

Springville City Wastewater Treatment Plant WASTEWATER QUESTIONNAIRE

Directions: All non-residential users of the Springville wastewater treatment system are required to submit a completed WASTEWATER QUESTIONNAIRE. Information given in the QUESTIONNAIRE will be used to establish if a Wastewater Discharge Permit is required. The user is required to report in writing any changes in the information contained in the QUESTIONNAIRE or changes in the numerical values outside of the ranges stated in the QUESTIONNAIRE within 30 days of occurrence.

Return the completed and signed QUESTIONNAIRE to:

Springville City Treatment Plant Manager
110 South Main
Springville, Utah. 84663

Telephone: 801-489-2745

SECTION A – GENERAL INFORMATION (Please Print)

A.1. Business Name: _____

Mailing Address: _____

_____ Zip: _____

Telephone: (_____) _____

A.2. Facility Address (if different from mailing address)

Telephone: (_____) _____

A.3. Person (s) to contact concerning the questionnaire:

Name: _____ Name: _____

Title: _____ Title: _____

Telephone: _____ Telephone: _____

A.4. If multi-unit building, how many units do you have? _____

A.5. If you are an occupant in a multi-unit building, which unit are you?

SECTION B – PRODUCT/SERVICE INFORMATION

B.1. Check all activities which will be at your facility:

- | | |
|--|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Plant Washdown |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Professional Service |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Vehicle Equipment Wash |
| <input type="checkbox"/> Material Transfer | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Office | <input type="checkbox"/> Wholesale Trade |

B.2. Briefly describe the operations, processes and services performed and the products produced at your facility:

B.3. List basic materials used in the operation at your facility:

B.4. If your facility expects to employ processes in any of the nationally regulated industrial categories or business activities listed below, place a check besides the category or business activity (check all that apply).

- | | |
|--|--|
| 1. <input type="checkbox"/> Adhesives | 29. <input type="checkbox"/> Mechanical Products |
| 2. <input type="checkbox"/> Aluminum Forming | 30. <input type="checkbox"/> Metal Fishing |
| 3. <input type="checkbox"/> Asbestos Manufacturing | 31. <input type="checkbox"/> Metal Molding & Casting
(Foundries) |
| 4. <input type="checkbox"/> Auto & Other Laundries | 32. <input type="checkbox"/> Nonferrous Metals Mfg. |
| 5. <input type="checkbox"/> Battery Mfg. | 33. <input type="checkbox"/> Nonferrous Metals Forming &
Powders |
| 6. <input type="checkbox"/> Builders paper & Board Mills | 34. <input type="checkbox"/> Ore Mining |
| 7. <input type="checkbox"/> Carbon Black Mfg. | 35. <input type="checkbox"/> Organic Chemicals |
| 8. <input type="checkbox"/> Cement Mfg. | 36. <input type="checkbox"/> Paint & Ink Formulation |
| 9. <input type="checkbox"/> Coal Mining | 37. <input type="checkbox"/> Paving & Roofing Materials
(Tar & Asphalt's) |
| 10. <input type="checkbox"/> Coil Coating | 38. <input type="checkbox"/> Pesticide Chemicals |
| 11. <input type="checkbox"/> Copper Forming | 39. <input type="checkbox"/> Petroleum Refining |
| 12. <input type="checkbox"/> Dairy Products Processing | 40. <input type="checkbox"/> Pharmaceutical Mfg. |
| 13. <input type="checkbox"/> Electric & Electronic Components | 41. <input type="checkbox"/> Phosphate Mfg. |
| 14. <input type="checkbox"/> Electroplating | 42. <input type="checkbox"/> Plastics Molding & Forming |
| 15. <input type="checkbox"/> Explosives Mfg. | 43. <input type="checkbox"/> Porcelain Enameling |
| 16. <input type="checkbox"/> Feedlots | 44. <input type="checkbox"/> Printing & Publishing |
| 17. <input type="checkbox"/> Ferroalloy Mfg. | 45. <input type="checkbox"/> Pulp, Paper & Paperboard Mfg. |
| 18. <input type="checkbox"/> Fertilizer Mfg. | 46. <input type="checkbox"/> Rubber Manufacturing |
| 19. <input type="checkbox"/> Fruit & Vegetable Processing Mfg. | 47. <input type="checkbox"/> Seafood Processing |
| 20. <input type="checkbox"/> Foundries | 48. <input type="checkbox"/> Soaps & Detergent |
| 21. <input type="checkbox"/> Glass Manufacturing | 49. <input type="checkbox"/> Steam Electric Power Plants |
| 22. <input type="checkbox"/> Grain Mills | 50. <input type="checkbox"/> Sugar Processing |
| 23. <input type="checkbox"/> Gum & Wood Chemicals | 51. <input type="checkbox"/> Textile Mills |
| 24. <input type="checkbox"/> Ink Formulation | 52. <input type="checkbox"/> Timber Products Processing |
| 25. <input type="checkbox"/> Inorganic Chemicals | |
| 26. <input type="checkbox"/> Iron & Steel | |
| 27. <input type="checkbox"/> Leather Tanning & Finishing | |
| 28. <input type="checkbox"/> Meat Processing | |

B.5. List (if known) the Standard Industrial Classification Number (s) (SIC Code*) for all processes at your facility:

According to the *Standards Industrial Manual*, Bureau of the Budget, 1972, as amended. A copy is available at the Treatment Plant.

SECTION C – WATER USE

C.1. List water sources and approximate range of water usage (check all that apply).

- 1. Springville City Water _____ to _____ Gal. Per day
- 2. Private well (s) _____ to _____ Gal. Per day
- 3. Other (specify) _____ to _____ Gal. Per day

C.2. List the approximate range of water consumption *leaving* your facility (check all that apply):

			Estimated	Measured
1. <input type="checkbox"/> Sanitary Sewer	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/> Storm Drain	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> Contained in Product	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/> Evaporation	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="checkbox"/> Waste Hauler *	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="checkbox"/> Leach Field	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="checkbox"/> On-Site Sludge Storage/Disposal	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="checkbox"/> Other (specify)	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>

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

SECTION D – WASTEWATER GENERATION

D.1. List the approximate range of wastewater generation that will be discharged into the sanitary sewer (check all that apply):

		Estimated		Measured	
1.	<input type="checkbox"/> Domestic Wastes (restrooms, employee showers, etc.)	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> Cooling Water, Non-Contact	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> Cooling Water Contact	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> Boiler/Tower Blowdown				
5.	<input type="checkbox"/> Process (specify flow for each process and for each regulated category checked in question B.4.)				
	Specify Category:				
	a. _____	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
	b. _____	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
	c. _____	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/> Rinse and Washdown	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/> Other (specify)	_____ to _____	Gal. Per day	<input type="checkbox"/>	<input type="checkbox"/>

D.2. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? Yes No If yes, attach a copy of the plan to this questionnaire.

SECTION E – FACILITY OPERATION

E.1. Indicate shifts normally worked each day:

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 st Shift	2 nd Shift	3 rd Shift
E.2. Start Time:	_____	_____	_____
End Time:	_____	_____	_____
Average No. Of Employees (range)	_____ to _____	_____ to _____	_____ to _____

NOTE: THE FOLLOWING INFORMATION IN THIS SECTION MUST BE COMPLETED FOR EACH PRODUCT LINE.

E.3. Principal product produced: _____

E.4. Raw materials and process additives used:

E.5. Is discharge from this process during the workshift:

Batch _____

Continuous _____

Both _____

Indicate average
Number of batches
Per workday: _____

Indicate %
batch: _____
Indicate %
Continuous

E.6. Is operation expected to be subject to seasonal variation? Yes No

If yes, indicate months of peak operation: _____

Indicate period(s) of shutdown: _____

E.7. Are any process changes or expansions planned during the next three years? Yes No

If yes, give a brief explanation describing the nature of planned changes or expansions.

SECTION F – WASTEWATER INFORMATION

F.1. Indicate pretreatment devices or processes that will be used for treating wastewater or sludge (check all that apply) :

- | | |
|--|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> No Pretreatment Provided | <input type="checkbox"/> Chemical Precipitation |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Cyclone |
| <input type="checkbox"/> Sand Trap | <input type="checkbox"/> Filtration |
| <input type="checkbox"/> Oil Separation | <input type="checkbox"/> Grit Removal |
| <input type="checkbox"/> Solvent Separation | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Neutralization, pH Correction | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Air Flotation | |
| <input type="checkbox"/> Biological (specify): _____ | |
| <input type="checkbox"/> Other (specify): _____ | |

F.2. Indicate the constituents that are or could be present in the wastewater discharge:

- | | |
|--|--|
| <input type="checkbox"/> High pH (caustics, etc.) | <input type="checkbox"/> Insoluble Substances Heavier than Specific Gravity of 2.65. |
| <input type="checkbox"/> Low pH (acids) | <input type="checkbox"/> Large Particles that would be Retained on a No. 8 Standard Sieve or Particles Greater than 1/2 " in Any Direction |
| <input type="checkbox"/> Hydrogen Sulfide | <input type="checkbox"/> Toxic Gases |
| <input type="checkbox"/> Sulfur Dioxide | <input type="checkbox"/> Chlorine Demand Greater than 15 mg/l |
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Phenols |
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Toxic or Irritating Substances |
| <input type="checkbox"/> Bromine | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Iodine | <input type="checkbox"/> PCB's |
| <input type="checkbox"/> Other Disinfectants | <input type="checkbox"/> Radioactive Substances |
| <input type="checkbox"/> Explosive Substances | <input type="checkbox"/> Salt Brines |
| <input type="checkbox"/> Flammable Substances | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> High Temperature Wastes (above 150 degree) | |
| <input type="checkbox"/> Grease or Oil | |
| <input type="checkbox"/> Dissolved Metals such as Arsenic, Beryllium, Cadmium, Chromium, Copper, Iron, Lead, Manganese, Mercury, Nickel, Selenium, Silver, and Zinc. | |
| <input type="checkbox"/> Cyanide | <input type="checkbox"/> Surfactants (detergents) |

F.3. EPA Priority Pollutant Information:

Please indicate by placing an "X" in the appropriate box listed by each listed chemical used in your facility or generated as a byproduct whether the chemical is discharged to the municipal sanitary sewer system or is used but not discharged to the sewers. Some compounds are known by other names. Refer to MSDS sheets for additional information.

Chemical Compound	Used	Not Used	Chemical Compound	Used	Not Used
I. METALS & ORGANICS			32. Benzene, 1, 2, 4-trichloro		1.
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	33. Benzene Hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
2. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	34. Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>
3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	35. Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>
4. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	36. Toluene	<input type="checkbox"/>	<input type="checkbox"/>
5. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	37. Toluene, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>
6. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	38. Toluene, 2, 6-dinitro	<input type="checkbox"/>	12.
7. Copper	<input type="checkbox"/>	<input type="checkbox"/>	IV. PCB'S & RELATED COMPOUNDS		
8. Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	39. PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>
9. Lead	<input type="checkbox"/>	<input type="checkbox"/>	40. PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>
10. Mercury	<input type="checkbox"/>	<input type="checkbox"/>	41. PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>
11. Nickel	<input type="checkbox"/>	<input type="checkbox"/>	42. PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	43. PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>
13. Silver	<input type="checkbox"/>	<input type="checkbox"/>	44. PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>
14. Thallium	<input type="checkbox"/>	<input type="checkbox"/>	45. PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>
15. Zinc	<input type="checkbox"/>	<input type="checkbox"/>	46. 2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>
II. PHENOLS & CRESOLS			V. Ethers		
16. Phenol (s)	<input type="checkbox"/>	<input type="checkbox"/>	47. Ether, bis (chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>
17. Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	48. Ether, bis (chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>
18. Phenol 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	49. Ether, bis (2-chloroisopropyl)	<input type="checkbox"/>	<input type="checkbox"/>
19. Phenol, 2 trichloro	<input type="checkbox"/>	<input type="checkbox"/>	50. Ether, 2-chloroethyl-vinyl	<input type="checkbox"/>	<input type="checkbox"/>
20. Phenol pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	51. Ether, 4-bromophenyl	<input type="checkbox"/>	<input type="checkbox"/>
21. Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	52. Ether, 4-chlorophenyl	<input type="checkbox"/>	<input type="checkbox"/>
22. Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	53. Bis (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>
23. Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	VI. NITROSAMINES & OTHER NITROGEN CONTAINING COMPOUNDS		
24. Phenol, 2, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	54. Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>
25. m-cresol p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	55. Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>
26. o-cresol 4, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	56. Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>
III. MONOCYCLIC AROMATICS EXCLUDING PHENOLS, CRESOLS & PHTHALATES			57. Benzidine	<input type="checkbox"/>	<input type="checkbox"/>
27. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	58. Benzidine, 3, 3'-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
28. Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	59. Hydrazine, 1, 2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>
29. Benzene, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	60. Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>
30. Benzene, 1, 3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>			
31. Benzene, 1, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>			

Chemical Compound	Used	Not Used	Chemical Compound	Used	Not Used
VII. HALOGENATED ALIPHATICS			IX. POLYCYCLIC AROMATIC HYRDOCARBONS		
61. Methane, bromo-	<input type="checkbox"/>	<input type="checkbox"/>	92. Ancenaphthene	<input type="checkbox"/>	<input type="checkbox"/>
62. Methane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	93. Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>
63. Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	94. Anthracene	<input type="checkbox"/>	<input type="checkbox"/>
64. Methane, chlorodi-bromo	<input type="checkbox"/>	<input type="checkbox"/>	95. Benzo (a) Athracene	<input type="checkbox"/>	<input type="checkbox"/>
65. Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	96. Benzo (b) flouranthene	<input type="checkbox"/>	<input type="checkbox"/>
66. Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	97. Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>
67. Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	98. Benzo (ghi)	<input type="checkbox"/>	<input type="checkbox"/>
68. Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	99. Benzo (s) pyrene	<input type="checkbox"/>	<input type="checkbox"/>
69. Methane, fluoro	<input type="checkbox"/>	<input type="checkbox"/>	100. Chrysene	<input type="checkbox"/>	<input type="checkbox"/>
70. Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	101. Dibenzo Anthracene	<input type="checkbox"/>	<input type="checkbox"/>
71. Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	102. Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>
72. Ethane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	103. Fluorene	<input type="checkbox"/>	<input type="checkbox"/>
73. Ethane, 1, 1, 1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	104. Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>
74. Ethane, 1, 1, 2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	105. Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>
75. Ethane, 1, 1, 2, 1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	106. Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>
76. Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	107. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>
77. Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	X. PESTICIDES		
78. Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	108. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>
79. Ethane, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	109. Aldrin	<input type="checkbox"/>	<input type="checkbox"/>
80. Ethane trichloro	<input type="checkbox"/>	<input type="checkbox"/>	110. BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>
81. Ethane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	111. BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>
82. Propane 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	112. BHC (Gamma)	<input type="checkbox"/>	<input type="checkbox"/>
83. Propane, 2, 4-dicloro	<input type="checkbox"/>	<input type="checkbox"/>	113. BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>
84. Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	114. Chlorodane	<input type="checkbox"/>	<input type="checkbox"/>
85. Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	115. DDD	<input type="checkbox"/>	<input type="checkbox"/>
VII. PHTHALATE ESTERS			116. DDE	<input type="checkbox"/>	<input type="checkbox"/>
86. Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	117. DDT	<input type="checkbox"/>	<input type="checkbox"/>
87. Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	118. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>
88. Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	119. Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>
89. Phthalate, di-n-oxtyl	<input type="checkbox"/>	<input type="checkbox"/>	120. Endosulfan (Geta)	<input type="checkbox"/>	<input type="checkbox"/>
90. Phthalate, bis (2-thylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	121. Endosulfan, (Sulfate)	<input type="checkbox"/>	<input type="checkbox"/>
91. Phthalate, butyl Benzyl	<input type="checkbox"/>	<input type="checkbox"/>	122. Endrin	<input type="checkbox"/>	<input type="checkbox"/>
			123. Endrin Aldehyde	<input type="checkbox"/>	<input type="checkbox"/>
			124. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>
			125. Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>
			126. Isophrone	<input type="checkbox"/>	<input type="checkbox"/>
			127. TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>
			128. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>

F.4. List those chemical compounds indicated in the previous question as being discharged and provide the following information. If the concentration is not known, indicate by marking "unknown".

Item #	Chemical Compound	Known or Suspected Concentration at End of Process Stream or Mass Discharge (mg/l or lbs/day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F.5. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the data of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

F.6. Please draw on the graph below (to scale if possible) showing locations of the wastewater sources, washdown drains, internal collector sewer pipe diameters, manhole and other possible sampling points. For reference and field orientation, please include buildings, streets, north and other pertinent features.

A large empty grid for drawing site information. The grid consists of 15 columns and 25 rows of squares, providing a scale for drawing wastewater sources, washdown drains, internal collector sewer pipe diameters, manholes, and other possible sampling points. The grid is intended for a site plan or map showing these features relative to buildings, streets, and other field orientation markers.

SECTION G. STORM WATER INFORMATION

SECTION – H CERTIFICATION

NOTE TO SIGNING OFFICAL: IN ACCORDANCE WITH TITLE 40 OF THE CODE OF FEDERAL REGULATIONS PART 403 SECTION 403.14, INFORMATION AND DATA PROVIDED IN THIS QUESTIONNAIRE WHICH IDENTIFIES THE NATURE AND FREQUENCY OF DISCHARD SHALL BE AVAILABLE TO THE PUBLIC WITHOUT RESTRICTION. REQUESTS FOR CONFIDENTIAL TREATMENT OF OTHER INFORMATION SHALL BE GOVERNED BY PROCEDURES SPECIFIED IN 40 CFR PART 2.

THIS IS TO BE SIGNED BY AN AUTHORIZED OFFICAL OF YOUR FIRM **AFTER** ADEQUATE COMPLETION OF THIS FORM AND REVIEW OF THE INFORMATION BY THE SIGNING OFFICAL.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those herein, I believe that the submitted information is true and accurate and complete. I am aware that there are significant penalties for submitting false information:

Signature: _____

Title: _____

Name: _____

Date: _____

Seal: