City of Covington
Environmental Compliance
P.O.Box 1527
Covington, GA. 30015
770/ 385-2085

Facility Discharge Questionnaire

(Includes Baseline Monitoring Report Data)

Section A – General Information

1. Facility Name: _____

   a. Operator Name: _____

   b. Is the operator identified in 2(a) the owner of the facility? ( ) Yes ( ) No

2. Facility Address:
   Street: _____

   City: _____ State: _____ Zip: _____

3. Will you be connected to the public sanitary sewer system?
   ( ) Yes

   ( ) No If no, do not continue. Please sign application and submit to proper control authority.

4. Business Mailing Address:

   Street or PO Box: _____

   City: _____ State: _____ Zip: _____

5. Designated signatory authority of the facility:
   (Attach similar information for each authorized representative)

   Name: _____

   Title: _____

   Address: _____

   City: _____ State: _____ Zip: _____

   Phone: _____

6. Designated facility contact:

   Name: _____

   Title: _____

   Phone: _____

Section B – Business Activity

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, water sludge, or hazardous waste), place a check beside the category of business activity (check all that apply).

Industrial Categories*

( ) Aluminum Forming
( ) Asbestos Manufacturing
( ) Battery Manufacturing
( ) Can Making
( ) Carbon Black
( ) Coal Mining
( ) Coil Coating
( ) Copper Forming
( ) Electric and Electronic Components Manufacturing
( ) Electroplating
( ) Feedlots
( ) Fertilizer Manufacturing
( ) Foundries (Metal Molding and Casting)
( ) Glass Manufacturing
( ) Grain Mills
( ) Inorganic Chemicals
( ) Iron and Steel
( ) Leather Tanning and Finishing
( ) Metal Finishing
( ) Nonferrous Metals Forming
( ) Nonferrous Metals Manufacturing
( ) Organic Chemicals Manufacturing
( ) Paint and Ink Formulating
( ) Paving and Roofing Manufacturing
( ) Pesticides Manufacturing
( ) Petroleum Refining.
( ) Pharmaceutical
( ) Plastic and Synthetic Materials Manufacturing
( ) Plastics Processing Manufacturing
( ) Porcelain Enamel
( ) Pulp, Paper, and Fiberboard Manufacturing
( ) Rubber
( ) Soap and Detergent Manufacturing
( ) Steam Electric
( ) Sugar Processing
( ) Textile Mills
( ) Timber Products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "Categorical users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

_____
_____
_____
_____
_____
_____
_____
_____

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

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

4. PRODUCT VOLUME:

Product (Brand Name)	Past Calendar Year Amounts per Day (Daily Units)		Estimate This Calendar Year Amounts per Day (Daily Units)	
	Average	Maximum	Average	Maximum

Section C – Water Supply

1. Water Sources: (Check as many as are applicable)
   ( ) Private Well
   ( ) Surface Water
   ( ) Municipal Water Utility (Specify City): _____
   ( ) Other (Specify): _____

2. Name on the water bill: _____

   Name: _____
   Street: _____
   City: _____ State: _____ Zip: _____

3. Water service account number: _____

4. List average water usage on premises:
   (New facilities may estimate)

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant and equipment washdown	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A – J	_____	_____

Section D – Sewer Information

1. a. For an existing business:

   Is the building presently connected to the public sanitary sewer system?

   ( ) Yes: Sanitary sewer account number _____
   ( ) No: Have you applied for a sanitary sewer hookup? ( ) Yes ( ) No

   b. For a new business:

   (i). Will you be occupying an existing vacant building (such as in an industrial park)?
   ( ) Yes ( ) No

   (ii). Have you applied for a building permit if a new facility will be constructed?
   ( ) Yes ( ) No

   (iii). Will you be connected to the public sanitary sewer system?
   ( ) Yes

   ( ) No

2. List size, descriptive location, and flow of each facility sewer, which connects to the public sanitary sewer system. (If more than three, attach additional information on another sheet.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section E – Wastewater Discharge Information

1. Does or will this facility discharge any wastewater other than from restrooms to the public sanitary sewer ?
   ( ) Yes (If yes, please complete the remainder of this application.)

   ( ) No (If no, please skip to Section I.)

2. Provide the following information on wastewater flow rate. (New facilities may estimate.)

   a. Hours /Day Discharged (e.g. 8 hours/day):

      M____ T____ W____ TH____ F____ SAT____ SUN____

   b. Hours of Discharge (e.g., 9 a.m. to 5 a.m.):

      M____ T____ W____ TH____ F____ SAT____ SUN____

   c. Peak hourly flow rate (GPD) _____

   d. Maximum daily flow rate (GPD) _____

   e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur, indicate: (New facilities may estimate.)

   a. Number of batch discharges _____ per day

   b. Average discharge per batch _____ (GPD)

   c. Time of batch discharges _____ at _____
      (day of the week) (hour of the day)

   d. Flow rate _____ gallons/minute

   e. Percent of total discharge _____

4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily of each wastestream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

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

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

   Provide the following (TTO) information.

   a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

      ( ) Yes ( ) No

   b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

      ( ) Yes ( ) No

   c. Has a toxic organics management plan (TOMP) been developed?

      ( ) Yes, (please attach a copy) ( ) No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

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 so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treament processes that may affect the discharge.

( ) Yes ( ) No, (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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

( ) Yes ( ) No, (skip question 11)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

Section F – Characteristics of Discharge

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the table provided in this section to report the analytical results. DO NOT LEAVE BLANKS! For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate either on the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

TABLE B – PROHIBITED POLLUTANTS

Complete this table by checking the appropriate column and providing analytical results where indicated (P=known to be present, S=suspected to be present, O=known not to be present):

Pollutant	P	S	O
1. Materials that may create a fire or explosion hazard, including wastestreams with a closed cup flash point of less than 140°F or 60°C using test methods in 40 CFR Part 261.21.	____	_____	____
Flash point (°F or °C)	____		
2. Corrosive type materials pH<5 or pH>9	____	_____	____
pH (std. units)	____		
3. Solid or viscous pollutants in amounts, which could cause flow obstruction or interference with POTW operation.	____	_____	_____
4. Discharge of any pollutants (including BOD^5, Suspended Solids, COD, etc.) in volume or strength to cause POTW unit process upset or NPDES Permit violations.	____	_____	_____
BOD^5 (mg/l)	____		
COD (mg/l)	____		
Suspended Solids (mg/l)	____		
Oil and Grease (mg/l)	____		
5. Heated discharges in excess of l04ºF or 40ºC	____	_____	_____
Temperature (ºF or ºC)	____		

Pollutant	P	S	O
6. Petroleum oil, nonbiodegradable cutting oil or products of mineral oil origin that cause POTW upsets or permit violations.	_____	_____	_____
7. Pollutants, which result in presence of toxic gases, vapors or flumes in a quantity that may cause acute worker health and safety problems.	_____	_____	_____
8. Any trucked or hauled pollutants to discharge points on the POTW system.	_____	_____	_____

HAZARDOUS WASTES DISHCARGED TO A POTW SEWER SYSTEM (see 40 CFR Part 403.12(p) for requirements of hazardous waste notification):

a. Do you now discharge listed or characteristic hazardous wastes as specified in 40 CFR Part 261 to a POTW sanitary sewer system?

( ) No
( ) Yes (if the answer is "Yes" complete the following).

(i) Name of the hazardous waste as set forth in 40 CFR Part 261

_____
_____
_____

(ii) EPA hazardous waste number _____
_____

(iii) Type of discharge to the sewer (continuous, batch, or other)

_____

(iv) A certification should be provided below that you have a program in place to reduce the volume and toxicity of hazardous wastes generated to the extent determined to be economically practical.

_____
_____
_____
_____

(v) Describe the program components:

_____
_____
_____
_____

b. Do you discharge more that 100 kilograms of hazardous waste per calendar month to the POTW system?

( ) No
( ) Yes, (if the answer is "Yes" report the following).

(i) An identification of the hazardous constituents contained in the hazardous waste as specified in 40 CFR Part 261.

(ii) An estimation of the mass and concentration of the constituents in the wastestream discharged during the calendar month.

(iii) An estimation of the mass of constituents in the wastestream expected to be discharged during the next 12 months.

c. Have you had to submit a hazardous waste notification (to the POTW that you discharge to) based on requirements of 40 CFR Part 403, 12 (p)?

( ) No
( ) Yes, (if "Yes" provide the POTW name, address and date of notification).

Pollutant	Level Used	Daily Value		Analyses		Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								
1.2-Dichloroethane								
1.1,1-Trichloroethane								
Hexachloroethane								
1.1-Dichloroethane								
1.1,2-Trichloroethane								
1.1,2,2-Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl) ether								
17 Bis (chloro methyl) ether								
2-Chloroethyl Vinyl ether								
2-Chloronaphthalene								
2.4,6-Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2-Chlorophenol								
1.2-Dichlorobenzene								
1.3-Dichlorobenzene								
1.4-Dichlorobenzene								
3.3-Dichlorobenzidine								
1.1-Dichloroethylene								
1.2-Trans-dichloroethylene								
2.4-Dichloropheno								
1.2-Dichloropropane								
1.2-Dichloropropylene								
1.3-Dichloropropylene								
2.4-Dimethylphenol								
2.4-Dinitrotoluene								

Pollutant	Level Used	Daily Value		Analyses		Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2.6-Dinitrotluene								
1.2-Diphenylhydraxine								
Ethylbenzene								
Fluoranthene								
4-Chlorlphenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis(2-chlorisopropyl) ether								
Bis(2-chloroethyl) ether								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2-Nitrophenol								
4-Nitrophenol								
2.4-Dinitrophenol								
4.6-Dinitr-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis(2-ethylhexyl)phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a) anthracene								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Benzo(a) pyrene								
3.4-benzofluoranthene								
Benzo(k) fluoranthane								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi) perylene								
Fluorene								
Phenanthrene								
Dibenzo(a,h) anthracene								
Indeno(1,2,3-cd) pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl chloride								
Aldrin								
Dieldrin								
Chlordane								
4.4’-DDT								
4.4’-DDE								
4.4’-DDD								
Alpha-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
(TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD_5								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH_3-N								
Oil and Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO_4)								
Sulfide (S)								
Sulfite (SO_3)								
Antimony								
Arsenic								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Barium	_____	_____	_____	_____	_____	_____	_____	_____
Beryllium	_____	_____	_____	_____	_____	_____	_____	_____
Cadmium	_____	_____	_____	_____	_____	_____	_____	_____
Chromium	_____	_____	_____	_____	_____	_____	_____	_____
Copper	_____	_____	_____	_____	_____	_____	_____	_____
Cyanide	_____	_____	_____	_____	_____	_____	_____	_____
Lead	_____	_____	_____	_____	_____	_____	_____	_____
Mercury	_____	_____	_____	_____	_____	_____	_____	_____
Nickel	_____	_____	_____	_____	_____	_____	_____	_____
Selenium	_____	_____	_____	_____	_____	_____	_____	_____
Silver	_____	_____	_____	_____	_____	_____	_____	_____
Thallium	_____	_____	_____	_____	_____	_____	_____	_____
Zinc	_____	_____	_____	_____	_____	_____	_____	_____

Section G - Treatment

1. Is any form of wastewater treatment (see list below) practiced at this facility?

   ( ) Yes ( ) No

2. Is any form of wastewater treatment (or changes to a existing wastewater treatment) planned for this facility within the next three years?

   ( ) Yes, describe _____
   ( ) No

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

   ( ) Air flotation
   ( ) Centrifuge
   ( ) Chemical precipitation
   ( ) Chlorination
   ( ) Cyclone
   ( ) Filtration
   ( ) Flow equalization
   ( ) Grease or oil separation, type:_____
   ( ) Grease trap
   ( ) Grinding filter
   ( ) Grit removal
   ( ) Ion removal
   ( ) Neutralization, pH correction
   ( ) Ozonation
   ( ) Reverse osmosis
   ( ) Screen
   ( ) Sedimentation
   ( ) Septic tank
   ( ) Solvent separation
   ( ) Spill protection
   ( ) Sump
   ( ) Biological treatment, type: _____
   ( ) Rainwater diversion or storage
   ( ) Other chemical treatment, type: _____
   ( ) Other physical treatment, type: _____
   ( ) Other, type: _____

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

_____

_____

_____

_____

_____

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

_____

_____

_____

_____

_____

7. Do you have a treatment operator? ( ) Yes ( ) No

(If Yes,) Name: _____
Title: _____

Phone: _____

Full time: _____ (specify hours)

Part time: _____ (specify hours)

Certification Number: _____

8. Do you have a manual on the correct operation of your treatment equipment?

( ) Yes ( ) No

9. Do you have a written maintenance schedule for your treatment equipment?

( ) Yes ( ) No

Section H – Facility Operational Characteristics

1. Shift Information

Work Days		( ) Mon.	( ) Tues.	( ) Wed.	( ) Thurs.	( ) Fri.	( ) Sat.	( ) Sun.
Shifts per work day:		____	____	____	_____	____	____	____
Empl's per shift:	1st	____	____	____	_____	____	____	____
	2nd	____	____	____	_____	____	____	____
	3rd	____	____	____	_____	____	____	____
Shift start and end times:	1st	____	____	____	_____	____	____	____
	2nd	____	____	____	_____	____	____	____
	3rd	____	____	____	_____	____	____	____

2. Indicate whether the business activity is:

( ) Continuous through the year, or
( ) Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____
_____
_____

3. Indicate whether the facility discharge is:

( ) Continuous through the year, or
( ) Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____
_____
_____

4. Does operation shut down for vacation, maintenance, or other reasons?

   ( ) Yes, indicate reasons and period when shutdown occurs:

   _____

   ( ) No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

   _____
   _____
   _____
   _____
   _____
   _____

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacture's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meter, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

   A blueprint or drawing of the facility showing the above items may be attached in lieu of submitting a drawing sheet.

Section I – Spill Prevention

1. Do you have chemical storage containers, bins, or ponds at your facility?

   ( ) Yes ( ) No

   If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also, indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?

   ( ) No
   ( ) Yes (if "Yes"; where do they discharge to?)

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

   ( ) an onsite disposal system
   ( ) public sanitary sewer system (e.g. through a floor drain)
   ( ) storm drain
   ( ) to ground
   ( ) other, specify:
   ( ) not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

   ( ) Yes – (Please enclose a copy with the application)
   ( ) No
   ( ) N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

   _____
   _____
   _____
   _____
   _____

Section J – Non-Discharged Wastes

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

   ( ) Yes, please describe below
   ( ) No, skip the remainder of Section J.

Waste Generated	Quantity (per year)	Disposal Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

   _____
   _____
   _____

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

   _____
   _____
   _____

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

   a. _____ b. _____
   _____ _____
   _____ _____

5. Have you been issued any Federal, State, or local environmental permits?

   ( ) Yes
   ( ) No

   If yes, please list the permit(s): _____
   _____
   _____
   _____

6. If any wastes are stored on site for greater than 90 days provide the following:

Method: ( ) drum, ( ) roll-off container, ( ) tank, ( ) lagoon,
( ) other (specify) _____

Typical length of time waste stored: ( ) days ( ) weeks ( ) months

Typical volume of waste stored: ( ) tons ( ) gallons

Is storage site diked? ( ) Yes ( ) No

Surface drainage collection: ( ) Yes ( ) No

Section K – Authorized Signatures

Compliance Certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

   ( ) Yes ( ) No ( ) Not yet discharging

2. If No:

   a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

   b. Provide a schedule for bring the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion 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. Based on my inquiry of
the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and 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.

Name(s)	Title

Signature	Date	Phone