

CITY OF KINGSPORT
NON-DOMESTIC USER OF PUBLICLY OWNED TREATMENT WORKS
QUESTIONNAIRE AND APPLICATION FOR WASTEWATER DISCHARGE PERMIT

RETURN COMPLETED FORM WITHIN 30 DAYS TO:

Eric Vermillion
Pretreatment Specialist
City of Kingsport
415 Broad Street
Kingsport, TN 37660

If there is any non-domestic use at this location, this form must be filled out completely. The United States Environmental Protection Agency and the State of Tennessee require that the City of Kingsport conduct a periodic survey of the water distribution system to properly identify all non-domestic dischargers within the system. Any false statements on this form could subject the responsible party to civil and/or criminal penalties. This form should be signed by the owner or manager of the establishment.

SECTION A: GENERAL

Company Name: _____

Mailing Address: _____

Address of Premises: _____

Standard Industrial Classification Code (SIC): _____

Contact Official: _____

Title: _____

Address: _____

Phone: _____

Give a brief description of manufacturing or service activity on premises.

Note to Signing Official: In accordance with Title 40 of the Code of Federal regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency the discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 20 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

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 reported herein, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Official

Date

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

Average gallons per day

<input type="checkbox"/> Domestic Wastes (restrooms, employee showers, etc.)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Boiler/Tower blowdown	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Process	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm Water runoff to sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other, describe below	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

Wastes are discharged to (check all that apply): Average gallons per day

<input type="checkbox"/> Sanitary Sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm Sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Surface Water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Ground Water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Waste Haulers	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other, describe below	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

Provide name and address of waste hauler(s), if used:

Is a Spill Prevention Control and Countermeasure Plan prepared for the facility: Yes No

SECTION B: FACILITY OPERATION CHARACTERISTICS:

Number of shifts per 24-hour day: _____

Average number of employees per shift:

1st : _____

2nd : _____

3rd : _____

Shift start/end times:

	a.m.	p.m.
1st	_____	_____
2nd	_____	_____
3rd	_____	_____

Shifts normally worked each day:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st							
2nd							
3rd							

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

Principal product produced: _____

Raw materials and process additives used:

Production process is: Batch Continuous Both % Batch _____ % Continuous _____

Average number of batches per 24-hour day: _____

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

Is production subject to seasonal variation? Yes No

If yes, briefly describe seasonal production cycle: _____

Are any process changes or expansions planned during the next three years? Yes No

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

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

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

Other business activities:

1.	<input type="checkbox"/> Dairy Products
2.	<input type="checkbox"/> Slaughter/Meat Packing/Rendering
3.	<input type="checkbox"/> Food/Edible Products Processor
4.	<input type="checkbox"/> Beverage Bottler
5.	<input type="checkbox"/> Other (specify)

Pretreatment devices or processes used for treating wastewater or sludge (mark as many as appropriate).

Device or Process		Device or Process		Device or Process	
1.	<input type="checkbox"/> Air Floatation	11.	<input type="checkbox"/> Neutralization, pH Correction	21.	<input type="checkbox"/> Biological Treatment Type: _____
2.	<input type="checkbox"/> Centrifuge	12.	<input type="checkbox"/> Ozonation	22.	<input type="checkbox"/> Rainwater diversion or storage
3.	<input type="checkbox"/> Chemical Precipitation	13.	<input type="checkbox"/> Reverse Osmosis	23.	<input type="checkbox"/> Other Chemical Treatment Type: _____
4.	<input type="checkbox"/> Chlorination	14.	<input type="checkbox"/> Screen	24.	<input type="checkbox"/> Other physical treatment Type: _____
5.	<input type="checkbox"/> Cyclone	15.	<input type="checkbox"/> Sedimentation	25.	<input type="checkbox"/> Other Type: _____
6.	<input type="checkbox"/> Filtration	16.	<input type="checkbox"/> Septic Tank	26.	<input type="checkbox"/> No pretreatment provided
7.	<input type="checkbox"/> Flow Equalization	17.	<input type="checkbox"/> Solvent Separation		
8.	<input type="checkbox"/> Grease Trap	18.	<input type="checkbox"/> Spill Protection		
9.	<input type="checkbox"/> Grit Removal	19.	<input type="checkbox"/> Sump		
10.	<input type="checkbox"/> Ion Exchange	20.	<input type="checkbox"/> Grease or Oil Separation Type: _____		

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

Check here if data is attached:

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

Priority Pollutants	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect concentration per day
I. METALS & INORGANICS					
1. Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. PHENOLS & CRESOLS					
16. Phenol(n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Phenol, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Phenol, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Phenol, 2,4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Priority Pollutants	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect Concentration per Day
II. PHENOLS & CRESOLS (continued)					
25. m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. o-Cresol, 4,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS, AND PHTHALATES)					
27. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Benzene, 1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Toluene, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV. PCBs & RELATED COMPOUNDS					
39. PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. 2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V. ETHERS					
47. Ether, bis(chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Ether, bis(2-chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Ether, bis(2-chlorosopropyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Ether, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. Ether, 4-bromophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. Ether, 4-chlorophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. Bis(2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VI. NITROSAMINES & OTHER NITROGEN-CONTAINING COMPOUNDS					
54. Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Priority Pollutants		Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect Concentration per Day
VI. NITROSAMINES & OTHER NITROGEN-CONTAINING COMPOUNDS (continued)						
57.	Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58.	Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59.	Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60.	Benzidine, 3,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
61.	Hydrazine, 1,2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62.	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VII. HALOGENATED ALIPHATICS						
63.	Methane, bromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
64.	Methane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65.	Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
66.	Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
67..	Methane, dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68.	Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69.	Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70.	Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71.	Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72.	Methane, dichlorodifluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73.	Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74.	Ethane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75.	Ethane, 1,1,1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76.	Ethane, 1,1,2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
77.	Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78.	Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
79.	Ethene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
80.	Ethene, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
81.	Ethene, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
82.	Ethene, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
83.	Ethene, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84.	Propane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
85.	Propene, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
86.	Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
87.	Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VIII. PHTHALATE ESTERS						
88.	Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Priority Pollutants	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect Concentration per Day
VIII. PHTHALATE ESTERS (continued)					
89. Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
90. Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
91. Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
92. Phthalate, bis(2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93. Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IX. POLYCYCLIC AROMATIC HYDROCARBONS					
94. Acenaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
95. Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
96. Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
97. Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
98. Benzo (b) fluoroanthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
99. Benzo (k) fluoroanthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100. Benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
101. Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
102. Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
103. Dibenzo (a,h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
104. Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
105. Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106. Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
107. Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
108. Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
109. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X. PESTICIDES					
110. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
111. Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
112. BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
113. BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
114. BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
115. BHE (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116. Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
117. DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
118. DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
119. DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
120. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Priority Pollutants		Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspect Concentration per Day
X. PESTICIDES (continued)						
121.	Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
122.	Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
123.	Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
124.	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
125.	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
126.	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
127.	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
128.	Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
129.	TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
130.	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you are unable to identify the chemical constituents of products you use that discharge in your wastewater, attach copies of the materials safety data sheets for such products.

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

- Yes, If "yes" complete the remainder of the survey.
- No, If "no", skip this section.

These wastes may best be described as:		
Type		Estimated Gallons or Pounds/Year
<input type="checkbox"/>	1.	Acids and Alkalies
<input type="checkbox"/>	2.	Heavy Metal Sludges
<input type="checkbox"/>	3.	Inks/Dyes
<input type="checkbox"/>	4.	Oil and/or Grease
<input type="checkbox"/>	5.	Organic Compounds
<input type="checkbox"/>	6.	Paints
<input type="checkbox"/>	7.	Pesticides
<input type="checkbox"/>	8.	Plating Wastes
<input type="checkbox"/>	9.	Pretreatment Sludges
<input type="checkbox"/>	10.	Solvents/Thinners
<input type="checkbox"/>	11.	Other Hazardous Wastes
(specify)		
<input type="checkbox"/>	12.	Other Wastes
(specify)		

For the above checked wastes, does your company practice:

- On-Site Storage
- Off-Site Storage
- On-Site Disposal
- Off-Site Disposal

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

Print Form

When you have completed the form, please print it, sign it and mail along with the application fee to Mr. Vermillion at the address on the top of the 1st page.