

WASTEWATER DISCHARGE PERMIT APPLICATION

Part II

FOR MSD USE ONLY	
<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete (purple)
<input type="checkbox"/> Permit Req'd	<input type="checkbox"/> Investigation
Reviewer: _____	Date: _____

*Metropolitan Sewer District of Greater Cincinnati
Division of Industrial Waste
1600 Gest Street
Cincinnati, OH 45204*

This is part II of the Wastewater Discharge Permit Application. It is being sent to you either because of the responses from your firm in Part I or because of the known practices of your operations. Please complete this questionnaire to the best of your knowledge. If you have any questions please call the Industrial Waste Division at 557-7000

SECTION A--GENERAL INFORMATION

1. **Company Name:** _____
2. **Mailing Address:** _____

City: _____ **State:** _____ **Zip Code:** _____
3. **Premise Address: (If different from mailing address.)** _____
City: _____ **State:** _____ **Zip Code:** _____
4. **Name of Responsible Official:** _____ **Title:** _____
Telephone Number: (____) _____-____ **Extension:** _____
5. **Contact person concerning information provided herein:** _____
Title: _____ **Telephone Number:** (____) _____-____ **Extension:** _____
6. **Check one:** Existing Discharge **If proposed discharge, anticipated date of discharge commencement:** _____
 Proposed Discharge

"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 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 fines and imprisonment for knowing violations."

Signature of Responsible Official _____ Title _____ Date _____

FOR MSD USE ONLY

Complaint Existing NON SIU Existing SIU Field OTD/LTD Referral Survey

¹All information provided to MSD is public and is subject to all Federal, State and local laws.

SECTION E--AIR POLLUTION AND WASTEWATER INFORMATION (Water Quality and Air Quality are often closely related.)

1. Is there air pollution control equipment at the facility? Yes No

If "Yes" how are residues disposed? _____

2. Are these wet operations? Yes No

If "Yes", where do liquid and/or sludges go to and what is the volume?²

	Sanitary Sewer	Offsite Disposal	Return to Process
a. Fluids	_____	_____	_____
b. Sludges	_____	_____	_____

List ultimate destination of wastes for offsite disposal: _____

SECTION F--WATER USAGE

1. Water Sources: (Check as many as are applicable) a. Cincinnati Water Works; b. Private Well;
 c. Surface Water; d. Municipal Water Utility (Specify City): _____ e. South Western Ohio Water
 f. Other (Specify): _____

2. Name on the water bill: _____

3. Water Service Account Number(s): _____

4. If water is supplied by landlord, give name and address:

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

5. A plant or operation may use water differently depending on where the water is going. Different uses can be separated by diverting water to special purpose water meters. Please identify the type of water usage and meter number within your operation on the form below.

Type	Average Water Usage (gallons per day of operation)	Water Meter Number
a. Cooling Water	_____	_____
b. Boiler Feed	_____	_____
c. Process	_____	_____
d. Sanitary	_____	_____
e. Plant and Equipment Washdown	_____	_____
f. Irrigation and Lawn Watering	_____	_____
g. Other (Specify):	_____	_____
h. Total of a. through g.	_____	_____

²List units (gallons/day, or pounds/day)

Company Name: _____

6. Estimate your daily wastewater Discharges:

Discharge to	Estimated Average discharge (gallons per day)	Discharge to	Estimated Average Discharge (gallons per day)
a. Municipal Sewer	_____	e. Evaporation	_____
b. Watercourse, Storm Drain, or Ground	_____	f. Contained in Product	_____
c. Waste Hauler	_____	g. Other (Specify):	_____
d. Septic Tank	_____	h. Total of a. through g.	_____

7. List average water usage and average wastewater discharge for SIC processes itemized in Part I, Section B: (Attach additional sheets if needed.)

SIC Number	Brief Process Description	Average Water Usage (gallons per day)	Estimated Average Discharge (gallons per day)
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

8. Are corrosion or biological inhibiting chemicals added to facility cooling water systems which are discharged to the sewer? Yes No

If "Yes", list chemicals: _____

9. Are raw water treatment processes employed (water softener, filter, etc.)? Yes No

If "Yes", list process(es) and method of residue disposal: _____

10. Are any other water recycling or material reclaiming processes utilized? Yes No

If "Yes", please describe: _____

SECTION G--SEWER INFORMATION

1. Attach a schematic drawing of your plant showing the locations of all sewers. Assign a sequential reference number to each sewer starting with No. 1. Also show location of possible sampling points for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structure should be included. If available, please provide both an engineering and architectural drawing on 8.5 x 11 inch sheets.

Company Name: _____

2. By reference number, list size, descriptive location and flow of each sewer shown in the schematic drawing. (Attach additional sheets if necessary.)

Reference Number	Sewer Size (inches)	Sewer Type (sanitary, storm, or combined)	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (gallons per day)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SECTION H--WASTEWATER INFORMATION

1. Using the reference numbers from your schematic drawing(s) and the information you provided in Sections F-5, 6, & 7, please complete the table below. The amount of discharge is to be in gallons per day and should be for each sewer receiving the discharge. If necessary place an asterisk (*) on any outfall discharging to a storm drain or surface course. If known also identify the NPDES Permit Number.

TYPE	DISCHARGE QUANTITY BY REFERENCE NUMBER					
	1	2	3	4	5	6
1. Federal categorical process flows.	_____	_____	_____	_____	_____	_____
2. Other Process flows (includes washdown, deionizer backwash, and air pollution flows.)	_____	_____	_____	_____	_____	_____
3. Dilute Flows (includes sanitary, boiler, cooling, and uncontaminated flows)	_____	_____	_____	_____	_____	_____
4. Groundwater not covered above	_____	_____	_____	_____	_____	_____
5. Stormwater not covered above	_____	_____	_____	_____	_____	_____
6. Other (specify) _____	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____
NPDES Permit Number	_____	_____	_____	_____	_____	_____

SECTION I--PRETREATMENT

1. Is pretreatment (see list below) practiced at this facility? Yes No
 Check the appropriate boxes for types of pretreatment used at this facility:

- | | |
|---|--|
| 1. <input type="checkbox"/> Sump | 14. <input type="checkbox"/> Reverse osmosis |
| 2. <input type="checkbox"/> Septic Tank | 15. <input type="checkbox"/> Ion exchange |
| 3. <input type="checkbox"/> Grease Trap | 16. <input type="checkbox"/> Ozonation |
| 4. <input type="checkbox"/> Gasoline Trap | 17. <input type="checkbox"/> Chlorination |
| 5. <input type="checkbox"/> Grease or oil separation
type: | 18. <input type="checkbox"/> Solvent separation |
| 6. <input type="checkbox"/> Screen | 19. <input type="checkbox"/> Spill protection |
| 7. <input type="checkbox"/> Grit removal | 20. <input type="checkbox"/> Air flotation |
| 8. <input type="checkbox"/> Sedimentation | 21. <input type="checkbox"/> Centrifuge |
| 9. <input type="checkbox"/> Flow Equalization | 22. <input type="checkbox"/> Cyclone |
| 10. <input type="checkbox"/> Filtration | 23. <input type="checkbox"/> Export or hauling |
| 11. <input type="checkbox"/> Rainwater diversion or storage | 24. <input type="checkbox"/> Other chemical treatment, type: |
| 12. <input type="checkbox"/> Neutralization, pH correction | 25. <input type="checkbox"/> Other physical treatment, type: |
| 13. <input type="checkbox"/> Chemical precipitation | 26. <input type="checkbox"/> Biological treatment, type |
| | 27. <input type="checkbox"/> Other, Specify: |

a. Are any residuals created from the pretreatment processes? Yes No If yes describe:

2. Is any form of pretreatment Planned for this facility within the next three (3) years? Yes No
3. Please furnish process flow diagram for each existing or planned pretreatment system. Include process equipment, by-products, by-product disposal method, concentrations, waste and by-product volumes, design and operating condition.
4. Does your operation have a Pretreatment Operator Training (POT) program? Yes No

SECTION J--CHARACTERISTICS OF DISCHARGES

1. Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Present" or "Known to be Present", in your manufacturing or service activity or generates as a by-product. Some compounds are known by other names.

Item No.	Chemical Compound	Suspected Present	Known Present	Usage (lbs/year)	Discharge Concentration
101.	antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
102.	arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
103.	beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
104.	cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
105.	chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
106.	cobalt (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
107.	copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
108.	lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
109.	manganese (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
110.	mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
111.	nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
112.	selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
113.	silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Company Name: _____

Item No.	Chemical Compound	Suspected Present	Known Present	Usage	Discharge Concentration
114.	thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
115.	zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
201.	asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
202.	cyanide (amenable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
203.	cyanide (free)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
204.	cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
205.	oil & grease	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
206.	chloride	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
207.	chlorine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
208.	fluoride	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
209.	ammonia	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
210.	nitrate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
211.	nitrite	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
301.	(cis & trans) 1,3-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
302.	1,1-dichloroethene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
303.	1,1,1-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
304.	1,1,2-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
305.	1,1,2,2 tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
306.	1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
307.	1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
308.	1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
309.	1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
310.	2-chloro-ethylvinylether	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
311.	2-chloroethyl vinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
312.	acrolein	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
313.	acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
314.	benzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
315.	bromodichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
316.	bromoform	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
317.	bromomethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
318.	carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
319.	chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
320.	chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
321.	chloroform	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
322.	chloromethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
323.	dibromochloromethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
324.	ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
325.	hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
326.	methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
327.	nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
328.	tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
329.	tetrachloromethane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
330.	toluene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
331.	trans-1,2-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
332.	trans-1,2-dichloroethene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
333.	trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
334.	trichlorofluoromethene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
335.	vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
401.	1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
402.	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
403.	2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
404.	2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Company Name: _____

Item No.	Chemical Compound	Suspected Present	Known Present	Usage	Discharge Concentration
405.	2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
406.	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
407.	2,4-dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
408.	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
409.	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
410.	2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
411.	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
412.	3,3'-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
413.	3,4-benzofluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
414.	4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
415.	4-chloro-3-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
416.	4-chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
417.	4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
418.	4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
419.	acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
420.	acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
421.	anthracene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
422.	benzidine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
423.	benzo(a)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
424.	benzo(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
425.	benzo(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
426.	benzo(b)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
427.	benzo(g,h,i)perylene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
428.	benzo(k)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
429.	bis(2-chloroethoxy)methane	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
430.	bis(2-chloroethyl)ether	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
431.	bis(2-chloroisopropyl)ether	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
432.	bis(2-ethylhexyl)phthalate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
433.	bis(chloromethyl)ether	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
434.	butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
435.	chrysene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
436.	di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
437.	di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
438.	dibenzo(a,h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
439.	diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
440.	dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
441.	fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
442.	fluorene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
443.	hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
444.	hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
445.	hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
446.	indeno(1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
447.	isophorone	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
448.	N-nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
449.	N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
450.	N-nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
451.	naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
452.	pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
453.	phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
454.	phenol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
455.	pyrene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
501.	4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Company Name: _____

Item No.	Chemical Compound	Suspected Present	Known Present	Usage	Discharge Concentration
502.	4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
503.	4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
504.	a-BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
505.	a-endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
506.	aldrin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
507.	b-BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
508.	b-endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
509.	chlordan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
510.	d-BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
511.	dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
512.	endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
513.	endrin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
514.	endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
515.	g-BHC (gamma)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
516.	heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
517.	heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
518.	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
519.	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
520.	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
521.	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
522.	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
523.	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
524.	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
525.	toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
526.	2,3,7,8-tetrachlorodibenzo-p-dioxin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

3. List average concentration in milligrams per liter (mg/L) of wastewater discharge. If concentration is unknown indicate by marking "unknown".

Parameter	Concentration (mg/L)
a. BOD ₅	
b. COD	
c. Total Suspended Solids	
d. Total Kjeldahl Nitrogen as N	
e. Oil & Grease (Hexane Solubles)	
f. Phosphorus	

Company Name: _____

4. List the temperature and pH range of your discharge for each discharging point. (Attach additional sheets if needed.)

Reference Number	Temperature Range (Specify F° or C°)			pH Range		
	Low	Average	High	Low	Average	High
1						
2						
3						

5. Does your company keep a continuous record of wastewater pH? Yes No

6. Does your facility collect stormwater? Yes No

7. Does your facility treat stormwater? Yes No

If "Yes", briefly describe the treatment method:

SECTION K--NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and *not* disposed of in the sewer system? Yes No

If "No", skip the remainder of Section K.

If "Yes", complete the remaining portion of Section K.

Substance	Quantity per Year to Sewer (Indicate Units)	Quantity per Year to Trash (Indicate Units)	Quantity per Year to site disposal (Indicate Units)	Quantity per Year to Hauler (Indicate Units)	Hauler Permit Number
a. <input type="checkbox"/> Waste Solvent	_____	_____	_____	_____	_____
b. <input type="checkbox"/> Waste Product	_____	_____	_____	_____	_____
c. <input type="checkbox"/> Oil	_____	_____	_____	_____	_____
d. <input type="checkbox"/> Grease	_____	_____	_____	_____	_____
e. <input type="checkbox"/> Pretreatment Sludge	_____	_____	_____	_____	_____
f. <input type="checkbox"/> Inks/Dyes	_____	_____	_____	_____	_____
g. <input type="checkbox"/> Thinners	_____	_____	_____	_____	_____
h. <input type="checkbox"/> Heavy Metals	_____	_____	_____	_____	_____
i. <input type="checkbox"/> Organic Compounds	_____	_____	_____	_____	_____
j. <input type="checkbox"/> Paints	_____	_____	_____	_____	_____
k. <input type="checkbox"/> Acids and Alkalies	_____	_____	_____	_____	_____
l. <input type="checkbox"/> Plating Wastes	_____	_____	_____	_____	_____
m. <input type="checkbox"/> Pesticides	_____	_____	_____	_____	_____
n. <input type="checkbox"/> Other (Specify)	_____	_____	_____	_____	_____

