

DOWNINGTOWN AREA REGIONAL AUTHORITY

INDUSTRIAL WASTEWATER DISCHARGE QUESTIONNAIRE

INSTRUCTIONS: Please complete all sections. The completed and signed questionnaire should be mailed to the Municipality to whose Sewer System the industry is connected, or is proposing to connect. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

SECTION A - GENERAL INFORMATION

1. Company Name: _____

2. Mailing Address: _____

Municipality: _____

3. Facility Address: (If different from mailing address) _____

4. Name and title of responsible official: _____

Telephone No.: () _____

5. Alternative person to contact concerning information provided herein:

Name and Title: _____

Telephone No.: () _____

6. Check one: Existing Discharge If proposed discharge, anticipated date of discharge commencement:

Proposed Discharge _____

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Provide a narrative description of the manufacturing, production, or service activities your firm conducts. Identify those activities producing industrial waste: (Attach additional sheets if necessary.)

2. Indicate applicable Standard Industrial Classification (SIC) Code(s) for your facility: (If more than one applies, list in descending order of importance.)

a. _____ b. _____ c. _____
d. _____ e. _____ f. _____

SECTION B - PRODUCT OR SERVICE INFORMATION (Cont'd)

3. List all materials, including industrial process chemicals, chemical additives and catalysts, water treatment chemicals, and cleaning agents (other than household type) stored or used at this facility. Appendix A illustrates an example of such a list. (Attach additional sheets if necessary.)

MATERIAL	QUANTITY (Indicate units)	USE

4. If your facility manufactures any of the products or employs any of the manufacturing processes listed below, and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

- | | | |
|---|--|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Glass | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Gum & Wood Chemicals | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Plastics Processing |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Iron & Steel Manufacturing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Printing & Publishing |
| <input type="checkbox"/> Electric & Electronic Components | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Pulp & Paper Products |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Metal and Molding Casting | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Nonferrous Metals | <input type="checkbox"/> Slaughtering/Packing/Rendering |
| <input type="checkbox"/> Fertilizer Products | <input type="checkbox"/> Organic Chemicals | <input type="checkbox"/> Soaps & Detergents |
| <input type="checkbox"/> Food/Edible Products Processing | <input type="checkbox"/> Paint & Ink Formulating | <input type="checkbox"/> Steam Electric Power Generation |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Foundries | <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Timber Products Processing |

SECTION C - PLANT OPERATIONAL CHARACTERISTICS

1. Shift Information: a. Number of shifts per work day: 1 2 3
- b. Work days: Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday
- c. Average number of employees per shift: 1 st _____ 2 nd _____ 3 rd _____
- d. Shift start times: 1 st _____ 2 nd _____ 3 rd _____
- e. Shift end times: 1 st _____ 2 nd _____ 3 rd _____
2. Is operation subject to seasonal variation: Yes No
- If "Yes", indicate: Months of peak operation _____
Maximum wastewater flow (gallons per day) _____
3. Does operation shutdown for vacation, maintenance, or other reasons? Yes No
If "Yes", indicate period when shutdown occurs: _____

SECTION C - PLANT OPERATIONAL CHARACTERISTICS (Cont'd)

4. Are any process changes or expansions planned during the next three years that would alter wastewater volumes or characteristics? Consider production processes, as well as air or water pollution processes.

Yes No (If yes, attach a separate sheet to this form describing the nature of the planned changes or expansions and their effects on the wastewater volume and characteristics.)

5. Are any materials or water reclamation systems in use or planned?

Yes No (If yes, attach a separate sheet to this form describing the recovery process, substance recovered, percent recovered and the concentration in the spent solution. Submit flow diagram for each process):

6. Has a Spill Prevention Control and Countermeasure Plan been prepared for the facility? Yes No

SECTION D - WATER USAGE

1. Water Sources: (Check as many as are applicable.)

Private Well; Surface Water; Water Utility (Specify): _____

2. Name on the water bill: _____

3. Water Service Account Number(s):

(1) _____ (2) _____ (3) _____ (4) _____
(5) _____ (6) _____ (7) _____ (8) _____

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

Name: _____
Street: _____
City: _____ Zip Code: _____

5. List estimated average water usage on premises:

<u>TYPE</u>	<u>ESTIMATED AVG WATER USAGE (gallons per day)</u>	<u>TYPE</u>	<u>ESTIMATED AVG WATER USAGE (gallons per day)</u>
a. Cooling Water ..	_____	e. Plant & Equipment Washdown ..	_____
b. Boiler Feed	_____	f. Irrigation & Lawn Watering	_____
c. Process	_____	g. Other (Specify): _____	_____
d. Sanitary	_____	h. Total of a. through g.	_____

6. List average volume of wastewater discharge or water losses to:

	<u>ESTIMATED AVERAGE VOLUME</u> (gallons per day)		<u>ESTIMATED AVERAGE VOLUME</u> (gallons per day)
a. Municipal Sewer	_____	e. Evaporation	_____
b. Watercourse, Storm Drain, Ground	_____	f. Contained in Product ..	_____
c. Waste Haulers	_____	g. Other (Specify): _____	_____
d. Septic Tank	_____	h. Total of a. through g. ..	_____

7. Attach a schematic water and wastewater flow diagram, and show all possible sources of water and wastewater flow, including overflows. The diagram should include a water balance so that all water sources and discharges are accounted for. The schematic should also identify the industrial process steps. An example of a flow diagram is attached as Appendix B.

8. List average water usage for process purposes, resultant average wastewater discharge and average rate of product production. (Attach additional sheets if necessary.)

	<u>PROCESS A</u>	<u>PROCESS B</u>	<u>PROCESS C</u>
a. Process Description	_____	_____	_____
b. SIC	_____	_____	_____
c. Is Process (Check which applies)	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both
d. If batch, number per day	_____	_____	_____
e. Average water use (gal/day)	_____	_____	_____
f. Average wastewater discharge (gal/day)	_____	_____	_____
g. Peak wastewater discharge (gal/day) ..	_____	_____	_____
h. Is wastewater discharge	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both
i. If batch, number per day	_____	_____	_____
j. Average rate of product production	_____	_____	_____
(Specify units)	_____	_____	_____

9. Describe any water treatment or conditioning processes utilized: _____

SECTION E – WASTEWATER INFORMATION

1. Does this facility discharge any wastewater other than from restrooms or cafeterias?

Yes If the answer to this question is "Yes", complete the remainder of the application.

No If the answer to this question is "No", you may skip to Section I, on page 10.

2. Please indicate the quantities from the activities indicated below in units of gallons per day. (Refer to Section D, Items 5, 6, and 8.) Place an asterisk on any outfall discharging to a storm drain or surface water and give the NPDES Permit Number.

	<u>DISCHARGE VOLUME</u> <u>(gallons/day)</u>
Process (from D-8):	
A.	_____
B.	_____
C.	_____
Sanitary Wastes	_____
Boiler Blowdown	_____
Cooling Water, contact	_____
Cooling Water, non-contact	_____
Plant and equipment washdown	_____
Air Pollution Control Liquid Waste	_____
Stormwater runoff to sanitary sewer	_____
Other (Specify): _____	_____
Total (Refer to D-6):	=====
*NPDES Permit Number	_____

3. Does your facility have floor drains which tie into the sanitary sewer system? Yes No

If "Yes", please specify locations, drain sizes, and floor drain use. Also, indicate what protective measure have been taken to prevent the discharge of chemical spills or leaks to the sanitary sewer system through these drains.

SECTION E - WASTEWATER INFORMATION (Cont'd)

4. Is this industry subject to EPA Categorical Pretreatment Standards? Yes No
 (Facilities checking any of the items listed in Section B.4 may be a Categorical Industry.)

If "Yes", indicate which standards apply. _____

Will the discharge comply with these standards? _____

If EPA Categorical Pretreatment Standards apply, please include the applicable parameters and their anticipated concentrations in the wastewater before and after pretreatment in Section H-3 of this form. Estimates may be used for new discharges.

SECTION F - SEWER INFORMATION

1. Attach a scaled drawing, if available, or sketch of your plant site showing the location of all sewers. Assign a sequential reference number to each sewer starting with No. 1. Also show location of possible sampling points for process wastewater (D-8). For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.
2. By reference number, list size, descriptive location and flow of each sewer shown in item F-1. (If more than 3, attach additional information on another sheet.)

REFERENCE NUMBER	SEWER SIZE (inches)	DESCRIPTIVE LOCATION OF SEWER CONNECTION OR DISCHARGE POINT	TYPE OF WASTE	AVERAGE FLOW (gallons/day)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

3. Is Industrial waste segregated from or combined with domestic waste? Segregated Combined

If combined, with which wastes? _____

4. Will the industrial wastewater discharge to the sewer system be continuously metered? Yes No

If "Yes", please describe the metering facilities. _____

SECTION G - WASTEWATER PRETREATMENT

1. Is any form of pretreatment practiced at this facility? Yes No
2. Is any form of pretreatment planned for this facility within the next three years? Yes No
3. Please furnish process flow diagram for each existing or planned pretreatment system. Include a brief description of the facilities, process equipment by-products, by-product disposal method, concentrations, waste and by-product volumes, design and operating conditions.

SECTION H - CHARACTERISTICS OF DISCHARGES

1. Please indicate by checking the appropriate box by each listed chemical whether it is known or suspected present in the wastewater discharge or if it is used in your manufacturing or service activity or generated as a by-product but not discharged (NON-D). Some compounds are known by other names.

CHEMICAL	KNOWN	SUSPECTED	NON-D	CHEMICAL	KNOWN	SUSPECTED	NON-D
I. METALS & ORGANICS				III. MONOCYCLIC AROMATICS			
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toluene, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV. PCBs			
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. PHENOLS & CRESOLS				PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pheno(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1246	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, nentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Phenol, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. ETHERS (E)			
Phenol, 2,4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, bis chloromethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, bis 2-chloroethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o-Cresol, 4,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, bis 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				E, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				E, 4-bromophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Bis 2-chloroethoxy methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHEMICAL	KNOWN	SUSPECTED	NON-D	CHEMICAL	KNOWN	SUSPECTED	NON-D
VI. NITROSAMINES				IX. POLYCYCLIC AROMATIC			
Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrosamine, dinpropyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzidine, 3,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrazine, 1,2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. HALOGENATED ALIPHATICS				Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, bromo-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dibenzo (a,n.) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, chloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, dichloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. PESTICIDES			
Methane, dichlorodifluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aroclor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1,1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1,2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propane, 1-2, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propene, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endrin Aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. PHTHALATE ESTERS				Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-o-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, bis(2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

SECTION H - CHARACTERISTICS OF DISCHARGES (Cont'd)

3. List those chemical compounds indicated in the previous item as being discharged or suspected of being discharged and provide the following information. If recent laboratory results are not available, the discharger should collect 24-hour composite samples of its industrial discharge and have the samples analyzed for the below seven items and the additional pollutants that are known or suspected to be present in the wastewater as a result of the industry's use of the water. For a new discharge, a reasonable estimate of the wastewater quality must be provided. (Attach a copy of the laboratory report with this form. be sure to include the date of the analysis, name of the laboratory performing the analysis and location(s) from which sample(s) were taken. Attach sketches, plans, etc. as necessary.)

CHARACTERISTIC CHEMICAL COMPOUND	ANNUAL USAGE (lbs.)	DISCHARGE CONCENTRATION	
		BEFORE PRETREATMENT	AFTER PRETREATMENT
5-Day Biochemical Oxygen Demand	N/A		
Suspended Solids	N/A		
Chemical Oxygen Demand	N/A		
pH	N/A		
Total Kjeldahl Nitrogen	N/A		
Ammonia-Nitrogen	N/A		
Phenols	N/A		

4. Does your company keep a continuous record of wastewater pH? Yes No
5. Does your company keep a continuous record of wastewater discharge volume? Yes No
6. Is there a sampling manhole on the industrial waste discharge line to the sanitary sewer? Yes No
- If "Yes", please indicate its location. _____
- _____
- If there is no sampling manhole, please indicate where a sampling manhole could be installed. _____
- _____
- _____

SECTION I - NON-DISCHARGED WASTES

1. Are any wastes, by-products or sludges received or generated and not disposed in the sewer system? Yes No
 If "No", skip the remainder of Section I. If "Yes", these materials may best be described and quantified as:

	ESTIMATED QUANTITY PER YEAR (Indicate Units)		ESTIMATED QUANTITY PER YEAR (Indicate Units)
<input type="checkbox"/> Waste Solvent	_____	<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Waste Product	_____	<input type="checkbox"/> Acids and Alkalies	_____
<input type="checkbox"/> Oil	_____	<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Grease	_____	<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Pretreatment Sludge .	_____	<input type="checkbox"/> Other (Specify):	_____
<input type="checkbox"/> Inks/Dyes	_____		_____
<input type="checkbox"/> Thinner	_____		_____
<input type="checkbox"/> Heavy Metals	_____		_____
<input type="checkbox"/> Organic Compounds ..	_____		_____

2. Describe method of storing these wastes, including storage locations, size and type of containers, and methods for containing leaks and spills

3. Does your company remove any of the above checked wastes from the facility? Yes No

Describe: _____

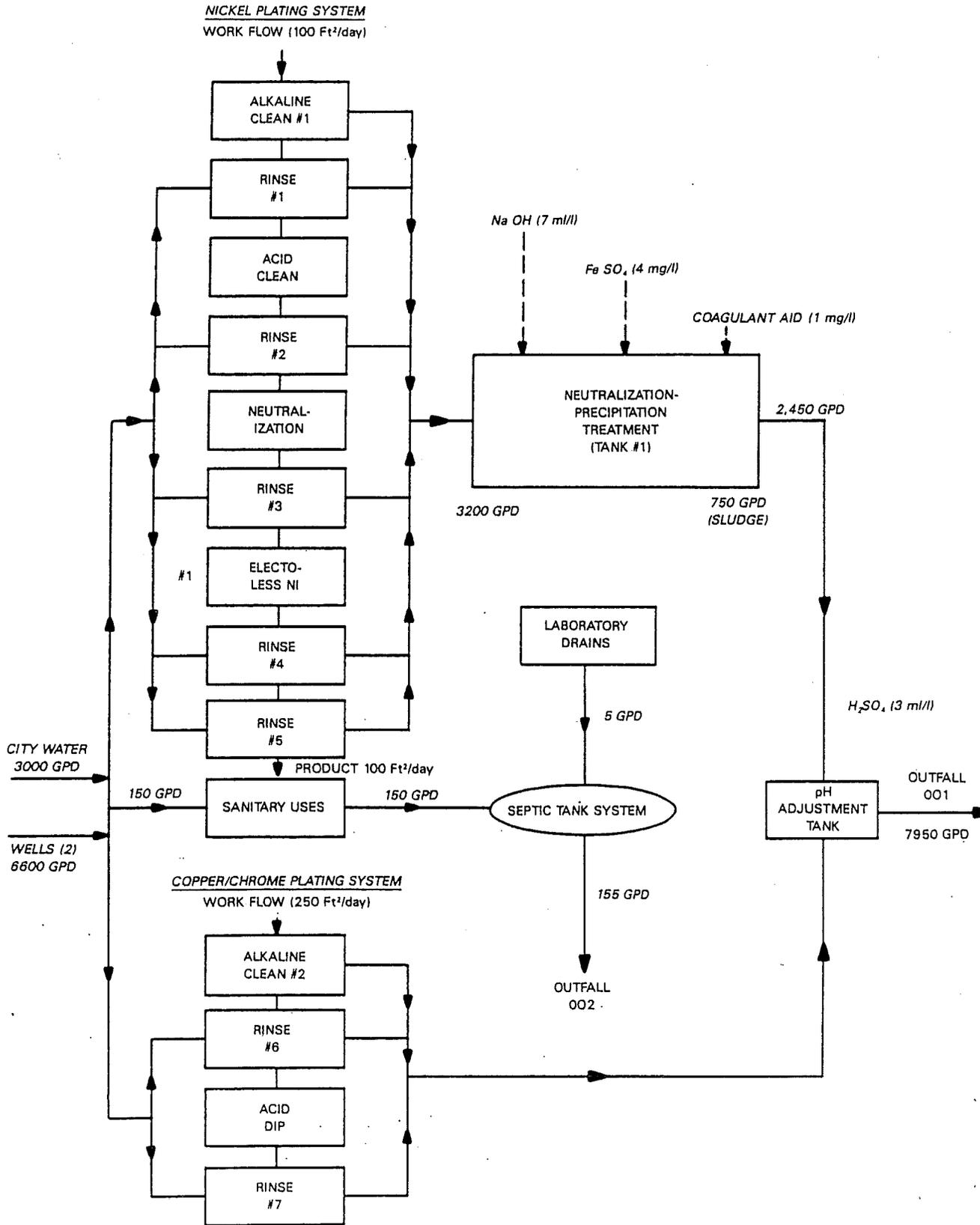
4. Are any of the above checked wastes placed with trash for disposal? Yes No

Describe: _____

5. Does your company practice on site disposal for any of the above checked wastes? Yes No

Describe: _____

Appendix B
Example of a Water Flow Diagram



Company Name: _____

6. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all haulers:

1. _____	2. _____
_____	_____
_____ zip code: _____	_____ zip code: _____
Permit No. (if applicable): _____	Permit No. (if applicable): _____

7. Do any of your substances require Resource Conservation and Recovery Act permits? Yes No

If "Yes", please specify: _____

EPA Generator Number: _____

8. List any other environmental control permits held by of for the facility: _____

SECTION J - CERTIFICATION

I verify that I am the _____ (insert title) and in that capacity, I verify that the statements made in the foregoing Questionnaire are, upon my information and belief, true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

_____ Date

_____ Signature of Official

_____ (Seal if applicable)