



City of Boulder Public Works

CITY OF BOULDER'S INDUSTRIAL PRETREATMENT WASTEWATER CLASSIFICATION SURVEY (WWCS) AND BASELINE MONITORING REPORT (BMR)

Please read all the application before beginning. Do not leave a section blank. If it does not apply, mark "N/A". Attach additional sheets anywhere needed to have a complete and accurate submittal.

BRC 11-3-14 – Wastewater Classification Survey

- (a) Sixty (60) days prior to discharge into the POTW, all users as required by the city manager, shall pay the filing fee prescribed by [section 4-20-31](#), "Wastewater Classification Survey Filing Fee and Industrial and Groundwater Discharge Permit Fees and Charges," B.R.C. 1981, and complete and file with the city manager a wastewater classification survey.

There may be a WWCS Filing Fee as indicated above. All IUs that hold a discharge permit are required to submit the fee. Others shall contact the Industrial Pretreatment Program at COBPretreatment@BoulderColorado.gov for more information or to request an invoice.

- (b) All users obtaining a building permit for initial construction or for building expansion or remodeling shall complete and submit the survey to the city manager for review prior to approval of the building or remodeling permit.
- (c) All users shall update the wastewater classification survey on file with the city manager once every five years or whenever significant changes are made in the wastewater discharge. Significant changes include, without limitation, an increase or decrease in wastewater volume, concentration of materials or substances or changes in types of wastes that will last for a period exceeding normal wastewater production variations. If the normal quantity or quality of the discharge has changed, the user shall so notify the city manager by letter. The city manager may request a new submittal of the wastewater classification survey as deemed necessary.

Please return all completed surveys to:

City of Boulder, Industrial Pretreatment Program Supervisor
4049 N 75th Street,
Boulder, CO 80301

A – GENERAL INFORMATION

A1 – FACILITY NAME / ADDRESS

Facility Name:	
Facility Address:	
Operator Name:	
Operator Address:	
Owner Name:	
Owner Address:	
Business Mailing Address:	
Registered Agent Name/Address:	

A2 – FACILITY STATUS

Existing Existing Permit #: _____ Expiration Date: _____
 Proposed Proposed Discharge Date: _____

A3 – CONTACT INFORMATION

	Name	Title	Phone / Email	Signatory
Authorized Representative:				<input type="checkbox"/>
Facility Contact (everyday):				<input type="checkbox"/>
Finance Contact (billing):				<input type="checkbox"/>
Other(s):				<input type="checkbox"/>
				<input type="checkbox"/>

BRC 11-3-3 – Authorized representative of industrial users means either a principal executive officer of at least the level of vice president, if the industrial user is a corporation; a general partner or proprietor, if the industrial user is a partnership or proprietorship; or a duly authorized representative, if such representative is responsible for the overall operation of the facilities from which any direct or indirect discharge originates.

A4 – ENVIRONMENTAL PERMITS

List all Federal, State, or Local environmental permits:

Type (Air, RCRA, Stormwater, etc)	Federal, State, or Local	Permit No (if applicable)	Effective Date	Expiration Date	In Compliance?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

B – BUSINESS ACTIVITY

B1 – DESCRIPTION

Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

B2 – NAICS / SIC

Indicate applicable North American Industry Classification System (NAICS) for all processes: use Standard Industrial Classification (SIC) if NAICS is unknown

Process:	NAICS (https://www.census.gov/eos/www/naics/)	SIC (https://www.osha.gov/pls/imis/sicsearch.html)

B3 – ACTIVITIES

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

<input type="checkbox"/>	40 CFR	Category
	449	Airport Deicing
	467	Aluminum Forming
	433	Anodizing
	427	Asbestos Manufacturing
		Assembly
	461	Battery Manufacturing
		Biotechnology
		Can Making
	407	Canned/Preserved Fruit/Vegetable Processing
	408	Canned / Preserved Seafood
	458	Carbon Black Manufacturing
		Cellulose Products Manufacturing
	411	Cement Manufacturing
	437	Centralized Waste Treatment (CWT)
	433	Chemical Etching and Milling
		Chemical Manufacturing
		Chlorine / Chlorinated Hydrocarbons
	434	Coal Mining
	433	Coatings on Metal Substrate
	465	Coil Coating *
	412	Concentrated Animal Feeding Operation / Feedlots (CAFO)
	451	Concentrated Aquatic Animal Production (Aquaculture)
	450	Construction / Development
		Cooling Towers
	468	Copper Forming *
	405	Dairy Product Processing / Manufacturing
	441	Dental Office
		Drinking Water Treatment Plant Residuals
		Education / Vocation
	469	Electric / Electronic Components Manufacturing
	413/433	Electroplating
	433	Electroless Plating
	457	Explosives Manufacturing
		Explosives / Flammables On Site
	424	Ferrous Alloy Manufacturing
	418	Fertilizer Manufacturing
		Food Processing
		Gas / Fuel Stations
	426	Glass Manufacturing
	406	Grain Mills
	454	Gum / Wood Chemicals Manufacturing
	460	Hospital / Medical Care
		Unused Pharmaceutical Disposal
		Industrial Container / Drum Cleaning
	447	Ink Formulation
	415	Inorganic Chemicals Manufacturing

<input type="checkbox"/>	40 CFR	Category
	420	Iron / Steel Manufacturing *
		Laboratory
	445	Landfill
		Laundry / Dry Cleaning
		Laundry - Industrial
	425	Leather Tanning / Finishing
		Machine Shop
		Manufacturing (not otherwise listed)
		Marijuana (MIP, Testing, or Grow Only) [not dispensaries]
	432	Meat / Poultry Products
	433	Metal Finishing
	464	Metal Molding / Casting (Foundries) *
	438	Metal Products / Machinery
	436	Mineral Mining / Processing
	471	Nonferrous Metals Forming/Metal Powders *
	421	Nonferrous Metals Manufacturing *
		Office Unit
	435	Oil / Gas Extraction
	440	Ore Mining / Dressing (Hard Rock Mining)
	414	Organic Chemicals / Plastics / Synthetic Fibers (OCPSF) Manufacturing
	446	Paint Formulating
		Paint / Stripping / Finishing
	443	Paving / Roofing Manuf. (Tar / Asphalt)
	455	Pesticide Chemical
	419	Petroleum Refining
	439	Pharmaceutical Manufacturing
	422	Phosphate Manufacturing
	459	Photographic Processing (including x-ray)
		Plant Wash Down
	463	Plastic Molding / Forming
	433	Printed Circuit Board Manufacturing
		Printing
	466	Porcelain Enameling
	430	Pulp / Paper / Fiberboard Manufacturing
		Repair Shop
		Research & Development (R&D)
		Restaurant / Food Service Establishment (FSE)
		Retail Trade
	428	Rubber Manufacturing
	417	Soap / Detergent Manufacturing
	423	Steam Electric Power Generating
	409	Sugar Processing
	410	Textile Mills
	429	Timber Products Processing
		Tobacco Products Processing

<input type="checkbox"/>	40 CFR	Category
	442	Transportation Equipment Cleaning
		Warehouse
	444	Waste Combustors
		Wood Preserving / Finishing

<input type="checkbox"/>	40 CFR	Category

*regulations include production-based standards

For Production-Based CIUs only (* above):

What is the facility's long-term average categorical production rate for the past 5 years? _____

B4 – PRODUCTION RATES

Product	Past Calendar Year Amounts / Day (Daily Units)		<u>Estimate</u> This Calendar Year Amt / Day (Daily Units)	
	Average	Maximum	Average	Maximum

C. FACILITY OPERATIONS

C1 – SHIFT INFORMATION

	<u>Shift</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Work Days								
Shifts per Work Day								
Employees per Shift	1 st							
	2 nd							
	3 rd							
Shift Start Time:	1 st							
	2 nd							
	3 rd							
Shift End Time:	1 st							
	2 nd							
	3 rd							

C2 – Is the business operated continuously throughout the year?

<input type="checkbox"/> Yes	Skip to Next Question
<input type="checkbox"/> No	List Operational Season(s): _____

C3 – Does the facility shut down for vacation, maintenance, or other reason?

<input type="checkbox"/> No	Skip to Next Question
<input type="checkbox"/> Yes	List Shutdown Periods: _____

C4 – Does the facility discharge continuously throughout the year?

<input type="checkbox"/> Yes	Skip to Next Question	
<input type="checkbox"/> No	List Discharge Season(s):	
	<input type="checkbox"/> Batch Discharges (specify)	

MATERIALS

C5 – List types and amounts (mass or volume per day) of raw materials used or planned for use. Attach additional sheets if necessary.

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C6 – List types and quantity of chemicals used or planned for use (attach additional sheets or other list). Make sure all Safety Data Sheets (SDS) are available upon request.

Chemical Name	Primary Ingredient	Quantity Used

C7 – BUILDING LAYOUT

Attach a scale-drawing showing the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from previous schematic), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

D – WATER SUPPLY

D1 – WATER SOURCE

- | | |
|--|--|
| <input type="checkbox"/> Municipal Water Utility – City of Boulder | <input type="checkbox"/> Municipal Water Utility – Other |
| <input type="checkbox"/> Surface Water | Specify: _____ |
| <input type="checkbox"/> Private Well | <input type="checkbox"/> Other Water Source |
| | Specify: _____ |

D2 – CONTACT NAME FOR WATER UTILITY BILL

Name:	
Address:	
City, State, Zip:	
Water Service Account Number:	

D3 – WATER USAGE

Usage Type:	Avg Water Usage (gpd)	(E) Estimated or (M) Measured
Contact Cooling Water		
Non-Contact Cooling Water		
Boiler Feed		
Air Pollution Control		
Sanitary (Domestic)		
Process		
Contained in Product		
Plant and Equipment Washdown		
Irrigation and Lawn Watering		
Other: (Specify)		
TOTAL (SUM)		

E – SEWER INFORMATION

E1 – EXISTING BUSINESS:

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

<input type="checkbox"/> Yes	Sanitary Sewer Account Number:			
<input type="checkbox"/> No	Have you applied for a sanitary sewer connection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

E2 – NEW BUSINESS:

		Yes	No
Will you be occupying an existing vacant building?		<input type="checkbox"/>	<input type="checkbox"/>
Have you applied for a building permit if a new facility will be constructed?		<input type="checkbox"/>	<input type="checkbox"/>
Will you be connected to the public sanitary sewer system?			
<input type="checkbox"/> Yes	Sanitary Sewer Account Number:		
<input type="checkbox"/> No	Have you applied for a sanitary sewer connection?		<input type="checkbox"/> Yes <input type="checkbox"/> No

E3 – DISCHARGE PIPES

List size, descriptive location, and flow of each discharge pipe or discharge point which connects to the City's sanitary sewer collection system. (Attach additional sheets if necessary)

Outfall/Pipe Number (if already assigned) [001]	Descriptive Location or Process Name:	Pipe Size (inches)	Average Flow (gpd)

F – WASTEWATER DISCHARGE INFORMATION

F1. Does (or will) this facility discharge any wastewater other than from restrooms to the City's sanitary sewer collection system?

<input type="checkbox"/> Yes	Complete the remainder of the form.
<input type="checkbox"/> No	Skip to Section I – Spill Prevention

WASTEWATER FLOW RATES

F2 – Provide the following flow information. New facilities may estimate.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours/Day (8 hrs/day)							
Work Hrs/Day (9am-5pm)							

Provide the following in gallons per day (gpd):

Outfall Pipe	Peak Hourly Flow Rate	Maximum Daily Flow Rate	Annual Daily Average	Includes Batch Discharges
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

F4 – BATCH DISCHARGES

Outfall Pipe / Process Area	# of Batch Discharges	Avg Discharge Volume (gal)	Discharge Flow Rate (gpm)	Percent of Total Discharge (%)	Days of Discharges (M, Tu)	Times of Discharges (8a-12pm)

F5 – SCHEMATIC FLOW DIAGRAM

- For each major activity in which wastewater is or will be generated, draw a diagram from the start of the activity to its completion, showing all unit processes and include the:
 - flow of materials
 - products
 - water, and
 - wastewater
- Indicate which processes use water and which generate wastestreams.
- Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated.
- Number each unit process having wastewater discharges to the City's sanitary sewer collection system. Use these numbers when showing the unit processes in the building layout in Section H.
- Attach as many additional sheets as necessary.

F6 – PROCESS FLOW INFORMATION

List average process wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each facility unit process. Use the reference number from the process schematic (previous section) that corresponds to each process. (New facilities may estimate). Attach additional sheets as necessary.

Unit Process Number from Flow Schematic	Process Description	Avg Flow (gpd)	Max Flow (gpd)	Type of Discharge (batch, continuous, both, or none)

For each process area listed above, indicate the type and quantity of the constituents that are or could be present in wastewater discharges as a result of process operation. This list is for general classes of substances. A more detailed list is found in section G – Discharge Characteristics. Attach additional sheets if necessary.

Substance	Unit Process Area (indicated above)	Volume (gal) or Concentration (mg/L)
Algicides		
Chlorides		
Disinfectants		
Flammable Substances		
High Temperature		
Hydrocarbons		
Oil & Grease – animal/vegetable		
Oil & Grease – petroleum / mineral		
Pesticides		
pH (High / Low)		
Radioactive Substances		
Rubber / Latex / Plastic / Glass		
Salt Brines		
Shredded Garbage		
Solvents		
Surfactants / Detergents		
Other (specify)		

Estimate the loads contributed from process wastewater discharged:

Loading (#/d)	Daily Maximum	7-day Maximum	30-day Maximum
BOD (Biochemical Oxygen Demand)			
COD (Chemical Oxygen Demand)			
TSS (Total Suspended Solids)			
Phosphorus, Total as P			
Nitrogen – TKN			
Nitrogen – Nitrate (NO ₃)			
Nitrogen – Nitrite (NO ₂)			

F7 – NONPROCESS FLOW INFORMATION

List average nonprocess wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each facility unit process. Use the reference number from the process schematic (previous section) that corresponds to each process. (New facilities may estimate). Attach additional sheets as necessary.

Nonprocess flows may include but are not limited to: cooling tower or boiler blowdown, etc.

Unit Process Number from Flow Schematic	Process Description	Avg Flow (gpd)	Max Flow (gpd)	Type of Discharge (batch, continuous, both, or none)

F8 – SAMPLING AND FLOW EQUIPMENT

Do you have, or plan to have, automatic sampling equipment, continuous wastewater flow or pH equipment?

		Yes	Location	Description	No	N/A
Current	Flow Metering	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	pH Measurement	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Automatic Sampling Equipment	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Future	Flow Metering	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	pH Measurement	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Automatic Sampling Equipment	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

PROCESS CHANGES OR EXPANSION

F9 – Are any process changes or expansions planned during the next 3 years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge

<input type="checkbox"/> No	Skip to Question E11 – Recycling
<input type="checkbox"/> Yes	Complete the remainder of the form.

F10 – Describe the anticipated changes and their effects on the wastewater volume and characteristics. (Attach additional sheets if needed.)

F11 – Are there any recycling or reclamation systems in use or planned?

<input type="checkbox"/> No	Skip to Question E13 – Mass Limits
<input type="checkbox"/> Yes	Complete the remainder of the form.

F12 – Briefly describe the recycling or recovery process, including substances recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process. Attach additional sheets as necessary.

MASS OR CONCENTRATION LIMITS

F13 – As allowed at 40 CFR 403.6(c)(5) when the limits in a categorical Pretreatment Standard are expressed only in terms of pollutant concentration, an Industrial User may request that the City convert the limits to an equivalent mass limit. <u>Do you anticipate making this request?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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F14 – Are you subject to mass limits of categorical pretreatment standards at 40 CFR 414, 419, or 455?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
As allowed at 40 CFR 403.6(c)(6) if an Industrial User is subject to mass limits of categorical pretreatment standards listed above, may request the City to convert the mass limits to equivalent concentration limits. <u>Do you anticipate making this request?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

G – DISCHARGE CHARACTERISTICS

The following list is generated from the EPA Priority Pollutants and Toxic Pollutants and Hazardous Substances list that is found at 40 CFR 122 Appendix A and is found in all NPDES permits.

G1 – All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables below in this section to report the analytical results. **DO NOT LEAVE ROWS BLANK.**

Indicate on either the top of each table, or on a separate sheet if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR 136; if they do not, indicate what method was used.

Indicate whether a pollutant is:

- Located at Facility by indicating whether it is Known to be Absent, Present, or Unknown
- Can be found in the Discharge by indicating whether it is Know to be Absent, Present, or Unknown
 - If it is Known to Be Present in the Discharger, then indicate the expected Concentration (mg/L) and Volume (gpd) discharged.

EPA APPROVED ANALYTICAL METHODS

- Analytical Methods were first chosen from the 40 CFR 136 lists of approved Clean Water Act Methods. If none were found, then methods may be chosen from a water method on the National Environmental Methods Index (www.nemi.gov) web page. If no water methods were indicated, but Resource Conservation and Recovery Act methods were listed, those may be chosen next.
- Preferred order of analytical methods:
 - 40 CFR 136.3 – Approved Methods for
 - Table 1A – Biological Methods for Wastewater and Sewage Sludge
 - Table 1B – Inorganic Test Procedures
 - Table 1C – Non-Pesticide Organic Compounds
 - Table 1D – Pesticides
 - Table 1E – Radiologic Test Procedures
 - Table 1F – Pharmaceutical Pollutants
 - National Environmental Methods Index (www.nemi.gov)
 - NPDES
 - EPA-NERL
 - Standard Methods
 - USGS-NWGL
 - RCRA
 - Other Published Methods
- Phenol (108-95-2) by EPA 625 and Total Phenols are (E-10253) by EPA 420.1 are not the same analyte.
- If there is Pharmaceutical Manufacturing, then you must use analyte methods listed in 40 CFR 136, Table 1F.
- If you need assistance determining which method is most appropriate, don't hesitate to contact the Industrial Pretreatment (IPT) staff at COBPretreatment@BoulderColorado.gov

40 CFR 122 APPENDIX D TABLE II – ORGANIC TOXIC POLLUTANTS IN EACH OF 4 FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY / MASS SPECTROSCOPY (GS/MS)

TABLE II – VOLATILES

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
<i>(No Compounds found at: 4V, 13V, or 30V)</i>									
1V – Acrolein (TTO)	107-02-8	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2V – Acrylonitrile (TTO)	107-13-1	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
3V – Benzene (TTO)	71-43-2	624/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
5V – Bromoform (TTO)	75-25-2	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
6V - Carbon tetrachloride (TTO)	56-23-5	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
7V – Chlorobenzene (TTO)	108-90-7	624/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
8V - Chlorodibromomethane (Dibromochloromethane) (TTO)	124-48-1	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
9V – Chloroethane (TTO)	75-00-3	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
10V - 2-chloroethyl vinyl ether (TTO)	110-75-8	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
11V – Chloroform (TTO)	67-66-3	624/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
12V – Dichlorobromomethane (Bromodichloromethane) (TTO)	75-27-4	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
14V - 1,1-dichloroethane (TTO)	75-34-3	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
15V - 1,2-dichloroethane (TTO)	107-06-2	624/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
16V - 1,1-dichloroethylene (1,1-Dichloroethene) (TTO)	75-35-4	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
17V - 1,2-dichloropropane (TTO)	78-87-5	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
18V - 1,3-dichloropropylene (1,3-Dichloropropene) (TTO)	542-75-6	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
19V – Ethylbenzene (TTO)	100-41-4	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
20V - Methyl bromide (TTO)	74-83-9	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
21V - Methyl chloride (chloromethane) (TTO)	74-87-3	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
22V - Methylene chloride (TTO)	75-09-2	624/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
23V - 1,1,2,2-tetrachloroethane (TTO)	79-34-5	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
24V – Tetrachloroethylene (Tetrachloroethene) (TTO)	127-18-4	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
25V – Toluene (TTO)	108-88-3	624/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
26V - 1,2-trans-dichloroethylene (trans-1,2-Dichloroethene) (TTO)	156-60-5	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
27V - 1,1,1-trichloroethane (TTO)	71-55-6	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
28V - 1,1,2-trichloroethane (TTO)	79-00-5	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
29V - Trichloroethylene (Trichloroethene) (TTO)	79-01-6	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
31V - Vinyl chloride (TTO)	75-01-4	624	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

TABLE II – ACID COMPOUNDS

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
1A - 2-chlorophenol (TTO)	95-57-8	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2A - 2,4-dichlorophenol (TTO)	120-83-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
3A - 2,4-dimethylphenol (TTO)	105-67-9	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
4A - 4,6-dinitro-o-cresol (2-Methyl-4,6-dinitrophenol) (TTO)	534-52-1	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
5A - 2,4-dinitrophenol (TTO)	51-28-5	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
6A - 2-nitrophenol (TTO)	88-75-5	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
7A - 4-nitrophenol (TTO)	100-02-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
8A - p-chloro-m-cresol (4-chloro-3-methyl phenol) (TTO)	59-50-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
9A – Pentachlorophenol (TTO)	87-86-5	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
10A – Phenol (TTO)	108-95-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
11A - 2,4,6-trichlorophenol (TTO)	88-06-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

TABLE II – BASE/NEUTRALS

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
1B – Acenaphthene (TTO)	83-32-9	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2B – Acenaphthylene (TTO)	208-96-8	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
3B – Anthracene (TTO)	120-12-17	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
4B – Benzidine (TTO)	92-87-5	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
5B - Benzo(a) anthracene (TTO)	56-55-3	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
6B - Benzo(a) pyrene (TTO)	50-32-8	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
7B - Benzo(b) fluoranthene or 3,4-benzofluoranthene (TTO)	205-99-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
8B - Benzo(ghi) perylene (TTO)	191-24-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
9B - Benzo(k) fluoranthene (TTO)	207-08-9	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
10B - Bis(2-chloroethoxy) methane (TTO)	111-91-1	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
11B - Bis(2-chloroethyl) ether (TTO)	111-44-4	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
12B - Bis(2-chloroisopropyl) ether (2,2-Oxybis (2-chloro-propane) (TTO)	39638-32-9	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
13B - Bis(2-ethylhexyl) phthalate (TTO)	117-81-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
14B - 4-bromophenyl phenyl ether (TTO)	101-55-3	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
15B - Butyl benzyl phthalate (TTO)	85-68-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
16B - 2-chloronaphthalene (TTO)	91-58-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
17B - 4-chlorophenyl phenyl ether (TTO)	7005-72-3	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
18B – Chrysene (TTO)	218-01-9	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
19B - Dibenzo(a,h) anthracene (TTO)	53-70-3	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
20B - 1,2-dichlorobenzene (o-dichlorobenzene) (TTO)	95-50-1	625/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
21B - 1,3-dichlorobenzene (TTO)	541-73-1	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
22B - 1,4-dichlorobenzene (TTO)	106-46-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
23B - 3,3-dichlorobenzidine (TTO)	91-94-1	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
24B - Diethyl phthalate (TTO)	84-66-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
25B - Dimethyl phthalate (TTO)	131-11-3	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
26B - Di-n-Butyl phthalate (TTO)	84-74-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
27B - 2,4-dinitrotoluene (TTO)	121-14-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
28B - 2,6-dinitrotoluene (TTO)	606-20-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
29B - Di-n-Octyl phthalate (TTO)	117-84-0	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
30B - 1,2-diphenylhydrazine (as azobenzene) (TTO)	122-66-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
31B – Fluoranthene (TTO)	206-44-0	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
32B – Fluorene (TTO)	86-73-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
33B – Hexachlorobenzene (TTO)	118-74-1	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
34B – Hexachlorobutadiene (TTO)	87-68-3	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
35B – Hexachlorocyclopentadiene (TTO)	77-47-4	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
36B – Hexachloroethane (TTO)	67-72-1	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
37B - Indeno (1,2,3-cd) pyrene (TTO)	193-39-5	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
38B – Isophorone (TTO)	78-59-1	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
39B – Naphthalene (TTO)	91-20-3	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
40B – Nitrobenzene (TTO)	98-95-3	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
41B - N-nitrosodimethylamine (TTO)	62-75-9	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
42B - N-nitrosodi-n-propylamine (TTO)	621-64-7	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
43B - N-nitrosodiphenylamine (TTO)	86-30-6	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
44B – Phenanthrene (TTO)	85-01-8	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
45B – Pyrene (TTO)	129-00-0	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
46B - 1,2,4-trichlorobenzene (TTO)	120-82-1	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

TABLE II – PESTICIDES

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present <u>Indicate Process Area</u>	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
1P – Aldrin (TTO)	309-00-2	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2P - Alpha-BHC (TTO)	319-84-6	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
3P - Beta-BHC (TTO)	319-85-7	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
4P - Gamma-BHC (Lindane) (TTO)	319-86-8	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
5P - Delta-BHC (TTO)	58-89-9	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
6P – Chlordane (TTO)	57-74-9	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
7P - 4,4-DDT (TTO)	50-29-3	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
8P - 4,4-DDE (TTO)	72-55-9	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
9P - 4,4-DDD (TDE) (Tetrachlorodiphenylethane) (TTO)	72-54-8	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
10P – Dieldrin (TTO)	60-57-1	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
11P - Alpha-endosulfan (Endosulfan I) (TTO)	959-98-8	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
12P - Beta-endosulfan (Endosulfan II) (TTO)	33213-65-9	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
13P - Endosulfan sulfate (TTO)	1031-07-8	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
14P – Endrin (TTO)	72-20-8	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
15P - Endrin aldehyde (TTO)	7421-93-4	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
16P – Heptachlor (TTO)	76-44-8	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
17P - Heptachlor epoxide (TTO)	1024-57-3	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
18P - PCB-1242 (Arochlor 1242) (TTO)	53469-21-9	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
19P - PCB-1254 (Arochlor 1254) (TTO)	11097-69-1	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
20P - PCB-1221 (Arochlor 1221) (TTO)	11104-28-2	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
21P - PCB-1232 (Arochlor 1232) (TTO)	11141-16-5	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
22P - PCB-1248 (Arochlor 1248) (TTO)	12672-29-6	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
23P - PCB-1260 (Arochlor 1260) (TTO)	11096-82-5	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
24P - PCB-1016 (Arochlor 1016) (TTO)	12674-11-2	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
25P – Toxaphene (TTO)	8001-35-2	608	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2,3,7,8-TCDD (tetrachlorodibenzo-p-dioxin) (TTO)	1746-01-6	613	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

TABLE III – OTHER TOXIC POLLUTANTS (METALS & CYANIDE) & TOTAL PHENOLS

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present <u>Indicate Process Area</u>	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Antimony (Sb)	7440-36-0	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Arsenic (As)	7440-38-2	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Beryllium (Be)	7440-41-7	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Cadmium (Cd)	7440-43-9	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Chromium (Cr)	7440-47-3	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Copper (Cu)	7440-50-8	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Lead (Pb)	7439-92-1	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Mercury (Hg)	7439-97-6	245/1631	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Nickel (Ni)	7440-02-0	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Selenium (Se)	7782-49-2	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Silver (Ag)	7440-22-4	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Thallium (Th)	7440-28-0	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Zinc (Zn)	7440-66-6	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Cyanide (CN), Total	57-12-5	335.4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Phenols, Total (phenolics)	E-10253	420	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

TABLE IV – CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present <u>Indicate Process Area</u>	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Bromide	24959-67-9	300.0	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Fluoride	16984-48-8	300.0	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Nitrate (as N)	14797-55-8	300.0/352.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Nitrite (as N)	14797-65-0	300.0/353.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Nitrogen – Ammonia (as N)	7664-41-7	350.1/4500	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Nitrogen – Kjeldahl (TKN)	E-10264	350.1/4500	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Nitrogen, Total Organic	E-10264	Calculation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Oil & Grease	E-10140	1664/5520	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Phosphorus, Total	7723-14-0	200.7/365.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Radioactivity – Alpha, Total	12587-46-1	900.0/7110	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Radioactivity – Beta, Total	12587-47-2	900.0/7110	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Radioactivity – Radium, Total	7440-14-4	903.0/7500	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Sulfate (as SO4)	14808-79-8	300.0/375.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Sulfide (as S)	18496-25-8	4500-S	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Sulfite (as SO3)	14265-45-3	4500-SO3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Surfactants	E-14562	5540	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Aluminum (Al), Total	7429-90-5	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Barium (Ba), Total	7440-39-3	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Boron (B), Total	7440-42-8	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Cobalt (Co), Total	7440-48-4	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Iron (Fe), Total	7439-89-6	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Magnesium (Mg), Total	7439-95-4	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Molybdenum (Mo), Total	7439-98-7	200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Manganese (Mn), Total	7439-96-5	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Tin (Sn), Total	7440-31-5	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Titanium (Ti), Total	7440-32-6	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

TABLE V – TOXIC POLLUTANTS & HAZARDOUS SUBSTANCES

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Asbestos (friable)	12001-29-5	100.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Acetaldehyde	75-07-0	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Allyl alcohol	107-18-6	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Allyl chloride	107-05-1	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Amyl acetate (pentyl acetate)	628-63-7	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Aniline	62-53-3	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Benzonitrile	100-47-0	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Benzyl chloride	100-44-7	RCRA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Butyl acetate (butyl ethanoate)	123-86-4	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
n-Butylamine	109-73-9	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Captan	133-06-2	617/6630	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Carbaryl	63-25-2	531.1/632/553	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Carbofuran	1563-66-2	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Carbon disulfide	75-15-0	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Chlorpyrifos	2921-88-2	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Coumaphos	56-72-4	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Cresol	Class	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Crotonaldehyde	4170-30-3	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Cyclohexane	608-73-1	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2,4-D (2,4-Dichlorophenoxy acetic acid)	94-75-7	615/6640	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Diazinon	333-41-5	507/614 622/1657	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Dicamba	1918-00-9	615	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Dichlobenil	1194-65-6	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Dichlone	117-80-6	RCRA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2,2-Dichloropropionic acid	75-99-0	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Dichlorvos	62-73-7	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Diethylamine	109-89-7	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Dimethylamine	124-40-3	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Dinitrobenzene	Class	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Diquat	85-00-7	549.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Disulfoton	298-04-4	507/614 622/1657 525.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Diuron	330-54-1	632/553	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Epichlorohydrin	106-89-8	RCRA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Ethion	563-12-2	614/1657	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Ethylenediamine	107-15-3	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Ethylene dibromide	106-93-4	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Formaldehyde	50-00-0	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Furfural	98-01-1	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Guthion	86-50-0	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Isoprene	78-79-5	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Isopropanolamine Dodecylbenzenesulfonate	Unk	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Kelthane	115-32-2	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Kepone	143-50-0	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Malathion	121-75-5	614/1657	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Mercaptodimethur	2032-65-7	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Methoxychlor	72-43-5	505/508/608 617/1656	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Methyl mercaptan (methanethiol)	74-93-1	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Methyl methacrylate	80-62-6	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Methyl parathion	298-00-0	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Mevinphos	7786-34-7	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Mexacarbate	315-18-4	632	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Monoethylamine (ethylamine)	75-04-7	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Monomethylamine (methylamine)	74-89-5	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Naled	300-76-5	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Napthenic acid	1338-24-5	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Nitrotoluene (all isomers)	99-08-1	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Parathion	56-38-2	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Paration, Ethyl	56-38-2	614/6630	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Parathion, Methyl	298-00-0	614/622/1657/6630	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Phenolsulfanate	Unk	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Phosgene	75-44-5	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Propargite	2312-35-8	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Propylene oxide	75-56-9	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Pyrethrins	Class	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Quinoline	91-22-5	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Resorcinol	108-46-3	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Strontium	7440-24-6	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Strychnine	57-24-9	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Styrene	100-42-5	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)	93-76-5	615/6640	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
TDE (DDD) (4,4-DDD) (Tetrachlorodiphenylethane)	72-54-8	608/617 6630	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2,4,5-TP (2-(2,4,5-Trichlorophenoxy) propanoic acid)	93-72-1	615/6640	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Trichlorofan	Unk	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Triethanolamine dodecylbenzenesulfonate	Unk	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Triethylamine	121-44-8	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Trimethylamine	75-50-3	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Uranium	7440-61-1	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Vanadium	7440-62-2	200.7/200.8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Vinyl acetate	108-05-4	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Xylene, Total	1330-20-7	524.2 / Table 1F for isomers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Xylenol	Class	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Zirconium	7440-67-7	Contact IPT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

TABLE IF – **PHARMACEUTICAL POLLUTANTS** – 40 CFR 136 TABLE 1F (PHARMACEUTICAL MANUFACTURING 40 CFR 439)

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Acetonitrile	75-05-8	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
n-amyl acetate	628-63-7	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
n-amyl alcohol	71-41-0	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Benzene	71-43-2	524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
n-butyl acetate (butyl ethanoate)	123-86-4	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Tert-butyl alcohol	75-65-0	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Chlorobenzene	108-90-7	524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Chloroform	67-66-3	524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
o-Dichlorobenzene	95-50-1	524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
1,2-Dichloroethane	107-06-2	524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Diethylamine	109-89-7	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Dimethyl Sulfoxide	67-68-5	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Ethanol	64-17-5	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Ethyl acetate	141-78-6	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
n-Heptane	142-82-5	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
n-Hexane	110-54-3	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Isobutyraldehyde	78-84-2	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Isopropanol (2-propanol)	67-63-0	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Isopropyl acetate	108-21-4	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Isopropyl ether	108-20-3	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Methanol	67-56-1	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Methyl Cellosolve	109-86-4	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Methylene Chloride	75-09-2	524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Methyl Formate	107-31-3	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
4-methyl-2-pentanone (MIBK)	108-10-1	1666/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Item No. – Chemical Compound	CAS	Primary EPA Approved Method	FACILITY			DISCHARGE			
			Known Absent	Unknown	Known Present Indicate Process Area	Known Absent	Unknown	Known Present	
								Conc. (mg/L)	Vol (gpd)
Phenol	108-95-2	625	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
n-propanol	71-23-8	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2-propanone (acetone)	67-64-1	524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Tetrahydrofuran	109-99-9	1666/524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Toluene	108-88-3	524.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Triethylamine	121-44-8	1666/1671	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Xylenes, Total	1330-20-7	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Xylenes – m-xylene	108-38-3	1624C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Xylenes – o, p-xylene	E-14095	1624C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Xylenes – m,p-xylene	136777-61-2	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Xylenes – o-xylene	95-47-6	1666	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

MONITORING WAIVER

G2 – Do you anticipate requesting a monitoring waiver for regulated pollutants which believe to not be present in your process wastestream(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G3 – In order to request a monitoring waiver for pollutants not present, you must provide data from at least one sampling of your facility's wastewater prior o any treatment present at your facility that is representative of all wastewater from all processes. The request of a monitoring waiver must be signed in accordance with 40 CFR 403.12(l) and include the certification statement in 40 CFR 403.6(a)(2)(ii). <u>Do you wish to make this request?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

H – TREATMENT INFORMATION

Attach a diagram of ALL pretreatment systems. Each diagram should include a schematic of the pretreatment system & ALL related inputs & outputs. Be sure to detail the incoming process waste streams (average daily flows and potential pollutants) & include any wastestreams generated during treatment that are returned for treatment (i.e. filter press filtrate, etc). Show ALL outputs (i.e. hazardous waste generated, water returned for reuse, etc).

H1 – Is there any form of wastewater treatment practiced or planned within 3 years at this site?

<input type="checkbox"/> No	Skip to Question G2 – Mixed Wastewater
<input type="checkbox"/> Yes	Mark all the Treatment Technologies that apply or will apply below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Air flotation
<input type="checkbox"/> Centrifuge
<input type="checkbox"/> Chemical precipitation
<input type="checkbox"/> Chlorination
<input type="checkbox"/> Cyclone
<input type="checkbox"/> Filtration
<input type="checkbox"/> Flow equalization
<input type="checkbox"/> Grease or Oil Separation
<input type="checkbox"/> Grease trap or interceptor
<input type="checkbox"/> Grinding filter
<input type="checkbox"/> Grit removal | <input type="checkbox"/> Ion exchange
<input type="checkbox"/> pH neutralization
<input type="checkbox"/> Ozonation
<input type="checkbox"/> Reverse osmosis
<input type="checkbox"/> Sand / Sediment Trap
<input type="checkbox"/> Screen
<input type="checkbox"/> Sedimentation
<input type="checkbox"/> Septic tank
<input type="checkbox"/> Silver Recovery
<input type="checkbox"/> Solvent separation
<input type="checkbox"/> Spill protection | <input type="checkbox"/> Sump
<input type="checkbox"/> Rainwater diversion / storage
<input type="checkbox"/> Biological Treatment (specify) _____
<input type="checkbox"/> Chemical Treatment (specify) _____
<input type="checkbox"/> Other Physical Treatment (specify) _____
<input type="checkbox"/> Other (specify) _____ |
|---|---|--|

MIXED WASTEWATER

H2 – Is process wastewater mixed with nonprocess wastewater prior to the sampling or discharge point?

<input type="checkbox"/> No	Skip to Question G3 – Treatment Description
<input type="checkbox"/> Yes	Describe: _____

TREATMENT DESCRIPTION

H3 – Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment technology checked above. Attach additional sheets if necessary.

Treatment Technology Above	Pollutant Loadings	Flow Rates	Design Capacity	Physical Size	Operating Procedures	Notes	Process Flow Diagram Attached
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

H4 – Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

Treatment Technology Above	Process Equipment	By-Products	By-Product Volume	By-Product Disposal Method	Operating Procedures	Design & Operating Conditions

H5 – Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the City’s sanitary sewer collection system. Please include estimated completion dates.

--

H6 – Do you have a treatment operator?

<input type="checkbox"/> No	Skip to Next Question		
<input type="checkbox"/> Yes	Name:		
	Title:		
	Phone / Email:		
	Is the operator certified in the State of CO to treat wastewater?		<input type="checkbox"/> No
	<input type="checkbox"/> Yes	Include CO Certified Water Professional ID #	
	Is the operator full time or part time?		<input type="checkbox"/> Full-time
	<input type="checkbox"/> Part-time (specify hours)		

	Yes	No
H7 – Do you have a manual on the correct operation of the treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>
H8 – Do you have a written maintenance schedule for your treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>

I – SPILL PREVENTION

I1 – Do you have chemical storage containers, bins, or ponds at your site?

<input type="checkbox"/> No	Skip to Next Question
<input type="checkbox"/> Yes	If yes, please give a description of their location, contents, size, type and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

I2 – If you have chemical storage containers, bins, or ponds in manufacturing areas, could an accidental spill lead to a discharge to: (check all that apply)

<input type="checkbox"/> An onsite disposal system	<input type="checkbox"/> Storm drain	<input type="checkbox"/> to the ground
<input type="checkbox"/> Public Sanitary Sewer System (through floor drain)	<input type="checkbox"/> N/A – no possible discharge to any listed choice	
<input type="checkbox"/> Other (specify)		

I3 – Do you have floor drains in your manufacturing or chemical storage area(s)?

<input type="checkbox"/> No	Skip to Next Question	
<input type="checkbox"/> Yes	If yes, where do they discharge to?	

I4 – Do you have an accidental spill prevention (slug control plan) to prevent spills of chemicals or slug discharges from entering the City’s sanitary sewer collection system?

<input type="checkbox"/> No	Skip to Next Question
<input type="checkbox"/> Yes	Include a copy with form.
<input type="checkbox"/> N/A	No floor drains and/or facility only discharges domestic wastes.

I5 – Please describe any previous spill events and remedial measures taken to prevent their reoccurrence.

J – BEST MANAGEMENT PRACTICES

J1 – Describe the types of best management practices (BMPs) you employ to prevent pollutants from entering a facility’s wastestream or from reaching a discharge point. BMPs are management and operational procedures such as schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to implement the general and specific prohibitions listed in 40 CFR 403.5(a)(1) and (b). BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage, or leaks, sludge, or waste disposal, or drainage from raw materials storage.

J2 – Do you have the potential for a slug discharge to the sewer system:

A slug discharge is any discharge of a non-routine episodic nature, including but not limited to an accidental spill or a non-customary batch discharge, which has a reasonable potential to cause interference or pass through, or in any other way violate the City’s regulations, local limits, or permit conditions. [40 CFR 403.8(f)(2)(v)]

<input type="checkbox"/> No	Skip to Next Section K – Non-Discharged Wastes	
<input type="checkbox"/> Yes	Answer the following questions:	
	J2a	Describe the type of the potential slug discharge, including quality and content.
	J2b	Describe current mechanisms for prevention of slug discharges.
	J2c	Describe where and how raw materials are stored.

K – NON-DISCHARGED WASTES

K1 – Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

<input type="checkbox"/> No	Skip to Next Section L – Authorized Signatures
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Yes	Waste Type	Units per Month	Placed in Trash	On-Site Storage or Treatment	Waste Hauler to a Waste Management Facility
<input type="checkbox"/>	Grease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oil		<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"/>	Inks / Dyes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paints		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Thinners		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Acids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Alkalies (Bases)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plating Wastes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pretreatment Sludge		<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"/>	Waste Product		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K2 – If above wastes are hauled off-site for proper disposal, complete the following:

Waste Hauler Name	Address of Final Disposal	Waste Type	Pick-up Frequency	EPA ID

K3 – Describe where and how waste liquids and sludges are stored.

L – FACILITY COMPLIANCE STATUS

L1 – Are all applicable Federal, State, or Local pretreatment standards and requirements being met on a consistent basis?

<input type="checkbox"/> Yes	Skip to Next Section M – Authorized Representative	
<input type="checkbox"/> N/A	Not yet discharging.	
<input type="checkbox"/> No	What additional operations and maintenance procedures are being considered to bring the facility into compliance? List additional treatment technology or practice being considered in order to bring the facility into compliance.	
	Provide a schedule for bring the facility into compliance. Specify major events planned along with reasonable completion dates.	
	<u>Proposed Milestone Activity</u>	<u>Proposed Completion Date</u>

M – AUTHORIZED REPRESENTATIVE

M1 – CERTIFICATION STATEMENT

Information and data identifying the nature and frequency of a discharge to the wastewater utility shall be available to the public. Requests for confidential treatment of information, other than discharge data, shall be made according to procedures outlined in the Boulder Revised Code. (see excerpt below)

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

Name:			
Title:			
Signature:			
Date:		Phone / Email:	

BOULDER REVISED CODE EXERPTS

BRC 11-3-3 – AUTHORIZED REPRESENTATIVE OF INDUSTRIAL USERS

means either a principal executive officer of at least the level of vice president, if the industrial user is a corporation; a general partner or proprietor, if the industrial user is a partnership or proprietorship; or a duly authorized representative, if such representative is responsible for the overall operation of the facilities from which any direct or indirect discharge originates.

BRC 11-3-20 – CIVIL AND CRIMINAL LIABILITY FOR EXPENSES AND FINES

- (c) The penalty for violation of any provision of this chapter is a fine of not more than \$1,000.00 per violation per day, or incarceration for not more than ninety days in jail, or both such fine and incarceration.

BRC 11-3-32. – CONFIDENTIAL INFORMATION.

Any user submitting information to the city manager pursuant to this chapter may claim it to be confidential if the user demonstrates to the satisfaction of the city manager that release of such information would divulge information, processes or methods of production entitled to protection as the user's trade secrets.

- (a) The user shall assert such claim at the time of submission by stamping the words "confidential business information" on each page containing such information. If no such claim is made at the time of submission, the city manager may make information available to the public without further notice.
- (b) The city manager shall not publicly disclose such confidential information. Such information shall be available for use by the city manager or any federal or state agency in judicial review or enforcement efforts and proceedings involving the user furnishing the information.
- (c) The city manager may provide confidential information to governmental agencies upon written request for uses directly related to enforcement of this chapter. But the city manager shall not transmit information accepted by the city as confidential to any governmental agency until the city manager has provided fourteen days' written notification to the user.
- (d) Effluent or discharge data is not confidential.