

STATE OF GEORGIA DEPARTMENT OF NATURAL RESOURCES  
ENVIRONMENTAL PROTECTION DIVISION

APPLICATION FOR A PRETREATMENT PERMIT  
(includes Baseline Monitoring Report Data)

To be filed by persons engaged in manufacturing, mining or commercial operations which generate pollutants which are discharged to publicly owned treatment works and then into the waters of the State.

FOR EPD USE  
APPLICATION  
NUMBER: \_\_\_\_\_  
DATE  
RECEIVED: \_\_\_\_\_  
YR MO DAY

SECTION A - GENERAL INFORMATION

1. a. Will you be connected to the public sanitary sewer system?  
 Yes  No (if no, then do not continue with application. Sign application and submit to Environmental Protection Division).

b. For an existing business:

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

Yes:

No: Have you applied for a sanitary sewer hookup?  Yes  No

c. For a new business:

(i). Will you be occupying an existing vacant building?  
 Yes  No

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

2. Does or will this facility discharge any wastewater other than from rest rooms to the City sewer?

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

No If the answer to this question is "No", skip to Section I.

3. Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

- b. Is the operator identified in 1.a., the owner of the facility?  
 Yes  No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility. \_\_\_\_\_  
 \_\_\_\_\_

4. Facility Address:  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Business Mailing Address:  
 Street or P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Designated signatory authority of the facility:  
 [Attach similar information for each authorized representative]

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

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 listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category (check all that apply).

<u>Industrial Categories</u>	<u>Code of Federal Regulations (CFR) Reference Number</u>
<input type="checkbox"/> Aluminum Forming	467
<input type="checkbox"/> Asbestos Manufacturing	427
<input type="checkbox"/> Battery Manufacturing	461
<input type="checkbox"/> Canned and Preserved Fruits and Vegetables Processing	407
<input type="checkbox"/> Canned and Preserved Seafood Processing	408
<input type="checkbox"/> Carbon Black Manufacturing	458
<input type="checkbox"/> Cement Manufacturing	411
<input type="checkbox"/> Coal Mining	434
<input type="checkbox"/> Coil Coating	465
<input type="checkbox"/> Copper Forming	468
<input type="checkbox"/> Dairy Products Processing	405
<input type="checkbox"/> Electrical and Electronic Components Manufacturing	469
<input type="checkbox"/> Electroplating	413

Industrial CategoriesCode of Federal Regulations (CFR)  
Reference Number

[ ]	Explosives Manufacturing	457
[ ]	Feedlots	412
[ ]	Ferroalloy Manufacturing	424
[ ]	Fertilizer Manufacturing	418
[ ]	Glass Manufacturing	426
[ ]	Grain Mills	406
[ ]	Gum and Wood Chemicals Manufacturing	454
[ ]	Hospital	460
[ ]	Ink Formulating	447
[ ]	Inorganic Chemicals Manufacturing	415
[ ]	Iron and Steel Manufacturing	420
[ ]	Leather Tanning and Finishing	425
[ ]	Meat Products	432
[ ]	Metal Finishing	433
[ ]	Metal Molding and Casting	464
[ ]	Mineral Mining and Processing	436
[ ]	Nonferrous Metals Forming and Metal Powders	471
[ ]	Nonferrous Metals Manufacturing	421
[ ]	Oil and Gas Extraction	435
[ ]	Ore Mining and Dressing	440
[ ]	Organic Chemicals Plastic and Synthetic Fibers	414
[ ]	Paint Formulating	446
[ ]	Paving and Roofing Materials	443
[ ]	Pesticides Chemicals	455
[ ]	Petroleum Refining	419
[ ]	Pharmaceutical Manufacturing	439
[ ]	Phosphate Manufacturing	422
[ ]	Photographic	459
[ ]	Plastics Molding and Forming	463
[ ]	Porcelain Enameling	466
[ ]	Pulp, Paper, and Paperboard	430
[ ]	Rubber Manufacturing	428
[ ]	Soap and Detergent Manufacturing	417
[ ]	Steam Electric Power Generating	423
[ ]	Sugar Processing	409
[ ]	Textile Mills	410
[ ]	Timber Products Processing	429
[ ]	The Builders' Paper and Board Mills	431

A facility with process inclusive in the above 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 (includes principal raw materials, catalysts, and intermediates used in the process).

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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. List average water usage on premises:  
[New facilities may estimate]

Type	Average Water Usage (GPD)	Indicate Estimate (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____

<u>Type</u>	<u>Average Water Usage (GPD)</u>	<u>Indicate Estimate (E) or Measured (M)</u>
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant & equipment wash down	_____	_____
i. Irrigation & lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A-J	_____	_____

**SECTION D - SEWER INFORMATION**

1. Name, address, and location of the publicly owned treatment works (POTW) to which you discharge.

a. Name of organization responsible for receiving waste:  
\_\_\_\_\_

b. Facility receiving waste:  
 Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 NPDES Permit No. \_\_\_\_\_

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

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Provide the following information on wastewater flow rate.  
[New facilities may estimate]
- Hours/Day Discharged (e.g., 8 hours/day):  
M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_
  - Hours of Discharge (e.g., 9 a.m. to 5 p.m.):  
M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_
  - Peak hourly flow rate (GPD) \_\_\_\_\_
  - Maximum daily flow rate (GPD) \_\_\_\_\_
  - Annual daily average (GPD) \_\_\_\_\_
2. If batch discharge occurs or will occur, indicate:  
[New facilities may estimate]
- Number of batch discharges \_\_\_\_\_ per day
  - Average discharge per batch \_\_\_\_\_ (GPD)
  - Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
  - Flow rate \_\_\_\_\_ gallons/minute
  - Percent of total discharge \_\_\_\_\_
3. 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 volume 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 these unit processes in the building layout in Section H.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 5.

4. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each of your processes or proposed processes. Include the reference number from the schematic flow diagram 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 5 & 6 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

5. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the schematic flow diagram 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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. 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

7. 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 schematic flow diagram and describe the equipment below:

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If flow metering equipment is not installed, will water use records or other method be used and be representative of discharged flow? Explain.

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8. 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 treatment processes that may affect the discharge.

- No
- Yes, then briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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

No

Yes, then 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.)

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10. Are any other waste minimization measures used or planned?

No

Yes, then briefly describe measures.

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**SECTION F - CHARACTERISTICS OF DISCHARGE (refer to 40 CFR Part 403.12(b) for baseline monitoring report requirements).**

1. **DATA:** Report organics and pesticides as ug/l; conventional pollutants and metals as mg/l; mass as lbs/day. All other units have been specified.

All current industrial users are required to submit monitoring data on all pollutants that are subject to categorical standards. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For all other (nonregulated) 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 concentration column under average of analyses. If data is available for nonregulated pollutants, please include. Indicate on either the top of each table, or on a separate sheet, if necessary, the time, date, and place of sampling, the methods of analysis, the type of sample (i.e., flow proportional composite samples, time proportional composite samples or grab samples) and the number of representative samples taken. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used. A certification statement should also be provided on the table or additional sheet if necessary that such sampling and analysis are representative of normal work cycles and expected pollutant discharges to the POTW. A copy of a pollutant scan can be attached in lieu of completing the tables provided that all requested information is included on the scan.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing P (expected to be present), S (may be present), or O (will not be present) in the concentration column under average of analyses. If the industry is not yet in operation, the levels of the regulated pollutants and process flows should be estimated and reported.

When analyzing for pollutants listed in Georgia's Rules and Regulations for Water Quality Control, the applicant should ensure that the pollutants are at least analyzed down to the detection limits as specified in Attachment No. 1. If detection levels are not applicable for specific pollutants, so indicate by placing N/A under the column detection level used.







Pollu	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
		Conc.	Conc.		Conc. Mass
PCB-1232					
PCB-1248					
PCB-1260					
PCB-1016					
Toxaphene (TCDD)					
Asbestos					
Acidity mg(CaCO <sub>3</sub> )/L					
Alkalinity mg(CaCO <sub>3</sub> )/L					
Focal Coliform Bacteria (#/100 ml)					
Chloride					
Chlorine					
Fluoride					
Hardness mg(CaCO <sub>3</sub> )/L					
Magnesium					
NH <sub>3</sub> -N					
TOC					
Kjeldahl N					
Nitrate N					
Nitrite N					
Organic N					
Orthophosphate P					
Phosphorus					
Undane [Hexachlorocyclohexane (G-BHC-Gamma)]					
Sodium					
Specific Conductivity $\mu$ mhos/cm					
Sulfate (SO <sub>4</sub> )					
Sulfide (S)					
Sulfite (SO <sub>3</sub> )					
Antimony					
Arsenic					
Barium					
Beryllium					

Pollut	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
Cadmium	_____	Conc.	Conc.	_____	Mass
Chromium (Total)	_____	_____	_____	_____	_____
Chromium VI	_____	_____	_____	_____	_____
Copper	_____	_____	_____	_____	_____
Cyanide	_____	_____	_____	_____	_____
Lead	_____	_____	_____	_____	_____
Mercury	_____	_____	_____	_____	_____
Nickel	_____	_____	_____	_____	_____
Selenium	_____	_____	_____	_____	_____
Silver	_____	_____	_____	_____	_____
Thallium	_____	_____	_____	_____	_____
Zinc	_____	_____	_____	_____	_____
Methoxychlor	_____	_____	_____	_____	_____
2,4-Dichlorophenoxy propionic acid (TP Silvex)	_____	_____	_____	_____	_____

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):

<u>Pollutant</u>	<u>P</u>	<u>S</u>	<u>O</u>
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 pollutant (including BOD <sub>5</sub> , Suspended Solids, COD, etc.) in volume or strength to cause POTW unit process upset or NPDES Permit violations.	___	___	___
BOD <sub>5</sub> (mg/l)	___		
COD (mg/l)	___		
Suspended Solids (mg/l)	___		
Oil and Grease (mg/l)	___		
5. Heated discharges in excess of 104°F or 40°C	___	___	___
Temperature (°F or °C)	___		

TABLE B (continued)

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.	—	—	—
2. HAZARDOUS WASTES DISCHARGED 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 than 100 kilograms of hazardous waste per calendar month to the POTW sewer?

- 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 the requirements of 40 CFR Part 403.12(p)?

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

\_\_\_\_\_

\_\_\_\_\_

**SECTION G - TREATMENT**

1. Is any form of wastewater treatment practiced at this facility?

- Yes
- No

2. Is any form of wastewater treatment (or changes to 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
- 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 (attach additional sheets if necessary).

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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.

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full time: \_\_\_\_\_ (specify hours)

Part time: \_\_\_\_\_ (specify hours)

8. Is the treatment plant operator certified?  No  Yes  
(if Yes):

Certification type: \_\_\_\_\_

Certification date and number: \_\_\_\_\_

**SECTION H - FACILITY OPERATIONAL CHARACTERISTICS**

1. 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: \_\_\_\_\_  
\_\_\_\_\_

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

No

Yes, indicate reasons and period when shutdown occurs:

\_\_\_\_\_

3. List types and quantity of raw materials, catalysts, intermediates and other chemicals used or planned for use (attach list if needed).

Chemical

Quantity

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

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

4. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram in Section E-3), public sewers, and each facility sewer line connected to the public sewers. Number each sewer.

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

**SECTION I - SPILL PREVENTION**

1. Do you have chemical storage containers, bins, or ponds at your facility?  No  Yes

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.

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2. Do you have floor drains in your manufacturing or chemical storage area(s)?  No  Yes  
if Yes, where do they discharge to?

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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 on-site 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 City's collection system?

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

**SECTION J - NON-DISCHARGED WASTES**

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

No, skip the remainder of Section J.

Yes, please describe below (attach additional sheets if necessary)

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>	<u>Treatment Facility On-site/Off-site</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. If any of your wastes identified in No. 1 are sent to an off-site centralized waste treatment facility, identify the facility's name and location \_\_\_\_\_

3. If an outside firm removes any of the waste, described in No. 1 above, state the name(s) and address(es) of all waste haulers:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit No. (if applicable): \_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit No. (if applicable): \_\_\_\_\_

4. 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



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.

\_\_\_\_\_  
a(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone