

Gordon Holcomb

From: Nic Willis <nicwillis1985@yahoo.com>
Sent: Monday, February 6, 2023 11:18 AM
To: Gordon Holcomb
Subject: [EXTERNAL] Re: Cowan Narrative Condition Reminder - Industrial Waste Survey
Attachments: IWS-Diversatech.pdf

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Here is our industry user that only serves us domestic WW. Any other concerns or corrections feel free to call or email me.

Thanks,
Nic Willis
Cowan STP
(931)308-8880

On Friday, February 3, 2023 at 10:02:09 AM CST, Gordon Holcomb <gordon.holcomb@tn.gov> wrote:

Dear Mayor Ledbetter,

Attached is a reminder letter about Cowan's Industrial Waste Survey and associated instructions. Please don't hesitate to reach out if you have any questions or concerns.



Gordon Holcomb | Pretreatment

Division of Water Resources

William R. Snodgrass Tennessee Tower, 11th Floor

312 Rosa L. Parks Avenue

Nashville, TN 37243

p. 615-339-9956

Gordon.Holcomb@tn.gov

Cowan STP
TN0021644

Industrial
Waste
Survery

Appendix One: Diversatech Plastics Group

Updated 2-6-23 NW

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

Diversatckh Plastics Group
P.O. Box 701 Winchester TN 37390
Zip: 37398 Telephone () 931 967-7418

A.2 Address of production or manufacturing facility:

3830 Cowan Hwy
Zip: Same Telephone ()

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

Barry Whitsett, President

A.4 Alternate person to contact concerning information provided herein:

Name Barbara Lamb-Goss Title VP Telephone ()

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Injection Molding

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

2-6-2023

Date

[Handwritten Signature]

Signature of Official
(Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts.

Custom Injection Molder - Interior Auto

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

3089

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

	Average gallons per day		
a. <input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	<u>200</u>	<u>estimated</u>	measured
b. <input type="checkbox"/> Cooling water, non contact	_____	estimated	measured
c. <input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d. <input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e. <input type="checkbox"/> Process	_____	estimated	measured
f. <input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g. <input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h. <input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i. <input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

	Average gallons per day		
a. <input checked="" type="checkbox"/> Sanitary	<u>200</u>	<u>estimated</u>	measured
b. <input type="checkbox"/> Storm Sewer	_____	estimated	measured
c. <input type="checkbox"/> Surface	_____	estimated	measured
d. <input type="checkbox"/> Ground water	_____	estimated	measured
e. <input type="checkbox"/> Waste haulers	_____	estimated	measured
f. <input type="checkbox"/> Evaporation	_____	estimated	measured
g. <input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

Provide name and address of waste hauler(s), if used,

N/A

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
yes [] no []

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

Section B Facility operation characteristics

B.1 Number of employee shifts worked per 24-hour day:
Average number of employees per shift:

110

B.2 Starting times of each shift: 1st _____ am 2nd _____ am 3rd _____ am
_____ pm _____ pm _____ pm

Note: The following information in this section must be completed for each product line.

B.3 Principal product produced: _____

B.4 Raw materials and process additives used:

B.5 Production is:
 Batch Continuous Both _____ % Batch _____ % Continuous
Average Number of batches per 24-hour day _____

B.6 Hours of operation: _____ a.m. to _____ p.m. Continuous

B.7 Is production subject to seasonal variation? yes no
If yes, briefly describe seasonal production cycle:

B.8 Are any process changes or expansions planned during the next five yes no
years?
If yes, attach a separate sheet to this form describing the nature of planned changes or
expansions.

Section C Wastewater Information

C.1 If your facility performs processes in any of the industrial categories or business activities 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:

- | | | | |
|------------------------------|--------------------------------------|------------------------------|-------------------------------------------------|
| 1. <input type="checkbox"/> | Adhesives | 31. <input type="checkbox"/> | Metal finishing |
| 2. <input type="checkbox"/> | Aluminum Forming | 32. <input type="checkbox"/> | Mineral Mining and Processing |
| 3. <input type="checkbox"/> | Asbestos Manufacturing | 33. <input type="checkbox"/> | Nonferrous Metals Manufacture |
| 4. <input type="checkbox"/> | Auto & other Laundries | 34. <input type="checkbox"/> | Nonferrous Metals, Forming |
| 5. <input type="checkbox"/> | Battery Manufacturing | 35. <input type="checkbox"/> | Ore Mining and Dressing |
| 6. <input type="checkbox"/> | Builder's Paper and Board Mills | 36. <input type="checkbox"/> | Organic Chemical, Plastic & Synthetic Fibers |
| 7. <input type="checkbox"/> | Can Making | 37. <input type="checkbox"/> | Organic Chemical |
| 8. <input type="checkbox"/> | Carbon Black Manufacturing | 38. <input type="checkbox"/> | Paint & ink |
| 9. <input type="checkbox"/> | Cement Manufacturing | 39. <input type="checkbox"/> | Paving and Roofing Materials |
| 10. <input type="checkbox"/> | Coal Mining | 40. <input type="checkbox"/> | Pesticides, Formulating, Packaging, Repackaging |
| 11. <input type="checkbox"/> | Coil Coating | 41. <input type="checkbox"/> | Pesticides, Manufacturing |
| 12. <input type="checkbox"/> | Copper Forming | 42. <input type="checkbox"/> | Petroleum Refining |
| 13. <input type="checkbox"/> | Dairy Products | 43. <input type="checkbox"/> | Pharmaceuticals |
| 14. <input type="checkbox"/> | Electric & Electronic Components | 44. <input type="checkbox"/> | Phosphate Manufacturing |
| 15. <input type="checkbox"/> | Electroplating | 45. <input type="checkbox"/> | Photographic Supplies |
| 16. <input type="checkbox"/> | Explosives Manufacturing | 46. <input type="checkbox"/> | Plastic Molding and Forming |
| 17. <input type="checkbox"/> | Feedlots | 47. <input type="checkbox"/> | Plastics Processing |
| 18. <input type="checkbox"/> | Ferroalloy Manufacturing | 48. <input type="checkbox"/> | Porcelain Enameling |
| 19. <input type="checkbox"/> | Fertilizer Manufacturing | 49. <input type="checkbox"/> | Printing & Publishing |
| 20. <input type="checkbox"/> | Foundries, (metal molding & casting) | 50. <input type="checkbox"/> | Pulp, Paper and Paperboard |
| 21. <input type="checkbox"/> | Fruits and Vegetables Processing | 51. <input type="checkbox"/> | Rubber Manufacturing |
| 22. <input type="checkbox"/> | Glass Manufacturing | 52. <input type="checkbox"/> | Seafood Processing |
| 23. <input type="checkbox"/> | Grain Mills | 53. <input type="checkbox"/> | Soaps & Detergents |
| 24. <input type="checkbox"/> | Gum & Wood Chemical | 54. <input type="checkbox"/> | Steam Electric Power Generating |
| 25. <input type="checkbox"/> | Hospitals | 55. <input type="checkbox"/> | Sugar Processing |
| 26. <input type="checkbox"/> | Inorganic Chemical | 56. <input type="checkbox"/> | Textiles Mills |
| 27. <input type="checkbox"/> | Iron & Steel | 57. <input type="checkbox"/> | Timber |
| 28. <input type="checkbox"/> | Leather Tanning & Finishing | 58. <input type="checkbox"/> | Waste Disposal, Treating, and/or Incinerating |
| 29. <input type="checkbox"/> | Meat Products | | |
| 30. <input type="checkbox"/> | Mechanical Products | | |

C.2 Pretreatment devices or process used for treating wastewater or sludge. Check all that apply:

- | | | |
|---------------------------------------------------------|------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Chlorination | <input type="checkbox"/> Flow Equalization |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Cyclone | <input type="checkbox"/> Grease or Oil Separation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Filtration | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ozonation | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Sump | <input type="checkbox"/> Screen | <input type="checkbox"/> Solvent |
| <input type="checkbox"/> Neutralization, pH Correction | | |
| <input type="checkbox"/> Biological Treatment, Type | | |
| <input type="checkbox"/> Rainwater Diversion or Storage | | |
| <input type="checkbox"/> Other Chemical Treatment, | | |
| <input type="checkbox"/> Other physical Treatment, | | |
| <input type="checkbox"/> Other, | | |
| <input type="checkbox"/> No Pretreatment Provided | | |

C.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this form. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and the location(s) from which sample(s) were taken.

C.4 Priority Pollutant Information.

Please indicate by checking the appropriate box. Indicate the concentration of the compound present in the wastestream, if known.

Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Phenol (n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Phenol 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Phenol, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Benzene, 1,2, 4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Toluene, 2,4 dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. 2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Ether, bis(chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical compound	Known Present	Suspected Present	Known Absent	Concentration If Known
	[]	[]	[]	[]
44. Phenol, 2, 4-dimethyl	[]	[]	[]	[]
45. Phenol, 2,4-dimethyl	[]	[]	[]	[]
46. m-cresol, p-chloro	[]	[]	[]	[]
47. o-cresol, 4,6-dinitro	[]	[]	[]	[]
48. Nitrosamine, dimethyl	[]	[]	[]	[]
49. Nitrosamine, diphenyl	[]	[]	[]	[]
50. Nitrosamine, di-n-propyl	[]	[]	[]	[]
51. Benzidine	[]	[]	[]	[]
52. Benzidine, 3,3'-dichloro	[]	[]	[]	[]
53. Hydrazine, 1,2-diphenyl	[]	[]	[]	[]
54. Acrlonitrile	[]	[]	[]	[]
55. Methane, bromo	[]	[]	[]	[]
56. Methane, chloro	[]	[]	[]	[]
57. Methane, dichloro	[]	[]	[]	[]
58. Methane, chlorodibromo	[]	[]	[]	[]
59. Methane, dichlorobromo	[]	[]	[]	[]
60. Methane, tribromo	[]	[]	[]	[]
61. Methane, trichloro	[]	[]	[]	[]
62. Methane, tetrachloro	[]	[]	[]	[]
63. Ethane, 1,1-dichloro	[]	[]	[]	[]
64. Ethane, 1,2-dichloro	[]	[]	[]	[]
65. Ether, bis (2-chloroethyl)	[]	[]	[]	[]
66. Ether, bis (2-chloropropyl)	[]	[]	[]	[]

Chemical compound	Known Present	Suspected Present	Known Absent	Concentration If Known
	[]	[]	[]	[]
67. Ether, 2-chloroethyl vinyl	[]	[]	[]	[]
68. Ether, 4- bromophenyl phenyl	[]	[]	[]	[]
69. Ether, 4-chlorophenyl phenyl	[]	[]	[]	[]
70. Bis (2-chloroethoxy) methane	[]	[]	[]	[]
71. Phthalate, di-o-methyl	[]	[]	[]	[]
72. Phthalate, di-n-ethyl	[]	[]	[]	[]
73. Phthalate, di-n-butyl	[]	[]	[]	[]
74. Phthalate, di-n-octyl	[]	[]	[]	[]
75. Phthalate, bis(2-ethylhexyl)	[]	[]	[]	[]
76. Phthalate, butyl hexyl	[]	[]	[]	[]
77.	[]	[]	[]	[]
78. Acenaphthene	[]	[]	[]	[]
Acenaphthylene	[]	[]	[]	[]
79. Anthracene	[]	[]	[]	[]
80. Benzo (a) anthracene	[]	[]	[]	[]
81. Benzo (b) fluoranthene	[]	[]	[]	[]
82. Benzo (k) fluorathlene	[]	[]	[]	[]
83. Benzo (ghi) perylene	[]	[]	[]	[]
84. Benzo (a) pyrene	[]	[]	[]	[]
85. Chrysene	[]	[]	[]	[]
86. Dibenzo (a,n) anthrance	[]	[]	[]	[]
87. Fluorathene	[]	[]	[]	[]
88. Fluorene	[]	[]	[]	[]
89. Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]
90. Ethane, 1,1,1-trichloro	[]	[]	[]	[]
91. Ethane, 1,1,2-trichloro	[]	[]	[]	[]

Chemical compound	Known Present	Suspected Present	Known Absent	Concentration If Known
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92 Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93 Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94 Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95 Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Ethane, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Ethane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98 Ethane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 Propane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 Propane, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101 Butadiene, Hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102 Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103 DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104 Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105 Endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106 Endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107 Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108 Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109 Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110 Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111 Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112 Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113 TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114 Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115 Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116 Phenathrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical compound	Known Present	Suspected Present	Known Absent	Concentration If Known
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. Acrolein	<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"/>
120. BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C.5 If you are unable to identify the chemical make-up of materials that are discharged in your wastewater, attach copies of the material safety data sheets.

Section D Other Wastes

D.1 Are any liquid waste or sludges from this firm disposed of by means other than discharge to the sewer system?

yes no

If "no", skip remainder of Section D.

If "yes", complete remaining items.

D.2 These wastes may best be described as:

Estimated Gallons or Pounds/Year

- Acids and Alkalines _____
- Heavy Metal Sludges _____
- Inks/Dyes _____
- Oil and/or grease _____
- Organic Compounds _____
- Paints _____
- Pesticides _____
- Plating Wastes _____
- Pretreatment sludges _____
- Solvents/Thinners _____
- Other Hazardous Wastes, describe: _____

Other Wastes, (describe), _____

D.3 For the above checked wastes, does your company practice:

- On-site storage
- Off-site storage
- On-site disposal
- Off-site disposal

Briefly describe the method(s) of storage or disposal checked above.
