

# UNIVERSITY AREA JOINT AUTHORITY

## INDUSTRIAL WASTEWATER DISCHARGE QUESTIONNAIRE

**INSTRUCTIONS:** Please complete all sections. The completed and signed questionnaire should be mailed to the Sewer Authority Pretreatment Coordinator at University Area Joint Authority, 1576 Spring Valley Road State College, PA 16801-8499. Requests for confidential treatment of information provided herein 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. Also identify those activities producing industrial waste: (Attach additional sheets if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Indicate applicable Standard Industrial Classification (SIC) Code(s) for each process at 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  
If "Yes", please attach a copy to this questionnaire.

**SECTION D - WATER USAGE**

*This section relates primarily to Water usage; questions relating to Wastewater generation are Included in* **SECTION E**

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. <u>TOTAL</u> of a. through g. ....	_____

**SECTION D - WATER USAGE (Cont'd)**

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

	<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. ..	_____
		(Should equal TOTAL in item 5. on Page 3.)	

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 each process at the facility and resultant average wastewater discharge. (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 .....	_____	_____	_____

9. Describe any water treatment or conditioning processes utilized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION E - WASTEWATER INFORMATION**

1. Does this facility discharge any wastewater OTHER THAN from restrooms and 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 11.

2. Please indicate the quantities of wastewater generated from the processes indicated below in units of gallons per day. (Refer to SECTION D Item 8.) Place an asterisk on any outfall discharging to a storm drain or surface water and provide any NPDES Permit Number for such discharges.

<u>PROCESS</u>	<u>DISCHARGE VOLUME</u> <u>(gallons/day)</u>
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): _____	_____
 <u>TOTAL</u> (Should equal SECTION D Part 6 Total.)	=====
*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.

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**SECTION E - WASTEWATER INFORMATION (Cont'd)**

4. Is this industry subject to EPA Categorical Pretreatment Standards?  Yes  No  Don't know  
 (Facilities checking any of the items listed in **SECTION B** Part 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 measured concentrations in the wastewater before and after pretreatment in **SECTION H** Part 3 of this form. Estimates may be used for new discharges. Note that a certification of compliance with Categorical Standards signed by a Certified Professional, and a Baseline Monitoring Report, must be submitted if they have not been previously supplied. See 40 CFR §403.12(b) for details.

**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 itemized in **SECTION D** Part 8. For reference and field orientation, buildings, streets, alleys, and other prominent 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. For each of the following, if it is used in your manufacturing or service activity, or generated as a product, by-product or waste, check whether it is **KNOWN** or **SUSPECTED** to be present in your wastewater discharge. If it is used in your facility but **NOT** discharged, check whether this has been confirmed by laboratory tests (**NON-D**) or not (**Suspected**). Not checking any box serves as an indication that the substance is not present at this facility in any form.

CHEMICAL	KNOWN		SUSPECTED		CHEMICAL	KNOWN		SUSPECTED	
	PRESENT	PRESENT	NON-D	PRESENT		PRESENT	PRESENT	NON-D	PRESENT
<b>I. METALS &amp; INORGANICS</b>					<b>III. MONOCYCLIC AROMATICS</b>				
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toluene, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>IV. PCBs</b>				
Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. PHENOLS &amp; CRESOLS</b>					PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, nentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>V. ETHERS (E)</b>				
Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, bis chloromethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, bis 2-chloroethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, bis 2-chloroisopropyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2,4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E, 4-bromophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o-Cresol, 4,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bis 2-chloroethoxy methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION H - CHARACTERISTICS OF DISCHARGES (Cont'd)**

CHEMICAL	SUSPECTED				CHEMICAL	SUSPECTED			
	KNOWN		NON-D	NOT		KNOWN		NON-D	NOT
	PRESENT	PRESENT		PRESENT		PRESENT	PRESENT		PRESENT
<b>VI. NITROSAMINES</b>					<b>IX. POLYCYCLIC AROMATICS</b>				
Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzidine, 3,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrazine, 1,2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VII. HALOGENATED ALIPHATICS</b>					Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, bromo-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, chloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, dichloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dibenzo (a,n,) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methane, dichlorodifluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X. PESTICIDES</b>				
Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1,1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1,2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propane, 1-2, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propene, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VIII. PHTHALATE ESTERS</b>					Endrin Aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, bis(2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					



**SECTION H - CHARACTERISTICS OF DISCHARGES (Cont'd)**

2. Provide the information requested below for each substance listed. Also list below those substances indicated in Part 1 above, as being discharged or suspected of being discharged. If recent laboratory results are not available, collect representative composite samples of the industrial waste discharge and have the sample analysed for the listed items. Along with the analysis of the characteristics of the discharge, an estimate of wastewater flow on the day of sampling 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 the location(s) from which the sample(s) were taken. Attach sketches, plans, etc. as necessary. Attach additional sheets if necessary.

CHARACTERISTIC CHEMICAL COMPOUND	NUMBER OF SAMPLES	SAMPLE TYPE (GRAB OR COMPOSITE)	DISCHARGE CONCENTRATION (indicate units - mg/l, µg/l, etc.)	
			BEFORE PRETREATMENT	AFTER PRETREATMENT
5-Day Biochemical Oxygen Demand				
pH				
Beryllium				
Cadmium				
Chromium (hexavalent)				
Copper				
Lead				
Mercury				
Nickel				
Silver				
Zinc				
Cyanide				
Total Phenolics				
Benzene				
Chloroform				
Ethyl Benzene				
Toluene				
Methylene Chloride				
1,1,1 trichloroethane				

- 3. Does your company keep a continuous record of wastewater pH?     Yes     No
- 4. Does your company keep a continuous record of wastewater discharge volume?     Yes     No
- 5. Is there a sampling manhole on the industrial waste discharge line or any other wastewater discharge line into 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. Provide appropriate drawings showing the location and details of the sampling manhole.

**SECTION H - CHARACTERISTICS OF DISCHARGES (Cont'd)**

**6. HAZARDOUS WASTE REPORTING**

Does your facility discharge to the sewer any wastes which, if otherwise disposed of, would be classified as Hazardous Wastes under 40 CFR Part 261?  Yes  No

If "No", continue to **Section I - Non-Discharged Wastes**

Please provide the following information on these wastes:

Name of Waste	EPA Hazardous Waste Number	Type of Discharge (Batch, Continuous)	Quantity Discharged (Kilograms per Month)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mark any of the above-listed wastes classified as Acute hazardous wastes under 40 CFR §261.30(d) or §261.33(e) with an "A"

For each waste listed above as discharged in quantities greater than 100 kilograms per month, provide on a separate sheet the following: identify all hazardous constituents; estimate mass and concentration discharged in the wastewater during the most recent month; estimate mass and concentration expected to be discharged during the next twelve months.

This section constitutes the report required under 40 CFR §403.12(p), and copies will be forwarded to EPA and DER as required by that regulation. If discharge of different hazardous wastes than those listed above occurs, the discharger must file a similar report regarding those substances to this Authority, EPA and DER.

If hazardous wastes are discharged to the sewer, the following statement must be signed by a corporate official, partner, proprietor, director, or other responsible person:

*"I certify that the industry named in this document has in place a program which is designed to reduce the volume and/or toxicity of the discharged wastes to the extent that it is economically practical."*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name) Please print

**NOTE: This program is subject to verification by inspection**

**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** and go to **SECTION J** on page 12.  
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. Attach a copy of a Spill Prevention Control and Countermeasure Plan (SPCC Plan) if available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Describe: \_\_\_\_\_  
\_\_\_\_\_

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

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION I - NON-DISCHARGED WASTES (Cont'd)**

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. Does your facility require any Resource Conservation and Recovery Act permits?  Yes  No

If "Yes", please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EPA Generator Number: \_\_\_\_\_

**SECTION J - CERTIFICATION**

(By individual named in **SECTION A** Part 4)

*I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I understand that there may be penalties, including the possibility of criminal prosecution under applicable Pennsylvania statutes, for providing false information to public officials acting in their official capacities.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Official

## APPENDIX A—EXAMPLE OF A RAW MATERIAL INVENTORY

RAW MATERIAL	FREQUENCY AND AMOUNT USED	USE
Nickel Sulfate	75 GPD	Nickel Source in Plating Tank 1 and 4
Boric Acid	50 GPD	Cleaning Solution in Acid Cleantank (Ni Line)
Sodium Hypophosphate	10 GPD	Nickel Reducing Agent in Plating Tank 1
Citric Acid	25 GPD	Ni Chelating Agent in Plating Tank 1
Formaldehyde	40 GPD	Cu Reducing Agent in Plating Tank 2
Benzene	5 GPD	Cleaning Agent/Lab Solvent
Carbon Tetrachloride	5 GPD	Cleaning Solution (55 Gal Drums in Work Area)
Chloroform	Lab Quantities	Lab Solvent/Rinse Baths #2 & 8
Ethyl Benzene	Lab Quantities	Lab Solvent
Acetaldehyde	20 GPD	Cu Reducing Agent in Plating Tank 3
Sodium Cyanide	80 GPD	Cyanide "Strike" Source in Plating Tank 2
Chromic Acid	100 GPD	Chrome Source in Plating Tank 5
Copper Sulfate	100 GPD	Copper Sources in Plating Tank 3
Potassium Cyanide	40 GPD	Cyanide "Strike" Source in Plating, Tank 2
Trichloroethylene	20 GPD	Degreaser in Rinse Tanks 4, 5, 10 & 11
Acetone	Lab Quantities	Lab Solvent
Acetic Acid	20 GPD	Acid Cleaning Tank (Ni Line) & Dip Tank (Cu, Cr Line)
Sulfuric Acid	30 GPD	pH Adjustment in Neutralization Tank & Cyanide Destruction—TRMT Tank #2
Sodium Hydroxide	20 GPD	Alkaline Clean Tank 1 & 2 and Treatment Tanks 1 & 2 (pH Adjustment)
Nitro Benzene	Lab Quantities	Lab Reagent
Iron Sulfate	70 lbs/day	Coagulant and Intreatment Tanks 1 & 2
Coagulant Aid*	150 lbs/day	Aid in Coagulation & Precipitation in Treatment Tanks 1 & 2
Fluorene	5 GPD	Cleaning Agent Prior to Plating Tanks
Contains: Activited Silica Potassium Permanganate (Oxidant) Diethyl Pthalate		

**Appendix B**  
**Example of a Water Flow Diagram**

