



Pretreatment Program Industrial User Wastewater Discharge Permit Application

This sewer wastewater discharge permit application document sets forth uniform requirements of data collection for industrial users of the Publicly Owned Treatment Works (POTW) located in the City of Meridian, Idaho to comply with all applicable Local, State and Federal Laws including the Clean Water Act (CWA) and Title 40-Protection of Environment, Code of Federal Regulations (CFR).

New Customers Proposing to Discharge Wastewater:

At least 90 days prior to the anticipated start-up, any new source, which is a source that becomes a sewer discharge user subsequent to applicable Federal Categorical Pretreatment Standards defined as a Categorical Industrial User (CIU), and or user that is later promulgated to these standards, shall apply for a wastewater discharge permit. In addition any new and or present user considered by the City of Meridian to fit the definition of Significant Industrial User (SIU) shall apply for a wastewater discharge permit. A new source or new user classified as a SIU or CIU cannot discharge without first receiving a wastewater Indirect Discharge Permit (IDP) from the City of Meridian.

Wastewater Resource Recovery Facility
3401 N. Ten Mile Road
Meridian, Idaho 83646

Please forward the completed form to the address shown above. If you have further questions contact the Pretreatment Manager. Thank you for your cooperation.

Pretreatment Program

Rev 4/8/2020 Phone: 208-888-2191 www.meridianscity.org

Overview Information

Compliance with Pretreatment Standards:

Industrial and commercial facilities that have or will have a process wastewater discharge are required to comply with federal standards and local standards (general and specific prohibitions and specific limits for such pollutants as heavy metals and cyanide), whichever apply or are more stringent. Sections IV, V, and VI require that you make a statement regarding compliance with the “applicable pretreatment standard”. In most cases, you may not know which standards apply until the city reviews the general information that you provide. If this is the case, you may wish to submit Section I through III and request that the city provide additional information so that you can complete the remaining sections.

Categorical Standards:

Industrial waste discharge standards developed by the Environmental Protection Agency (EPA) that are applied to the effluent from any industry in any category anywhere in the United States that discharges to a Publicly Owned Treatment Works (POTW). These are standards based on the technology available to treat the waste streams from the processes of the specific industrial category and normally are measured at the point of discharge from the regulated process. The standards are listed in the Code of Federal Regulations. The categorical industries are listed in Section 1 “Data Disclosure Form” pages 10-11. Facilities not regulated by one of these standards are called “non-categorical users” in this document.

Note to Signing Official:

Information must be typewritten or clearly printed. Attach additional sheets keyed to section and item number if needed to provide complete information. Signing officials must have authorization to provide such information on behalf of the company, corporation, or partnership. Please complete a form for each facility that discharges to the city sanitary sewer system.

Definitions

Significant Industrial User:

- (1) A user subject to categorical pretreatment standards; or
- (2) A user that:
 - (a) Discharges an average of 25,000 GPD or more of process wastewater to the POTW excluding sanitary, non-contact cooling, and boiler blow down wastewater; or
 - (b) Contributes a process waste stream which makes up five (5) percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant; or
 - (c) Is designated as such by the City of Meridian on the basis that it has a reasonable potential for adversely affecting the POTW’s operation or for violating any pretreatment standard or requirement.
- (3) Upon a finding that a user meeting the criteria in Subsection (2) has no reasonable potential for adversely affecting the POTW’s operation or for violating any pretreatment standard or requirement, the City of Meridian may at any time, on their own initiative or in response to a petition received from a user [and in accordance with procedures in 40 CFR 403.8(f)(6) determine that such user should not be considered a significant industrial user.

Categorical Industrial User:

A user regulated by one of EPA’s Categorical Pretreatment Standards 40 CFR (displayed on page 10-11).

LEAVE BLANK: City Use Only

Date Received _____

Sections Completed: _____

Sections Due: _____

Table of Contents

| <u>Contents</u> | <u>Page</u> |
|-----------------------------------------------------------------|-------------|
| General Section Information | 3-9 |
| Section I – Data Disclosure Form | 10-13 |
| Section II – Water/Wastewater Data | 14-15 |
| Section III – Business/Facility Description | 16 |
| Section IV – Wastewater Characteristics | 17-18 |
| Section V – Baseline Monitoring Report | 19-21 |
| Section VI – Final Compliance Report | 22-23 |
| Attachment A – Priority Pollutant Information | 24-27 |
| Attachment B – Priority Pollutant Synonym Listing | 28 |
| Attachment C - Electroplating and metal finishing Subcategories | 29 |
| Attachment D – Principle Raw Materials | 30 |
| Attachment E – Schematic Flow Diagram | 31 |
| Attachment F – Building Layout | 32 |

Instructions; Permit Application Data Disclosure Form (DDF)

This form meets the requirements of Federal Regulations, 40 CFR 403.12(b) and the City of Meridian Sewer Pretreatment City Code, Title 9 Chapter 2 Section 9-2-3-3 Wastewater Discharge Permit Application Contents.

Section I should be filled out by all existing and proposed non-domestic facilities (industrial and commercial establishments). The other sections only need to be completed if the affected facility has process wastewater discharges or proposes to discharge process wastewaters (i.e., the wastewater is not domestic in origin). Process wastewater includes such discharges as spent solvents and chemicals dumped down floor drains, sinks, etc. The city will be verifying data submitted in this form through phone calls and site visits. Please take the time to fill out the form thoroughly.

Section I --General Information:

All questions should be answered. **If you answer “No” to question # 30 there is no need to go to the following sections. Simply sign the form and submit it to the City at the address shown below. Proposed new businesses and or proposed new processes must answer question # 31 and, if process wastewaters will be discharged, provide best estimates to appropriate questions in Sections II and III.**

1. Enter the name or title of you business.
2. Division if applicable.
3. Mailing address.
4. Enter facility address where discharge occurs or will occur.
5. Give the name of the person who is thoroughly familiar with the facts reported on this form and who can be contacted by the city.
6. Emergency contact.
7. For existing businesses.
8. For new businesses.
9. Enter the number of employees on the premises daily. If more that one shift exists, provide employee count per shift.
10. A facility that checks off activities listed under (10a) is subject to the EPA categorical pretreatment standards and the city’s local pretreatment standards. These facilities are called “categorical users”. Businesses that check off activities listed under “b” are called “non-categorical users” and are covered by the city’s local pretreatment standards. If you have any questions regarding how to categorize your business activity, contact the city for technical guidance.
11. Standard Industrial Classification Number.
12. Include all numbers that apply to your business. Leave blank if not known.
13. Grease interceptor connected to kitchen operations.
14. Interceptor cleaning schedule.
15. Examine chemical lists and your Material Safety Data Sheets to assist in completing the attachment.
16. Examine inventory of raw materials.
17. Disposal services utilized.
18. An onsite disposal system could be a septic system, lagoon, holding ponds (evaporative-type).
19. Provide a listing of all primary raw materials and chemicals used (or planned) in the facility’s operations. Avoid the use of trade names of chemicals. If trade names are used, provide information regarding the active ingredients.
20. List storage methods.
21. List disposal services.
22. Type of permits could be: air, hazardous waste, NPDES for discharges to surface waters.
23. Types of chemical storage equipment.
24. Floor drains.
25. List accidental spill information.
26. Accidental Spill Plan.
27. Onsite disposal system.

28. Future expansion changes.
29. Accidental spill history.
30. Process wastewater could be discharged via a direct connection to the system through floor drains. If you answer yes, subsequent sections must be appropriately completed.
31. New business planning process wastewater discharge, complete Sections II, III, IV, V for existing Categorical User, VI Final Compliance Report (FCR) for existing Users, Attachment A, B, C, D, and E.

Section II – Water and Wastewater Data

To be completed by all users discharging or proposing to discharge process wastewater into the sanitary sewer system.

PROVIDE CALCULATIONS TO SUPPORT ALL DATA IN TABLE 1.

1. Water Use and Distribution – Provide the daily average flows of water received and wastewater discharged in gallons per day for the last 12 months by dividing the total flows by the number of days that a discharge of water occurred (or number of operating days). For the water that is received from other than City of Meridian Water Division or discharged to other than sanitary sewers, enter the location in the column headed “Source” or “Discharge To.” Other source locations can include wells and rivers. Other discharge locations can include dry wells and receiving streams. Hourly and daily water supply meter reading may be used, provided the filling and discharge of storage tanks, process vats, etc., are taken into consideration.
 - For estimating sanitary flow, use 15 gallons per day for each employee.
 - Categorical users: Complete item 6, providing flows for each of the regulated processes (process lines).
2. A batch discharge is one which results from the draining of storage tanks or process tanks, intermittent boiler blow-down, etc.
3. If there are (or will be) batch discharges, indicate:
 - Percent processing discharged a batch
 - Percent processing discharged continuously
 - Number of batch discharges per month
 - Timing of batch discharges (days of week) at (hours of day)
4. List existing or proposed plant sewer outlets, size and flow (assign sequential reference number to each sewer outlet).
5. General characteristics of wastewater:
 - Temperature
 - PH Level
 - Flammable or explosive materials
 - Fats, oils and grease
 - DOD
 - TSS
 - Solid or viscous material
 - Toxics
 - Solvents
6. For Categorical Facilities: provide the flows for each of your regulated processes or proposed regulated process (i.e., manufacturing process line regulated by categorical pretreatment standards).
7. Is an inspection and sampling manhole structure available onsite? If yes, describe the location and include as part of the process flow schematic in Attachment D.
8. Do you use or plan to use automatic sampling equipment or continuous wastewater flow metering equipment?
9. Does your facility pre-treat or plan on pre-treating any wastewater prior to discharge to the sanitary sewer?
10. Pretreatment devices or processes used or proposed for treating wastewater or sludge.
11. Describe the loading rate, design capacity, physical size, ect of each pretreatment facility checked. If the facility is a proposed facility, attach an engineering report, plans and specifications.
12. Are there any planned changes in wastewater treatment?

Section III – Business/Facility Description

To be completed by all users discharging or proposing to discharge process wastewater into the sewer system.

1. Business Activity – Describe the principal activity on the premises. For the purpose of completing this Section, an activity is a major class of manufacturing. Enter the Standard Industrial Classification (SIC) Code Number, as found in the 1987 Edition of Standard Industrial Classification Manual, prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office or [www. Standard Industrial Classification](http://www.StandardIndustrialClassification.gov). DO NOT USE PREVIOUS EDITIONS OF THE MANUAL. Copies are also available for examination at most public libraries. If you do not know you're SIC code, leave the space blank.
 - (a) & (b) If not already provided in Electroplating and Metal Finishing Subcategories Attachment C, list all primary raw materials and chemicals used in the facility's operations. Avoid use of trade names of chemicals.
 - (c) Product – List the types of products, giving the common or brand name and the proper or scientific name. Provide from your records the average and maximum amounts produced daily for the activity for the previous calendar year and the estimated daily production for this calendar year. Attach additional pages if necessary.
 - (d) Description – Describe the wastewater generating processes occurring on the premises, including any seasonal variation in wastewater discharge volumes, plant operations, raw materials, and chemicals used in the processes and/or production.
 - (e) Substances Discharged – Give common (brand Names) and technical names (chemical, scientific or proper names) for each raw material and product that may be discharged to the sewer. Briefly describe the physical (e.g. color) and chemical (e.g. react with water) properties of each substance.
2. Discharge Period:
 - (a) Enter the hours of the day for each day during which wastewater from this Business Activity will be discharged to the sewer, e.g. from 6 a.m. to 5 p.m.
 - (b) Enter the time and duration of discharges other than continuous flows (e.g. 15 minutes every hour).
3. Variation in Operation:

Indicate whether the business activity is continuous throughout the year or if it is seasonal. If the activity is seasonal, circle the months of the year during which discharge occurs. Make any comments you feel are required to describe the variation in operation of your business activity.
4. See Attachment E for form, instructions and examples.
5. See Attachment F for form, instructions and examples.

NOTE: Sections IV – VI will provide the necessary wastewater discharge data to enable the city to establish appropriate pretreatment limits and requirements.

Existing Facilities:

If you provide sampling data and certify in either Section IV or V that the facility is presently in compliance with the city's local limit and/or federal categorical pretreatment standards you do not need to complete Section VI.

New Facilities:

A new facility should be in compliance with applicable pretreatment standards upon commencement of discharge and is required to sample and submit Sections IV or V to obtain a permit and submit Section VI when the facility begins operation and commences discharging.

Contact the city if there are any questions on what limits apply to the discharge, what pollutants to sample, and sampling requirements.

Section IV - Wastewater Characterization

Note: To be completed by existing Non-Categorical Users. Attach additional sheets if needed. Contact the city before sampling, if not sure of pretreatment standards, sampling protocols, etc.

- 1.(a) Pollutants – List specific pollutants regulated by Meridian city code Title 9, Chapter 2 across the top of the table (use Abbreviations).

Daily Maximum and Monthly Average – Refer to the city code for pretreatment standards for the specific pollutants. Most cities have daily maximum pretreatment standards (limits) and not monthly averages.
Reported maximum: - Report the highest maximum concentration for the samples collected and analyzed.
Reported average – If more than one sample is taken, average all the individual results and report the average.

I specify unit used, (i.e., grab, flow proportioned composite, etc.), analytical methods, and number of samples taken. Indicate whether samples were taken of combined waste-streams. The industrial user must ascertain whether it can meet the pollutant standards. The type of discharge, i.e., batch, continuous, routine historical information (e.g. existing data pollutant discharge) is a factor that shows proportional composites. Additionally, the time, date of sampling, and methods of analysis must be reported. Analytical methods must be performed in accordance with 40 CFR Part 136 and any amendments thereto. It is important that the samples be representative and taken during full production.

Each daily composite shall be analyzed separately.

- 1.(b) Compare the sample results against local pretreatment standards provided by the city (contained in city code). Describe any additional O&M or pretreatment required and provide an expeditious compliance schedule. Specify the major events needed to achieve compliance, as well as the dates for completion of each event (i.e., hiring an engineer, completing preliminary plans, completing final plans, executing contacts, commencing construction, completing construction, etc.). The shortest possible schedule should be provided.
2. The qualified professional certification pertains to the actual preparer of the report if different from the authorized representative.

The authorized representative may be either a corporate official, a partner, a fiduciary, or other duly authorized representative if this person is responsible for the overall operation of the facility from which the discharge originates or for environmental matters at the facility.

Section V – Baseline Monitoring Report

1. To be completed by existing Categorical industries
 - a. If a BMR has already been submitted, please indicate this.
 - b. If more than one report was submitted, specify how many, as well as the submittal dates of each and what agency. Attach the most recent report submitted.
 - c. Facilities that submitted a BMR that showed they were out of compliance with the pretreatment standards are required to submit periodic compliance reports. The discharger should complete item (d) if reports were submitted to one of the agencies. If a schedule was not developed but construction has occurred, complete item (e) and indicate completion dates. If the facility submitted a BMR, but not the necessary compliance schedule or progress reports, complete Section f & g with projected completion dates.
 - d. Provide information to whom and when you submitted the Compliance Progress Report (CPR).
 - e. Insert actions item and dates completed as detailed within the most recent Compliance Progress Report (CPR).
 - f. Check box if items from the CPR have not been accomplished or delayed.
 - g. Provide revision to schedule necessary to complete CPR.
2. Summary of Regulated Processes. List each regulated process, the production rate (i.e., 10,000 lbs.) of product name/unit of time (week, month, year), the category, and subpart of the applicable Categorical Pretreatment Standard, as well as the SIC code for each process.
3. Nature and concentration of Pollutants.
 - a. Analysis of regulated flows
 - b. Specify units used (mg/l or lbs/day)

- c. Sample type (grab, composite)
- d. Number of samples collected
- e. Dates and time samples are collected
- f. Sample collection location
- g. Where samples analyzed
- h. Methods of analyses
- i. Provide name and address of commercial labs that provide analysis

4. Total Toxicant Organics (TTOs)

Facilities subject to a TTO pretreatment standard must sample initially for TTOs to determine compliance.

Analysis only need to be performed on toxic organics suspected of being present. Contact city for list of toxics applicable to your operations.

- a. Facilities that utilized none of the toxic organics can provide a certification statement in lieu of having to monitor for toxics.
- b. Presently use or plan to use organics toxicants listed in the categorical pretreatment standards complete Parts c & d.
- c. A BMR has been previously submitted which contains TTO information.
- d. Facilities whose sampling results indicate compliance with TTO standards can develop a solvent management plan in lieu of needing to periodically sample for toxic organics. Contact the city for guidance.

5. Compliance Certification

- a. In order to determine compliance with published or calculated mass-based categorical standards, a facility will need to compare its allowable mass limit (e.g., 00261 lbs of Pb/1,000lbs of steel x 200 lbs of steel produced=0.533 lb of Pb allowed) against the actual mass loading derived from standards for the particular pollutant.
- b. List additional pretreatment equipment being considered to meet standards.
- c. Describe any additional O&M or pretreatment requirements and include a compliance schedule. Specify the major events needed to achieve compliance, as well as the dates for completion of each event (i.e., hiring an engineer, completing preliminary plans, completing final plans, executing contracts, commencing construction, completing construction, etc.). The shortest possible schedule should be provided.

6. Qualified Professional Certification

The qualified professional certification pertains to the actual preparer of the report if different from the authorized representative.

Section VI - EPA Final Compliance Report:

- Existing categorical facilities are required to submit this report within 90 days of the final compliance date contained in the Federal categorical standard. New categorical facilities must submit this report prior to discharge.
- Existing Non-Categorical facilities are required to submit this report within 90 days of the final compliance date specified by the city. New non-categorical facilities are required to submit this report within 30 days of commencement of discharge.

Section VI – Final Compliance Report:

Provides the sampling data that show that a NEW facility is in compliance. NOTE: Please contact the city before sampling, if you are unsure of pretreatment standards, sampling protocols, etc.

EXISTING USERS:

Non-Categorical Users

Submit the requested information within 90 days of the final compliance date specified by the city. If you indicate in Section IV that you are in compliance with the city's local pretreatment standards, you do not need to fill out Section VI; however, if you indicate in Section IV that you

are not complying with the standards, the city may impose another deadline date and a date for submittal of the information in Section VI.

Categorical Users

Submit the information requested within 90 days of the final compliance date specified in the applicable federal categorical pretreatment regulations. If the final compliance date has passed and you indicate in Section V that you are in compliance, you do not need to fill out Section VI. However, if the deadline date has passed and you indicate in Section V that you are not complying, you must fill out Section VI. The city may give you a revised final compliance date and due date for the final compliance report.

NEW FACILITIES:

Categorical and Non-Categorical

Complete all previous sections and return them to the city. Samples should be taken prior to discharge, a permit must be obtained prior to discharge. Section VI should be completed and returned to the city after commencement of discharge.

Non-Categorical Users

Samples should be taken of the final effluent prior to discharge to the city's collection system. If there are multiple discharges of process wastewater to the city's sewer system, provide the analytical results for the multiple discharges on separate pages.

Categorical Users

Samples must be taken of the effluent from all regulated process (after treatment, if applicable). Provide the analytical data for the regulated processes in the space provided. Attach additional sheets if necessary. If you are reporting adjustment limits, submit all appropriate calculations and flow data on additional sheets.

2(a) List each regulated process line and process flow.

Pollutants – Across the top, list specific pollutants regulated in the city code.

Daily Maximum and Monthly Average – Refer to city code Title 9, Chapter 2, Section 9-2-2-4 for the specific pollutant. The City of Meridian requires daily maximum concentration, not monthly averages.

Reported maximum: Report the highest maximum concentration for the samples collected and analyzed.

Reported average: If more than one sample was taken, average all the individual results and report the average in the spaces provided for each of the pollutants listed.

For Non-Categorical Users, sample and report on all pollutants specified by the city. Where mass limits apply, the facility must report results on a mass limit basis (concentration x regulated process flow). Attach all calculations. Samples collected must be of representative discharges and taken during peak production. Three samples must be collected each day for three consecutive days. Each daily composite shall be analyzed separately.

For Categorical users, sample and report on all pollutants regulated specific to each process (refer to appropriate subcategory in regulations for regulated pollutants). Where mass limits apply, the facility must report results in mass limits (concentration x regulated process flow in million gallon/day x 8.34 lbs/gal). The Best Available Technology (BAT) pretreatment standards are process-related, i.e., a facility must comply with the standard at the end of the regulated process. However, EPA recognizes that many facilities combine their wastewater process lines, cooling water, and sanitary discharge prior to treatment and discharge to municipal sewers. Hence, a facility can sample at a combined point, but will need to adjust the categorical limit it must meet by (i.e. calculate adjusted limits) employing the Combined Waste-stream Formula that is contained in 40 CFR §403.6(e). If this is the case with your facility, you must employ the formula and provide additional data for calculations. Contact the city for more guidance. Where feasible, samples should be flow-proportional composites. Additionally, the time, date of sampling, and 40 CFR Part 136 analytical methods must be reported. Samples must be taken of discharges representative of typical discharge and must be taken during full production. Each daily composite must be analyzed separately.

Process flows less than 250,000GPD – 3 samples within 2-week period

Process flows more than 250,000GPD – 6 samples within 2-week period

Indicate type of samples (i.e., grab, flow-proportioned composite, etc.), analytical methods, and number of samples taken. Indicate whether samples were taken of combined waste-streams. The industrial user must ascertain whether it can meet the applicable pretreatment standards. The type of discharge, i.e., batch, continuous is a factor that should guide the industrial user regarding the number of samples to be taken to ascertain compliance.

3(a) For Non-Categorical Users, compare the sample results against local pretreatment standards set by the city. For Categorical Users:

If Categorical standards are published in concentration units (mg/l), a facility only needs to compare the concentration of the pollutant in its effluent against the published standard for the pollutant.

If Categorical Standards are published as mass-based limits, a facility will need to compare its allowable mass limit (e.g., $Pb = 0.002661 \text{ lbs Pb}/1000 \text{ lbs. of steel produced} \times 200 \text{ lbs of steel produced/day} = 0.00053 \text{ lbs Pb allowed/day}$) against the actual mass loading derived from sampling (i.e., $[\text{concentration}] \times \text{regulated process flows (gals/day)} \times 8.34 \text{ lbs/gal} = \text{lbs of Pb discharged/day}$).

4. Describe any additional O&M or pretreatment needed and provide compliance schedule. Specify the major events needed to achieve compliance, as well as the dates for completion of each event (i.e., hiring an engineer, completing preliminary plans, completing final plans, executing contracts, commencing construction, completing construction, etc.). The shortest possible schedule should be provided.

5. The certification pertains to the actual preparer of the report if different from the authorized representative.

Attachment A – Priority Pollutant Information

List any of these chemicals that may be present at your facility.

Attachment B – Priority Pollutant Synonym Listing

Indicate any of the listed chemicals that may be present at your facility.

Attachment C – Electroplating and Metal Finishing Subcategories

List any plating activities that apply to your business.

Attachment D – Principle Raw Materials

List all principle materials used in your facility that are present in your wastewater discharge, (such as cleaning agents, solvents, food processing waste, plating solutions, catalysts, milk wastes, inks, etc.).

Attachment E – Schematic Flow Diagram

For each major activity in which wastewater is generated, draw a diagram of the flow of materials and water from beginning to end of activity, showing all unit processes generating wastewater. Number each unit process having wastewater discharge to the sewer system. Use these numbers when showing this unit process in the building layout in the schematic diagram.

Attachment F – Building Layout

General floor plan layout, include office and equipment areas,

DATA DISCLOSURE FORM
(Permit Application)

1. Company name _____
2. Division: _____
3. Mailing address:
 - Street or P.O. Box _____
 - City, State, and Zip Code _____
4. Facility address:
 - Street or P.O. Box _____
 - City, State, and Zip Code _____
5. Person to be contacted about this form:
 - Name _____
 - Title _____
 - Phone # _____ Fax # _____
 - E-Mail address _____
6. Person to be contacted in case of emergency:
 - Name _____
 - Title _____
 - Phone # _____ Fax # _____
 - E-Mail address _____
7. For existing businesses:
 - Is the building presently connected to the public sewer system? Yes [] No []
 - If yes, please fill in sewer account #: _____
 - If no, have you applied for a sewer hook up? Yes [] No []
8. For new businesses:
 - Will you be occupying an existing building? Yes [] No []
 - If a new facility will be constructed, have you applied for a building permit? Yes [] No []
 - Building permit number if one has been acquired: _____
 - Will you be connected to the public sewer system? Yes [] No []
9. Number of employees: _____ Normal operating schedule: _____ hours/day _____ days/week
10. If you 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 or business activity (check all that apply).
 - a. Industrial Categories 40 CFR Part:

| | |
|-------------------------------------------------|----------------------------------------------------------------------------------|
| [] 400 Reserved | [] 401 General provisions |
| [] 402 Reserved | [] 403 General pretreatment regulations for existing & new sources of pollution |
| [] 405 Dairy Products | [] 407 Canned & preserved fruits & vegetables processing |
| [] 406 Grain Mills | [] 409 Sugar processing |
| [] 408 Canned & preserved seafood processing | [] 411 Cement mfg |
| [] 410 Wool scouring | [] 413 Electroplating (if checked, complete Attachment B) |
| [] 412 Concentrated animal feeding operations | [] 415 Inorganic chemicals mfg |
| [] 414 Organic chem. plastics, & synthetic mfg | [] 417 Soap & detergent mfg |
| [] 416 Reserved | [] 419 Petroleum refining |
| [] 418 Fertilizer mfg | [] 421 Nonferrous metals mfg |
| [] 420 Iron & steel mfg | [] 423 Steam electric power generating |
| [] 422 Phosphate mfg | [] 425 Leather tanning & finishing |
| [] 424 Ferroalloy mfg | [] 427 Asbestos mfg |
| [] 426 Glass mfg | [] 429 Timber products processing – List Operations |
| [] 428 Rubber mfg | [] 431 Reserved |
| [] 430 Pulp, paper and paperboard mfg | [] 433 Metal finishing (if checked, Complete Attachment B) |
| [] 432 Meat products | [] 435 Oil & gas extraction |
| [] 434 Coal mining | [] 437 The centralized waste treatment |
| [] 436 Mineral mining & processing | [] 439 Pharmaceutical mfg |
| [] 438 Metal products & machinery | |

26. Do you have an accidental spill prevention program to prevent spills of chemicals or slug discharges from entering the city's collection system? Yes [] No [] Submit ASPP if applicable.
27. Do you or will you discharge wastewater (other than domestic waste from bathrooms, toilets, etc.) to an onsite disposal system? Yes [] No [] If yes, please attach a description of the discharge and onsite disposal system. Also indicate if the contents are removed, by whom, and the ultimate disposal site.
28. Are any process changes or expansions planned during the next three years? Yes [] No [] If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.
29. Please describe on a separate sheet previous spill events and remedial measures taken to prevent their reoccurrence.
30. Do you or will you discharge wastewater (other than domestic waste from bathroom, toilets, etc.) to the public sewer system? Yes [] No []. If you answered YES, please answer all applicable questions on the following pages. If you answered NO, no further information is required; simply sign on the appropriate spaces on the following page.
31. New businesses (not operating yet or proposing to discharge): If you plan on discharging process wastewater, complete appropriate parts of Section II & III with your best estimates. Retain Section VI and complete it within 30 days of commencement of discharge.
- Are you:
 - [] A new business planning to occupy and existing vacant building?
 - [] A new business planning to construct a new building?
 - [] An existing business proposing to discharge process wastewater?
 - If you plan on discharging process wastewater, will a pretreatment system be constructed to treat the proposed discharge? Yes [] No []. If yes, describe the treatment system, (Provide a copy of plans and specifications to the city).
 - Provide below a compliance schedule for the following applicable items (best estimate):
 - 1) construction and completion of physical structure (building) and manufacturing process lines;
 - 2) construction schedule for pretreatment system sampling manhole and monitoring instrumentation (flow meters, pH meters, etc.);
 - 3) proposed date for operation of manufacturing operation;
 - 4) proposed date for commencement of discharge; and
 - 5) development of an Accidental Spill Prevention Program (ASPP).
 - 6) construction of facility and manufacturing process lines (commencement and completion date): _____
 - 7) construction of pretreatment facility and sampling manhole and monitoring instrumentation (commencement and completion dates): _____
 - 8) Operational date: _____
 - 9) Date for commencement of discharge: _____
 - 10) Date for submittal of ASPP: _____

Confidentiality

Please indicate those sections of this questionnaire that you wish to remain confidential and your basis for requesting confidentiality.

Qualified Professional Certification:

I hereby certify under penalty of law that this information was obtained in accordance with the applicable procedures and requirements as specified in the federal General Pretreatment Regulations and amendments thereto and in the city's sewer use ordinance. I certify that Pretreatment Standards are being met on a consistent basis, and, if not, that the following operation and maintenance changes and/or additional pretreatment measures will be required to meet the Pretreatment Standards and Requirements. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (print) _____ Phone _____
Signature _____ Title _____ Date ____/____/____

Authorized Representative Statement:

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. I have personally examined and I am familiar with the information in this report and all attachments therein. Furthermore, based on my inquiry of those persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my 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. I further certify that the sampling results reported are representative of normal work cycles and expected pollutant discharges.

Name (print) _____ Phone _____
Signature _____ Title _____ Date ____/____/____

SECTION II – WATER and WASTEWATER DATA

1. Water use and distribution – average flow of water received and wastewater discharged daily in gallons per day (for new businesses, estimate flows).

TABLE 1.

| WATER USED FOR: | SUPPLY FROM | | DISCHARGED TO | |
|------------------------------------------|----------------|--------------|----------------|--------------|
| | Water District | Other Source | Sanitary Sewer | Other Source |
| Sanitary sewer | _____ | _____ | _____ | _____ |
| Processes (see #6 for categorical users) | _____ | _____ | _____ | _____ |
| Boiler/Cooling Tower | _____ | _____ | _____ | _____ |
| Contact Cooling Water | _____ | _____ | _____ | _____ |
| Non-Contact Cooling Water | _____ | _____ | _____ | _____ |
| Washing (equipment wash-down) | _____ | _____ | _____ | _____ |
| Irrigation | _____ | _____ | _____ | _____ |
| Air Pollution Control | _____ | _____ | _____ | _____ |
| Contained in Product | _____ | _____ | _____ | _____ |
| Surface Water | _____ | _____ | _____ | _____ |
| Waste Hauler | _____ | _____ | _____ | _____ |
| Other (Describe) | _____ | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ | _____ |

Water Account Number: _____ Sewer Account Number _____

2. Are the discharge (or will the discharges be) batch or continuous ?

3. If there are (or will be) batch discharges, indicate:

- Percent processing discharged a batch _____
- Percent processing discharged continuously _____
- Number of batch discharges per month _____
- Timing of batch discharges _____ (days of week) at _____ (hours of day)
- Flow rate _____ gallons/minute

NOTE: The city may require that an Engineer perform a tractability study to be submitted with the application.

4. List existing or proposed plant sewer outlets, size and flow (assign sequential reference number to each sewer outlet):

| Reference No. | Sewer Size (inches) | Description of location of sewer | Daily Average Flow |
|-------------------------------|---------------------|----------------------------------|--------------------|
| Connection or discharge point | (GPD) | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

5. General characteristics of wastewater: (provide specific values for a, b, d, e, f, if known)

- (a) Temperature: _____ Don't know
- (a) PH Level: _____ Don't know
- (b) Flammable or explosive materials: Yes No Don't know
- (c) Fats, oils and grease (mg/l): _____ Don't know
- (d) DOD (mg/l): _____ Don't know
- (e) TSS (mg/l): _____ Don't know
- (f) Solid or viscous material Yes No Don't know
- (g) Toxics: Yes No Don't know REVIEW ATTACHMENT "A" AND COMPLETE FORM.
- (h) Solvents: Yes No Don't know

6. For categorical facilities: provide the following flows for each of your regulated processes or proposed regulated process (i.e., manufacturing process line regulated by categorical pretreatment standards).

a. Total Plant Flow discharged to the sewer system:

Average _____ gallons per day (GPD) Maximum _____ GPD

b. Individual Process Flows in Gallons Per Day (GPD)

| No. | Regulated Process | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |
|-------|-------------------|--------------------|--------------------|------------------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

7. Is an inspection and sampling manhole structure available onsite? Yes No
 If YES, describe location here and include as part of the process flow schematic in Attachment D.

If NO, is an inspection and sampling manhole structure planned? Yes No

8. Do you use or plan to use automatic sampling equipment or continuous wastewater flow metering equipment?

Current: Flow Metering Yes No N/A Sampling Equipment Yes No N/A

Planned: Flow Metering Yes No N/A Sampling Equipment Yes No N/A

If Yes, please indicate the present or planned location of this equipment on the sewer schematic in Attachment E and describe the equipment _____

9. Does your facility pre-treat or plan on pre-treating any wastewater prior to discharge to a sanitary sewer? Yes No NA

10. Pretreatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

- | | |
|----------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Reverse osmosis |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Septic tank |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Solvent separation |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Spill protection |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grease or oil separation, type: _____ | <input type="checkbox"/> Biological treatment, type: _____ |
| <input type="checkbox"/> Grease interceptor | <input type="checkbox"/> Rainwater diversion or storage |
| <input type="checkbox"/> Grinding filter | <input type="checkbox"/> Other chemical treatment _____ |
| <input type="checkbox"/> Grit removal | <input type="checkbox"/> Other physical treatment, type: _____ |
| <input type="checkbox"/> Ion exchange | <input type="checkbox"/> Neutralization, pH, correction |
| <input type="checkbox"/> Ozonation | <input type="checkbox"/> Other, type: _____ |

11. Describe the loading rate, design capacity, physical size, etc. of each pretreatment facility checked above. If the facility is a proposed facility, attach engineering report, plans, and specifications.

12. Are there any planned changes in wastewater treatment? Yes No If yes, describe below.

SECTION III – BUSINESS and OPERATIONS DESCRIPTION

PURPOSE – The business description is primarily used to determine the substances which may enter into the wastewater discharge from the business activity.

1. Business activity - (Complete a separate sheet for each major business activity or product line on the premises).

Activity: _____ SIC Nos.: _____

a. Raw materials used or planned for use:

b. Principle chemicals used or planned for use:

c. Products *

| <u>TYPE OF PRODUCT</u> (Brand Names) | <u>PAST CALENDAR YEAR</u> | | <u>CURRENT YEAR ESTIMATE</u> | |
|-----------------------------------------|---------------------------|---------|------------------------------|---------|
| | Daily Production | | Daily Production | |
| | Average | Maximum | Average | Maximum |

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

d. Description – Describe each wastewater generating operation or manufacturing process. Indicate variations in production and operations during the year. (Use additional sheets as necessary.)

e. Substances Discharged – Give common and technical names of each major raw material and product that may be discharged to the sewer. Briefly describe the physical and chemical properties of each substance and product. (Use additional sheets if necessary.)

| <u>NAME</u> | <u>DESCRIPTION</u> |
|-------------|--------------------|
|-------------|--------------------|

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. Discharge Period

a. Hours of Day Operated or planned:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

b. Time Duration of Discharge or planned:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

3. Variation of Operation

Is the business or proposed activity:

Continuous through the year [] Seasonal []

Circle the months of the year during which discharge occurs: J F M A M J J A S O N D

* A New Business may provide best estimates.

SECTION IV. WASTEWATER CHARACTERIZATION

Note: Samples should be taken of the final effluent prior to discharge to the city’s collection system. If there is more than one discharge of process wastewater to the city’s sewer lines, provide a separate page for each discharge.

1. Existing Non-Categorical Facility (report results in concentrations (mg/l) or mass (lbs/day))
 - a. Each non-categorical facility must sample, analyze, and report on all pollutants as specified by the city. Where mass limits apply, the facility must report results on a mass limit basis (concentration x regulated process flow). Attach all calculations.
 - b. Samples collected must be representative and taken during peak production. **Three** samples must be collected each day for three consecutive days and must be analyzed separately.

POLLUTANT LEVELS OF PROCESS WASTEWATER DISCHARGES

| | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|
| Pollutant | | | | | | | | | | |
| Monthly Avg. Limit | | | | | | | | | | |
| Reported Avg. | | | | | | | | | | |
| Daily Maximum Limit | | | | | | | | | | |
| Reported Maximum | | | | | | | | | | |

Specify unit used (mg/l or lb/day): _____

Sample type (grab, composite): _____

Number of samples collected (explain): _____

Dates and times samples collected: _____

Sample collection location: _____

Where are samples analyzed? _____

Methods of analyses: _____

Provide name and address of commercial labs that provide analysis:

Name: _____

Address _____

Name: _____

Address _____

c. Compliance certification:

Are all applicable pretreatment standards being met on a consistent basis? Yes [] No []

If not, what additional operations and maintenance procedures are being considered for compliance?

List additional pretreatment being considered to meet standards.

Provide a compliance schedule for standards to be met. Specify the major events along with corresponding dates. Note that this schedule will require comment by the city and will be subject to modifications.

2. Qualified Professional Certification:

I hereby certify under penalty of law that this information was obtained in accordance with the applicable procedures and requirements as specified in the federal General Pretreatment Regulations and amendments thereto and in the city's sewer use ordinance. I certify that Pretreatment Standards are being met on a consistent if not, that the operation and maintenance changes and/or additional pretreatment measures detailed above will be required to meet the Pretreatment Standards and Requirements. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (print) _____ Phone _____
Signature _____ Title _____ Date ____/____/____

Authorized Representative Certification:

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. I have personally examined and I am familiar with the information in this report and all attachments therein. Furthermore, based on my inquiry of those persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my 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. I further certify that the sampling results reported are representative of normal work cycles and expected pollutant discharges.

Name (print) _____ Phone _____
Signature _____ Title _____ Date ____/____/____

SECTION V – BASELINE MONITORING REPORT

1. Existing Categorical User

a. Baseline Monitoring Report(s) (BMR) [] was submitted [] was not submitted
 IF NOT submitted, complete subsections 2 thru 6.

b. The BMR was submitted to:
 [] Local Municipality on: _____
 [] State Agency on: _____
 [] USEPA, Region 10 on: _____

PLEASE ATTACH THE MOST RECENT BMR.

c. Compliance Progress Reports (CPR) [] were submitted [] were not submitted
 IF NOT submitted, complete subsections d, e, f, and g, as appropriate.

d. The reports were submitted to: (list date)
 [] Local Municipality: ____/____/____
 [] State Agency: ____/____/____
 [] U.S.EPA, Region 10: ____/____/____

PLEASE ATTACH THE MOST RECENT COMPLIANCE PROGRESS REPORT.

e. Compliance Schedule:

| Action Items | Completion Dates |
|--------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

f. The facility has not complied with each action item described in the compliance schedule or has not achieved final compliance. The reasons for the delay as well as the necessary steps being taken to return to schedule are shown below.

g. The revised schedule for achieving compliance is as follows:

| Action Items | Completion Dates |
|--------------|------------------|
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |

2. Summarize Each Regulated Process:

| <u>Process Description</u> | <u>Production Rate</u> | <u>Pretreatment Standard Category</u> | <u>Subpart</u> | <u>Flow (GPD)</u> |
|----------------------------|------------------------|---------------------------------------|----------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Total plant flow: _____ GPD

3. Nature and concentration of Pollutants (report concentration in mg/l or mass in lbs/day):

a. Analysis of Regulated Flows

The industrial user must perform sampling and analysis of the effluent from all regulated process (after treatment, if applicable). Provide the analytical data for effluent from the regulated processes in the space provided below. Attach additional sheets if necessary. Only those pollutants specifically regulated by the applicable category need to be reported. Refer to instructions for information on where to take samples and how many samples to take. If the effluent samples were taken at one

combined point, indicate on the regulated process line what process flows are commingled at this point.

Regulated Process Line(s): _____

Average daily process flow(s) (mgd): _____

POLLUTANT LEVELS OF PROCESS WASTEWATER DISCHARGES

| | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|
| Pollutant | | | | | | | | | | | |
| Mo. Avg. Limit | | | | | | | | | | | |
| Reported Avg. | | | | | | | | | | | |
| Daily Max. Limit | | | | | | | | | | | |
| Reported Maximum | | | | | | | | | | | |

b. Specify units used (mg/l or lbs/day): _____

c. Sample type (grab, composite): _____

d. Number of samples collected (explain): _____

e. Dates and time samples collected: _____

f. Sample collection location: _____

g. Where samples analyze _____

h. Methods of analyses: _____

I Provide name and address of commercial labs that provide analysis:

Name: _____ Address: _____

Name: _____ Address: _____

4. Total Toxicant Organics (TTO's);

Facilities that use toxic organics listed by EPA in its published categorical pretreatment standards are required to meet TTO pretreatment standards and must initially sample for TTO's to determine compliance. Facilities found to be in compliance with TTO standards may develop a solvent management plan in lieu of having to periodically sample for toxic organics. If you do not use toxic organics in your manufacturing process, you will not be required to sample for TTO's but you must answer question "a" below.

a. We presently do not use nor do we plan to use any of the toxic organics that are listed under the TTO standard located in the applicable categorical pretreatment standards published in the 40 CFR §405—471 Yes [] No []

b. We presently use or plan to use organic toxicants listed in the categorical pretreatment standards Yes [] No [] If yes complete parts c and d.

c. A BMR has been submitted previously which contains TTO information Yes [] No []

d. A solvent management plan has been developed and is attached. Yes [] No []

5. Compliance certification:

a. Are all applicable pretreatment standards, including categorical standards, being met on a consistent basis? Yes [] No []

If not, what additional operation and maintenance procedures are being considered for compliance?

b. List additional pretreatment being considered to meet standards.

c. Provide a compliance schedule for standards to be met. Specify the major events along with corresponding dates. Project increments of progress indicating dates for the commencement and completion of major events leading to compliance with the standard. Note; The final compliance date in this schedule shall not be later than the compliance date for the applicable pretreatment

standard. Written progress reports are required within 14 days of each of the compliance milestones specified in the compliance schedule. Note that this schedule will require comment by the city and will be subject to modification.

6. Qualified Professional Certification:

I hereby certify under penalty of law that this information was obtained in accordance with the applicable procedures and requirements as specified in the federal General Pretreatment Regulations and amendments thereto and in the city's sewer use ordinance. I certify that Pretreatment Standards are being met on a consistent basis, and, if not, that the operation and maintenance changes and/or additional pretreatment measures detailed above will be required to meet the Pretreatment Standards and Requirements. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (print) _____ Phone _____
Signature _____ Title _____ Date ____/____/____

Authorized Representative Certification:

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. I have personally examined and I am familiar with the information in this report and all attachments therein. Furthermore, based on my inquiry of those persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my 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. I further certify that the sampling results reported are representative of normal work cycles and expected pollutant discharges.

Name (print) _____ Phone _____
Signature _____ Title _____ Date ____/____/____

SECTION VI – FINAL COMPLIANCE REPORT (FCR)

1. Existing Users

a. A final Compliance Report (FCR) was submitted was not submitted

If Not submitted, complete parts 2 through 5

b. The FCR was submitted to:

Local Municipality: ___/___/___

State Agency: ___/___/___

USEPA Region 10: ___/___/___

b. If a FCR has previously been submitted, was your facility in compliance with the applicable standards?

Yes, Please submit a copy of your previous FCR that indicates compliance. You do not need to complete the rest of Section VI.

No, You are required to perform additional sampling and complete parts 2 through 5 below.

d. Total Toxicant Organics (TTO's):

Categorical users who use toxic organics listed by EPA in its categorical pretreatment standards are required to meet TTO pretreatment standards and must initially sample for TTO in order to determine compliance. Facilities found to be in compliance with TTO standards may develop a solvent management plan in lieu of periodically sampling for toxic organics. If you do not use toxic organics in your manufacturing process, you will not be required to sample for TTO, but you must answer question #1 below.

1. Do you use or plan to use any of the toxic organics that are listed under the TTO standard located in the applicable categorical pretreatment standards published by EPA? Yes No
If YES, please complete parts 2 and 3 of this subsection. If NO, skip to subsection 2.

2. Have you already complied with the requirements for TTO sampling? Yes No

If YES, please submit a copy of the information.

3. A solvent management plan has been developed and is attached. Yes No

2. Nature and Concentration of Wastewater Pollutants

a. Analysis of Regulated Flows

Categorical User: must perform sampling and analysis of the effluent from all regulated process (after treatment, if applicable). Provide the analytical results for the regulated effluent below. Attach additional sheets if necessary. If you are reporting adjusted limits, submit all appropriate calculations and flow data on additional sheets Refer to the instructions on where to take samples and how many samples to take.

Non-Categorical User: sampling should be conducted on the final effluent prior to discharge to the city's collection system. If there are multiple discharges of process wastewater to the city's sewer system, submit separate pages for each discharge.

Only those pollutants specifically regulated by EPA's applicable categorical standard or specified by the city in its local limits need to be reported. If the effluent samples are taken at one combined point, indicate alongside the regulated process line what process flows are commingled at this point.

Regulated Process line: _____

Process Flow(s) (Avg. daily): _____

NOTE: Report concentration (mg/l) or mass (lbs/day).

POLLUTANT LEVELS OF PROCESS WASTEWATER DISCHARGES

| | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|
| Pollutant | | | | | | | | | | |
| Monthly Avg. Limit | | | | | | | | | | |
| Reported Average | | | | | | | | | | |
| Daily Maximum Limit | | | | | | | | | | |
| Reported Maximum | | | | | | | | | | |

b. Sample type (grab, composite): _____

- c. Number of samples collected (explain): _____
- d. Dates and times samples collected: _____
- e. Sample collection location: _____
- f. Where samples analyzed: _____
- g. Methods of analyzed: _____
- h. Name and address of commercial lab performing analyses:
 Name: _____ Address: _____
 Name: _____ Address: _____

3. Compliance Certification

- a. Are all applicable pretreatment standards, including categorical standards, being met on a consistent basis? Yes [] No []
- b. If NO, do you require:
 - Additional operation and maintenance (O & M) measure to achieve compliance? Yes [] No []
 - New or additional pretreatment facilities to achieve compliance? Yes [] No []

4. If additional O & M or new or additional pretreatment facilities will be required to meet categorical pretreatment standards on a consistent basis, attach a description and a schedule on separate sheets. Project increments of progress indicating dates for the commencement and completion of major milestones leading to compliance with the standard.

NOTE: The final compliance date in this schedule shall not be later than the compliance date for the applicable categorical standard. Written progress reports are required within 14 days of each of the milestone dates specified in the compliance schedule.

Qualified Professional Certification:

I hereby certify under penalty of law that this information was obtained in accordance with the applicable procedures and requirements as specified in the federal General Pretreatment Regulations and amendments thereto and in the city's sewer use ordinance. I certify that Pretreatment Standards are being met on a consistent basis, and, if not, that the operation and maintenance changes and/or additional pretreatment measures detailed above will be required to meet the Pretreatment Standards and Requirements. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (print) _____ Phone _____
 Signature _____ Title _____ Date ____/____/____

Authorized Representative Certification:

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. I have personally examined and I am familiar with the information in this report and all attachments therein. Furthermore, based on my inquiry of those persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my 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. I further certify that the sampling results reported are representative of normal work cycles and expected pollutant discharges.

Name (print) _____ Phone _____
 Signature _____ Title _____ Date ____/____/____

ATTACHMENT A

PRIORITY POLLUTANT INFORMATION

Please indicate by placing an "X" in the appropriate space by each listed chemical whether is suspected to be absent, known to be absent, suspected to be present, or known to be present in your manufacturing or service activity or generated as a byproduct. Some compounds are known by other names. Please refer to the Priority Pollutant Synonym Listing for those compounds which have an asterisk (*).

| CHEMICAL COMPOUND | SUSPECTED ABSENT | KNOWN ABSENT | SUSPECTED PRESENT | KNOW PRESENT |
|--------------------------------|---------------------|-----------------|----------------------|-----------------|
| Ammonia | | | | |
| Asbestos (fibrous) | | | | |
| Cyanide (total) | | | | |
| Antimony (total) | | | | |
| Arsenic (total) | | | | |
| Beryllium (total) | | | | |
| Cadmium (total) | | | | |
| Chromium (total) | | | | |
| Copper (total) | | | | |
| Lead (total) | | | | |
| Mercury (total) | | | | |
| Nickel (total) | | | | |
| Selenium (total) | | | | |
| Silver (total) | | | | |
| Thallium (total) | | | | |
| Zinc (total) | | | | |
| Acenaphthene | | | | |
| Acenaphthylene | | | | |
| Acrolein | | | | |
| Acrylonitrile | | | | |
| Aldrin | | | | |
| Anthracene | | | | |
| Benzene | | | | |
| Benzidine | | | | |
| Benzo(a)anthracene * | | | | |
| Benzo(a)pyrene * | | | | |
| Benzo(b)fluoranthene | | | | |
| Benzo(g, h, I) perylene * | | | | |
| Benzo(k)fluoranthene * | | | | |
| a-BHC(alpha) | | | | |
| b-BHC(beta) | | | | |
| d-BHC(delta) | | | | |
| g-BHC*(gamma) | | | | |
| Bis (2-chloroethyl) ether* | | | | |
| Bis (2-chloroethoxy) methane* | | | | |
| Bis (2-chloroisopropyl) ether* | | | | |

| | | | | |
|---------------------------------------|--|--|--|--|
| Bis (chloromethyl) ether* | | | | |
| Bis (2-ethylhexyl) phthalate* | | | | |
| Bromodichloromethane* | | | | |
| Bromoform* | | | | |
| Bromomethane* | | | | |
| 4-bromophenylphenyl ether | | | | |
| Butylbenzyl phthalate | | | | |
| Carbon tetrachloride* | | | | |
| Chlordane | | | | |
| 4-chloro-3-methylphenol* | | | | |
| Chlorobenzene | | | | |
| Chloromethane* | | | | |
| 2-chloroethylvinyl ether | | | | |
| Chloroform* | | | | |
| Chloromethane* | | | | |
| 2-chloronaphthalene | | | | |
| 2-chlorophenol* | | | | |
| 4-chlorophenylphenyl ether | | | | |
| Chrysene* | | | | |
| 4,4' – DDD * | | | | |
| 4,4' – DDE * | | | | |
| 4,4' – DDT * | | | | |
| Dibenzo (a,h) anthracene* | | | | |
| Dibromochloromethan * | | | | |
| 1,2 – dichlorobenzene * | | | | |
| 1,3 – dichlorobenzene * | | | | |
| 1,4 – dichlorobenzene * | | | | |
| 3,3 – dichlorobenzidine | | | | |
| Dichlorodifluoromethane * | | | | |
| 1,1 – dichloroethane * | | | | |
| 1,2 – dichloroethane * | | | | |
| Trans – 1,2 – dichloroethene * | | | | |
| 2,4 – dichlorophenol | | | | |
| 1,2 – dichloropropane * | | | | |
| (cis & trans) 1,3 – dichloropropene * | | | | |
| Dieldrin | | | | |
| Diethyl phthalate * | | | | |
| 2,4 – dimethylphenol * | | | | |
| Dimethyl phthalate | | | | |
| Di – n – butyl phthalate | | | | |
| Di – n – octyl phthalate * | | | | |
| 4,6 – dinitro – 2 – methylphenol | | | | |
| 2,4 – dinitrophenol | | | | |
| 2,4 – dinitrotoluene | | | | |

| | | | | |
|---------------------------------------------------|--|--|--|--|
| 2,6 – dinitrotoluene | | | | |
| 1,2- diphenylhydrazine* | | | | |
| Endosulfan I * | | | | |
| Endosulfan II * | | | | |
| Endosulfan sulfate | | | | |
| Endrin | | | | |
| Endrin aldehyde | | | | |
| Ethylbenzene | | | | |
| Fluoranthene | | | | |
| Fluorine* | | | | |
| Heptachlor | | | | |
| Heptachlor epoxide | | | | |
| Hexachlorobenzene* | | | | |
| Hexachlorobutadiene | | | | |
| Hexachlorocyclopentadiene* | | | | |
| Hexachloroethane* | | | | |
| Indeno (1, 2, 3, - cd) pyrene* | | | | |
| Isophorone* | | | | |
| Methylene chloride* | | | | |
| Naphthalene | | | | |
| Nitrobenzene | | | | |
| 2-nitrophenol* | | | | |
| 4-nitrophenol* | | | | |
| n-nitrosodimethylamine* | | | | |
| n-nitrosodipropylamine* | | | | |
| n-nitrosodiphenylamine* | | | | |
| PCB –1016 * | | | | |
| PCB – 1221* | | | | |
| PCB – 1232 * | | | | |
| PCB – 1242 * | | | | |
| PCB – 1248 * | | | | |
| PCB – 1254 * | | | | |
| PCB – 1260 * | | | | |
| Pentachlorophenol | | | | |
| Phenanthrene | | | | |
| Phenol | | | | |
| Pyrene | | | | |
| 2, 3, 7, 8, - tetrachlorodibenzo – p – dioxin* | | | | |
| 1, 1, 2, 2, - tetrachloroethane* | | | | |
| Tetrachloroethene* | | | | |
| Toluene* | | | | |
| Toxaphene | | | | |
| 1, 2, 4, - trichlorobenzene | | | | |
| 1, 1, 1, - trichloroethane* | | | | |
| 1, 1, 2, - trichloroethane* | | | | |
| Trichloroethene* | | | | |
| Trichlorofluoromethane* | | | | |

| | | | | |
|----------------------------|--|--|--|--|
| 2, 4, 6, - trichlorophenol | | | | |
| Vinyl chloride* | | | | |

2. For chemical compounds in #1 above which are indicated to be “known present,” please provide the following data for each: (attach additional sheet, if needed).

| No. | CHEMICAL COMPOUND KNOWN PRESENT | ESTIMATED ANNUAL USAGE (lbs) | DISCHARGED TO SEWER (lbs/year) |
|-----|------------------------------------|---------------------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

ATTACHMENT B

PRIORITY POLLUTANT SYNONYM LISTING

| <u>CHEMICAL COMPOUND</u> | <u>SYNONYM</u> | <u>CHEMICAL COMPOUND</u> | <u>SYNONYM</u> |
|-----------------------------------|-------------------------------------------------|-------------------------------------|-------------------------------------------|
| benzo(a)anthracene | 1,2-benzanthracene 2,3-benzaphenanthrene | di-n-otyl phthalate | di-(2-thylhexyl)phthalate |
| benzo(a)pyrene | 3,4-benzopyrene | 4,6-dinitro-2-methylphenol | 4,6-dinitro-ortho-cresol |
| benzo(g,h,i)perylene | 1,12-benzoperylene | 1,2-diphenylhydrazine | hydrazobenzene |
| benzo(k)fluoroathene | 11,12-benzofluoroathene | endosulfan I | a-endosulfan-alpha |
| g-BHC(gamma) | lindane | endosulfan II | b-endosulfan-beta |
| bis(2-chloroethyl)ether | 2,2-dichloroethyl ether | fluorine | (alpha)- diphenylene- methane |
| bis(2-chloroethoxy) methane | 2,2-dichloroethoxy methane | hexachlorobenzene | perchloroethane |
| bis(2-chloroisopropyl) ether | 2,2-dichloroisopropyl ether | hexachlorocyclopentadiene | perchlorocyclopentadiene |
| bis(chlormethyl) ether | (sym)dichloromethyl ether | hexachloroethane | perchloroethane |
| bis(2-ethylhexyl) phthalate | 2,2-diethylhexyl phthalate | indeno(1,3,3-cd) pyrene | 2,3-ortho-phenylene pyrene |
| bromodichloromethane | dichlorobromomethane | isophorone | 3,5,5-trimethyl-2-cyclohexen-1-one |
| bromoform | tribromomethane | methylene chloride | dichloromethane |
| bromomethane | methyl bromide | 2-nitrophenol | ortho-nitrophenol |
| carbon tetrachloride | tetrachloromethane | 4-nitrophenol | para-nitrophenol |
| 2-chloro-3-methylphenol | ortho-chloro-meta-cresol | N-nitrosodimethylamine | dimethyl-nitrosoamine |
| chlorethane | ethylchloride | N-nitrosodipropylamine | N-nitroso-di-n-propylamine |
| chloroform | trichloromethane | N-nitrosodiphenylamine | dephenyl-nitrosoamine |
| chloromethane | methyl chloride | PCB-1016 | Arochlor-1016 |
| 2-chlorophenol | ortho-chlorophenol | PCB-1221 | Arochlor-1221 |
| chrysene | 1,2-benzphenanthrene | PCB-1232 | Arochlor-1232 |
| 4,4-DDD | dichlorodiphenyldichloroethane p,p-TDE | PCB-1242 | Arochlor-1242 |
| 4,4-DDE | tetrachlorodiphenylethane | PCB-1248 | Arochlor-1248 |
| dichlorodiphenyltrichloroethylene | | | |
| 4,4-DDT | p,p-DDX | PCB-1254 | Arochlor-1254 |
| dibenzo(a,h)anthracene | dichlorodiphenyltrichloroethane | PCB-1260 | Arochlor-1260 |
| dibromochloromethane | 1,2,5,6-dibenzanthracene | 2,3,7,8-tetrachlorodibenzo-p-dioxin | TCDD |
| 1,2-dichlorobenzene | chlorodibromomethane | 1,1,2,2-tetrachlorethane | acetylene tetrachloride |
| 1,3-dichlorobenzene | ortho-dichlorobenzene | tetrachloroethene | perchloroethylene Tetrachloroethylene |
| 1,4-dichlorobenzene | meta-dichlorobenzene | toluene | methylbenzene toluol |
| Dichlorodifluoromthane | para-dichlorobenzene Difluorodichloromethane | 1,1,1-trichloroethane | methyl chloroform |
| 1,1-dichloroethane | fluorocarbon-12 | 1,1,2-trichloroethane | vinyl trichloride |
| 1,2-dichloroethane | ethylidene chloride ethylene chloride | trichloroethene | trichloroethylene |
| 1,1-dichloroethene | ethylene dichloride | trichlorofluoromethane | fluorocarbon-11 fluorotrichloromethane |
| (trans)-1,2-dichloroethene | 1,1-dichloroethylene acetylene dichloride | vinyl chloride | chloroethene chloroethylene |
| 1,2-dichloropropane | 1,2(trans)-dichloroethylene | | |
| (cis & trans) 1,3-dichloropropene | propylene dichloride | | |
| diethyl phthalate | (cis & trans) 1,3-dichloropropylene | | |
| 2,4-dimethylphenol | ethyl phthalate 2,4-xyleneol | | |

ATTACHMENT C

ELECTROPLATING AND METAL FINISHING SUBCATEGORIES

Place a check beside all activities that apply to your business:

- | | | | |
|--------------------------|------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Electroplating | <input type="checkbox"/> | Electro less plating |
| <input type="checkbox"/> | Anodizing | <input type="checkbox"/> | Conversion coating |
| <input type="checkbox"/> | Etching (chemical milling) | <input type="checkbox"/> | Printed circuit board manufacturing |
| <input type="checkbox"/> | Cleaning | <input type="checkbox"/> | Machining |
| <input type="checkbox"/> | Grinding | <input type="checkbox"/> | Polishing |
| <input type="checkbox"/> | Barrel finishing (tumbling) | <input type="checkbox"/> | Burnishing |
| <input type="checkbox"/> | Impact deformation | <input type="checkbox"/> | Pressure deformation |
| <input type="checkbox"/> | Shearing | <input type="checkbox"/> | Heat treating |
| <input type="checkbox"/> | Thermal cutting | <input type="checkbox"/> | Welding |
| <input type="checkbox"/> | Brazing | <input type="checkbox"/> | Soldering |
| <input type="checkbox"/> | Flame spraying | <input type="checkbox"/> | Sand blasting |
| <input type="checkbox"/> | Other abrasive jet machining | <input type="checkbox"/> | Electric discharge machining |
| <input type="checkbox"/> | Electrochemical machining | <input type="checkbox"/> | Electron beam machining |
| <input type="checkbox"/> | Laser beam machining | <input type="checkbox"/> | Plasma arc machining |
| <input type="checkbox"/> | Ultrasonic machining | <input type="checkbox"/> | Sintering |
| <input type="checkbox"/> | Laminating | <input type="checkbox"/> | Hot dip coating |
| <input type="checkbox"/> | Sputtering | <input type="checkbox"/> | Vapor plating |
| <input type="checkbox"/> | Thermal infusion | <input type="checkbox"/> | Salt bath de-scaling |
| <input type="checkbox"/> | Solvent de-greasing | <input type="checkbox"/> | Paint stripping |
| <input type="checkbox"/> | Painting | <input type="checkbox"/> | Electrostatic painting |
| <input type="checkbox"/> | Electroplating | <input type="checkbox"/> | Vacuum metal zing |
| <input type="checkbox"/> | Assembly | <input type="checkbox"/> | Calibration |
| <input type="checkbox"/> | Testing | <input type="checkbox"/> | Mechanical plating |

ATTACHMENT E

SCHEMATIC FLOW DIAGRAM

For each major activity in which wastewater is generated, draw a diagram of the flow of materials and water from beginning to end of activity, showing all unit processes generating wastewater. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit process in the building layout in the schematic diagram. Use the space below or additional sheets of 8 x 11 paper to draw diagrams.

ATTACHMENT F **BUILDING LAYOUT**

Draw to scale the location of each building on the premises. Show location of all water meters (current and planned), storm drains, numbered unit processes (from process schematic(s)), municipal sewers and each side sewer connected to the municipal sewers, automatic sampling equipment (current and planned), location of pretreatment processes, treated flows and untreated flows, name and location of adjacent streets. Use flow schematic to indicate process flows and process discharge flows in gallons per day (gpd). Number each side sewer and show possible sampling location (sampling manhole).

An attached plan or drawing of the facilities showing the above items may be substituted for a drawing on this sheet.