INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

The information provided on this questionnaire serves two functions:

1. To determine if your facility is in need of a Significant Industrial User (SIU) Industrial User Pretreatment Permit (IUP) for the discharge of wastewater to the Publicly Owned Treatment Works (POTW) sanitary sewer system.

2. If a SIU IUP is required, this survey shall serve as the application for that IUP and the information will be used to issue the IUP.

PLEASE REFER TO THE GUIDANCE FOR COMPLETING THE INDUSTRIAL USER SURVEY/APPLICATION INSTRUCTIONS, AVAILABLE AT: http://portal.ncdenr.org/web/wq/swp/ps/pret/permwrite

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STATUS of APPLICANT / APPLICATION - PLEASE CHECK ONE

[ ] New Permit for Proposed Discharge
Anticipated Date of initial process wastewater discharge _____

[ ] Existing Unpermitted Discharge

[ ] Permit Renewal for Existing SIU Permit, existing non-SIU permit, or other written permission from POTW.
Note If this application requests a greater amount of wastewater discharge [flow], a greater amount of pollutant discharge or a discharge of different pollutants than specified in the last wastewater permit application for this facility, or any other significant changes, please indicate this as needed in the applicable Questions, especially Questions A8 and E7.

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403.14, information and data provided in this questionnaire which identifies the content, volume, and frequency of discharge 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 the Authorized Representative of your firm, as defined in 40 CFR Part 403.12 (l) and {YOUR SUO CITATION}, after adequate completion of this form and review of the information by the signing representative.

I, _____ (print name), (print title), 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 submitted is, to the best of my knowledge and belief, accurate and complete. I am an authorized representative of the user and am authorized to execute this certification on behalf of the user. I am aware that there are significant penalties for submitting false information in violation of this certification, including the possibility of fines and/or imprisonment.

I also certify that I have completed the necessary notification as required by the POTW to document my qualification as an Authorized Representative as set forth in 40 CFR Part 403.12 (l) and {YOUR SUO CITATION}.

_____ _____
Date Signature of Representative
(Seal, if applicable)

Please return this survey to:

{POTW Address}

SECTION A – GENERAL INFORMATION

1. For the production or manufacturing facility for which this application is being completed:

Facility name	
Physical address	
Mailing address (if different)	
General Telephone Number	
General Fax Number	
Website	

2. If applicable, general information about the corporate office, parent company, etc. [ ] N/A

Company name	
Physical address	
Mailing address (if different)	
General Telephone Number	
General Fax Number	
Website	

3. Primary Authorized Representative authorized to represent this firm in official dealings with the Publicly Owned Treatment Works (POTW).

Name	
Title	
Telephone/Cell/Fax	
Email	
Primary work location:	**___Facility ___Corporate Office ____Other – List address here:**

4. Alternate Authorized Contact for when the Primary Authorized Representative is not available.

Name	
Title	
Telephone/Cell/Fax	
Email	
Primary work location:	**___Facility ___Corporate Office ____Other – List address here:**

5. On-Site Contact. If neither person identified in items 3 and 4 above are located at the production or manufacturing facility for which this application is being completed provide an on-site contact person available to answer questions regarding statements made on this survey as well as conduct a walkthrough of the facility:

Name	
Title	
Telephone/Cell/Fax	
Email	

SECTION A – GENERAL INFORMATION - continued

6. Identify the general type of manufacturing, production and/or service(s) conducted at the site (i.e. electroplating, printing, painting, food processing, warehousing, meat packing, machine shop, etc.). Greater detail to be provided in question A. 7.

7. Provide a detailed narrative description of the manufacturing/production process(es) and/or service activities identified in question A. 6. and conducted at the facility identified in question A. 1.

8. Are any process changes or expansions planned during the next five years? [ ] Yes [ ] No

   If yes, describe the nature of the planned changes or expansions. As needed, clarify if answers to other application questions are for before or after the change/expansion. If the facility has an existing permit, indicate if these changes could or will result in the facility requesting changes to their existing permit.

9. List the Standard Industrial Classification Number(s) (SIC #) or North American Industry Classification System (NAICS) codes for your facility. If listing more than one code, indicate the percentage of production.

SIC/NAICS code:			
Percentage of production			

10. In what month and year were the facility's operation(s) at this location (as specified in A. 7. above) established and under what name?

Facility Name	**Month**	**Year**

11. Has your facility undergone any changes in licensed ownership since the date noted in question A. 10? [ ] Yes [ ] No If yes, complete table.

Facility Name	**Month**	**Year**

Section B – Flow Diagram/Schematics, Site Layout, and Pretreatment System Flow Diagram
[See the Guidance Document for Completing the Industrial User Wastewater Survey and Discharge Permit Application available at: http://portal.ncdenr.org/web/wq/swp/ps/pret/permwrite]

PRODUCTION/PROCESS SCHEMATIC FLOW DIAGRAM (REQUIRED)

Section B – Flow Diagram/Schematics, Site Layout, and Pretreatment System Flow Diagram
[See the Guidance Document for Completing the Industrial User Wastewater Survey and Discharge Permit Application available at: http://portal.ncdenr.org/web/wq/swp/ps/pret/permwrite]

PLANT SITE LAYOUT (REQUIRED)

Section B – Flow Diagram/Schematics, Site Layout, and Pretreatment System Flow Diagram
[See the Guidance Document for Completing the Industrial User Wastewater Survey and Discharge Permit Application available at: http://portal.ncdenr.org/web/wq/swp/ps/pret/permwrite]

WASTEWATER PRETREATMENT SYSTEM FLOW DIAGRAM (IF APPLICABLE)

SECTION C – FACILITY OPERATION CHARACTERISTICS

Office/Administrative Staff

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# Employees							
Start/End Time							

Production Staff

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st Shift	# Employees							
	Start Time							
	End Time							
2nd Shift	# Employees							
	Start Time							
	End Time							
3rd Shift	# Employees							
	Start Time							
	EndTime							

Shift Activities

	SHIFT	DESCRIPTION OF SHIFT ACTIVITIES
Monday	1st	
	2nd	
	3rd	
Tuesday	1st	
	2nd	
	3rd	
Wednesday	1st	
	2nd	
	3rd	
Thursday	1st	
	2nd	
	3rd	
Friday	1st	
	2nd	
	3rd	
Saturday	1st	
	2nd	
	3rd	
Sunday	1st	
	2nd	
	3rd	

SECTION D – PROCESS INFORMATION

NOTE: The following information must be completed for each product line. Please make copies of this page if necessary.

Information revealed in this section may be held confidential and proprietary under 40 CFR 403.14 at the request of the Industrial User and the approval of the POTW. T**he request for confidentiality must be made at the time of the initial submission of the application.** Should such a request be made and accepted in compliance with {YOUR SUO CITATION}, these page(s) will be removed before review by any non-regulatory personnel.

1. Principal product(s) produced:

2. Raw materials and process additives used:

3. Maximum and average production rate of this particular product line (please specify units being reported):

Average Production Rate	Maximum Production Rate	Units

4. The production process is [ ] Batch [ ] Continuous
If batch, please enter the average number of batches per 24 hours. [ ]

If both, please enter % or production
[%] Batch [%] Continuous

5. Days and hours of operation for this product line: From: _____ to _____

6. Days and Hours of discharge for this product line: From: _____ to _____

7. Is production subject to seasonal variation? [ ] Yes [ ] No

If yes, briefly describe the seasonal production cycles:

SECTION E – WATER USE AND WASTEWATER DISCHARGE INFORMATION

1. Please indicate source(s) of water used at your facility:

Source Type	Check One	If yes,…
Well	[ ] Yes [ ] No	How many are there? How many are in use at this time?
City	[ ] Yes [ ] No	List all Account numbers:
Surface Water	[ ] Yes [ ] No	Identify the source:
Other	[ ] Yes [ ] No	Explain:

2. Does this facility provide any treatment to the incoming water to improve the water quality prior to its use in the facility, (i.e. deionization, reverse osmosis, ultra filtration, pH adjustment, etc.)? [ ] Yes [ ] No

If yes, complete table.

Treatment Process	Chemicals Used	Wastewater Generated and Volume (gpd)

3. This facility uses water for the following:
(Please record "n/a" if the application/use does not apply to the operations at your facility.)

Type of Application /Use	Detailed Description of Applicable Operation(s) and/or Equipment	Maximum Volume Used (gallons/day)	Average Volume Used (gallons/day)	[E]stimated or [M]easured
Process				[ ] E [ ] M
Water Into Product				[ ] E [ ] M
Process Related Facility/Equipment Washdown*				[ ] E [ ] M
Process Contact Cooling or Warming Water				[ ] E [ ] M
Process Related Air-Pollution Control Unit				[ ] E [ ] M
Process Related Employee Showers				[ ] E [ ] M
Lab				[ ] E [ ] M
Maintenance Shop				[ ] E [ ] M
Boilers (Please specify if live and/or dry steam is used.)				[ ] E [ ] M
Backwash Water				[ ] E [ ] M
Pump Sealant Water				[ ] E [ ] M
General Facility/Equipment Washdown*				[ ] E [ ] M
Other non-contact water uses: boilers; non-contact cooling/warming water, general air conditioning, cooling towers, chillers, HVAC, etc.				[ ] E [ ] M
Domestic (e.g. restroom(s), non-process related employee showers, cafeteria, kitchen, breakroom etc.)				[ ] E [ ] M
Other, please describe				[ ] E [ ] M
Total				

*Please document clean up schedules in Shift activities in Section C.

SECTION E – WATER USE AND WASTEWATER DISCHARGE INFORMATION (continued)

4. The facility generates wastewater from the following areas and that water is discharged where

If the source of wastewater discharged does not exist at your facility record "n/a". If there is no discharge from the applicable source, record "no discharge".

Source of Wastewater	Wastewater is Discharged To Where	Pretreated?	Volume Discharged (gallons/day)	Estimated (E) or Measured (M)
a. Process		[ ] yes [ ] no		[ ] E [ ] M
b. Water Into Product		[ ] yes [ ] no		[ ] E [ ] M
c . Process Related Facility/Equipment Washdown*		[ ] yes [ ] no		[ ] E [ ] M
d. Process Contact Cooling or Warming Water		[ ] yes [ ] no		[ ] E [ ] M
e. Process Related Air-Pollution Control Unit		[ ] yes [ ] no		[ ] E [ ] M
f. Process Related Employee Showers		[ ] yes [ ] no		[ ] E [ ] M
g. Lab		[ ] yes [ ] no		[ ] E [ ] M
h. Maintenance Shop		[ ] yes [ ] no		[ ] E [ ] M
i. Backwash Water		[ ] yes [ ] no		[ ] E [ ] M
j. Pump Sealant Water		[ ] yes [ ] no		[ ] E [ ] M
k. General Facility/Equipment Washdown*		[ ] yes [ ] no		[ ] E [ ] M
l. Other non-contact water uses: boilers; non-contact cooling/warming water, general air conditioning, cooling towers, chillers, HVAC, etc.		[ ] yes [ ] no		[ ] E [ ] M
m. Domestic (e.g. restroom(s), non-process related employee showers, cafeteria, kitchen, breakroom etc.)		[ ] yes [ ] no		[ ] E [ ] M
n. Groundwater/Remediated Groundwater		[ ] yes [ ] no		[ ] E [ ] M
o. Storm Water Runoff		[ ] yes [ ] no		[ ] E [ ] M
p. Tank Bottoms		[ ] yes [ ] no		[ ] E [ ] M
q. Other, please specify		[ ] yes [ ] no		[ ] E [ ] M
r. Total Discharged to POTW				

*Please document clean up schedules in Shift activities in Section C.

5. Identify the daily maximum flow limit requested. Please explain any differences between the requested flow limit and actual flows listed in E. 4.

Requested Daily Maximum Flow Limit, gpd:	
Requested Monthly Average Flow Limit, gpd:	
Explanation:	

SECTION F – CHEMICALS, POLLUTANTS, WASTES

1. Complete Checklist for Priority, Conventional, Non-Conventional, and Other Pollutants.

All chemicals require that TWO columns are checked

Chemical Name	Chemical Abstract Number **[CAS#]**	**Present** at Facility	**Absent** at Facility	**Present** in Discharge to POTW	**Absent** in Discharge to POTW	**Concentration in Discharge**, (mg/l)
Acid Extractable Organic Compounds (EPA Method 625)						
2-Chlorophenol	95-57-8					
2,4-Dichlorophenol	120-83-2					
2,4-Dimethylphenol	105-67-9					
2,4-Dinitrophenol	51-28-5					
2-Methyl-4,6-dinitrophenol	534-52-1					
4-Chloro-3-methylphenol	59-50-7					
2-Nitrophenol	88-75-5					
4-Nitrophenol	100-02-7					
Pentachlorophenol	87-86-5					
Phenol	108-95-2					
2,4,6-Trichlorophenol	88-06-2					
Base Neutral Organic Compounds (EPA Method 625)						
1,2,4-Trichlorobenzene	120-82-1					
1,2-Dichlorobenzene	95-50-1					
1,2-Diphenylhydrazine	122-66-7					
1,3-Dichlorobenzene	541-73-1					
1,4-Dichlorobenzene	106-46-7					
2,4-Dinitrotoluene	121-14-2					
2,6-Dinitrotoluene	606-20-2					
2-Chloronaphthalene	91-58-7					
3,3-Dichlorobenzidine	91-94-1					
4-Bromophenyl phenyl ether	101-55-3					
4-Chlorophenyl phenyl ether	7005-72-3					
Acenaphthene	83-32-9					
Acenaphthylene	208-96-8					
Anthracene	120-12-7					
Benzidine	92-87-5					
Benzo (a) anthracene	56-55-3					
Benzo (a) pyrene	50-32-8					
Benzo (b) fluoranthene	205-99-2					
Benzo (ghi) perylene	191-24-2					
Benzo (k) fluoranthene	207-08-9					
Bis (2-chloroethoxy) methane	111-91-1					
Bis (2-chloroethyl) ether	111-44-4					
Bis (2-chloroisopropyl) ether	102-60-1					
Bis (2-ethylhexyl) phthalate [DEHP]	117-81-7					
Butyl benzyl phthalate [BBP]	85-68-7					
Chrysene	218-01-9					
Di-n-butyl phthalate [DBP]	84-74-2					
Di-n-octyl phthalate [DOP]	117-84-0					

SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)

All chemicals require that TWO columns are checked

Chemical Name	Chemical Abstract Number [CAS#]	**Present** at Facility	**Absent** at Facility	**Present** in Discharge to POTW	**Absent** in Discharge to POTW	**Concentration in Discharge**, (mg/l)
Base Neutral Organic Compounds (continued)						
Dibenzo (a,h) anthracene	53-70-3					
Diethyl phthalate [DEP]	84-66-2					
Dimethyl phthalate [DMP]	131-11-3					
Fluoranthene	206-44-0					
Fluorene	86-73-7					
Hexachlorobenzene	118-74-1					
Hexachlorobutadiene	87-68-3					
Hexachlorocyclopentadiene	77-47-4					
Hexachloroethane	67-72-1					
Indeno (1,2,3-cd) pyrene	193-39-5					
Isophorone	78-59-1					
N-nitroso-di-n-propylamine	621-64-7					
N-nitrosodimethylamine	62-75-9					
N-nitrosodiphenylamine	86-30-6					
Naphthalene	91-20-3					
Nitrobenzene	98-95-3					
Phenanthrene	85-01-8					
Pyrene	129-00-0					
Metals						
Aluminum						
Antimony	7440-36-0					
Arsenic	7440-38-2					
Beryllium	7440-41-7					
Cadmium	7440-43-9					
Chromium	7440-47-3					
Copper	7440-50-8					
Lead	7439-92-1					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Silver	7440-22-4					
Thallium	7440-28-0					
Zinc	7440-66-6					
Other Inorganic Pollutants						
Barium	7440-39-3					
Chloride						
Cyanide	57-12-5					
Fluoride						

SECTION E – SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)

All chemicals require that TWO columns are checked

Chemical Name	Chemical Abstract Number [CAS#]	**Present** at Facility	**Absent** at Facility	**Present** in Discharge to POTW	**Absent** in Discharge to POTW	**Concentration in Discharge**, (mg/l)
Purgeable Volatile Organic Compounds [VOCs] (EPA Method 624)						
1,1,1-Trichloroethane	71-55-6					
1,1,2,2-Tetrachloroethane	79-34-5					
1,1,2-Trichloroethane	79-00-5					
1,1-Dichloroethane	75-34-3					
1,1-Dichloroethylene	75-35-4					
1,2-Dichloroethane	107-06-2					
1,2-Dichloropropane	78-87-5					
2-Chloroethyl vinyl ether	110-75-8					
Acrolein	107-02-8					
Acrylonitrile	107-13-1					
Benzene	71-43-2					
Bromodichloromethane	75-27-4					
Bromoform	75-25-2					
Bromomethane	74-83-9					
Carbon tetrachloride	56-23-5					
Chlorobenzene	108-90-7					
Chloroethane	75-00-3					
Chloroform	67-66-3					
Chloromethane	74-87-3					
Cis 1,3-Dichloropropene						
Dibromochloromethane	594-18-3					
Ethylbenzene	100-41-4					
Methylene chloride	75-09-2					
Tetrachloroethylene	127-18-4					
Toluene	108-88-3					
Trans 1,3-Dichloropropene						
Trans-1,2-Dichloroethylene	156-60-5					
Trichloroethylene	79-01-6					
Trichlorofluoromethane						
Vinyl chloride	75-01-4					
Other Pollutants of Concern						
Xylene						
BOD						
TSS						
Ammonia						
Total Phosphorus						
Total Nitrogen						
Oil & Grease						
range of Ph						

SECTION F – CHEMICALS, POLLUTANTS, WASTES (continued)

2. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, please attach to this survey a copy of the lab report, chain of custodies and location of where the samples were taken for the most recent sampling date. **Do not attach analyses performed by the POTW or analytical data already delivered to the POTW.**

3. Does your facility complete a Toxic Release Inventory? [ ] Yes [ ] No
If yes, most recent copy attached _____ OR POTW already has _____

4. Please list boiler and cooling tower treatment additives or MSD sheets and dosage rates for each.

Type of Boiler or Cooling Unit	Treatment Additive Name	Purpose of Additive	Dosage, with units

5. Do you have any storage tank(s) at your facility? [ ] Yes [ ] No If yes, complete the chart below.

Tank ID	[I]nside or [O]utside	[A]bove or [B]elow Ground	Volume (in gallons)	Contents	Associated with [P]rocess; [W]astewater treatment; [G]roundwater remediation;	Spill Containment Devices

6. Are any liquid wastes or sludges (i.e. acids, alkalies, heavy metal sludges, inks, dyes, oil, grease, organic compounds, paints, pesticides, plating wastes, pretreatment sludges, solvents, thinners, waste product, etc.) from this firm disposed of by means other than discharge to the sewer system? [ ] Yes [ ] No
If yes , please complete the following:

Nature of hauled Waste and date Last hauled	Waste hauler's name, EPA ID# and address	Treatment Facility's Name, EPA ID# and address	Disposal facility's Name, EPA ID# and Address	Est. Gallons or Pounds per Year hauled off

7. Is this facility a small quantity, large quantity, or conditionally exempt Hazardous Waste Generator?
[ ] Small Quantity [ ] Large Quantity [ ] Conditionally Exempt [ ] Not Applicable

Facility's EPA Hazardous Waste Generator ID#:	
Waste Codes:	

SECTION G – WASTEWATER TREATMENT, FLOW, AND SAMPLING EQUIPMENT

1. Is the wastewater generated by this facility treated prior to discharge to the POTW? [ ] Yes [ ] No

If yes, please complete the chart below. If a particular pretreatment unit only treats part of the wastewater, indicate this below and in the diagram required by Section B.

Pretreatment Unit	[**Y**]es [**N**]o	Additional Information	Chemicals Used
Activated Carbon			
Air Stripping			
Biological Treatment		_____Activated Sludge _____Rotating Biological Contactor (RBC) _____Trickling Filter _____Sequencing Batch Reactor (SBR) _____Other_____	
Chemical Precipitation			
Chlorination, for disinfection			
Cyanide Destruction			
Defoaming Agents			
Dissolved Air Floatation (DAF)		list all individual units of DAF here _____equalization _____pH adjustment _____chemical precipitation _____Other_____	
Flow equalization, aerated		Size(gallons) _____ Before_____ After _____ Pretreatment	
Flow equalization, not aerated		Size(gallons) _____ Before_____ After _____ Pretreatment	
Grease and Oil Removal for employee cafeteria, kitchen, breakroom, etc.		_____Grease Trap, Size _____ _____Oil Water Separator _____Other_____	
Grease and Oil Removal for food manufacturing process wastewater		_____Grease Trap, Size _____ _____Oil Water Separator _____Other_____	
Grease and Oil Removal for non-food manufacturing process wastewater		_____ Grease Trap, Size _____ _____ Oil Water Separator _____ Other_____	
Heat Reclamation/Exchange			
Ion Exchange (for wastewater treatment)			
Neutralization, pH adjustment			
Ozonation			
Reverse Osmosis (for wastewater treatment)			
Septic Tank			
Silver Recovery			
Solids Separation, Clarification, Dewatering, Removal, etc.		_____Belt Press _____ Centrifugation _____Clarification _____ Cyclone _____Filter Press _____ Filtration _____Flocculation _____ Grit Removal _____Microfiltration _____Nanofiltration _____ Screening _____Sedimentation _____ Septic Tank _____Ultrafiltration _____Other_____	
Solvent Separation			
Spill protection			

SECTION G – WASTEWATER TREATMENT, FLOW, AND SAMPLING EQUIPMENT (continued)

2. Describe wastewater flow measuring methods and/or equipment. If applicable, list the meter's current interval, flow volume, pulse frequency and reporting units:

3. List procedures employed to ensure the accuracy of flow measurement method/equipment.

Frequency of Cleaning:	
Calibration method:	
calibration performed by:	
Training/credentials of calibration staff:	
Date of most recent calibration:	
Copy of Calibration Certificate	**POTW already has _____ OR Copy attached _____**

4. Describe the sampling method and associated equipment utilized at the facility. Identify staff or contract lab responsible for sampling. Describe sampling technician training.

Sampling Equipment/Method:	
Sampling staff:	
Training/credentials of sampling staff:	

SECTION H – CATEGORICAL STATUS

1. Check any products listed below that are manufactured or activities that are performed at this facility:

[ ]40 CFR 467	Aluminum Forming	[ ]40 CFR 432	Meat Products
[ ]40 CFR 427	Asbestos Manufacturing	[ ]40 CFR 433	Metal Finishing
[ ]40 CFR 461	Battery Manufacturing	[ ]40 CFR 464	Metal Molding & Casting
[ ]40 CFR 431	Builders Paper & Board Mills	[ ]40 CFR 436	Mineral Mining & Processing
[ ]40 CFR 407	Canned & Preserved Fruits & Veg.	[ ]40 CFR 471	Nonferrous Metal, Form & Powders
[ ]40 CFR 408	Canned & Preserved Seafood	[ ]40 CFR 421	Nonferrous Metals Manufacturing
[ ]40 CFR 458	Carbon Black Manufacturing	[ ]40 CFR 414	OCPSF
[ ]40 CFR 411	Cement Manufacturing	[ ]40 CFR 435	Oil & Gas Extraction
[ ]40 CFR 437	Centralized Waste Treatment	[ ]40 CFR 440	Ore Mining & Dressing
[ ]40 CFR 434	Coal Mining	[ ]40 CFR 446	Paint Formulating
[ ]40 CFR 465	Coil Coating	[ ]40 CFR 443	Paving & Roofing Materials Mfg.
[ ]40 CFR 468	Copper Forming	[ ]40 CFR 455	Pesticide Manufacturing
[ ]40 CFR 405	Dairy Products Processing	[ ]40 CFR 419	Petroleum Refining
[ ]40 CFR 469	Electrical, Electronics Components	[ ]40 CFR 439	Pharmaceutical Manufacturing
[ ]40 CFR 413	Electroplating	[ ]40 CFR 422	Phosphate Manufacturing
[ ]40 CFR 457	Explosives Manufacturing	[ ]40 CFR 459	Photographic Supplies
[ ]40 CFR 412	Feedlots	[ ]40 CFR 463	Plastics Molding & Forming
[ ]40 CFR 424	Ferroalloy Manufacturing	[ ]40 CFR 466	Porcelain Enameling
[ ]40 CFR 418	Fertilizer Manufacturing	[ ]40 CFR 430	Pulp, Paper, & Paperboard
[ ]40 CFR 464	Foundries, Metal Mold & Casting	[ ]40 CFR 428	Rubber Manufacturing
[ ]40 CFR 426	Glass Manufacturing	[ ]40 CFR 417	Soap & Detergent Manufacturing
[ ]40 CFR 406	Grain Mills	[ ]40 CFR 423	Steam Electric Power Generation
[ ]40 CFR 454	Gum & Wood Chemical Manufacturing		
[ ]40 CFR 460	Hospitals	[ ]40 CFR 409	Sugar Processing
[ ]40 CFR 447	Ink Formulating	[ ]40 CFR 410	Textile Mills
[ ]40 CFR 415	Inorganic Chemical Manufacturing	[ ]40 CFR 429	Timber Products Processing
[ ]40 CFR 420	Iron & Steel Manufacturing	[ ]40 CFR 442	Transportation Equipment Cleaning
[ ]40 CFR 425	Leather Tanning & Finishing	[ ] OTHER	_____

If any are checked, continue with Questions 2 and 3 of this Section

Otherwise, check here ____ and skip to next Section.

SECTION H – CATEGORICAL STATUS - continued

2. Is there a discharge from any of the above checked categorical operations to the POTW? [ ] Yes [ ] No
If Yes, complete table.

Process operation name	40 CFR, subpart, operations, etc	40 CFR New Source Date	Date initial process start-up	Date(s) major change *

* Date(s) of commencement of construction of any major upgrades, updates, refits, or reinstallations of the operation since the start-up date.

From the above, is this facility a [ ] New Source [ ] Existing Source [ ] Unknown

3. Are there any “dilution” wastestreams that flow through the current/proposed monitoring point?
Yes [ ] No [ ]
If Yes, ensure these wastestreams are clearly identified as such in question E,4.

SECTION I – SLUG/SPILL PREVENTION and WASTE MINIMIZATION

1. Enter employees responsible for notifying the POTW in the event of a spill, bypass, pretreatment facility upset, or other unusual discharge or problem and employees authorized to close down production if needed, along with information about training and procedures.

   If information is formalized in a Plan of some kind, list Plan Number and page #.

	Notification of POTW	Plan Name, page #	Authority to close down production	Plan Name, page #
Designated Employee(s)				
Training of those employees				
Procedures				
How other staff know when and how to contact designated individuals?				

2. Does the facility have measures, equipment, and/or plans to protect the POTW and/or sanitary sewer in the event of accidental spills, slugs, or other inappropriate discharges)? [ ] Yes [ ] No
   If yes, complete table.
   For measures that are formalized in a Plan of some kind (eg., Spill Prevention Control and Countermeasure Plan, Spill/Slug Control Plan, Toxic Organic Management Plan), list Plan Number and page #.
   Note: the POTW may request copies of the identified plans.

Measures to protect POTW and/or sanitary sewer	Plan Name and page #s, if applicable

3. Does your company have a pollution prevention/waste minimization/recycling/reuse program established, or have had a pollution prevention or other waste minimization audit conducted? [ ] Yes [ ] No
   If yes, complete Table.

Name of Plan/Audit	Most recent copy attached	POTW already has copy

4. Please check "current", "projected" or "N/A" for all codes below relating to your facility's wastewater discharge.

N/A	Current	Projected	Code	Description
[ ]	[ ]	[ ]	W13	Improved maintenance scheduling, record keeping, or procedures
[ ]	[ ]	[ ]	W14	Changed production schedule to minimize equipment and feedstock changeovers
[ ]	[ ]	[ ]	W19	Other changes in operating practices (please explain) _____
[ ]	[ ]	[ ]	W21	Instituted procedures to insure that materials do not stay in inventory beyond shelf life
[ ]	[ ]	[ ]	W22	Began to test outdated material – continue to use if still effective
[ ]	[ ]	[ ]	W23	Eliminated shelf-life requirements for stable materials
[ ]	[ ]	[ ]	W24	Instituted better labeling procedures
[ ]	[ ]	[ ]	W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
[ ]	[ ]	[ ]	W29	Other changes in inventory control (please explain) _____
[ ]	[ ]	[ ]	W31	Improved storage or stacking procedures
[ ]	[ ]	[ ]	W32	Improved procedures for loading, unloading and transfer operations
[ ]	[ ]	[ ]	W33	Installed overflow alarms, and/or automatic shutoff valves
[ ]	[ ]	[ ]	W34	Installed secondary containment
[ ]	[ ]	[ ]	W35	Installed vapor recovery systems
[ ]	[ ]	[ ]	W36	Implemented inspections or monitoring program of potential spill or leak sources
[ ]	[ ]	[ ]	W39	Other spill and leak prevention (please explain) _____
[ ]	[ ]	[ ]	W41	Increased purity of raw materials
[ ]	[ ]	[ ]	W42	Substituted raw materials
[ ]	[ ]	[ ]	W49	Other raw materials modifications (please explain) _____
[ ]	[ ]	[ ]	W51	Instituted recirculation within a process
[ ]	[ ]	[ ]	W52	Modified equipment, layout, and/or piping
[ ]	[ ]	[ ]	W53	Use of different process catalyst
[ ]	[ ]	[ ]	W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
[ ]	[ ]	[ ]	W55	Change from small volume containers to bulk containers to minimize discarding of empty containers

N/A	Current	Projected	Code	Description
[ ]	[ ]	[ ]	W58	Other process modifications (please explain) _____
[ ]	[ ]	[ ]	W59	Modified stripping/cleaning equipment
[ ]	[ ]	[ ]	W60	Changed to mechanical stripping/cleaning devices (from solvents or other materials)
[ ]	[ ]	[ ]	W61	Changed to aqueous cleaners (from solvents or other materials)
[ ]	[ ]	[ ]	W62	Reduced the number of solvents used to make waste more amendable to recycling
[ ]	[ ]	[ ]	W63	Modified containment procedures for cleaning units
[ ]	[ ]	[ ]	W64	Improved draining procedures
[ ]	[ ]	[ ]	W66	Modified or installed rinse systems
[ ]	[ ]	[ ]	W67	Improved rinse equipment design
[ ]	[ ]	[ ]	W68	Improved rinse equipment operation
[ ]	[ ]	[ ]	W71	Other cleaning and degreasing operation (please explain) _____
[ ]	[ ]	[ ]	W72	Modified spray systems or equipment
[ ]	[ ]	[ ]	W73	Substituted coating materials used
[ ]	[ ]	[ ]	W74	Improved application techniques
[ ]	[ ]	[ ]	W75	Changed from spray to other system
[ ]	[ ]	[ ]	W78	Other surface preparation and finishing (please explain) _____
[ ]	[ ]	[ ]	W81	Changed product specifications
[ ]	[ ]	[ ]	W82	Modified design or composition of product
[ ]	[ ]	[ ]	W83	Modified packaging
[ ]	[ ]	[ ]	W89	Other product modifications (please explain) _____
[ ]	[ ]	[ ]	W99	Other (please explain) _____

SECTION J – OTHER PERMITS

1. List all environmental control permits currently managed for or by this facility. Examples: air, National Pollutant Discharge Elimination System (NPDES), Industrial User Permits (IUP), Resources Conservation and Recovery Act (RCRA), groundwater, storm water, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Permit Type	Permit Number	Issuing Agency

2. With regard to the parent company and all subsidiaries, list all wastewater discharge permits issued to cover similar operations to those at this facility. Examples: National Pollutant Discharge Elimination System (NPDES), Industrial User Permits (IUP), groundwater, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Facility and Location	Permit Type	Permit Number	Issuing Agency

3. With regard to the parent company and all subsidiaries, list all environmental permits applied for in the United States where issuance was denied OR the permit was terminated prior to the expiration date. Examples: air, NPDES, IUP, RCRA, groundwater storm water, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Permit Type	Issuing Agency	Date	Facility Name and Location	Reason for Denial/Termination