title:		
13. Telephone:	14. FAX:	
15. Email:		
16. Alternate Contact:		
17. Title:		
18. Telephone:	19. FAX:	
20. Email:		

21. Check one:	Existing Discharge <input type="checkbox"/>	Expected date of discharge: _____
	Proposed Discharge <input type="checkbox"/>	

SECTION B. PRODUCT OR SERVICE INFORMATION.

1. Check all activities that are present at this facility:

- | | | |
|---|--|---|
| <input type="checkbox"/> Electroplating/Metal Finishing | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Flammables, Explosives | <input type="checkbox"/> Military | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Office Unit | <input type="checkbox"/> Vehicle & Equipment Washdown |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Painting, Finishing | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Government | <input type="checkbox"/> Plant Washdown | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Printing, Photo | <input type="checkbox"/> Other (Specify below): |
| <input type="checkbox"/> Laundry, Cleaning | <input type="checkbox"/> Repair Shop, Garage | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Research | <input type="checkbox"/> _____ |

2. Give a brief description of all operations at this facility including products or services:

3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes: (If more than one applies, list in descending order of importance.)

- a. _____ b. _____ c. _____
d. _____ e. _____ f. _____

4. List chemicals and other materials used or stored in bulk or present in quantities greater than: liquids – 50 gallons; solids – 500 pounds; gases – 500 pounds; (Attach additional sheets as needed.)

<u>MATERIAL</u>	<u>QUANTITY</u>	<u>MATERIAL</u>	<u>QUANTITY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION C. PLANT OPERATIONAL CHARACTERISTICS.

1. Shift Information. Number of shifts per workday: _____

2. Operating days (circle): Sun Mon Tue Wed Thu Fri Sat

3. Average number of employees per shift 1st: _____ 2nd: _____ 3rd: _____
4. Shift start times 1st: _____ 2nd: _____ 3rd: _____
5. Shift end times 1st: _____ 2nd: _____ 3rd: _____
6. Is operation subject to seasonal variation: Yes No
- a. If "Yes", indicate months of peak operation: _____
- b. Maximum wastewater flow (gallons per day): _____
7. Do shutdowns occur for vacation, maintenance, or other reasons? Yes No
8. If "Yes", indicate shutdown period(s): _____
9. Are any process changes or expansions planned during the next three (3) years that would alter wastewater volumes or characteristics? Consider production processes, as well as air or water pollution control processes. (If "No", skip item C-10.) Yes No
10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets as needed.)

11. Are any materials or water reclamation systems in use or planned? If "No", skip item C-12.
 Yes No

12. Briefly describe recovery process and substance recovered in the spent solution. Provide flow diagram for each process: (Attach additional sheets as needed.)

13. Has a Spill Prevention Control and Countermeasure Plan (SPCCP) been prepared for the facility? Yes No

SECTION D. WATER SOURCES.

1. Check applicable sources:

BALTIMORE CITY PRIVATE WELL SURFACE WATER OTHER

NAME ON WATER BILL:		
WATER ACCOUNT(S)	a.	b.
c.	d.	e.

f.	g.	h.
----	----	----

2. If landlord supplies water, give name and address:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

3. List estimated average water usage on premises:

<u>TYPE</u>	<u>ESTIMATED AVERAGE WATER USAGE (GALLONS PER DAY)</u>	<u>TYPE</u>	<u>ESTIMATED AVERAGE WATER USAGE (GALLONS PER DAY)</u>
a. COOLING WATER.....	_____	e. PLANT & EQUIPMENT WASHDOWN	_____
b. BOILER FEED.....	_____	f. IRRIGATION & LAWN WATERING...	_____
c. PROCESS.....	_____	g. OTHER (SPECIFY):	_____
d. SANITARY.....	_____	h. TOTAL OF a. THROUGH g.*	_____

4. List average volume of wastewater discharge or water losses to:

<u>TYPE</u>	<u>ESTIMATED AVERAGE VOLUME (GALLONS PER DAY)</u>	<u>TYPE</u>	<u>ESTIMATED AVERAGE VOLUME (GALLONS PER DAY)</u>
a. MUNICIPAL SEWER.....	_____	e. EVAPORATION.....	_____
b. WATERCOURSE, STORM DRAIN, GROUND.....	_____	f. CONTAINED IN PRODUCT.....	_____
c. WASTE HAULERS.....	_____	g. OTHER (SPECIFY)	_____
d. SEPTIC TANK.....	_____	h. TOTAL OF a. THROUGH g.*	_____

* 3h. SHOULD, IN GENERAL, EQUAL 4h. ; i. e. , WATER IN = WATER OUT.

5. List average water usage and average wastewater discharge for SIC processes itemized in Section B: (Attach additional sheets as needed.)

	<u>PROCESS A</u>	<u>PROCESS B</u>	<u>PROCESS C</u>
a. PROCESS DESCRIPTION	_____	_____	_____
b. SIC	_____	_____	_____
c. AVERAGE WATER USE (GAL/DAY)	_____	_____	_____
d. AVERAGE WASTEWATER DISCHARGE (GAL/DAY)	_____	_____	_____
e. PEAK WASTEWATER DISCHARGE (GAL/HOUR)	_____	_____	_____
f. IS WASTEWATER DISCHARGE	Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both <input type="checkbox"/>	Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both <input type="checkbox"/>	Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both <input type="checkbox"/>
g. IF BATCH, NUMBER PER DAY	_____	_____	_____

Describe any water treatment or conditioning processes utilized:

SECTION E. SEWER INFORMATION.

1. Attach a scaled drawing, if available, or sketch your plant site showing the location of all sewers. Assign a sequential reference number to each sewer starting with "1". Also show location of possible sampling points for these sewers and sampling points for SIC processes (D-5). For reference and field orientation, please include buildings, streets, alleys, and other pertinent physical structures.
2. By reference number, provide size and location of and flow from each sewer shown in item E-1. (If more than 5, attach additional information on another sheet.)

<u>REFERENCE NUMBER</u>	<u>SEWER SIZE (INCHES)</u>	<u>LOCATION OF SEWER CONNECTION OR DISCHARGE POINT DESCRIBE IN DETAIL</u>	<u>AVERAGE FLOW (GALLONS PER DAY)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

SECTION F. WASTEWATER INFORMATION.

1. Does this facility discharge any wastewater other than from restrooms or cafeterias?
 - YES If the answer to this question is "Yes", complete the remainder of the application
 - No If the answer to this question is "No", you may skip to Section H, item 4 on page 10.

Sewer Reference Number from E-2

	1	2	3	4	5	Total (Refer to D.5.d.)
2. Wastewater Type						
Process A						
Process B						
Process C						

Sewer Reference Number from E-2

2. Wastewater Type	1	2	3	4	5	Total (Refer to D.5.d.)
Sanitary						
Boiler						
Cooling/Uncontaminated Water						
Plant & Equipment Washdown						
Air Pollution Control Flow (i.e., Scrubber Water)						
Other (Specify):						
Total Average Flow (Refer to E-2)						

3. NPDES Permit Number(s): _____

SECTION G. WASTEWATER PRETREATMENT.

1. Is any type of pretreatment (see list below) practiced at this facility? Yes No
2. For each treated waste stream check the appropriate box(es) for types of pretreatment at this facility:

	<u>Waste Stream Identification</u>				
	<u>Sewer Reference Number from E-2</u>				
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
GAS/OIL - WATER SEPARATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GREASE TRAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEDIMENTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FILTRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL ADDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEUTRALIZATION/PH ADJUSTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIOLOGICAL*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUALIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVATED CARBON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SILVER RECOVERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (SPECIFY):					

*SPECIFY:

3. Do any of the pretreatment system operators hold a Waterworks and Waste System Operator's Certification? Yes No

If "yes", please specify:

	<u>Operator Name</u>	<u>License #</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

4. Is any form of pretreatment planned for this facility within the next three (3) years?
 Yes No

5. Please furnish a process flow diagram for each existing or planned pretreatment system. Include process equipment, by-product volume(s), concentration(s) and disposal method(s), waste volume, concentration(s) and disposal methods.

SECTION H. CHARACTERISTICS OF DISCHARGE

1. General Discharge Information. For each waste stream (from E-2), indicate the constituents that are or could be present in the wastewater discharge as a result of your operations by checking the appropriate boxes next to the constituents:

<u>Characteristics of Discharge Sewer Reference Number from E-2</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
ALGICIDES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMMONIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISINFECTANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISSOLVED METALS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLAMMABLE SUBSTANCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLUORIDES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIGH PH (CAUSTICS, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIGH TEMPERATURE WASTES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYDROCARBONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOW PH (ACIDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NITRATES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OIL OR GREASE (CHEMICAL OR VEGETABLE ORIGIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OIL OR GREASE (PETROLEUM OR MINERAL ORIGIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PESTICIDES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB'S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHOSPHORUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOACTIVE SUBSTANCES**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUBBER, LATEX PLASTIC, GLASS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SALT BRINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHREDDED GARBAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOLVENTS**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SULFATES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SULFIDES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SURFACTANTS (DETERGENTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Characteristics of Discharge Sewer Reference Number from E-2

OTHER

OTHER

OTHER

***METALS INCLUDE: ANTIMONY, BERYLLIUM, CADMIUM, CHROMIUM, COPPER, LEAD, MERCURY, NICKEL, SELENIUM, SILVER, THALLIUM AND ZINC.**

****SPECIFY:**

Chemical Compound	Known Discharged	Suspected Discharged	Used But Not Discharged	Chemical Compound	Known Discharged	Suspected Discharged	Used But Not Discharged
Asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,1-dichloroethene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2-trans-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(cis & trans) 1,3-dichloropropene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a-endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b-endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3,4-benzofluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzo (g,h,l) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a-BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b-BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d-BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g-BHC (gamma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bis (2-chloroethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bis (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical Compound	Known Discharged	Suspected Discharged	Used But Not Discharged	Chemical Compound	Known Discharged	Suspected Discharged	Used But Not Discharged
Bis (2-chloroisopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bis (2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromodichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromoform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-chloro-3-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chloroethyl vinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,3,7,8-tetrachlorodibenzo-p-dioxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,1,2,2-tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dibenzo (a,h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dibromochloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,1,2-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3,3'-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Xylenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>TYPE</u>	<u>ESTIMATED QUANTITY PER YEAR</u> (INDICATE UNITS)	<u>TYPE</u>	<u>ESTIMATED QUANTITY PER YEAR</u> (INDICATE UNITS)
<input type="checkbox"/> WASTE SOLVENT.....	_____	<input type="checkbox"/> PAINTS.....	_____
<input type="checkbox"/> WASTE PRODUCT.....	_____	<input type="checkbox"/> ACIDS & ALKALIES.....	_____
<input type="checkbox"/> OIL.....	_____	<input type="checkbox"/> PLATING WASTES.....	_____
<input type="checkbox"/> GREASE.....	_____	<input type="checkbox"/> PESTICIDES.....	_____
<input type="checkbox"/> PRETREATMENT SLUDGE	_____	<input type="checkbox"/> OTHER (SPECIFY):	_____
<input type="checkbox"/> INKS/DYES.....	_____	_____	_____
<input type="checkbox"/> THINNER.....	_____	_____	_____
<input type="checkbox"/> HEAVY METALS.....	_____	_____	_____
<input type="checkbox"/> ORGANIC COMPOUNDS...	_____	_____	_____

2. Does your company remove any items in I.1. from the facility?

- Yes No

Describe:

3. Are any items in I.1. placed with trash for disposal?

- Yes No

Describe:

4. Does your company practice on site disposal for any of the items in I.1.?

- Yes No

Describe:

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

Hauler

1. Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Permit No. (if applicable): _____

Hauler

2. Name: _____

Address: _____

Address2: _____

City: _____ State: _____ Zip Code: _____

Permit No. (if applicable): _____

6. Do any items in Section I.1. require *Resource Conservation and Recovery Act (RCRA)* permits?

Yes No

If "Yes", please specify:

EPA Generator Number: _____

SECTION J. CERTIFICATION.

I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information report herein, I believe that the submitted information is true, accurate and complete.

DATE

SIGNATURE OF OFFICIAL

(Seal if applicable)