

February 23, 2023

Laurel Rognstad State Pretreatment Coordinator Division of Water Resources William R. Snodgrass Tennessee Tower, 11th floor 312 Rosa L. Parks Avenue Nashville, TN 37243

Re: Industrial Wastewater Survey Results Sparta Wastewater Treatment Facility Sparta, TN

Dear Ms. Rognstad,

On behalf of the City of Sparta, please find the attached Industrial Wastewater Survey (IWS) results. This survey was completed per the requirement of the City's NPDES Permit (Section 3.2 a. viii). The IWS contains an explanation of how the facilities to be surveyed were selected, which facilities were sent surveys and what the survey results were. The survey results are summarized in Table 2 and 3. It was determined that the City of Sparta receives wastewater from six (6) industrial users, two (2) of which are Significant Industrial Users. Appendix C and Appendix D include the survey results that were received from the facilities. The survey does include any users from the White County contribution.

If you have any questions or need additional information regarding the survey, please contact me at your convenience at <u>breanna.fowler@hdengr.com</u> or 615-577-4300. Thank you.

Sincerely, Hethcoat & Davis, Inc.

Breama Inver

Breanna Fowler, H&D

c: F. Brandon Young, Pretreatment Coordinator, City of Sparta, with a copy of the report DC Bussell, Superintendent of Sewer Department, City of Sparta Dillard Quick, Public Works Director, City of Sparta Andrew Mcelhenny, PE, MEM, H&D

SPARTA, TN

INDUSTRIAL WASTEWATER SURVEY

FEBRUARY 13, 2023



Forrest B. Young, Pretreatment Coordinator City of Sparta

Date:

2/24/23

Report Prepared By:

DAVIS HETHCOAT

Hethcoat & Davis, Inc. 278 Franklin Road, Building 4, Suite 200 Brentwood, Tennessee 37027 (615) 577-4300

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INTRODUCTION

As part of its NPDES permit (TN0061166) renewal process, the City of Sparta is evaluating the types of wastewater that are received at its wastewater treatment plant. This report summarized the actions taken to determine the sources of wastewater and also the results of the findings.

1. <u>Sources for Potential Industrial Users</u>

The sources used to find potential industrial users, both categorical and major, were:

- List of top 25 water customers that were categorized as "industrial", see appendix A, page 1.
- List of top 25 water customers that were categorized as "commercial", see appendix A, page 1.
- List of new industrial users sewer customers since the last IWS in 2017- see Appendix B, page 1.

These lists were reviewed with Frederick Currier and Forrest Brandon Young using their local knowledge, it was determined which facilities needed to be sent surveys. Surveys were sent out on 12/02/22 and 12/12/22. Table 1 on page 2 shows the facilities that were sent surveys.

2. <u>Dentists</u>

In addition, since the 2017 IWS surveys sent, five (5) new dentists were sent a simple one-page survey to determine if they discharge silver amalgam or use an X-Ray system that produces X-Ray fixer waste. The list of dentists was determined by reviewing the yellow pages for Sparta, TN. Dental surveys were sent on 11/02/22.

Dental Surveys were sent to:

- Spring Street Dental Care POC Jeremy Robinson/Adam Grimm 223 N. Spring Street, Sparta, TN 38583 – (931) 260-2114 / (832) 474-8059
- 2. Rockin' Smiles Denta, PLLC POC Morris R. Graves 154 E. Bockman Way, Sparta, TN 38583 (931) 488-8544
- 3. Boston, Smith and Driver General Dentistry POC Kevin C. Smith 124 South Main Street, Sparta, TN 38583 (931) 836-2717
- Highlands Dental LLC POC Harlen D. Hobbs II 114 Mayberry Street, Sparta, TN 38583 (931) 836-2416
- Waymon T. Haston DDS POC Waymon Haston 9 Hampton Drive, Sparta, TN 38583 (931) 836-2157

3. <u>Returned Industrial Wastewater Surveys</u>

Table 2 on page 4 shows the results of the returned Industrial Wastewater Surveys. Actual wastewater survey forms are included in Appendix C, in alphabetical order. The following companies were contacted various times and did not return back a wastewater survey: Dometic, Happy Trails Brewing Co. Inc, and Red-Y Lock & Roll Storage. The following companies are now closed or no longer have an operation in Sparta, TN: Lanmills, Nuera Transport, N.O.D. Company, and Fitzgerald Trucking.

4. <u>Significant Industrial Users</u>

Of the Industrial Wastewater Surveys returned, facilities discharging more than 25,000 gallons per day are: BASF. Facilities that were significant industrial users were THK Rhythm (categorical) and BASF. Both THK Rhythm and BASF are currently under discharge permits with the City of Sparta. Endura Products also has some industrial wastewater. The filtered solid waste is disposed as special waste in a local landfill. We do not feel they need a permit for the facility wastewater. UPS discharges about 500 gpd of floor and truck wash water, but does have an oil water separator in place. We do not feel they need to be permitted. Altium Healthcare generates wastewater from compressors, but treats the discharge via two oil filters, so, again, we do not feel they need to be permitted. Industrial Air Purification has industrial waste water, but they implement filtration, sedimentation, and grease separation. We do not feel they need to be permitted. Table 3 on page 5 shows the 5 facilities that are considered industrial users.

5. <u>Returned Dental Surveys</u>

Of the dental surveys returned, it was determined that Dr. Smith, Dr. Haston, and Dr. Hobbs still uses Amalgam and has a separator in place. Dr. Graves does not place amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. Dr. Graves does have a separator in place. Dr. Robinson and Dr. Grimm at Spring Street Dentalcare still use Amalgam and has a separator in place.

Appendix D includes the returned dental surveys, in alphabetical order.

TABLE 1

City of Sparta, TN 2023 Industrial Waste Survey - Recipients

#	Company Name	Street Address	City, State, Zip	Survey Sent	Survey Returned	Significant Industrial User	Comments
1	Altium Healthcare	600 Vista Drive	Sparta, TN 38583	12/2/2022	1/17/2023	No	
2	Bailey Tire Company	6150 Roberts Matthews Hwy.	Sparta, TN 38583	12/2/2022	1/20/2023	No	
						Yes, (Subject to local	
3	BASF	200 Iris Drive	Sparta, TN 38583	12/2/2022	12/8/2022	limits also >25, 000 GPD)	
4	BBB	5687 Smithville Hwy.	Sparta, TN 38583	12/2/2022	12/13/2022	No	
5	Best Bath Systems Inc.	155 Churchill Drive	Sparta, TN 38583	12/2/2022	1/25/2023	No	
6	Dometic (INCA Products)	801 N. Spring Street	Sparta, TN 38583	12/2/2022	n/a	n/a	Company failed to return back survey.
7	Dunn & Bybee Tool Co.,Inc	635 Industrial Drive	Sparta, TN 38583	12/2/2022	1/24/2023	No	
8	East Coast Millwork	620 Industrial Drive	Sparta, TN 38583	12/2/2022	1/16/2023	No	
9	Endura Products	130 Sunset Drive	Sparta, TN 38583	12/2/2022	1/11/2023	No	
10	Fitzgerald Trucking	575 Technology Drive	Sparta, TN 38583	12/2/2022	n/a	n/a	No longer operate in Sparta, TN.
11	Happy Trails Brewing Co.	120 Paula Lane	Sparta, TN 38583	12/2/2022	n/a	n/a	Company failed to return back survey.
12	нммі	189 Churchill Drive	Sparta, TN 38583	12/2/2022	1/31/2023	No	
13	Hormann LLC	450 Airport Road	Sparta, TN 38583	12/2/2022	12/16/2022	No	
14	Jackson Kayak	3300 McMinnville Hwy	Sparta, TN 38583	12/2/2022	12/16/2022	No	
15	KRM Fabrications	101 Moore Street	Sparta, TN 38583	12/2/2022	12/19/2022	No	
16	N.O.D. Company	342 Bockman Way	Sparta, TN 38583	12/12/2022	n/a	n/a	This company is closed.
17	Nuera Transport	7100 Roberts Matthews Hwy.	Sparta, TN 38583	12/2/2022	n/a	n/a	This company is closed.
18	TexTrail Trailer Parts	5590 Roberts Matthews Hwy.	Sparta, TN 38581	12/2/2022	12/19/2022	No	
19	Quality Service	325 Iris Drive	Sparta, TN 38582	12/2/2022	1/25/2023	No	
20	Rebo Lighting & Electronics	325 Sewell Drive	Sparta, TN 38583	12/2/2022	1/26/2023	No	
21	Red-Y Lock & Roll Storage	2276 Smithville Hwy.	Sparta, TN 38583	12/2/2022	n/a	n/a	Company failed to return back survey.
22	Sparta Woodworks	PO Box 240, One Quality Lane	Sparta, TN 38583	12/2/2022	12/15/2022	No	
23	Sparta Metal Processing	1922 Smithville Hwy.	Sparta, TN 38583	12/2/2022	12/7/2022	No	
24	Taco Metals	1922 Smithville Hwy.	Sparta, TN 38583	12/2/2022	1/17/2023	No	
						Yes (Local Limits Apply,	
25	THK Rhythm North America Co., LTD	549 Vista Drive	Sparta, TN 38583	12/2/2022	5/20/2021	and is a Categorical ICU)	
26	TLT Inc.	390 Sewell Drive	Sparta, TN 38583	12/2/2022		No	
27	United Parcel Service	630 Industrial Drive	Sparta, TN 38583	12/2/2022	2/13/2023		
28	Upper Cumberland Regional Airport	750 Airport Road	Sparta, TN 38583	4/17/2022		No	
29	Wilson Sporting Good	4600 Roberts Matthews Hwy.	Sparta, TN 38583	12/2/2022	12/6/2022	No	
30	ColinX (Lanmills)	321 Fitzgerald Industrial Dr.	Sparta, TN 38583	12/2/2022		n/a	This company is closed.
31	Industrial Air Purification	580 Technology Dr.	Sparta, TN 38583	12/2/2022	1/16/2023	No	
32	Tractor Supply Co.(Olivia Jones, Mgr)	768 Millers Point Road	Sparta, TN 38583	12/2/2022		No	

City of Sparta, TN 2023 Industrial Waste Survey - Industrial Users Discharging Domestic Wastewater Only

#	Company Name Average Flow (gpd)		SIC Code and Name	Treatment Plant	Domestic, Noncontact cooling, Boiler/Tower Blowdown Wastewater only
			3060: Fabricated rubber		
			products, NEC		
			3089: Plastic Proodcuts,		Yes. 7,000 gpd process wastewater is sent
12	KRM Fabrications	7,000	NEC	Sparta WWTP	to waste hauler
			4931: warehousing,		
			wholesale distribution of		
			trailer parts/ warehousing		
13	TexTrail Trailer Parts	5		Sparta WWTP	Yes
			4899: Comunications		
14	Quality Service	100	Services, NEC	Sparta WWTP	Yes
			3600: Electronic & other		
15	Rebo Lighting & Electronics	1,500	Electrical Equipment	Sparta WWTP	Yes
			2426 Hardwood dimension		
16	Sparta Woodworks	50	mills	Sparta WWTP	Yes
			3357: Drawing & Insulating		
17	Sparta Metal Processing	80	of Nonferrous Metals	Sparta WWTP	Yes
			3089: Miscellaneous		
			Plastics products,		
			3541: Machine tools,		
18	Taco Metals	722	metal cutting type	Sparta WWTP	Yes
			3714 Motor Vehicle parts		
19	THK Rhythm North America Co., LTD	11,911	and accessories	Sparta WWTP	No - see Table 3
1			2511: Wood Household		
20	TLT Inc.	3.92	Furniture, no upholstery	Sparta WWTP	Yes
			4215: Courier Services,		
21	United Parcel Service	500	Except by Air	Sparta WWTP	No - see Table 3
1					
			4581: Airports, Flying fields,		
22	Upper Cumberland Regional Airport	500	& Airport Terminal Services	Sparta WWTP	Yes

City of Sparta, TN 2023 Industrial Waste Survey - Industrial Users Discharging Domestic Wastewater Only

#	Company Name	Average Flow (gpd) SIC Code and Name		Treatment Plant	Domestic, Noncontact cooling, Boiler/Tower Blowdown Wastewater only
23	Wilson Sporting Good		3949: Sporting and Athletic Goods	Sparta WWTP	Yes
24	Industrial Air Purification	70	3564: Industrial & Commercial fans & Blowes & Air Purification	Sparta WWTP	No - see Table 3
25	Tractor Supply Co.(Olivia Jones, Mgr)	200	5080: WHOLESALE- Machinery, Equipment, and Supplies	Sparta WWTP	Yes

City of Sparta, TN 2023 Industrial Waste Survey - Industrial Users Discharging Domestic Wastewater Only

#	Company Name	Average Flow (gpd)	SIC Code and Name	Treatment Plant	Domestic, Noncontact cooling, Boiler/Tower Blowdown Wastewater only
			3085: Plastic Bottles,		
			5047: wholesale mdical,		
1	Altium Health care	2 000	dental and hostpital		
	Altium Healthcare	3,000	equipment and supplies		No - see Table 3
2	Bailey Tire Company	600	3011: Tires and Inner Tubes	Sparta wwwiP	Yes
3	BASF	88,700	2821: Plastic materials, systhetic resins and nonvulcanized Elastomers	Sparta WWTP	No - see Table 3
			3694: Electrical Equipment		
			for Internal Combustion		Yes. 285 gpd process wastewater is sent
4	BBB	3,415	Engines	Sparta WWTP	to waste hauler
5	Best Bath Systems Inc.	360	3083: Plastic Products, NEC	Sparta WWTP	Yes
6	Dunn & Bybee Tool Co.,Inc	245	NAICS # 33324: Industrial machinery manufacturing	Sparta WWTP	Yes
			493110: Warehousing and		
7	East Coast Millwork	450	Storage	Sparta WWTP	Yes
8	Endura Products	40	2431: Millwork	Sparta WWTP	No - see Table 3
9	нммі	2,625	3261: Plastics product manufacturing. (injection molding)	Sparta WWTP	Yes
10	Hormann LLC	200	2540: Partitions, Shelvg, Lockers, & Office & Storage Fixtures	Sparta WWTP	Yes
11	Jackson Kayak	400	336612: Boat Building	Sparta WWTP	Yes

City of Sparta, TN 2023 Industrial Waste Survey - Industrial Users Discharging Non-Domestic Wastewater

				Non-Domestic Wastewater			Average Pollutant	Is Pretreatment of	
#	Company Name	Average Flow (gpd)	SIC Code	Contains any of the 126 Priority Pollutants	Prohibited Pollutants See 40 CFR 403.5(b)	Present in Nondomestic Wastestream	Concentration, If Known	Nondomestic Wastestream Provided?	Treatment Plant
1	BASF	88,700	2821: Plastic materials, systhetic resins and nonvulcanized Elastomers	Yes, Metals and volatiles, see monitoring reports	Yes, used oil, it is recycled	N/A see responses to the left	Yes, see monitoring reports	YES, and they are under permit	Sparta WWTP
2	Endura Products	40	2431: Millwork	No	Yes, but tar and pitch from mechanical product is serviced by outside company	110 gallons annualy of process wastewater containing mechanical products	N/A	No, Filtrate is sent away as special waste by Safety Kleen.	Sparta WWTP
3	THK Rhythm North America Col, LTD	11,911	3714: Motor Vehicle parts and Accessories	Yes, some metals and some volatiles, see monitoring reports	Yes, but used oil is taken off-site	3,400 gallons per day of process wastewater to the sewer.	Yes, see monitoring reports	YES, they use chemical precipitation and reverse osmosis; and they are under permit	Sparta WWTP
4	United Parcel Service (UPS)	500	4215 Courier Services, Except by Air	No	Yes, oil is seperated via oil water seperator and hauled off	N/A see responses to the left	N/A	Yes, via oil/water seperators	Sparta WWTP
5	Industrial Air Purification	70	3564: Industrial & Commercial fans & Blowes & Air Purification	No	Yes, Metals hauled by Scott's Sludge	N/A see responses to the left	N/A	Yes, filtration, sedimentation, grease separation	Sparta WWTP
6	Altium Healthcare	3,000	3080: Plastic Bottles, 5047: wholesale mdical, dental and hostpital equipment and supplies	No	Yes, oil from compressor wash down	N/A see responses to the left	N/A	YES, they use two filters before discharging the compressor wastewater	Sparta WWTP

SPARTA TN INDUSTRIAL WASTEWATER SURVEY

APPENDIX A

LIST OF TOP 25 WATER CUSTOMERS,

INDUSTRIAL

AND

COMMERCIAL

		Top	25 0	mmer				
		×.	25 Ce Wate	r cust	OWERS		GALLONS DURING LAST 12 MONTHS	AVERAGE GALLONS PER MONTH
Location	Rate	First Name	Last Name	Street Number	Service Address	Service City	Total Use	Average Use
000024	235CON		DAVITA 440400	150	SAM WALTON	SPARTA	7,070.00000	589.16666
000127	235CON		STONERIDGE ESTA	500	STONERIDGE	SPARTA	20,988.00000	954.00000
000148	214CON		MIDDLE TENN TRU	5760	MCMINNVILLE	DOYLE	32,937.00000	2,744.75000
000241	235CON		ARBY'S #8949	681	ROOSEVELT	SPARTA	7,655.00000	588.84615
000362	235CON		WCMS ATHLETIC	300	TURN TABLE	SPARTA	10,513.00000	438.04166
200587	235CON		WHITE CO CRIMIN	111	DEPOT	SPARTA	52,018.00000	4,334.83333
202100	235CON		EL TAPATIO #2	243	SPRING	SPARTA	11,561.00000	825.78571
202278	235CON		WHITE CO MIDDL	300	TURN TABLE	SPARTA	15,288.00000	637.00000
202321	235CON		SPARTA BLOCK	380	SPRING	SPARTA	9,979.00000	831.58333
202470	235CON		CITY OF SPARTA	123	MOORE	SPARTA	5,389.00000	449.08333
202507	235CON		CLASSY WASH &	124	CHURCHILL	SPARTA	7,362.00000	613.50000
202577	235CON		MESON SAN PEDE	184	CHURCHILL	SPARTA	8,835.00000	736.25000
202632	235CON		PREMIER APTS	200	CHESTNUT	SPARTA	14,268.00000	1,189.00000
202769	235CON	J TURNER	MCKINNIE	627	BOCKMAN	SPARTA	16,008.00000	1,334.00000
202997	235CON		NHC HEALTH CAR	34	GRACEY	SPARTA	54,005.00000	2,250.20833
203472	235CON		SPARTA APARTME	701	ELMWOOD	SPARTA	13,876.00000	533.69230
203914	235CON		KNOLLCREST APT	601	KNOLLCREST	SPARTA	16,303.00000	679.29166
204012	214CON		MOUNTAIN VIEW		RADIO	SPARTA	8,061.00000	671.75000
204050	235CON		SPARTA HOUSING	300	CRAGROCK	SPARTA	25,711.00000	1,071.29166
204069	235CON		WHITE CO HIGH S	267	ALLEN	SPARTA	28,892.00000	601.91666
204077	235CON		HIGLANDS MEDIC	401	SEWELL	SPARTA	18,800.00000	783.33333
204097	235CON		LIFE CARE CENTER	508	MOSE	SPARTA	7,753.00000	646.08333
204098	235CON		LIFE CARE CENTER	508	MOSE	SPARTA	51,118.00000	4,259.83333
204101	235CON		ROYAL INN	803	VALLEY VIEW	SPARTA	9,990.00000	832.50000

					GALLONS DURING LAST 12 MONTHS	RAGE GALLONS MONTH
204118	235CON	KENTUCKY FRIED 810	ROOSEVELT	SPARTA	6,428.00000	535.66666

Top 25 Industrial Water Customers

GALLONS DURING LAST 12 MONTHS PER MONTH

Location	Rate	First Name	Last Name	Street Number	Street Name	Service City	Total Use	Average Use
200798	280CON		ENDURA PRODUC	130	SUNSET	SPARTA	41.00000	3.72727
200799	280CON		ENDURA PRODUC	130	SUNSET	SPARTA	0.00000	0.00000
200800	280CON		ENDURA PRODUC	130	SUNSET	SPARTA	0.00000	0.00000
200801	280CON		ENDURA PRODUC	130	SUNSET	SPARTA	0.00000	0.00000
200924	280CON		QUALITY SERVICE	325	IRIS	SPARTA	247.00000	22.45454
200925	280CON		QUALITY SERVICE	325	IRIS	SPARTA	497.00000	45.18181
200926	280CON		SPARTA WOOD W	1	QUALITY	SPARTA	1,127.00000	102.45454
200927	280CON		SPARTA WOOD W	1	QUALITY	SPARTA	254.00000	23.09090
200928	280CON		BASF	200	IRIS	SPARTA	130,905.00000	11,900.45454
200929	280CON		BASF	200	IRIS	SPARTA	32,178.00000	2,925.27272
200930	280CON		BASF	200	IRIS	SPARTA	134,808.00000	12,255.27272
201618	280CON		JACKSON KAYAK	3300	MCMINNVILLE	SPARTA	1,511.00000	24.77049
201712	280CON	MICHAEL	GURGAINERS	4105	MCMINNVILLE	SPARTA	558.00000	46.50000
202009	285CON		NOD COMPANY	342	BOCKMAN	SPARTA	8.00000	0.66666
202606	285CON		BESTBATH SYSTEM	155	CHURCHILL	SPARTA	2,652.00000	204.00000
202607	285CON		BESTBATH SYSTEM	155	CHURCHILL	SPARTA	1,040.00000	80.00000
204053	285CON		AUSTIN MACHINE	139	MAIN	SPARTA	301.00000	21.50000
204073	285CON		SPARTA METAL P	327	TURN TABLE	SPARTA	505.00000	38.84615
204079	285CON		TLT INC	394	SEWELL	SPARTA	730.00000	60.83333
204081	285CON		REBO LIGHTING &	325	SEWELL	SPARTA	4,900.00000	102.08333
204083	285CON		НММІ	189	CHURCHILL	SPARTA	22,130.00000	922.08333
204085	285CON		ALTIUM HEALTHC	600	VISTA	SPARTA	11,832.00000	197.20000
204086	285CON		RHYTHM NORTH	549	VISTA	SPARTA	42,211.00000	1,758.79166
204146	285CON		EAST COAST MILL	620	INDUSTRIAL	SPARTA	699.00000	58.25000

					GALLONS DURING LAST 12 MONTHS	AVERAGE GALLONS PER MONTH
204148	285CON	EAST COAST MILL 600	INDUSTRIAL	SPARTA	77.00000	3.20833

*

SPARTA, TN INDUSTRIAL WASTEWATER SURVEY

APPENDIX B

LIST OF CUSTOMERS

WITH REASON FOR

INCLUSION OR NON-INCLUSION

IN THE IWS

APPENDIX B

SPARTA TN 2022 IWS

List of New Industrial Customers from billing records/ and why they were added or eliminated

Name	Address	Business Type	Send Survey?
Industrial Air Purification	580 Technology Drive	Dust, Mist, and Fume Systems	YES
Altium Healthcare	600 Vista Drive	Pharmacy Packaging	YES
Bailey Tire Company	6150 Roberts Matthews Hwy.	Tires	YES
Best Bath Systems Inc.	155 Churchill Drive	Showers/Baths	YES
Upper Cumberland Regional	750 Airport Road	Airport	YES
Dometic (INCA Products)	801 N. Spring Street	Outdoor Gear	YES
Happy Trails Brewing Co.	120 Paula Lane	Brew Beer	YES
N.O.D. Company	342 Bockman Way	n/a	YES
Hormann LLC	450 Airport Road	Garage Doors	YES
KRN Fabrications	101 Moore Street	Foam and Plastic Fabrication	YES
Quality Service	325 Iris Drive	Support Rep/ Trucking	YES
ColinX	321 Fitzgerald Industrial Dr.	Warehouse- Freight Transportation	YES
Rebo Lighting & Electronics	325 Sewell Drive	Lighting/ Electronics	YES
Red-Y Lock & Roll Storage	2276 Smithville Hwy.	Storage Building	YES
Sparta Metal Processing	327 Turntable Road	Insulated Wire & Cable Recycling	YES
Tractor Supply Co.(Olivia Jones,	768 Millers Point Road	Supplies, Livestock Feed, Power Equipment	YES
S & S Screw Machine Co Inc	1500 McMinnville Hwy	Automobile Machine Shop	NO - Company Closed
Austin Machine Shop	139 South Main Street	Machine Shop	NO
CLS Rotational Molding	600 Industrial Dr.	Plastics Manufacturing	NO
Federal Mogul	325 Sewell Dr.	Transport Equipment	NO
Moeller Marine Products	801 N. Spring St.	Boating Products	NO
Norcom, Inc.	155 Churchhill Dr.	Bathing Systems	NO

SPARTA, TN INDUSTRIAL WASTEWATER SURVEY

APPENDIX C

RETURNED

Industrial Wastewater Surveys

IN ALPHABETICAL ORDER

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number: <u>Altium Packeging</u> <u>600 Vista Dr., Sparta TN</u> Zip: <u>38583</u> Telephone (93) <u>738 - 2174</u>
- A.2 Address of production or manufacturing facility.

Zip: _____ Telephone ()

- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City: <u>ADAM GOFF</u>, Plant Manager, 931-7-38-2174
- A.4 Alternate person to contact concerning information provided herein: Name Lori Eades Title He Manager Telephone (931) 738-2174
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.) Bottle $mfa - \rho lastics$

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.
1/17/23
Date Signature of Official
(Seal is applicable)

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

stretch blow molding at plastic Mold Injection reheat bottles and clasures.

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: 3080
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average		
			gallons pe	er	
a.	K	Domestic Waste (restrooms, employee showers, etc.)	day	estimated	measured
b.	M	Cooling water, non contact	400	estimated	measured
c.	[]	Boiler/tower blowdown		estimated	measured
d.	[]	Cooling water, contact		estimated	measured
e.	[]	Process		estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer	Antest	estimated	measured
i.	[]	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
a.	N	Sanitary	day 1400 estimated measured
b.	[]	Storm Sewer	estimated measured
c.	[]	Surface	estimated measured
d.	[]	Ground water	estimated measured
e.	[]	Waste haulers	estimated measured
f.	[]	Evaporation	estimated measured
g.	[]	Other, describe	estimated measured

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

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

- 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 oper	ration charac	cteristics						
B.1		nployee shifts v ber of employe		4-hour day	y:			-		
B.2	Starting times	of each shift:	1st	am pm	2nd	l	am pm	3rd		am pm
No	ote: The followin	g information i	n this sectio	n must be	comp	leted for eac	ch pro	oduct li	ne.	
B.3	Principal proc	luct produced:	•••••							
B.4	Raw materials	s and process ad	dditives used	d:						
B.5	Production is: [] Batch Average Num	[] Contin ber of batches				% Batc	1.00			tinuous
B.6	Hours of oper	ation:	a.m. to		p.m.			[]	Conti	inuous
B.7		subject to seaso describe seasor			[]	yes		[]	no	
B.8	years?	ss changes or e						[] ye	es [] по

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.	[]	Adhesives	31.	[]	Metal finishing
2.	[]	Aluminum Forming	32.	[]	Mineral Mining and Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
		C			Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	[]	Battery Manufacturing	35.	[]	Ore Mining and Dressing
6.	[]	Builder's Paper and Board	36.	[]	Organic Chemical, Plastic &
		Mills			Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.	[]	Carbon Black Manufacturing	38.	[]	Paint & ink
9.	[]	Cement Manufacturing	39.	[]	Paving and Roofing Materials
10.	[]	Coal Mining	40.	[]	Pesticides, Formulating,
					Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.	[]	Copper Forming	42.	[]	Petroleum Refining
13.	[]	Dairy Products	43.	[]	Pharmaceuticals
14.	[]	Electric & Electronic	44.	[]	Phosphate Manufacturing
		Components			
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	[]	Explosives Manufacturing	46.	[]	Plastic Molding and Forming
17.	[]	Feedlots	47.	[]	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.	[]	Porcelain Enameling
19.	[]	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	[]	Pulp, Paper and Paperboard
		casting)			
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	ĺĺ	Grain Mills	53.	[]	Soaps & Detergents
24.	[]	Gum & Wood Chemical	54.	[]	Steam Electric Power
1212	-				Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	[]	Inorganic Chemical	56.	[]	Textiles Mills
27.	[]	Iron & Steel	57.	[]	Timber
28.	[]	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
					and/or Incinerating
29.	[]	Meat Products			

30. [] Mechanical Products

C.2 Pretreatment devices or process used for treating wastewater or sludge. Check all that apply: [] Chlorination [] Flow Equalization [] Air Flotation [] Centrifuge Cyclone [] Grease or Oil Separation [] [] **Chemical Precipitation** [] Filtration Grease Trap [] Grit Removal Ion Exchange [] Ozonation [] Sedimentation [] [] **Reverse** Osmosis ĺĺ Septic Tank [] [] Solvent [] Sump Screen Neutralization, pH Correction [] [] Biological Treatment, Type [] Rainwater Diversion or Storage Other Chemical Treatment, [] [] Other physical Treatment, [] Other, [] 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.

Concentration If Known																-					
Known Absent	[]	_										[]	-			·					-
Known Absent	[]	Ξ		[]			[]	[]		[]		[]	-				: ::			[]	5
Suspected Present	[]	_		[]	[]	Ξ	[]	[]]	[]	[]	[]	[]			5		[]	[]	[]	-
Known Present]]	Ξ		[]	[]	[]	[]	[]	[]	[]	[]	[]	:			; _				[]	
Chemical compound	Benzene	Benzene, chloro	Benzene, 1,2-dichloro	Benzene, 1,3-dichloro	Benzene, 1,4-dichloro	Benzene, 1,2, 4-trichloro	Benzene, hexachloro	Benzene, ethyl	Benzene, nitro	Toluene	Toluene, 2,4 dinitro	Toluene, 2,6-dinitro	PCB-1016	PCB-1221	PCB-1232	PCB-1242	PCB-1248	PCB-1254	PCB-1260	2-Chloronaphthalene	Tethan 1:1-1-11
	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.	35	36	37.	38.	39.	40.	41.	42.	4

Concentration If Known Known Absent Known																						ī lī
Absent Suspected Present										_	_					_						
Known Present						:=]	-	-	_		-	
Chemical compound	Antimony	Arsenic	Asbestos	Beryllium	Cadmium	Chromium	Copper	Cyanide	Lead	Mercury	Nickel	Selenium	Silver	Thallium	Zinc	Phenol (n)	Phenol 2-chloro	Phenol, 2,4-dichloro	Phenol, 2,4,6-trichloro	Phenol, pentachloro	Phenol, 2-nitro	Phenol, 4-nitro
		6	Э	4.	5.	6.	7.	8.	9.	10.	П.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.

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

Concentration If Known		-										1												
Known Absent		[]			Ξ			: =			[]			Ξ		[]		[]	[]				-	[]
Known Absent					Ξ		Ξ				Ξ			Ξ						Ξ	Ξ			[]
Suspected Present				[]					: _		Ξ	Ξ	Ξ			Ξ	Ξ	[]			[]	[]	[]	[]
Known Present	Ξ	[]	Ξ	Ξ			Ξ			Ξ		[]	[]		[]	Ξ		[]	[]	[]	[]	[]	[]	[]
Chemical compound	Phenol, 2, 4-dimethyl	Phenol, 2,4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro	Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrlonitrile		Methane, bromo	Methane, chloro	Methane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1,1-dichloro	Ethane, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether, bis (2-chlorosopropyl)
	44.	45.	46.	47.	48.	49	50.	51.	52.	53.	54		55	56	57	58	59	60	61	62	63	64	65	99

Concentration If Known	
Known Absent	
Known	
Absent Suspected	
Present Known	
Present	
Chemical compound	Pyrene Aerolein Aldrin BHC (Alpha) BHC (Beta) BHC (Gamma) or Lindane BHC (Delta) Chlordane DDD DDE
	117. 118. 119. 120. 121. 125. 126. 126.
Concentration If Known	
Known	
Absent Known	
Absent Suspected	
Present	
Known Present	
Chemical compound	Ethans, 1,1,2,1-tetractiono [1]<
	92 93 95 95 97. 96. 97. 99 99 99 100 100 100 100 100 100 100 111 111

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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A	General Information

A.1	Company name, mailing address and telephone number:
	200 Iris Drive, Sfarta, TN Zip: 38583 Telephone (931) 738-2210
A.2	Address of production or manufacturing facility. Same As Above
	Zip: Telephone ()
A.3	Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City: . Andy Schmitt, Site Manager (931) 738-7234
A.4	Alternate person to contact concerning information provided herein: Name Michael Akehinmi Title EHS Specialist Telephone (131) 738-7269
A.5	Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.) Manufauturing of Engineered plastic materials

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. 21122 Date

Signature of Official (Seal is applicable)

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

Pigments & concentrates, melting and my mixing chips, additives. a Hing and letiun Producias Colo Concentra by mixing yesin chips & figments. cs Then Melburg, extruding, Cooling and pelletizin

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

	1		Average gallons per day		
a.	۱	Domestic Waste (restrooms, employee showers, etc.)	2200	estimated	measured
b.	M	Cooling water, non contact	1000	estimated	measured
c.	M	Boiler/tower blowdown	4500	estimated	measured
d.	67	Cooling water, contact	80,000	estimated	measured
e.	[]	Process		estimated	measured
f.	61	Equipment/Facility washdown	1000 (estimated	measured
g.	[]	Air pollution control unit	(000 (estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	Other, describe		estimated	measured

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

88,700

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

			Average gallons per day		
a.	V	Sanitary	1000	estimated	measured
b.	[]	Storm Sewer		estimated	measured
c.	[]	Surface		estimated	measured
d.	[]	Ground water		estimated	measured
e.	[v]	Waste haulers	500	estimated	measured
f.	[]	Evaporation		estimated	measured
g.	[]	Other, describe	-	estimated	measured

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

1500

Provide name and address of waste hauler(s), if used, Clean Harbors - 3300 Cummings Koad hattanooga Waste Managemen Vacuim Was GA

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:2Average number of employees per shift:~30
B.2	Starting times of each shift: 1st $6:00$ am $2nd$ $6:00$ am $3rd$ am pm pm
No	te: The following information in this section must be completed for each product line.
B.3	Principal product produced: <u>Engineering</u> "High Performance" Thermoplastics
B.4	Raw materials and process additives used: Polymer resin pellets, fiberglass, Mineral fillers & Other additives
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.
B.7	Is production subject to seasonal variation? [] yes 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.

ŧ.

Section C Wastewater Information

30. [] Mechanical Products

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.	[]	Adhesives	31.	[]	Metal finishing
2.	Ĩ Ì	Aluminum Forming	32.	Ϊĵ	Mineral Mining and
		6			Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
		B	55.	1 1	Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	ίj	Battery Manufacturing	35.	[]	Ore Mining and Dressing
6.	ίi	Builder's Paper and Board	36.	i i	Organic Chemical, Plastic &
1000		Mills	50.	LJ	Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.	[]	Carbon Black Manufacturing	38.		Paint & ink
9.	ij	Cement Manufacturing	39.	[]	
10.	[]	Coal Mining		[]	Paving and Roofing Materials
10.	LJ	Coar Willing	40.	[]	Pesticides, Formulating,
11	г т	Coll Costing			Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.	[]	Copper Forming	42.	[]	Petroleum Refining
13.	[]	Dairy Products	43.	[]	Pharmaceuticals
14.	[]	Electric & Electronic	44.	[]	Phosphate Manufacturing
	19411112411	Components			
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	[]	Explosives Manufacturing	46.	[]	Plastic Molding and Forming
17.	[]	Feedlots	47.	VI.	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.	Ĭ1	Porcelain Enameling
19.	[]	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	[]	Pulp, Paper and Paperboard
		casting)		70.05	
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			5
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	[]	Grain Mills	53.	Ϊĺ	Soaps & Detergents
24.	Ì Ì	Gum & Wood Chemical	54.	įj	Steam Electric Power
				LJ	Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	ίj	Inorganic Chemical	56.	[]	Textiles Mills
27.	[]	Iron & Steel	57.	[]	Timber
28.	[]	Leather Tanning & Finishing	58.		Waste Disposal, Treating,
201	1 1	Souther running & r mishing	50.	LJ	and/or Incinerating
29.	[]	Meat Products			and/or memerating
	LI	intout 1 routions			

C.2	Pretreatment devices or process	s us	sed for treating wa	stewater or sludge.	Check all that apply:
[] [] [] []	Air Flotation[Centrifuge[Chemical Precipitation[Grit Removal[Ion Exchange[Sump[]]]]	Chlorination Cyclone Filtration Ozonation Reverse Osmosis Screen	[] [] []	Flow Equalization Grease or Oil Separation Grease Trap Sedimentation Septic Tank
	Neutralization, pH Correction Biological Treatment, Type Rainwater Diversion or Storage Other Chemical Treatment, Other physical Treatment, Other, No Pretreatment Provided	1	Aeration	Using Bubble Containment Pr	Solvent aliffusers × N Sedimentation

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.

Most recent waste water analysis is attached with this form.

C.4

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

Absent	-	-					-	-	-		-	-	4	-	-	-	-	1. 11			100	 -
					1.50	0.000	16 - L -		-	-	-	22.7	-			-		-		- <u>-</u>	_	-
Known Absent		·		1	-	2	Σ	2	2	C	2	2		Ż	2	Z	5	3	3	2	2	2
Suspected			2	5	5	-	[[_			_		_	_		. –	. —		-
Present Known	1		_											-		-	-			·		 -
Present	4	3	-			-		-	<u> </u>	7	-	-				Ξ						Ξ
Chemical compound	Benzene	Benzene, chloro	Benzene, 1,2-dichloro	Benzene, 1,3-dichloro	Benzene, 1,4-dichloro	Benzene, 1,2, 4-trichloro	Benzene, hexachloro	Benzene, ethyl	Benzene, nitro	Toluene	Toluene, 2,4 dinitro	Toluene, 2,6-dinitro		PCB-1016	PCB-1221	PCB-1232	PCB-1242	PCB-1248	PCB-1254	PCB-1260	2-Chloronaphthalene	Ether, bis(chloromethyl)
	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.		35.	36.	37.	38.	39.	40.	41.	42.	43.
If Known S																						
Known Absent Known		L	Ż	2		0.00	-0] [] [] [] 0.0] [] [[] []	Ż	IN [] [
Known Absent		L				0.00	-0] [] [] []													
Known Absent Known Absent Suspected Present		L				0.00	-0								[] [] [] []							
Known Absent Known Absent Suspected	$Maghli 23. Benzene Benzene [1] N_0 23. Benzene, chloro [1] N_0 [1] N_0 24. Benzene, tl, 2-dichloro [1] N_0 [1] N_0 25. Benzene, 1, 2-dichloro [1] N_0 [1] N_0 26. Benzene, 1, 2-dichloro [1] N_0 [1] N_0 27. Benzene, 1, 2-dichloro [1] N_0 [2] N_0 27. Benzene, 1, 2-dichloro [1] N_0 [1] N_0 28. Benzene, 1, 2, 4-trichloro [1] N_0 [2] N_0 28. Benzene, thyl [1] N_0 [1] N_0 28. Benzene, thyl [1] N_0 [2] N_0 29. Benzene, thyl [1] N_0 [3] Benzene, thirlo [1] N_0 N_0 N_0 [1] N_0 N_0 N_0 N_0 N_0 N_0 N_0 [1] N_0 N_0 N_0 $																					
Known Absent Known Absent Suspected Present Known																						

0.012

0-0012 0.046

Ma

Concentration

If Known Known

 Chrysene [1] [1] [4] Dibenzo (a,n) anthrance [1] [1] [4]

Concentration If Known	mg L		Contraction of the second													22.0		1					
Known Absent	[]			Ξ				5			Ξ				Ξ	1			-				
Known Absent		1	2	2		5	Σ	2	2	Z	Z	Z.		2	 ب	[]	2	2	2	[]		5	N
Suspected Present	[]		[]	[]						Ξ	[]	<u> </u>	2		Z	Z		[]		Σ	Σ		
Known Present		Ξ	Ξ	Ξ	[]	[]				Ξ	[]			Ξ		[]	[]	[]	[]	[]	[]	[]	[]
Chemical compound	Phenol, 2, 4-dimethyl	Phenol, 2,4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro	Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrlonitrile	Methane, bromo	Methane, chloro	Methane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1,1-dichloro	Ethane, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether, bis (2-chlorosopropyl)
	44.	45.	46.	47.	48.	49	50.	51.	52.	53.	54	55	56	57	58	59	09	61	62	63	64	65	99

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. Mall Concentration If Known Known Absent Known 222222222 Σ Absent Suspected Present Known Present Chemical compound BHC (Gamma) or Lindane BHC (Alpha) BHC (Delta) BHC (Beta) Chlordane Acrolein Pyrene Aldrin DDD DDE 117. 119. 120. 121. 122. 123. 118. 125. 126. Known Absent Known $\Sigma\Sigma$ Σ 2 2 2 Σ 2 Σ 22 2 5 2 Σ S 2 2 Absent Suspected Σ Present Known Present 2 Cyclopentadiene, hexachloro Chemical compound Ethane, 1, 1, 2, 1-tetrachloro Butadiene, Hexachloro Ethane, trans-dichloro Propane, 2,4-dichloro Propane, 1,2-dichloro Ethane, 1, 1-dichloro Ethane, hexachloro Ethane, tetrachloro Heptachlor epoxide Endosulfan (alpha) Endosulfan Sulfate **TCDD** (or Dioxin) Ethane, trichloro Endosulfan (beta) Endrin aldehyde Ethane, chloro Vaphthalene Phenathrene Heptachlor sophorone **Foxaphene** Dieldrin Endrin DDT 110 112 C.5 111 113 114 115 116

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 IVI Acids and Alkalines ulfuric toul + methanol = 1500/65/yr Heavy Metal Sludges Inks/Dyes Oil and/or grease 2500165/1r Used & waste Oil waste Organic Compounds Paints Waste Pant Coms = 50011 Pesticides [] **Plating Wastes** Pretreatment sludges [] Solvents/Thinners [] astes, describe: Cadmium Containing Pigment waste = 1500165/yr Plund dichlorobenzene + Acetone waste = 500165/yr Other Hazardous Wastes, describe: 1 Other Wastes, (describe), Valum/Caprolantam 90

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. Valvom wastes one generated onsite & trummed before being transported to offsite Workhouse for storage Until disposal by waste Management off site. <u>All Other listed wastes are doumined & stored oasite in respective aucumulation</u> aveas before they are thauled off site by dean Hambors for disposal

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

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

	1087 Smithville	HWY, Sparta, TN	
Zip:	38583	Telephone (93) 1101 - 2600	

A.2 Address of production or manufacturing facility. <u>BBB</u> Industries <u>Blest</u> Smithville Huy Sparta, TN Zip: <u>38583</u> Telephone (93) 7101 - 210000

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City: Jay furson, flant Manager, 931-761-2600

- A.4 Alternate person to contact concerning information provided herein: Name <u>Hephanie Bevendge</u> Title E<u>HS Manager</u> Telephone (13) 101-2000
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

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. Date Signature of Official (Seal is applicable)

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

Disascemblu of starters, alternative, cu axles, Turbos, and COM wash and thin ourease Com DOV nts. MSSem 1010 units per customer requirements and specifications,

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: 3714 (MOTOR VENICLE Parts and Accessories)
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per	
a.	$[\times]$	Domestic Waste (restrooms, employee showers, etc.)	day 3700 estimated measured	
ь. с.	[]	Cooling water, non contact Boiler/tower blowdown	estimated measured	
d. e.		Cooling water, contact Process	estimated measured 285 estimated measured	
f. g.	[]	Equipment/Facility washdown Air pollution control unit	estimated measured	
h. i.		Storm water runoff to sanitary sewer Other, describe	estimated measured estimated measured estimated measured	

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

3415

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

			Average gallons per day
a.	[]	Sanitary	estimated measured
b.	[]	Storm Sewer	estimated measured
c.	[]	Surface	estimated measured
d.	[]	Ground water	estimated measured
e.		Waste haulers	2.85 (estimated) measured
f.	[]	Evaporation	estimated measured
g.	[]	Other, describe	estimated measured

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

285

Provide name and address of waste hauler(s), if used, Superior JOIVINTS and Chemicals 518 Swinging Bridge Rd, Ald Hickory JN 37138

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: 180 Average number of employees per shift: 180
B.2	Starting times of each shift: 1st 1:00 am 2nd am 3rd am pm pm
No	te: The following information in this section must be completed for each product line.
B.3	Principal product produced: Starters, Alternators, CV Axles Turbos, Brake Calipers
B.4	Raw materials and process additives used: USED product (core) containing small amounts of new components
B.5	Production is: [] Batch [/] Continuous []Both% Batch% Continuous Average Number of batches per 24-hour day
B.6	Hours of operation: 1^{200} a.m. to 5^{30} 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

8

3

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

30. [] Mechanical Products

Pretreatment devices or process used for treating wastewater or sludge. Check all that apply: C.2 [] Air Flotation Chlorination [] Flow Equalization [] [] Centrifuge [] Cyclone [] Grease or Oil Separation [] **Chemical Precipitation** [] Filtration [] Grease Trap Grit Removal [] [] Ozonation [] Sedimentation [] Ion Exchange [] **Reverse** Osmosis Septic Tank [] [] Sump [] Screen [] Solvent Neutralization, pH Correction [] [] Biological Treatment, Type Rainwater Diversion or Storage [] Other Chemical Treatment, [] [] Other physical Treatment, [] Other, [] 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.

Priority Pollutant Information. C.4

Known \Box \Box \Box Ξ Absent Suspected Ξ C Ξ Present Known _____ [] Present Chemical compound Benzene, 1,2, 4-trichloro Ether, bis(chloromethyl) Benzene, 1,3-dichloro Benzene, 1,4-dichloro Benzene, 1,2-dichloro Benzene, hexachloro 2-Chloronaphthalene **Foluene**, 2,4 dinitro Toluene, 2,6-dinitro Benzene, chloro Benzene, ethyl Benzene, nitro PCB-1016 PCB-1232 PCB-1242 PCB-1248 PCB-1254 PCB-1221 PCB-1260 Benzene Toluene 23. 24. 26. 27. 28. 28. 30. 33. 33. 34. 35. 37. 38. 40. 41. 42. 43. Concentration If Known Known Absent Known Ξ --Absent Suspected \Box Ξ Present Known Ξ Ξ \Box Present Chemical compound Phenol, 2,4,6-trichloro Phenol, 2,4-dichloro Phenol, pentachloro Phenol 2-chloro Phenol, 2-nitro Phenol, 4-nitro Chromium Beryllium Phenol (n) Cadmium Selenium Antimony Asbestos Cyanide Thallium Arsenic Mercury Copper Nickel Silver Lead Zinc 16. 17. 19. 20. 22. 15.

 $\Box \Box \Box$

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

Concentration If Known Known

Absent

Chemical compound Ether, 2-chloroethyl vinyl Ether, 4- bromophenyl phenyl Ether, 4-chlorophenyl phenyl Bis (2-chloroethoxy) methane Phthalate, di-o-methyl Phthalate, di-n-ethyl	Known Present	Suspected Present	Known Absent	Known Absent
Phthalate, di-n-octyl Phthalate, bis(2-ethylhexyl)				
Phthalate, butyl hexyl		[]	[]	
Acenaphthene	\Box	\square		\Box
Anthracene				22
Benzo (a) anthracene				
Benzo (b) fluoranthene	Ξ			
Benzo (k) fluorathlene	Ξ	Ξ	[]	
Benzo (ghi) perylene	[]	[]	[]	
Benzo (a) pyrene	[]			
Chrysene			:=	2
Dibenzo (a,n) anthrance	: [1	1	: =
Fluorathene	;]	1] [5
Fluorene				
Indeno (1,2,3-cd) pyrene	; _	; []] []] [
Ethane, 1,1,1-trichloro				
Ethane, 1,1,2-trichloro		1	: []	: :

.

Concentration If Known		No.		-		1000												12/20					
Known Absent	[]	Ξ	[]		[]					[]	[]		5]		[]		[]	[]			[]	
Known Absent	[]	[]	[]	[]			[]	[]	[]	[]	[]	[]	5			[]			[]	Ξ	[]	[]	
Suspected Present	[]	Ξ	[]	\Box					[]	[]	[]				[]	[]	[]	[]	[]		[]	[]	
Known Present			[]	\Box	[]			[]			[]				[]	[]	[]	[]	[]	[]	[]	[]	
Chemical compound	Phenol, 2, 4-dimethyl	Phenol, 2,4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro	Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrionitrile	Methane hromo	Methane. chloro	Methane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1,1-dichloro	Ethane, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether his () approximant()
	44.	45.	46.	47.	48.	49	50.	51.	52.	53.	54	55	56	57	58	65	60	61	62	63	64	65	20

Concentration If Known Absent Known Absent Suspected Present Known Present	117. Pyrene [] [] [] []	118. [] [] [] [] [] []		Aldrin				123. BHC (Delta)																	
Known Absent Known Absent Suspected	[] [] []] [] []] [] []	[] [] []] [] []] [] []	[] [] []	1 [] []	[] [] []	[] [] []		1 [] []			[] [] []										
Present Known Present] []							[] []				[]	[] []	[] []											
Chemical compound	Ethane, 1,1,2,1-tetrachloro	Ethane, hexachloro	Ethane, chloro	Ethane, 1,1-dichloro	Ethane, trans-dichloro	Ethane, trichloro	Ethane, tetrachloro	Propane, 1,2-dichloro	Propane, 2,4-dichloro	Butadiene, Hexachloro	Cyclopentadiene, hexachloro	DDT	Dieldrin	Endosulfan (alpha)	Endosulfan (beta)	Endosulfan Sulfate	Endrin	Endrin aldehyde	Heptachlor	Heptachlor epoxide	Isophorone	TCDD (or Dioxin)	Toxaphene	Naphthalene	Phenathrene
	92	93	94	95	96.	97.	98	66	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116

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Section D Other Wastes

κ.

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	Estimated Ganons of Founds/ Fear
[]	Heavy Metal Sludges	
[]	Inks/Dyes	
[]	Oil and/or grease	
[]	Organic Compounds	
[]	Paints	-
[]	Pesticides	
[]	Plating Wastes	
[]	Pretreatment sludges	
[]	Solvents/Thinners	
[]	Other Hazardous Wastes, describe:	1

[] 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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

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

	BEST	BATH	SYSTE	EMS			
	155	NORCOM	WAY	SPARTA	I, TN		
Zip:	385	83	Tele	phone (931)	836-	6339	

)

A.2 Address of production or manufacturing facility. SAME AS ABOVE

Zip:

Telephone (

- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
 KEVIN PIEPER OPS MANAGER 931-836-6339
- A.4 Alternate person to contact concerning information provided herein: Name <u>FRANK ALVAREZ</u> Title <u>FACILITY MGR</u> Telephone (2018) <u>906-4996</u>
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.) PLASTICS / FRP MANUFACTURING

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.
 I - 25 - 23

DateSignature of Official
(Seal is applicable)

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

MANUFACTURING + ASSEMBLY OF WALK-IN-BATHTUBS AND TRUCK RODIES

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: 3Ø83
- **A.8** This facility generates the following types of wastes. Please provide gallons per day for all that apply.

	day		
mestic Waste (restrooms, employee owers, etc.)	360	estimated	measured
oling water, non contact		estimated	measured
iler/tower blowdown		estimated	measured
oling water, contact		estimated	measured
ocess		estimated	measured
uipment/Facility washdown		estimated	measured
r pollution control unit		estimated	measured
orm water runoff to sanitary sewer		estimated	measured
her, describe		estimated	measured
u r	cess aipment/Facility washdown pollution control unit rm water runoff to sanitary sewer	cess	cess

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		
	пл	Q :	day 36Ø	estimated	measured
а.	[X]	Sanitary	<u></u>	estimated	measureu
b.	[]	Storm Sewer		estimated	measured
c.	[]	Surface		estimated	measured
d.	[]	Ground water		estimated	measured
e.	[]	Waste haulers		estimated	measured
f.	[]	Evaporation		estimated	measured
g.	[]	Other, describe		estimated	measured

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

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

- A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes [] no [χ]
- 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	ation char	acteristics						
B.1	Number of emp Average numbe	•	-		ıy:			-	39	5
B.2	Starting times of	of each shift:	1st _6	³⁴⁰ (am pm	2nd		_ am pm	3rd _		am pm
Not	e: The following	information in	n this secti	ion must be	compl	leted for ea	ach pro	duct lii	ne.	
B.3	Principal produ	ct produced:	WALK	-1N-B	ATH	rubs ?	TR	uck	BODI	ēS
B.4	Raw materials a	and process ad	ditives us	ed:						

B.5	Production is: [] Batch Average Numb	[v] Continuer of batches p				% Ba	tch _	IØØ_	% Con	tinuous
B.6	Hours of operat	tion: <u>6:3</u>	₫ a.m. t	0 5	p.m.			[]	Conti	nuous
B.7	Is production su If yes, briefly d				[]	yes		[X]	no	
B.8	Are any process years?	s changes or e	xpansions	planned du	uring tł	ne next fiv	e	[] yo	es [[X] no

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

Scction C Wastcwatcr Information

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

C.2	Pretreatment devices or proc	ess u	sed for treating wastewater or s	ludge.	
[]	Air Flotation	[]	Chlorination	[]	Flow Equalization
[]	Centrifuge	[]	Cyclone	[]	Grease or Oil Separation
[]	Chemical Precipitation	[]	Filtration	[]	Grease Trap
ĨĨ	Grit Removal	ĨĨ	Ozonation	[]	Sedimentation
ĨĨ	Ion Exchange	[]	Reverse Osmosis	[]	Septic Tank
[]	Sump	[]	Screen	[]	Solvent
[]	Neutralization, pH Correction				
[]	Biological Treatment, Type				
[]	Rainwater Diversion or Storag	с			
[]	Other Chemical Treatment,				
[]	Other physical Treatment,				
Ĩ	Other,				
[]	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.

Concentration If Known

																	16.	17.	18.	19.			
Chemical compound	Antimony	Arsenic	Asbestos	Beryllium	Cadmium	Chromium	Copper	Cyanidc	Lead	10. Mercury	Nickel	Sclenium	Silver	Thallium	Zinc		Phenol (n)	. Phenol 2-chloro	Phenol, 2,4-dichloro	Phenol, 2,4,6-trichloro	Phenol, pentachloro	Phenol, 2-nitro	Phenol, 4-nitro
Known Present										 	-						-] 						
Present					 	-					<u> </u>												
Absent Suspected		نـــــ	ر			<u>بب</u>	ن ے۔۔	ن ــــا	·	<u> </u>	ن	<u> </u>	·1	ن ـــ ـ	<u> </u>		••	<u>بب</u> ا	ن ــــا	ن ــــ	ى <u>ب</u>		
Known			,			,					—												
Known Absent		_					[]		[]		,, 				[]			 		[]	[]		5
Concentration If Known																							
	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.		35.	36.	37.	38.	39.	40.	41.	42.		43.
Chemical	Benzene	Benzene, chloro	Bcnzcnc, 1,2-dichloro	Benzene, 1,3-diehloro	Bcnzene, 1,4-dichloro	Benzene, 1,2, 4-trichloro	Benzene, hexachloro	Bcnzenc, ethyl	Benzcne, nitro	Toluene	Toluene, 2,4 dinitro	Toluene, 2,6-dinitro		PCB-1016	PCB-1221	PCB-1232	PCB-1242	PCB-1248	PCB-1254	PCB-1260	2-Chloronaphthalenc		Ether, bis(chloromethyl)
Chemical compound		0	ichloro	iehloro	ichloro	l-trichloro	chloro				nitro	initro									halenc		romethyl)
Known Present		_	[]		-			[]			_	,		_	[[]	— —	[]	[]	[]		,
Suspected Present		[]		_		-																	,
Known Absent						<u> </u>				_		<u> </u>				_							
Absent		نــــا 	ــــ	<u>ب</u>	<u>ب</u>	<u>نــــــــــــــــــــــــــــــــــــ</u>	نے۔	لىبىيا 	نـــــ		ا سسا 	<u> </u>		ب	<u>ب</u>	<u> </u>	<u> </u>	·	نــــا 	ب	ب		<u> </u>
											- N. S. A. C.	1.1.1.1				1.1.1							

Absent Suspected Present Known Present		myl [[] [] []	ayl [] []	ane [] []				<u> </u>																	
compor	ethyl vinyl	phenyl phe	phenyl pher	thoxy) meth	methyl	ethyl	butyl	octyl	-ethylhexyl	l hexyl	•	ne		nracene	oranthene	orathlene	erylene	ene		anthrance			-cd) pyren(trichloro	trichloro
Chemical compound	Ether, 2-chloroethyl vinyl	Ether, 4- bromophenyl phenyl	Ether, 4-chlorophenyl phenyl	Bis (2-chloroethoxy) methane	Phthalate, di-o-methyl	Phthalate, di-n-ethyl	Phthalate, di-n-butyl	Phthalate, di-n-octyl	Phthalate, bis(2-ethylhexyl	Phthalate, butyl hexyl	Acenaphthene	Acenaphthylene	Anthracene	Benzo (a) anthracene	Benzo (b) fluoranthene	Bcnzo (k) fluorathlene	Benzo (ghi) perylene	Benzo (a) pyrene	Chrysene	Dibenzo (a,n) anthrance	Fluorathene	Fluorenc	Indeno (1,2,3-cd) pyrene	Ethane, 1, 1, 1-trichloro	Ethane, 1,1,2-trichloro

Concentration If Known Known																				[1		
Absent Known Absent					 	 								 			 						[] [
Suspected Present						<u> </u>				<u> </u>													[]
Known Present					\Box	,				-							<u> </u>						[]
Chemical compound	Phenol, 2, 4-dimethyl Phenol - 2 4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro	Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrlonitrile		Metnane, promo	Methane, chloro	Mcthane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1,1-dichloro	Ethane, 1,2-dichloro		Ether, bis (2-chlorosopropyl)
	44.	46.	47.	48.	49	50.	51.	52.	53.	54	L L	00	56	57	58	59	60	61	62	63	64	65	66

Chemical compound	Ethane, 1,1,2,1-tetrachloro	Ethane, hexachloro	Ethane, chloro	Ethane, 1,1-dichloro	Ethane, trans-dichloro	Ethane, trichloro	Ethane, tetrachloro	Propane, 1,2-dichloro	Propane, 2,4-dichloro	Butadiene, Hexachloro	Cyclopentadiene, hexachloro		Dieldrin	Endosulfan (alpha)	Endosulfan (beta)	Endosulfan Sulfate	Endrin	Endrin aldehyde	Heptachlor	Heptachlor epoxide	Isophorone	TCDD (or Dioxin)	Toxaphene [Naphthalene [Phenathrene
Suspected Present Known]_[]] []
Known Absent		-									[]			 	, _ , 				_						
If Known Known Absent								[]		[]															
Concentration																									
	117.	118.	119.		120.	121.	122.	123.	124.	125.	126.														
Chemi	Pyrene		Acrolein	Aldrin	BHC (Alpha)	BHC (Beta)	BHC (Ga	BHC (Delta)	Chlordane	DDD	DDE														
ical con					pha)	ta)	mma) or	ilta)	e																
Chemical compound							BHC (Gamma) or Lindane																		
Known Present								, 	<u> </u>	[]		·													
Suspected Present		_	,, 			_	_	_	,	[]															
Absent Known Absent	[]					_		- -		[]	<u> </u>														
<u>If Known</u> Known Absent		 	 	[]	 			-	,																

t sheets. afety o

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?

(X) [] 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.

Section	n A General Information
A.1	Company name, mailing address and telephone number: <u>Charles Bailey Trucking Inc.</u> <u>7052 Roberts Matthews Hwy Cookwille TN</u> Zip: <u>38506</u> Telephone (93) <u>738-5065</u>
A.2	Address of production or manufacturing facility. <u>1052 Roberts Matthews Hwy Colleville 38506</u> <u>6150 Roberts Matthews Hwy Sparta TN 38583</u> Zip: Telephone (*)
A.3	Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City: Paul Bailey
A.4	Alternate person to contact concerning information provided herein: Name <u>Janice WagNer</u> Title <u>HR</u> Telephone (93) <u>738-1481</u>
A.5	Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

2

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.
<u>1-20-23</u> (Xanna Wagnyr
Date Signature of Official
(Seal is applicable)

7

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

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

Trucking Company Wash Trucks @ Sparta Location	No Production - No manuf	farturing
wash Tricks @ Sparta Location	Trucking Combany	· · · · · · · · · · · · · · · · · · ·
THUSI I HUNDE OPALIA POCATION	wash Trucks @ Sparta Loca	ition

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per day		
a.	М	Domestic Waste (restrooms, employee showers, etc.)	00	estimated	measured
b.	[]	Cooling water, non contact		estimated	measured
c.	[]	Boiler/tower blowdown		- estimated	measured
d.	[]	Cooling water, contact		- estimated	measured
e.	[]	Process		- estimated	measured
f.	[V]	Equipment/Facility washdown	500	- vestimated	measured
g.	[]	Air pollution control unit		cstimated	measured
h.	[]	Storm water runoff to sanitary sewer		- estimated	measured
i.	[]	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.	[]	Sanitary	estimate	d measured
b.	[]	Storm Sewer	estimate	d measured
c.	[]	Surface	estimate	
d.	[]	Ground water	estimate	
e.	[]	Waste haulers	estimate	
f.	[]	Evaporation	cstimate	
g.	[4]	Other, describe Server	cstimate	

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

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

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 oper	ation	characteris	stics						
B. 1	Number of em Average numb				our day	<i>'</i> :				25	
B.2	Starting times	of each shift:	1st	<u>1:00</u>	am pm	2nd _	NA	am pm	3rd	NA	am pm
Noi	te: The following	, information i	n this	section mi	ist be d	complet	ed for ea	ch pro	oduct l	ine.	
B.3	Principal prod	uct produced:	N	A							
B.4	Raw materials	and process ad	lditive	es used:							
B.5	Production is: [] Batch Average Numl	[] Contin per of batches		. <i></i>			_% Bat	ch _		_% Cont	inuous
B.6	Hours of opera	ution: <u>7:0</u>	<u>10</u> a.	m. to <u>5</u>	்ற	p.m.			[]	Conti	nuous
B.7	Is production s If yes, briefly o	ubject to seaso describe seaso	onal v nal pro	ariation? oduction c	ycle:	[] :	yes		[}	no	
		·····									
B.8	Are any proces years?	ss changes or e	xpans	sions plann	ed dur	ing the	next five)	[]]	yes [\	/ no

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.	[]	Adhesives	31.	[]	Metal finishing
2.	Ĩ	Aluminum Forming	32.	[]	Mineral Mining and
	ι	6	5	ĽJ	Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
	r 1	i isoosios munuluotaring	55.	[]	Manufacture
4.	[]	Auto & other Laundries	24	гı	
ч. 5.			34. 25	[]	Nonferrous Metals, Forming
	[]	Battery Manufacturing	35.	[]	Ore Mining and Dressing
6.	[]	Builder's Paper and Board	36.	[]	Organic Chemical, Plastic &
-		Mills			Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.	[]	Carbon Black Manufacturing	38.	[]	Paint & ink
9.	[]	Cement Manufacturing	39.	[]	Paving and Roofing Materials
10.	[]	Coal Mining	40.	[]	Pesticides, Formulating,
	_	<u> </u>			Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.	[]	Copper Forming	42.	[]	Petroleum Refining
13.		Dairy Products	43.		Pharmaceuticals
14.	[]	Electric & Electronic	43. 44.	[]	
1	[]		44.	[]	Phosphate Manufacturing
15.	гэ	Components Electromistic			
	[]	Electroplating	45.	[]	Photographic Supplies
16.	[]	Explosives Manufacturing	46.	[]	Plastic Molding and Forming
17.	[]	Feedlots	47.	[]	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.	[]	Porcelain Enameling
19.	[]	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	[]	Pulp, Paper and Paperboard
		casting)			
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			
22.	[]	Glass Manufacturing	52.	[]	Scafood Processing
23.	[]	Grain Mills	53.		Soaps & Detergents
24.	[]	Gum & Wood Chemical	54.		Steam Electric Power
		e mar ee a code catemiteur	54.	L J	Generating
25.	[]	Hospitals	55.	ГЛ	0
26.	[]	Inorganic Chemical		[]	Sugar Processing
20. 27.			56.	[]	Textiles Mills
	[]	Iron & Steel	57.	[]	Timber
28.	[]	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
•					and/or Incinerating
29.	[]	Meat Products			
30.	[]	Mechanical Products			

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

[]	Air Flotation	[]	Chlorination	[]	Flow Equalization
[]	Centrifuge	[]	Cyclone	ĨĨ	Grease or Oil Separation
[]	Chemical Precipitation	[]	Filtration	Ē	Grease Trap
[]	Grit Removal	[]	Ozonation	ΓÌ	Sedimentation
[]	Ion Exchange	[]	Reverse Osmosis	Ĩ Ì	Septic Tank
[]	Sump	[]	Screen	Ĩ Ì	Solvent
[]	Neutralization, pH Correction				
[]	Biological Treatment, Type				
[]	Rainwater Diversion or Storag	e			
[]	Other Chemical Treatment,		······································		
[]	Other physical Treatment,				
[]	Other,				·····
[]	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.

Priority Pollutant Information.

C.4

_ Absent Suspected ୍କ Present Known Present **Chemical compound** Benzene, 1,2, 4-trichloro Ether, bis(chloromethyl) Benzene, 1,2-dichloro Benzene, 1,3-dichloro Benzene, 1,4-dichloro Benzene, hexachloro 2-Chloronaphthalene Foluene, 2,6-dinitro Toluene, 2,4 dinitro Benzene, chloro Benzene, ethyl Benzene, nitro PCB-1016 PCB-1232 PCB-1242 PCB-1248 PCB-1260 PCB-1221 PCB-1254 Benzene Toluene 43. Concentration If Known Known Absent Known Absent ے ہیں اس Suspected Present Known Preser **Chemical compound** Phenol, 2,4,6-trichloro Phenol, 2,4-dichloro Phenol, pentachloro Phenol 2-chloro Phenol, 2-nítro Phenol, 4-nitro Chromium Phenol (n) Antimony Beryllium Cadmium Asbestos Selenium Thallium Cyanide Arsenic Mercury Copper Nickel Silver Lead Zinc 16. 17. 19. 20. 22.

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

Concentration If Known Known

Absent

Known

Concentration If Known Known		- -	1											1					1	1	,	[
Absent Known Absent			 	[]										استین استین استین	السبب السبب السببر السبب				ئىنىيە بىسىم يىسىيە	است مستر النستا]		[]	نىسىن بىتتىم نىسىن	
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Chemical compound	Ether, 2-chloroethyl vinyl	Ether, 4- bromophenyl phenyl	Ether, 4-chlorophcnyl phenyl	Bis (2-chloroethoxy) methane	Phthalate, di-o-methyl	Phthalate, di-n-ethyl	Phthalate, di-n-butyl	Phthalate, di-n-octyl	Phthalate, bis(2-ethylhexyl)	Phthalatc, butyl hexyl		Acenaphthene	Acenaphthylene	Anthracene	Benzo (a) anthracene	Benzo (b) fluoranthene	Benzo (k) fluorathlene	Benzo (ghi) perylene	Benzo (a) pyrene	Chrysene	Dibenzo (a,n) anthrance	Fluorathene	Fluorene	Indeno (1,2,3-cd) pyrene	Ethane, I.1.1-trichloro	Ethane, 1,1,2-trichloro
	67	68	69	70	71	72	73	74	75	76	77.	78.		.67	80	81	82	83	84	85	86	87	88	89	06	16

Concentration If Known	Π																							
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Known Present				r- 	 	-, ,- -, -	Т Ц					- 1	,, 			[]	ر مىشى	,		[]	[]	[]		
Chemical compound	Phenol, 2, 4-dimethyl	Pnenol, 2,4-dimetnyi m-cresol, n-chloro	o-cresol, 4,6-dinitro	Nittoreamine dimethul		Nitrosamine, diprenyi Nitrosamine di nameri	Nuusamme, ur-i-piupyi Daaridiaa		Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acronitrile		Methane, bromo	Methane, chloro	Methane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1,1-dichloro	Ethanc, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether, bis (2-chlorosopropyl)
	44.	45. 66.	47.	av Vo	¢ ¢	49	.nc	.10	52.	53.	54		55	56	57	58	59	60	61	62	63	64	65	66

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imé	ei e	n (Alpha) (Beta) (Gamm (Delta) dane							
Che	Pyrene Acrolein Aldrin	Aldrin BHC (Alpha BHC (Beta) BHC (Gami BHC (Delta) Chlordane	DDDE						
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	117. 118. 119.	120. 121. 122. 123.	25. 26.						
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Chemical compound	le, l le, l le, cl	rie, Č, Č, Č, LT , LT , Te, LT , De, Le , De, L2 , 2 , 2 , 2 , 2 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1	liene pent	tin ulfar ulfar	ulfa	n ald	chloi) (or hene	hren
ē	Ethane, 1,1,2,1-tetrachloro Ethane, hexachloro Ethane, chloro Ethane, 1,1-dichloro	Ethane, trans-dichloro Ethane, trichloro Ethane, tetrachloro Propane, 1,2-dichloro Propane, 2,4-dichloro	Butadiene, Hexachloro Cyclopentadiene, hexachloro	DD I Dieldrin Endosulfan (alpha) Endosulfan (hefa)	Endosulfan Sulfate Endrin	Endrin aldehyde Heptachlor	Heptachlor epoxide Isophorone	TCDD (or Dioxin) Toxaphene Norththolono	Phenathrene
		ппппсд	M O U		ធធ	ы Т	ž ž	ĔĔž	ž ď
	92 93 95 95	2 9 9 9 . 9 9 9 . 1 0 0 1	101	105 105 105	107	0110	112	113 114	c11
	Laster States						ante parte)()	1

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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 [v] 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/Ycar

- [] Acids and Alkalines [] Heavy Metal Sludges Inks/Dycs [] 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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

	warchousing, painting, printing, food processing, etc.)
5-852-11	Alternate person to contact concerning information provided herein: Name Morgan Dunn Title Sales Mans, Telephone () 93 Identify the type of business conducted (auto repair, machine shop, electroplating,
gnilsəb lsi:	Name, title and telephone number of person authorized to represent this firm in office with Sewer Authority and/or City:
	Zip: Telephone ()
	Address of production or manufacturing facility. ۲ مر هد ی Zip: Telephone ()
	Zip: 38583 Telephone() 95/-738-3611 Address of production or manufacturing facility.
/ 20.1 -1	Dr. Ve. Sparta, TN Zip: 38583 Telephone() 95/-738-3611 Address of production or manufacturing facility. Same

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 provide to the 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.

(sldszilgds si lss2)	
Signature of Official	Date
Junich dum	E2 71 1
ation, including the possibility of tine and/or	information is true, accurate and con
ation reported herein, I believe that the submitted	document and attachment. Base upc
ad of your firm after completion of this form and review of familiar with the information submitted in this	the information by the signing official.

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

many facturing . Machine design and isht

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: 3540
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

	_		Average gallons per day		
a.	[4]	Domestic Waste (restrooms, employee showers, etc.)	2.40	estimated	measured
b.	M	Cooling water, non contact	5	estimated	measured
c.	[]	Boiler/tower blowdown		estimated	measured
d.	[]	Cooling water, contact		estimated	measured
e.	[]	Process		estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	Other, describe		estimated	measured

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

245

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

	,		Average gallons per day_	
a.	$[\checkmark]$	Sanitary	240 estimated	measured
Ь.	[]	Storm Sewer	estimated	measured
c.	$[\boldsymbol{\mathcal{V}}]$	Surface	- S estimated	measured
d.	[]	Ground water	estimated	measured
e.	[]	Waste haulers	estimated	measured
f.	[]	Evaporation	estimated	measured
g.	[]	Other, describe	estimated	measured

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

245

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

Crystal Clean, 2000 Center Drive Suite East C300, Halfman Estates, 60192 IL

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes [] no [1]

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.

Facility operation characteristics	Section B
------------------------------------	-----------

	ud ue U/N pu;	$\frac{\text{ud}}{\text{ue}} \frac{0 \in 3 \in 2}{00; 2}$	lst	Starting times of each shift:	<u>г</u> .8
07				w sflids sover of employee shifts w Average number of employee	1.A

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

				T T T	
5/00	1	awiy	nac	Principal product produced:	B.3

Raw materials and process additives used: Delein B'4

If yes, briefly describe seasonal production cycle:

Is production subject to seasonal variation?

B.7

[] Continuous	·urd 0 5	7:00 a.m. to 3:	Hours of operation:	9'B
suouniino) %	100 % Batch	Continuous []Both batches per 24-hour day	Production is: [v] Batch [] Average Number of l	8.S

[] Aes

ou []

.expansions. If yes, attach a separate sheet to this form describing the nature of planned changes or years? Are any process changes or expansions planned during the next five B.8 səv [] ou []

C.1 If your facility performs processes in any of the industrial categories or business activities bisted below and any of these processes generate wastewater or waste sludge, place a check all that apply:

	30 [.] 30	[] []	Meat Products Mechanical Products				
	58. 52. 52. 52.	[] [] []	Hospitals Inorganic Chemical Iron & Steel Leather Tanning & Finishing	.85 .72 .92 .55	[] [] []	Generating Sugar Processing Textiles Mills Waste Disposal, Treating, and/or Incinerating	
	54 [.] 53 [.] 55.	[] [] []	Processing Glass Manufacturing Grain Mills Gum & Wood Chemical	24' 23' 25'	[] [] []	Seafood Processing Soaps & Detergents Steam Electric Power	
	.12	[]	casting) Fruits and Vegetables	.12	[]	Rubber Manufacturing	
	50 [.] 16 [.] 18 [.] 12 [.] 19 [.] 12 [.]	[] [] [] [] []	Components Electroplating Explosives Manufacturing Feedlots Ferroalloy Manufacturing Fertilizer Manufacturing Foundries, (metal molding &	20. 46. 47. 47. 47. 47. 47.	[] [] [] [] []	Photographic Supplies Plastic Molding and Forming Plastics Processing Porcelain Enameling Printing & Publishing Pulp, Paper and Paperboard	
1	11. 12. 14.	[] [] []	Coil Coating Copper Forming Dairy Products Electric & Electronic	44. 43. 41.	[] [] []	Packaging, Repackaging Pesticides, Manufacturing Petroleum Refining Pharmaceuticals Phosphate Manufacturing	
5	01. 6. 2. 7.	[] [] [] []	Mills Can Making Cernent Manufacturing Coal Mining	40. 38. 37.	[] [] []	Organic Chemical Paint & ink Paving and Roofing Materials Pesticides, Formulating,	
5	.6. 5. 4.	[] [] []	Auto & other Laundries Battery Manufacturing Builder's Paper and Board Mills	36. 35. 34.	[] [] []	Manufacture Nonferrous Metals, Forming Ore Mining and Dressing Organic Chemical, Plastic & Synthetic Fibers	
5	.6	[]	Asbestos Manufacturing	33.	[]	Processing Nonferrous Metals	
S L	1. 2.	[] []	səvizəhA Baimo7 munimulA	.15 32.	[] []	Metal finishing Mineral Mining and	

	No Pretreatment Provided				
	Other,				
	Other physical Treatment,				
	Other Chemical Treatment,				
	Rainwater Diversion or Stora				
	Biological Treatment, Type				
	Neutralization, pH Correction				
	dung	[]] Ccreen	S	Juavlos
	lon Exchange	[]	Reverse Osmosis	S	Septic Tank
	Grit Removal	[]] Ozonation	S	Sedimentation
	Chemical Precipitation	[]] Filtration	Ð	Grease Trap
	egutinneO	[]	Cyclone [Ð	Grease or Oil Separatio
	Air Flotation	[]	Chlorination [E	Flow Equalization
1	Pretreatment devices or pro	sn ssə	sed for treating wastewater or sludg	D .	Check all that apply:

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.

22.	21.	20.	19.	18.	17.	16.	15.	14.	13.	12.	11.	10.	9.	8.	7.	6.	5.	4.	3.	2.		
Phenol, 4-nitro	Phenol, 2-nitro	Phenol, pentachloro	Phenol, 2,4,6-trichloro	Phenol, 2,4-dichloro	Phenol 2-chloro	Phenol (n)	Zinc	Thallium	Silver	Selenium	Nickel	Mercury	Lead	Cyanide	Copper	Chromium	Cadmium	Beryllium	Asbestos	Arsenic	Antimony	Chemical compound
[]	[1]	[]		[]	[]	[]	[]	Ξ	[]	[]	[]	[]	[]		[]	[]	[]	[]	[]	[]	Ξ	Known Present
		Ξ	Ξ	Ξ		Ξ		Ξ	Ξ	[]	[]	[]	Ξ	Ξ	[]	[]	[]	[]	Ξ	[]	Ξ	Suspected Present
	Ξ	Ξ	[]	[]	[]	[]	Ξ		Ξ	[]	Ξ	Ξ	Ξ	Ξ	[]		[]	Ξ	Ξ	Ξ	Ξ	nwonX Absent
[]	[]	Ξ	[]	[]		[]	Ξ	[]	[]	[]	[]	[]	Ξ	Ξ	Ξ	[]	Ξ	Ξ	Ξ	Ξ	Ξ	nwonA JuosdA
		Γ						Γ	Γ													Concentration If Known

43.	42.	41.	40.	39.	38.	37.	36.	35.	34.	33.	32.	31.	30.	29.	28.	27.	26.	25.	24.	23.	
Ether, bis(chloromethyl)	2-Chloronaphthalene	PCB-1260	PCB-1254	PCB-1248	PCB-1242	PCB-1232	PCB-1221	PCB-1016	Toluene, 2,6-dinitro	Toluene, 2,4 dinitro	Toluene	Benzene, nitro	Benzene, ethyl	Benzene, hexachloro	Benzene, 1,2, 4-trichloro	Benzene, 1,4-dichloro	Benzene, 1,3-dichloro	Benzene, 1,2-dichloro	Benzene, chloro	Benzene	Chemical compound
Ξ	Ξ	Ξ		Ξ	[]	Ξ	[]			[]	Ξ		Ξ	Ξ	[]	[]	[]	Ξ	[]	=	Known Present
[]	[]	[]	[]	[]		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	Ξ	[]	Ξ	Suspected Present
Ξ	Ξ	Ξ	Ξ	[]	[]	[]	Ξ	[]		[]	[]		Ξ	[]		[]	[]	Ξ	[]	Ξ	nwonX tnosdA
Ξ	Ξ	Ξ	Ξ			Ξ	[]	Ξ			[]	Ξ	[]	[]		[]	Ξ	Ξ	Ξ	Ξ	nwonA tnosdA
							Γ			Γ	Γ			Γ					Γ	Π	Concentration If Known

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

	67	89	69	70	71	72	73	74	75	76	77.	78.		79.	80	81	82	83	84	85	86	87	88	68	90	16
Chemical compound	Ether, 2-chloroethyl vinyl	Ether, 4- bromophenyl phenyl	Ether, 4-chlorophenyl phenyl	Bis (2-chloroethoxy) methane	Phthalate, di-o-methyl	Phthalate, di-n-ethyl	Phthalate, di-n-butyl	Phthalate, di-n-octyl	Phthalate, bis(2-ethylhexyl)	Phthalate, butyl hexyl		Acenaphthene	Acenaphthylene	Anthracene	Benzo (a) anthracene	Benzo (b) fluoranthene	Benzo (k) fluorathlene	Benzo (ghi) perylene	Benzo (a) pyrene	Chrysene	Dibenzo (a,n) anthrance	Fluorathene	Fluorene	Indeno (1,2,3-cd) pyrene	Ethane, 1,1,1-trichloro	Ethane, 1,1,2-trichloro
nown	Ξ	[]	[]	[]	[]	Ξ	[]	[]	[]	[]			[]			Ξ	\Box	[]	[]		[]	Ξ		Ξ		[]
Suspected Present	Ξ	[]	[]	[]	Ξ	Ξ	[]	[]	[]	\Box		Ξ	Ξ	Ξ		\Box	[]	Ξ	[]	[]	[]	Ξ	[]	Ξ		[]
nwon. TasedA	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	[]	[]		Ξ	1		[]	[]	[]	[]		-	[]	[]	[]	Ξ	[]	[]	[]	[]
nwonM InsedA	[]	[]	Ξ	Ξ	Ξ	Ξ	[]	[]	[]	Ξ	e. N	Ξ	[]	Ξ		[]					[]		Ξ	Ξ	Ξ	[]
Concentration If Known							Γ					Γ		Γ			Γ	Г	Τ	Γ						

92 92 93 93 94 99 99 99 99 99 99 99 99 99 99 99 99	
Ethane, 1,1,2,1-tetrachloro Ethane, hexachloro Ethane, chloro Ethane, trans-dichloro Ethane, trichloro Propane, 1,2-dichloro Propane, 2,4-dichloro Butadiene, Hexachloro Cyclopentadiene, hexachloro DDT Dieldrin Endosulfan (alpha) Endosulfan Sulfate Endrin aldehyde Heptachlor epoxide Isophorone TCDD (or Dioxin) Toxaphene	Chemical compound
	Present Cnown Present
	bətəəqeu2
	nwon insedA
	nwonM
	Concentration If Known
1117. P 1118. 1119. A 1120. H 1121. H 1122. H 1123. H 1124. C 1124. C 1125. I 1126. I	
Pyrene Acrolein Aldrin BHC (Alpha) BHC (Beta) BHC (Delta) Chlordane DDD DDE	Chemical compound
) or Lindane	Ind
or Lindane	tresent
or Lindane	Present Inown Tresent
or Lindane	Absent Suspected Present Mown Tresent
or Lindane	Suspected Present Trown Tresent
or Lindane	Absent Absent Present Present Tresent

Other Wastes G noitos2

səƙ [/]

sewer system? Are any liquid waste or sludges from this firm disposed of by means other than discharge to the 1.0

If "yes", complete remaining items. If "no", skip remainder of Section D.

ou

[]

Estimated Gallons or Pounds/Year

-001

[] Other Wastes, (describe),

Solvents/Thinners

Pesticides

Inks/Dyes

Paints

Pretreatment sludges Plating Wastes

Organic Compounds Oil and/or grease

Heavy Metal Sludges

Acids and Alkalines

These wastes may best be described as:

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

Other Hazardous Wastes, describe:

on-site storage

Off-site storage

21

Off-site disposal [] Insoquib stie-nO

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21045

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2.a

DENMES 10655 Briefly describe the method(s) of storage or disposal checked above. 0

10+5635

123/3

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212:0

dn

SI

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

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

	ECMD				
	620	IND	ISTRIAL PRIVE	SPARTA	TN
Zip:	38	583	Telephone (93)	836.	3865

A.2 Address of production or manufacturing facility.

Zip: _____ Telephone () _____

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

ED HOLLAND, ECMD, INC., VP-PROPERTY & FACILITIE 878.773.

- A.4 Alternate person to contact concerning information provided herein: Name <u>Name CARNES</u> Title <u>Office TECH</u> Telephone (131. <u>836.3865</u>
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

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. allall 16.2023 0 Signature of Official Date (Seal is applicable)

ECMID, INC. P.O. BOX 130 N.WILKESBORD, NC 28659 CELL: 828.773.9641 OFFICE: 336.667.5976 EMAIL: Ed. Hollande cond. con A.6 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts.

BUILDING DISTRIBUTION OF MOULDINGS BOARD en

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- **A.8** This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per day		
a.	M	Domestic Waste (restrooms, employee showers, etc.)		estimated	measured
b.	[]	Cooling water, non contact		estimated	measured
c.	[]	Boiler/tower blowdown		estimated	measured
d.	[]	Cooling water, contact		estimated	measured
e.	[]	Process		estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	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	
a.	M	Sanitary	400-500 (estimated)	neasured -
b.	[]	Storm Sewer	estimated	neasured
c.	[]	Surface	estimated r	neasured
d.	ΓÎ.	Ground water	estimated r	neasured
e.	Î Î	Waste haulers	estimated r	neasured
f.	[]	Evaporation	estimated r	neasured
g.	[]	Other, describe	estimated r	neasured

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

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

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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

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

Encora Products West Market Stract Telephone (33/) Zip: 27235 61.7-24

- A.2 Address of production or manufacturing facility. <u>130 Sunset Dr</u> <u>Spacta</u>, *TN* Zip: <u>38583</u> Telephone (37) <u>668-2472</u>
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
- A.4 Alternate person to contact concerning information provided herein: Name ________ Title _______ Telephone () _______
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

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 line and/or imprisonment.

 Ibelieve
 Signature of Official (Scal is applicable)

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

AII	manufacturina	operations	have been	shut-down.
The facility	has a smo	TI equipme	at building	Shup
usal to de	isign and tes	+ new equip	mont. 1	/

321911

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- **A.8** This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per			
a.	[1]	Domestic Waste (restrooms, employee showers, etc.)	day 40 gallors (estimated	measured	
b.	[]	Cooling water, non contact		estimated	measured	
c.	[]	Boiler/tower blowdown		estimated	measured	
d.	[]	Cooling water, contact		estimated	measured	
e.	[]	Process		estimated	measured	
f.	[]	Equipment/Facility washdown		estimated	measured	
g.	[]	Air pollution control unit		estimated	measured	
h.	[]	Storm water runoff to sanitary sewer		estimated	measured	
i.	[]	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.	[]	Sanitary			estimated	measured	
b.	[]	Storm Sewer			estimated	measured	
c.	[]	Surface			estimated	measured	
d.	[]	Ground water			estimated	measured	
e.		Waste haulers		1 3gal	estimated	measured	
f.	[]	Evaporation			estimated	measured	
g.	[]	Other, describe			estimated	measured	
		1 (55) gallen Drum Annuelly	(may)	6(2)			
				5			
		Total A.9.a - A.9.g					_

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

- 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 oper	ration characte	eristics						
B.1		ployee shifts v ber of employe		-hour da	y:					
B.2	Starting times	of each shift:	1st	am pm	2nd		am pm	3rd		am pm
No	te: The followin	g information i	n this section	must be	compl	eted for eac	ch pro	oduct li	ne.	
B.3	Principal prod	uct produced:								
B.4	Raw materials	and process ac	dditives used:							
B.5	Production is: [] Batch Average Num	[] Continue ber of batches	uous []Both per 24-hour da			% Batc	:h		% Cont	inuous
B.6	Hours of opera	ation:	a.m. to		p.m.			[]	Contin	nuous
B.7		subject to seaso describe seasor			[]	yes		[]	no	
B.8	years?	ss changes or e			-			•	es [] no
	If yes, attach a	separate sheet	to this form c	lescribin	g the r	nature of pla	anned	chang	es 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	r ı		21	г 1	Matal Culation
1.	[]	Adhesives	31.	[]	Metal finishing
2.	[]	Aluminum Forming	32.	[]	Mineral Mining and
•					Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
					Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	[]	Battery Manufacturing	35.	[]	Ore Mining and Dressing
6.	[]	Builder's Paper and Board	36.	[]	Organic Chemical, Plastic &
		Mills			Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.	[]	Carbon Black Manufacturing	38.	[]	Paint & ink
9.	[]	Cement Manufacturing	39.	[]	Paving and Roofing Materials
10.	Ĩ Ì	Coal Mining	40.	[]	Pesticides, Formulating,
		2			Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.	[]	Copper Forming	42.	ΪĴ	Petroleum Refining
13.	[]	Dairy Products	43.	įj	Pharmaceuticals
14.	ΪÌ	Electric & Electronic	44.	ΪÌ	Phosphate Manufacturing
	[]	Components			
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	ij	Explosives Manufacturing	46.	įj	Plastic Molding and Forming
17.	ΪĴ	Feedlots	47.	[]	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.		Porcelain Enameling
19.	[]	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	Ϊ1	Pulp, Paper and Paperboard
20.	LJ	casting)	50.	L J	r up, r upor und r aperobaid
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
211	ι]	Processing	51.	LJ	Trabber Manaraetaring
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	ΪÌ	Grain Mills	53.		Soaps & Detergents
24.	[]	Gum & Wood Chemical	54.		Steam Electric Power
21.	LJ		54.	LJ	Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	[]	Inorganic Chemical	56.		Textiles Mills
20.	[]	Iron & Steel	57.		Timber
27. 28.		Leather Tanning & Finishing	57.	[]	Waste Disposal, Treating,
20.	L J	Learner raining & Fillishing	50.	ΓJ	and/or Incinerating
29.	[]	Meat Products			and/or memerating
27.	11	Wieat 1 Touries			

29. [] Meat Products
30. Mechanical Products

C.2	Pretreatment devices or proce	ss us	sed for treating wastewater or s	ludge.	Check all that apply:
[]	Air Flotation	[]	Chlorination	[]	Flow Equalization
[]	Centrifuge	ī	Cyclone	īī	Grease or Oil Separation
[]	Chemical Precipitation	1	Filtration	ĨĨ	Grease Trap
[]	Grit Removal	1	Ozonation	Ϊĺ	Sedimentation
[]	Ion Exchange]	Reverse Osmosis	ĨĨ	Septic Tank
[]	Sump		Screen	ĨĨ	Solvent
[]	Neutralization, pH Correction		Construction of the Construction		. 20
[]	Biological Treatment, Type		Wester maked	15 to	Jen all
[]	Rainwater Diversion or Storage		Site by Sul	hi l	Sleen
[]	Other Chemical Treatment,				
ĨĨ	Other physical Treatment,				
Ĩ Ì	Other,				
X	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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number: HMM Illsman Modular Moldina, INC. Drive. Sparta. TI Telephone (931. 837.9040 Zip: 3 A.2 Address of production or manufacturing facility.
 - hurchill Dr. 89 Telephone (Zip:
- Name, title and telephone number of person authorized to represent this firm in official dealing A.3 with Sewer Authority and/or City:

Rodney Hillsman, Owner 837.9040 ×103

- Alternate person to contact concerning information provided herein: A.4 Lumber LORBN Title 931.837.904 Administrative Telephone (Name Manager
- Identify the type of business conducted (auto repair, machine shop, electroplating, A.5 warehousing, painting, printing, food processing, etc.) Production of Small plastic parts

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. 023

Date

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In	mby	40	UF	
100	Signat	ure o	f Offic	ial
	100 1			

(Seal is applicable)

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

Produce Small plastic parts

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per day		
a.	N	Domestic Waste (restrooms, employee		estimated	measured
		showers, etc.)	2,625		
b.	[]	Cooling water, non contact		estimated	measured
c.	[]	Boiler/tower blowdown		estimated	measured
d.	[]	Cooling water, contact		estimated	measured
e.	[]	Process		estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	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.	[1]	Sanitary	estimated measured
b.	[]	Storm Sewer	estimated measured
с.	[]	Surface	estimated measured
d.	[]	Ground water	estimated measured
e.	[]	Waste haulers	estimated measured
f.	[]	Evaporation	estimated measured
g.	[]	Other, describe	estimated measured

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

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

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

te: 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 oper	ation characteri	stics					
B.1		nployee shifts v ber of employe	vorked per 24-h es per shift:	our day:			-		
B.2	Starting times	of each shift:	1st	_ am pm	2nd	am pm	3rd _		_ am pm
No	te: The followin	g information i	n this section m	ust be co	ompleted for	each pro	oduct lir	ne.	
B.3	Principal proc	luct produced:		<u></u>					
B. 4	Raw material	s and process a	dditives used:						
B.5	Production is: [] Batch Average Num	[] Contin	uous []Both per 24-hour day		% B	atch		% Cont	inuous
B.6	Hours of oper	ation:	a.m. to	p	.m.		[]	Contir	nuous
B.7			onal variation? nal production c		[] yes		[]	no	
B.8	years?	_	expansions plan		-		[] ye i chang] no

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

30. [] Mechanical Products

C.2	Pretreatment devices or proce	ss us	sed for treating wastewater or slu	ıdge.	Check all that apply:
[]	Air Flotation]	Chlorination	[]	Flow Equalization
[]	Centrifuge]	Cyclone	[]	Grease or Oil Separation
[]	Chemical Precipitation]	Filtration	[]	Grease Trap
[]	Grit Removal]	Ozonation	[]	Sedimentation
[]	Ion Exchange	j	Reverse Osmosis	[]	Septic Tank
[]	Sump]	Screen	[]	Solvent
[]	Neutralization, pH Correction				
[]	Biological Treatment, Type				
[]	Rainwater Diversion or Storage				
[]	Other Chemical Treatment,				
ſ Ì	Other physical Treatment,		Alexandria da antico de la constanción de la constanción de la constanción de la constanción de la constanción		
Ĩ Ì	Other,		and management of an and the second s		
[]	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	Present	Known	Present	Suspected	Known Absent	Absent	Known	Concentration If Known
1.	Antimony]]	[]	[]][]	
2.	Arsenic	E]	1]	[[]][]	
3.	Asbestos	ן]][]	[]] []	
3. 4. 5. 6.	Beryllium]·[] [] []	[[]][]	
5.	Cadmium	E]] []	11][]	
	Chromium	J.]] []	11	: :[`]	·.
7.	Copper] []][]	[]][]	
8.	Cyanide][]	ן (]	[]]][]	
9.	Lead] [] _]]]		- []	
10.	Mercury] []] []	I.I.] []	
11. 12.	Nickel Selenium	[[]]	 []]] []	- C.	
13.	Silver] []][]	[]][]	
14.	Thallium][]] []	[]][]	
15.	Zinc]]]]	[]]]	
16.	Phenol (n)] []] []	[]] [1	
17.	Phenol 2-chloro] []] []	[]] []	
18.	Phenol, 2,4-dichloro	[]][]	[]][]	
19.	Phenol, 2,4,6-trichloro] []][]	[]][]	
20.	Phenol, pentachloro	ן ן]]]	[]	<u>ן</u>]	
21.	Phēnol, 2-nitro	E]	[]	[]	1	j -	
22.	Phenol, 4-nitro	1]	[]	[]]]	

	Chemical compound	Present	Known	Present	Suspected	Absent	Known	Absent	Known	If Known	Concentration
23.	Benzene]	[]]][]][]		
24.	Benzene, chloro] []][]][]][]		
25.	Benzene, 1,2-dichloro] []	ן <u>ר</u>]][]] []		
26.	Benzene, 1,3-dichloro	[1] []	T]:] []	Ŀ	1
27.	Benzene, 1,4-dichloro	<u>ן</u> נ]	·[.]] []][]	 	
28.	Benzene, 1,2, 4-trichloro] []] [].] [].] []		. ŝ
29.	Benzene, hexachloro	ן]] []][]][]	 	
30.	Benzene, ethyl] []][]][]][]		
31.	Benzene, nitro] []]]]]] [J		
32.	Toluene] []] [] []]		
33.	Toluene, 2,4 dinitro] []] [- 1	1.2]	1.7]		
34.	Toluene, 2,6-dinitro	ľ	<u>]</u>] [].].[1	ľ]_		an a Cruck
35.	PCB-1016	ן נ]][]	ן נ]][]		
36.	PCB-1221] []] []][]][]		
37.	PCB-1232] []	1]] []] []		
38.	PCB-1242	1].] []] []	ן <u>ר</u>]		
39.	PCB-1248	E]] []][]][]		
40.	PCB-1254	[]][]	[]][]		
41.	PCB-1260	[]][]][]][]		
42.	2-Chloronaphthalene] []] []][]] [j		
43.	Ether, bis(chloromethyl)	[]	 []][]	1	j		

12

	Chemical compound	Present	Known	Present	Suspected	Absent	Known	Absent	Known	Concentration If Known
44.	Phenol, 2, 4-dimethyl	[] (s]]	Į.]] []	
45.	Phenol, 2,4-dimethyl	ן ו]] [1	l]] []	
46.	m-cresol, p-chloro	ן נ	j] []	<u>ן</u>	Ĵ] []	
47.	o-cresol, 4,6-dinitro] []	ן]] []][]	
48.	Nitrosamine, dimethyl	 []]) []	Ì		1	
49	Nitrosamine, diphenyl	1 . 12	្បី	Ī]] [Ĵ	а: П.]	1.125
50.	Nitrosamine, di-n-propyl]	Ī]] [្រ	1]	
51.	Benzidine]	Ī]	I]	Ī]	
52.	Benzidine, 3,3'-dichloro]	Ī]	ן נ]	1]	
53.	Hydrazine, 1,2-diphenyl	۱ (]	1]	۱ (]	1]	
54	Acrlonitrile	Ī]	ſ]	Ĩ]] []	
		[]	1] []]][]	
55	Methane, bromo	ן נ]] []] []	ו]	
56	Methane, chloro	ן נ]][]][]] []	
57	Methane, dichloro	ן נ]][]] []][]	
58	Methane, chlorodibromo	ן]] []	<u>]</u>]][]	
59	Methane, dichlorobromo	ן נ]	ן []] []][]	
60	Methane, tribromo] []] []]] -] []	
61	Methane, trichloro	ן נ	1	1]	1]] []	
62	Methane, tetrachloro	[]][]] []][]	
63	Ethane, 1,1-dichloro	[]][]] []][]	
64	Ethane, 1,2-dichloro] []]]] []][]	
65	Ether, bis (2-chloroethyl)	[]] []] []]1]	
66	Ether, bis (2-chlorosopropyl)	[]][]] []] []	

	Chemical compound	Present	Known	Present	Suspected	Absent	Known	Absent	Known	Concentration If Known
67	Ether, 2-chloroethyl vinyl	[]	[]] [1	KE.	J	
68	Ether, 4-bromophenyl phenyl	ב]] []	[Ĵ	.Ē	Ĩ	
69	Ether, 4-chlorophenyl phenyl] []]].	[1	M.	1	
70	Bis (2-chloroethoxy) methane	ן]][]][]]]	
71	Phthalate, di-o-methyl	ן]][]] []] []	
72	Phthalate, di-n-ethyl] []][]][]][]	
73	Phthalate, di-n-butyl	ן]] []]]] []	
74	Phthalate, di-n-octyl	[]] []] [1	I.L	1	
75	Phthalate, bis(2-ethylhexyl)] []] []	ן ן]] [1	
76	Phthalate, butyl hexyl	ן]][]] []][]	
77.										
78.	Acenaphthene	ן]][]] []] []	
	Acenaphthylene] []][] .] []	T	Ì	
79.	Anthracene]:[]] []:] [1	Ĩ	Ĵ.	
80	Benzo (a) anthracene]]] [].] []	Ŀ	1	
81	Benzo (b) fluoranthene] []] []][]][]	
82	Benzo (k) fluorathlene	ן]] []][]][]	
83	Benzo (ghi) perylene] []] []	ן ר]]]	
84	Benzo (a) pyrene	1]] []]•[]		1	
85	Chrysene] []] []] []	E	1	6 m
86	Dibenzo (a,n) anthrance]]]_[]] []	Æ	1	
87	Fluorathene] []] []] []] []	
88	Fluorene] []] []][]] []	
89	Indeno (1,2,3-cd) pyrene] []] []]]]] []	
90	Ethane, 1,1,1-trichloro]]] []] []	I	Ţ	
91	Ethane, 1,1,2-trichloro]]] [] : -] []][]	

Chemical comp	Suspected Present Present	If Known Known Absent Known Absent	Concentration	Chemical compound	Known Present	Suspected Present	Absent
 92 Ethane, 1,1,2,1-tetrach 93 Ethane, hexachloro 94 Ethane, chloro 95 Ethane, 1,1-dichloro 96 Ethane, trans-dichloro 97 Ethane, trichloro 98 Ethane, tetrachloro 99 Propane, 1,2-dichloro 100 Propane, 2,4-dichloro 101 Butadiene, Hexachloro 102 Cyclopentadiene, hexa 	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	[] [] [] [] [] []	111 111 112 12 12 12 12 12 12 12 12 12 1	 Acrolein Aldrin BHC (Alpha) BHC (Beta) BHC (Gamma) or Lindane BHC (Delta) Chlordane DDD 			
 103 DDT 104 Dieldrin 105 Endosulfan (alpha) 106 Endosulfan (beta) 107 Endosulfan Sulfate 	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] [] [] [] [] [
 108 Endrin 109 Endrin aldehyde 110 Heptachlor 111 Heptachlor epoxide 112 Isophorone 113 TCDD (or Dioxin) 							
114 Toxaphene115 Naphthalene116 Phenathrene							1 × 10 × 10 1 × 10 1 × 10 1 × 10

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. C.5

Known

Absent Known

[]

[]

Î Î

[]

[] [] Concentration

If Known

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:	
n (n)		

[] 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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number: Hormann LLC 450 Fragrik Rd 34583 345-2050 1-931ext 403 Zip: 1-931ex 403 38583 Telephone () 345 205
- A.2 Address of production or manufacturing facility. 450 Airport Road Sparta TR

Zip: 38583 Telephone() 1-431-345 2050 ex4403

- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City: Dusty Trawell Maintenance Manager - 1-931-316-6632
- A.4 Alternate person to contact concerning information provided herein: Name <u>Sell Bussell</u> Title <u>Plant Manager</u> Telephone() <u>1-931-316-0808</u>
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, food processing, etc.)

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. 12-14-20 Date Signature of Official (Seal is applicable)

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

We recieve Raw material in Cals	we run if through al machines witch
Press & form Rowsmaterial into a	Garage Door, Still & track rails,
	Door Sandwich, Pan & Polywrethane.
we also install windows in Doct	s + PaintPto specific color

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: Facility TD 93-0118
- **A.8** This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per		
			day		
a.	M	Domestic Waste (restrooms, employee	•	estimated	measured
		showers, etc.)	200	-	
b.	[]	Cooling water, non contact		estimated	measured
с.	[]	Boiler/tower blowdown		estimated	measured
d.	[]	Cooling water, contact		estimated	measured
e.	[]	Process		estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	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.	M	Sanitary		estimated	measured
b.	[]	Storm Sewer		estimated	measured
c.	[]	Surface		estimated	measured
d.	[]	Ground water		estimated	measured
e.	[]	Waste haulers		estimated	measured
f.	E]	Evaporation		estimated	measured
g.	[]	Other, describe		estimated	measured

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

Provide name and address of waste hauler(s), if used, $\mathcal{N}A$

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

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: 100 **B.2** Starting times of each shift: NA 1st 2100 an 2nd am 3rd NA am pm pm pm Note: The following information in this section must be completed for each product line. **B.3** Principal product produced: (paraye Doors, Struit Frack **B.4** Raw materials and process additives used: Steel Dentane Isounde POLAD n. **B.5** Production is: Continuous []Both 50 % Continuous [] Batch % Batch Average Number of batches per 24-hour day Hours of operation: 8:00 a.m. to 4:30 g.m.) **B.6** Continuous **B.7** Is production subject to seasonal variation? yes [] no If yes, briefly describe seasonal production cycle: There 10 21 Seasonal Production to be exact Depends 011 Demand 404 **B.8** Are any process changes or expansions planned during the next five no no [] yes 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.	[]	Adhesives	31.		Metal finishing
2.	[]	Aluminum Forming	32.	[]	Mineral Mining and
3.	[]	Asbestos Manufacturing	33.	[]	Processing Nonferrous Metals
			55.	LJ	Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	[]	Battery Manufacturing	35.	Ì Ì	Ore Mining and Dressing
6.	[]	Builder's Paper and Board	36.	Ĩ	Organic Chemical, Plastic &
_		Mills			Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.	[]	Carbon Black Manufacturing	38.	[]	Paint & ink
9. 10.	[]	Cement Manufacturing	39.	[]	Paving and Roofing Materials
10.	[]	Coal Mining	40.	[]	Pesticides, Formulating,
11.	ГI	Cail Casting	4.1	(a) -	Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.		Copper Forming Dairy Products	42.	[]	Petroleum Refining
14.		Electric & Electronic	43.	[]	Pharmaceuticals
17.	ΓJ	Components	44.	[]	Phosphate Manufacturing
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	ij	Explosives Manufacturing	46.		Plastic Molding and Forming
17.	ij	Feedlots	47.	[]	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.		Porcelain Enameling
19.	ĨĴ	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	Î Î	Pulp, Paper and Paperboard
		casting)			
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			U
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	[]	Grain Mills	-53.	M	Soaps & Detergents
24.	[]	Gum & Wood Chemical	54.	[]	Steam Electric Power
05	г 1	TT 1/ 1			Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	[]	Inorganic Chemical	56.	[]	Textiles Mills
27.	[4]	Iron & Steel	57.	[]	Timber
28.	[]	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
29.	11	Meat Products			and/or Incinerating
30.	1	Mechanical Products			
50.	312	incontanteal Flouters			

10

C.2	Pretreatment devices or proc	ess u	sed for treating wastewater of	or sludge.	Check all that apply:
[]	Air Flotation	[]	Chlorination	11	Flow Equalization
[]	Centrifuge	[]	Cyclone	î i	Grease or Oil Separation
[]	Chemical Precipitation	[]	Filtration	î i	Grease Trap
[]	Grit Removal	[]	Ozonation	È i	Sedimentation
[]	Ion Exchange	[]	Reverse Osmosis	ΪĨ	Septic Tank
[]	Sump	Î Ì	Screen	ΪĨ	Solvent
[]	Neutralization, pH Correction			See.5	
[]	Biological Treatment, Type				
[]	Rainwater Diversion or Storage				
[]	Other Chemical Treatment,				
[]	Other physical Treatment,		-		
Ì Ì	Other,				
[]	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.

Concentration If Known

į.

11 Known	_		. —	_		-	-	-		-		-	-	_	. —	_	_		. —			
Known	-																					
Absent	╞						-						-	•					-	-		-
Known				15	10	-				-		-		-			-		17		. —	
Absent	F	_							-		-		-	_	-		-		-		_	-
Suspected Present		10	1										2						10			9.5
Known	1						1						-	-	_				-			
Present	-		-					Ξ	Ξ	Ξ	Ξ		-					2] [24
Chemical compound	Benzene	Benzene, chloro	Benzene, 1,2-dichloro	Benzene, 1,3-dichloro	Benzene, 1,4-dichloro	Benzene, 1,2, 4-trichloro	Benzene, hexachloro	Benzene, ethyl	Benzene, nitro	Toluene	Toluene, 2,4 dinitro	Toluene, 2,6-dinitro		PCB-1016	PCB-1221	PCB-1232	PCB-1242	PCB-1248	PCB-1254	PCB-1260	2-Chloronaphthalene	
	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.		35.	36.	37.	38.	39.	40.	41.	42.	
Concentration		Γ						-					1						1			
If Known																	-					
If Known Known Absent] [] [1 [1]] [] []
If Known Known Absent nown Absent																						
If Known Known Absent Inown Absent Suspected																						
If Known Known Absent nown Absent																						
If Known Known Absent nown Absent Suspected Present																						
If Known Known Absent nown Absent Suspected Present nown	Antimony [] [] [] [] 2	Arsenic [] [] [] [] []	Asbestos [[] [] [] [] []	Beryllium [[] [[] [] []	Cadmium [1] [1] [1] [1]	Chromium [[] [] [] [] []	Copper [1] [1] [1] [1] [1]	Cyanide [[] [] [] [] []	Lead [[] [] [] [] []	Mercury [] [] [] [] []	Nickel [] [] [] [] [] []	Selenium [] [] [] [] []	Silver	Thallium [] [] [] [] []	Zinc [[] [[] [[] [] []		Phenol (n) [] [] [] [] []	Phenol 2-chloro [] [] [] [] []	Phenol, 2,4-dichloro [] <th]< th=""> [] [] []<td>Phenol, 2,4,6-trichloro [] <th]< th=""> [] [] []<!--</td--><td>Phenol, pentachloro [] [] [] [] []</td><td>Phenol, 2-nitro</td></th]<></td></th]<>	Phenol, 2,4,6-trichloro [] <th]< th=""> [] [] []<!--</td--><td>Phenol, pentachloro [] [] [] [] []</td><td>Phenol, 2-nitro</td></th]<>	Phenol, pentachloro [] [] [] [] []	Phenol, 2-nitro

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Concentration If Known																									12.5	
Known Absent				: =							-					Ξ	[]									
Known Absent								12		1	2	Ξ	[]				_							Ξ	[]	
Suspected Present								: =			1	[]			[]			[]					Ξ			Ξ
Known Present	Ξ	[]		_		_	[]				1	[]		[]	[]	[]		[]	Ξ			[]	Ξ	[]		Ξ
Chemical compound	Ether, 2-chloroethyl vinyl	Ether, 4- bromophenyl phenyl	Ether, 4-chlorophenyl phenyl	Bis (2-chloroethoxy) methane	Phthalate, di-o-methyl	Phthalate, di-n-ethyl	Phthalate, di-n-butyl	Phthalate, di-n-octyl	Phthalate, bis(2-ethylhexyl)	Phthalate, butyl hexyl		Acenaphthene	Acenaphthylene	Anthracene	Benzo (a) anthracene	Benzo (b) fluoranthene	Benzo (k) fluorathlene	Benzo (ghi) perylene	Benzo (a) pyrene	Chrysene	Dibenzo (a,n) anthrance	Fluorathene	Fluorene	Indeno (1,2,3-cd) pyrene	Ethane, 1,1,1-trichloro	Ethane, 1,1,2-trichloro
	67	68	69	70	71	72	73	74	75	76	77.	78.		79.	80	81	82	83	84	85	86	87	88	89	06	91

Concentration If Known Known						 																
Absent Known Absent	[]	[]			5							22										[] []
Suspected Present				Ξ	-			5		Ξ	=	22]]			Ξ	[]	Ξ	Ξ	Ξ	[]
Known Present		[]	[]		5			-		Ξ	=	22]]				[]		[]	[]	[]
Chemical compound	Phenol, 2, 4-dimethyl	Phenol, 2,4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro	Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrlonitrile	Mathona homo	Methane, chloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1, 1-dichloro	Ethane, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether, bis (2-chlorosopropyl)
	44.	45.	46.	47.	48.	49	50.	51.	52.	53.	54	22	50	58	59	60	61	62	63	64	65	66

Concentration If Known																									
Known Absent	1	: _	: _	:]																					
Known	1_			. –			-		_	_	_			1	i.					81					
Absent Suspected	+		-	-	·	·					-		÷		-	-			-	-		-			
Present	Ξ					Ξ	Ξ	Ξ	Ξ	[]	Ξ			1						2	1				
Known		-					_			_									5		ų				500
Present				-		-				-	_		h			-		-	Ħ			-	-		
Chemical compound	Pyrene		Acrolein	Aldrin	BHC (Alpha)	BHC (Beta)	BHC (Gamma) or Lindane	BHC (Delta)	Chlordane	DDD	DDE														
	17.	118.	19.		120.	21.	22.	23.	24.	25.	26.														
Concentration If Known																			W.C.C.						
Known Absent		[]		[]	[]	Ξ	Ξ	[]	[]	Ξ	[]		[]	Ξ			[]	[]	[]	Ξ		Ξ	Ξ	Ξ	[]
Lnown	_	-	_	_	_	_	13	14.1	1		_	-	-				_	-		112	-11	-	-	_	-
Absent Suspected	-	-	-	<u> </u>					-	Γ	_	_	-	-	_		-	_	-	-	_	_			
	1		18	-	_	-	Ξ		Ξ		[]		Ξ		Ξ	Ξ	[]	Ξ	Ξ	<u> </u>	[]	Ξ		-	-
Present	Ξ	[]	Ξ	Ξ		[]					[] []			[] []		[] []			[] []				[] []		
Present Known	[] []		[] []							[] [] []	[] [] []					[] [] []		[] [] []							
Present	Ethane, 1,1,2,1-tetrachloro [] []	Ethane, hexachloro	Ethane, chloro	Ethane, 1, 1-dichloro	Ethane, trans-dichloro	Ethane, trichloro	Ethane, tetrachloro	Propane, 1,2-dichloro [1] [] []	Propane, 2,4-dichloro [] [] []	Butadiene, Hexachloro [] [] []	Cyclopentadiene, hexachloro [] [] [] []	DDT [1] [1] [1]	Dieldrin [[] [] []	Endosulfan (alpha)	Endosulfan (beta) [] [] []	Endosulfan Sulfate [] [] [] []	Endrin [1] [1] [1]	Endrin aldehyde [] [] []	Heptachlor [] [] []	Heptachlor epoxide [] [] []	Isophorone [] [] [] []	TCDD (or Dioxin) [] [] []	Toxaphene [] [] []	Naphthalene [] [] []	Phenathrene [[] [] []

sheets. in a los 5 2 Section D Other Wastes

(A - b)

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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

Zip: _38	ichnology 583	Teleph	none ()	531-3	172.005	· •
Address of	production or	manufacturing	facility.			
				A Contraction of the second se		
Zip: Name, title with Sewer	and telephone Authority and	Teleph e number of pers d/or City:		zed to repre	sent this firr	n in official de
Name, title with Sewer	and telephon Authority an I Brudy	e number of pers		zed to repre	sent this firr	n in official de
Name, title with Sewer . M: June Alternate p	Authority and Bracks	e number of pers	son authoriz	provided he	rein:	n in official de (3)

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.)-16-2023

Date

Signature of Official (Seal is applicable) 0

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

wesh	1200	. We	plan To	haur	a sh	cer ma	-7.1 +	ant in a abrication
C.C.	in	2024	We have	ic a 1	Davat 6	hooth	Thus i	s intermor

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: 333413 35640104
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per day		
a.	M	Domestic Waste (restrooms, epopleyee		estimated	measured
		spowers, etc.)	20-50		
b.	[]	Cooling water, non contact		estimated	measured
c.	[]	Boiler/tower blowdown		estimated	measured
d.	r i	Cooling water, contact		estimated	measured
e.	ŗ į	Process		estimated	measured
f.	[V	Equipment/Facility washdown	10-20	estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	Other, describe		estimated	measured

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

30-70

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

			Average gallons per day
a.	14	Sanitary	30-73 (estimated measured
b.	[]	Storm Sewer	estimated measured
c.	[]	Surface	estimated measured
d.	[]	Ground water	estimated measured
e.	[]	Waste haulers	estimated measured
f.	[]	Evaporation	estimated measured
g.	[]	Other, describe	estimated measured

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

	110	vide name a	nd address of	waste nath	ler(s), if used,		
noral.	-	Scoris	Salvare .	5840	Robers Muzzh	w Havy Sparn	1N 38383
Trul	-	معداءصا	Broshers,	1549	Eust Sprin St	Cuskoville TN	38506

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 opera	ation charact	eristics				
B.1		mployee shifts w iber of employee		I-hour day:			10-1	2
B.2	Starting time	s of each shift:	1st 6	am 2r pm	nd	am 3ro pm	d an pr	
No	ote: The followin	ng information in	n this section	n must be com	pleted for ea	ch produc	t line.	
B.3	Principal pro	duct produced:	Arr	Purificu	non Eq.	ipmen		
B.4		ls and process ad		:				
B.5	[] Batch	s: N/A - [] Continu mber of batches p	uous []Bo	oth	% Bat	ch	% Continuo	us
B.6	Hours of ope	eration: 6	a.m. to	p.m	1.	I] Continuous	s
B.7		n subject to seaso y describe seasor] yes		[v] no	
B.8	years? If yes, attach expansions. - Fdb	cess changes or e a separate sheet r.c. Sh orber Buil	to this form					no

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.	[]	Adhesives	31.	[]	Metal finishing
2.	[]	Aluminum Forming	32.	[]	Mineral Mining and
2.	11	i indiana i comence			Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
5.	11	1 Boostos Manadamente			Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	[]	Battery Manufacturing	35.	[]	Ore Mining and Dressing
6.		Builder's Paper and Board	36.	i i	Organic Chemical, Plastic &
0.	11	Mills	50.		Synthetic Fibers
7.	r 1	Can Making	37.	[]	Organic Chemical
	[]	Carbon Black Manufacturing	38.	[]	Paint & ink
8.	[]		39.	[]	Paving and Roofing Materials
9.	[]	Cement Manufacturing	40.		Pesticides, Formulating,
10.	[]	Coal Mining	40.	[]	Packaging, Repackaging
		a 11 a	41	r 1	Pesticides, Manufacturing
11.	[]	Coil Coating	41.	[]	
12.	[]	Copper Forming	42.	[]	Petroleum Refining
13.	[]	Dairy Products	43.	[]	Pharmaceuticals
14.	[]	Electric & Electronic	44.	[]	Phosphate Manufacturing
		Components			
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	[]	Explosives Manufacturing	46.	[]	Plastic Molding and Forming
17.	[]	Feedlots	47.	[]	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.	[]	Porcelain Enameling
19.	[]	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	[]	Pulp, Paper and Paperboard
		casting)			
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	[]	Grain Mills	53.	[]	Soaps & Detergents
24.	[]	Gum & Wood Chemical	54.	[]	Steam Electric Power
					Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	[]	Inorganic Chemical	56.	i i	Textiles Mills
27.	[]	Iron & Steel	57.	ij	Timber
28.	[]	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
20.	[]	Leather Faining & Finishing	50.	11	and/or Incinerating
29	r 1	Meat Products			und of Interneting

30. [Mechanical Products

C.2	Pretreatment devices or proc	ess us	ed for treating wastewater or sludge.	Check all that apply:
[]	Air Flotation	[]	Chlorination []	Flow Equalization
Γ1	Centrifuge	[]	Cyclone [1]	Grease or Oil Separation
r i	Chemical Precipitation	ir	Filtration []	Grease Trap
	Grit Removal	[]	Ozonation []	Sedimentation
[]	Ion Exchange	[]	Reverse Osmosis []	Septic Tank
i i	Sump	[]	Screen []	Solvent
[]	Neutralization, pH Correction		2	1
[]	Biological Treatment, Type		Building was purchas	a with an chisting
[]	Rainwater Diversion or Storage	e	wash bey, which	includes:
[]	Other Chemical Treatment,		- drapout pin w/	screen
i i	Other physical Treatment,		- tank with scru	ictor, Filter d
[]	Other,		skimmer	
[]	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	Present	Known	Present	Suspected	Known Absent	Known Absent	Concentration If Known
1.	Antimony]]]]	[]	[]	
2.	Arsenic][1][1	[]	[]	
3.	Asbestos][]	1]	[]	[]	
4.	Beryllium][1	I	1	[]	[]	
5.	Cadmium	1]][1	[]	[]	1
6.	Chromium	E]	1]	[]	[]	
7.	Copper][]][]	[]	[]	-
8.	Cyanide	1]][]	[]	[]	-
9.	Lead	11	1	1]	[]	1[]	-
10.	Mercury	1	1	1]	[]	[1]	-
11.	Nickel	1]	1	1	[]	11	-
12.	Selenium	a a a a a a a a a a a a a a a a a a a		10	1	11		
13.	Silver	1]][]	[]	[]]	-
14.	Thallium	1	1][1	[]	[]	-
15.	Zinc	1]]]			a protection
16.	Phenol (n)	1	1	t	1	[1]	[]	
17.	Phenol 2-chloro	1	1	1]	[]	[]	
18.	Phenol, 2,4-dichloro][]][]	[]	[]	
19.	Phenol. 2,4,6-trichloro	1]	1]	[]	[]	
20.	Phenol, pentachloro	1]] [1	[]	[]	
21.	Phenol, 2-nitro	11]	11]	[]	[]	120
22.	Phenol, 4-nitro	11]	[]	[]]	[]	A BARA

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
23.	Benzene]]]	[]	[]	[]	
24.	Benzene, chloro	[]	[]	[]	[]	-
25.	Benzene, 1,2-dichloro	[]	[]	[]	[]	-
26.	Benzene, 1.3-dichloro	[]	[]	[]	11	1
27.	Benzene, 1,4-dichloro	[]	11	[]	[]	- Ballinson
28.	Benzene, 1,2, 4-trichloro	[]	[]		11	
29.	Benzene, hexachloro	[]	[]	[[]	[]]	-
30.	Benzene, ethyl	[]	[]	[1]	[]	-
31.	Benzene, nitro	[]	[]	[]	111	-
32.	Toluene	11	11	11	111	-
33.	Toluene, 2,4 dinitro	[]	11	11	11	-
34.	Toluene. 2.6-dinitro	11	[]			
35.	PCB-1016	[]	[]	[]	[]	
36.	PCB-1221	[]	[]	[]	[]	1915
37.	PCB-1232	[]	[]	[]	[1]	100
38.	PCB-1242	[]	[]	[]	[]	1000
39.	PCB-1248	[]	[]	[]	[]	
40.	PCB-1254	[]	[]	[]	[]	-
41.	PCB-1260	[]	[]	[]	[]	-
42.	2-Chloronaphthalene	[]	[]	[]	[]	-
43.	Ether, bis(chloromethyl)	[]	[]	[]	[]	1000

	Chemical compound	Present	Known	Present	Suspected	Absent	Known	Absent	Known	Concentration If Known
44.	Phenol, 2, 4-dimethyl	1]]	1	1]][]	
45.	Phenol. 2,4-dimethyl][]	1	1	1	1	1]	
46.	m-cresol, p-chloro] []	1]	1	1	1]	12113
47.	o-cresol, 4,6-dinitro	1]	1]	t]	1]	-
48.	Nitrosamine, dimethyl	1]	1]	1	1	1]	
49	Nitrosamine, diphenyl	11	1	1	1	E]	I]	No.
50.	Nitrosamine, di-n-propyl	1	1	I]][]	1]	C. Dest
51.	Benzidine][]][]	1]][]	
52.	Benzidine, 3,3'-dichloro	1	1	1	1][]][]	
53.	Hydrazine, 1,2-diphenyl] [1] []][1] [1	
54	Acrlonitrile	1	1] []	1]]]]	1
55	Methane, bromo	1	1	1]	I	1	1]	1000
56	Methane, chloro][]][1	1]	1]	1
57	Methane, dichloro	1	1	1	1	1]	1]	
58	Methane, chlorodibromo	1	1	1]	1]][]	
59	Methane, dichlorobromo	1]	1	1	1	1	1	1	12.573
60	Methane, tribromo	1	1	1	1	1	1	1	1	10021
61	Methane, trichloro	1	1	1	1] [1	1]	9
62	Methane, tetrachloro	1]	1	1	1	1	1]	
63	Ethane, 1,1-dichloro	1]	1]	1	1	1]	
64	Ethane, 1,2-dichloro	1	1][]][]][]	
65	Ether, bis (2-chloroethyl)	1]	1	1	1]	1]	10.1
66	Ether, bis (2-chlorosopropyl)	1	1	1	1	1]	1]	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
67	Ether, 2-chloroethyl vinyl	[]	[]	[]	[]	
68	Ether, 4- bromophenyl phenyl	[]	[]	[]	[]	Pare L
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	[]	[]	[]	11	1
74	Phthalate, di-n-octyl	[]	[]	[]	[]	-
75	Phthalate, bis(2-ethylhexyl)	[]	[]		[]	a state
76 77.	Phthalate, butyl hexyl	[]	[]	[]	[]	
78.	Acenaphthene	[]	[]	[]	[]	
	Acenaphthylene	[]	[]	[]	[]	Series 1
79.	Anthracene	[]	[]	[]	[]	and the second
80	Benzo (a) anthracene	[]	[]	[]	[]	
81	Benzo (b) fluoranthene	[]	[]	[]	[]	
82	Benzo (k) fluorathlene	[]	[]	[]	[]	
83	Benzo (ghi) perylene	[]	[]	[]	[]	
84	Benzo (a) pyrene	[]	[]	[]	11	-
85	Chrysene	[]	[]	[]	[]	and the
86	Dibenzo (a,n) anthrance	[]	[]	[]	[]	A Carto
87	Fluorathene	[]	[]	[]	[]	
88	Fluorene	[]	[]	[]	[]	
89	Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]	
90	Ethane, 1,1,1-trichloro	[]	[]	[]	[]	122
91	Ethane, 1,1,2-trichloro	[]	[]	[]	[]	- macile

	Chemical compound	Present	Known	Present	Suspected	Absent	Known	Absent	Known	If Known	Concentration
92	Ethane, 1,1.2,1-tetrachloro	I	1	1]	I]]]		
93	Ethane, hexachloro	1]	1	1] []][1	1	263
94	Ethane, chloro	1]	10]	1]	1	1		63.9
95	Ethane, 1,1-dichloro][]][]][]][]	-	_
96.	Ethane, trans-dichloro][]	1]][1][]		
97.	Ethane, trichloro] []][1	11	1	11]	-	-
98	Ethane, tetrachloro	1	1	1	1	E	1	11	1	-	-
99	Propane, 1,2-dichloro	1	1	1	1	1	1	11	1	-	1
100	Propane, 2,4-dichloro					11					
101	Butadiene, Hexachloro	1	1	1	1	1	1	1	1	-	-
102	Cyclopentadiene, hexachloro	1	1	1	1	11	1	1	1	-	-
103	DDT	11	1	11	1	11	1	11	1	-	-
104	Dieldrin	11	1	1	1	1	1	11	1	-	
105	Endosulfan (alpha)	11	1	1]	11	1	11	1	-	15.7
106	Endosulfan (beta)	11	1					-			1015
107	Endosulfan Sulfate	1	1	11	1	11	1	1	1	-	-
108	Endrin	1	1	1	1	1	1	11	1	L	
109	Endrin aldehyde][]][]][1][1	-	
110	Heptachlor	1	1	11	1	1	1	1	1	-	
111	Heptachlor epoxide	1]	11	1	1	1	1	1	-	-
112	Isophorone	1	1	10	1	1		1	1		
113	TCDD (or Dioxin)	1]	1]	1	1][1	-	
114	Toxaphene	1]][]	1	1][]	L	
115	Naphthalene	1]][]][1][]		
116	Phenathrene	11	1	11]	11]	31	1	1	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
1117. 118. 119. 120. 121. 122. 123. 124. 125. 126.	Pyrene Acrolein Aldrin BHC (Alpha) BHC (Beta) BHC (Gamma) or Lindane BHC (Delta) Chlordane DDD DDE					

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 [v] 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

Ir C	leavy Metal Sludges	
C		
	il and/or grease	
C		
	Organic Compounds	
Р	aints	
Р	esticides	
Р	lating Wastes	
Р	retreatment sludges	
S	olvents/Thinners	
C	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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

Company name, mailing address and telephone number:
Jackson Kayak 3300 McMinnville Hwg Sparta Tr 38583
Zip: 39583 Telephone (31) 738-6436
Address of production or manufacturing facility.
Same as above
Zip: Telephone ()
Name title and talephone number of some such is to be such is the second state of the
Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
- Teff Leaven Human Resources /EH3 - 931-738-6431
Randall Walker General Manager 931-738-6420
Alternate person to contest concerning information in the theory
Alternate person to contact concerning information provided herein: Name <u>Randall Challer</u> Title (20) Telephone (93) 738-6980
The releptione (3) 156- (14)
Identify the type of business conducted (auto repair, machine shop, electroplating,
Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

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. Date Signature of Official (Seal is applicable)

ł

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

tomoldine Dlastic the motorming and

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- **A.8** This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per day			
a.	Ķ1	Domestic Waste (restrooms, employee showers, etc.)	400	estimated	measured	
b.	[]	Cooling water, non contact		estimated	measured	
c.	[]	Boiler/tower blowdown		estimated	measured	
d.	[]	Cooling water, contact		estimated	measured	
e.	[]	Process		estimated	measured	
f.	[]	Equipment/Facility washdown		estimated	measured	
g.	[]	Air pollution control unit		estimated	measured	
h.	N	Storm water runoff to sanitary sewer		estimated	measured	Unmeterel
i.	[]	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)

	dan dang dalak dan 👻 indika dalam 🤞 kata kata kata kata kata kata kata kat	Average gallons per day		
a. 1X	Sanitary	estimated	measured	
b. 1	Storm Sewer	estimated	measured	
c. 🗙	Surface	estimated	measured	
d.	Ground water	estimated	measured	
e. []	Waste haulers	estimated	measured	
f. []	Evaporation	estimated	measured	
g. []	Other, describe	estimated	measured	

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

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

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:

40 14+ -0 7-3rd

B.2 Starting times of each shift: 1st $\frac{700}{3.15}$ am 2nd $\frac{2.30}{1000}$ Phate 3rd $\frac{10.45}{7.15}$ and $\frac{10.45}{7.15}$ and $\frac{10.45}{7.15}$ prim AM

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

Raw materials and process additives used:	end outa	0
		• /
Production is: [] Batch [] Continuous [] Both Average Number of batches per 24-hour day	% Batch	% Continuou
Hours of operation: a.m. to	p.m.	Continuous
Is production subject to seasonal variation? If yes, briefly describe seasonal production cycle: Peak Season -	X yes Spring - Sun	[] no

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

Section C Wastewater Information

[]

30.

Mechanical Products

If your facility performs processes in any of the industrial categories or business activities C.1 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.	[]	Adhesives	31.	[]	Metal finishing
2.	ΪÌ	Aluminum Forming	32.	[]	Mineral Mining and
					Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
5.	LJ	Assosios Manaraota ing			Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	[]	Battery Manufacturing	35.	[]	Ore Mining and Dressing
6.	[]	Builder's Paper and Board	36.	[]	Organic Chemical, Plastic &
0.	LJ	Mills	50.	r i	Synthetic Fibers
7	Г 1		37.	[]	Organic Chemical
7.	[]	Can Making	38.	[]	Paint & ink
8.	[]	Carbon Black Manufacturing	39.		Paving and Roofing Materials
9.	[]	Cement Manufacturing	40.	[]	Pesticides, Formulating,
10.	[]	Coal Mining	40.	[]	
			4.1	F 1	Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.	[]	Copper Forming	42.	[]	Petroleum Refining
13.	[]	Dairy Products	43.	[]	Pharmaceuticals
14.	[]	Electric & Electronic	44.	[]	Phosphate Manufacturing
		Components		1000	
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	[]	Explosives Manufacturing	46.	[]	Plastic Molding and Forming
17.	[]	Feedlots	47.	[]	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.	[]	Porcelain Enameling
19.	[]	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	[]	Pulp, Paper and Paperboard
		casting)			
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	[]	Grain Mills	53.	[]	Soaps & Detergents
24.	Ϊ Ì	Gum & Wood Chemical	54.	[]	Steam Electric Power
21.	L J	Cum to moot one			Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	[]	Inorganic Chemical	56.	[]	Textiles Mills
20.	[]	Iron & Steel	57.	[]	Timber
28.	[]	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
20.	ſ J	Leather Taining & Thisming	201	r 1	and/or Incinerating
29.	۲1	Meat Products			5
47.	- 1 1	Ivical I Toducio			

C.2	Pretreatment devices or process u	sed for treating wastewater or sludge	Check all that apply:
[]	Air Flotation []	Chlorination []	Flow Equalization
ĩ i	Centrifuge []	Cyclone []	Grease or Oil Separation
ΪÌ	Chemical Precipitation []	Filtration []	Grease Trap
ř i	Grit Removal []	Ozonation []	Sedimentation
Ϊĺ	Ion Exchange []	Reverse Osmosis []	Septic Tank
Ì Ì	Sump []	Screen []	Solvent
î î	Neutralization, pH Correction		
Ĩ Ì	Biological Treatment, Type		
Î Ì	Rainwater Diversion or Storage		
[]	Other Chemical Treatment,		
[]	Other physical Treatment,		
[]	Other,		
[]	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.

Concentration If Known Known

Absent

EEE

- _____

Known Absent	+																						
Suspected Present		Ξ	Ξ	Ξ	[]	Ξ	Ξ	Ξ	Ξ	Ξ				\Box	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ		[]
Anown Present	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ		Ξ		Ξ	Ξ	Ξ	Ξ	[]	Ξ	Ξ	Ξ		
Chemical compound	Benzene	Benzene, chloro	Benzene, 1,2-dichloro	Benzene, 1,3-dichloro	Benzene, 1,4-dichloro	Benzene, 1,2, 4-trichloro	Benzene, hexachloro	Benzene, ethyl	Benzene, nitro	Toluene	Toluene, 2,4 dinitro	Toluene, 2,6-dinitro		PCB-1016	PCB-1221	PCB-1232	PCB-1242	PCB-1248	PCB-1254	PCB-1260	2-Chloronaphthalene		Ether, bis(chloromethyl)
	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.		35.	36.	37.	38.	39.	40.	41.	42.		43.
Concentration If Known					10 m						200												1000
Concentration If Known Known Absent Known Suspected Present Known																							
If Known Known Absent Known Suspected Present Known																							
If Known Known Absent Known Suspected Present Known	Antimony [] [] [] []	Arsenic [1] [1] [1] [1]	Asbestos	Beryllium [] [] [] [] []	Cadmium [] [] [] [] []	Chromium [[] [] [] [] []	Copper	Cyanide [] [] [] [] [] []		ury [1] [1] [1]	Nickel [] [] [] [] []	m [1] [1] [1]	Silver [] [] [] [] []	Thallium [] [] [] []	Zinc [1] [1] [1] [1]		Phenol (n) [1] [1] [1] [1]	Phenol 2-chloro	Phenol, 2,4-dichloro	ro [] [] []		Phenol, 2-nitro [[] [[] [] []	Phenol. 4-nitro

Ξ

Chemic	67 Ether, 2-chl	68 Ether, 4- bro	69 Ether, 4-chl		71 Phthalate, di-o-methy	72 Phthalate, di-n-ethyl		14 Phthalate, di-n-octyl			77.	⁸ . Acenaphthene	Acenaphthylene	79. Anthracene	80 Benzo (a) anthracene	Benzo			84 Benzo (a) pyrene	85 Chrysene	86 Dibenzo (a	87 Fluorathene	88 Fluorene	89 Indeno (1,2	90 Ethane, 1,1	
Chemical compound	Ether, 2-chloroethyl vinyl	Ether, 4- bromophenyl phenyl	Ether, 4-chlorophenyl phenyl	Bis (2-chloroethoxy) methane	i-o-methyl	i-n-ethyl	i-n-butyl	i-n-octyl	Phthalate, bis(2-ethylhexyl)	utyl hexyl	6	ene	ylene		Inthracene	(b) fluoranthene	Benzo (k) fluorathlene) perylene	yrene		Dibenzo (a,n) anthrance	0		Indeno (1,2,3-cd) pyrene	Ethane, 1,1,1-trichloro	
Known Present	Ξ			Ξ	Ξ		[]	Ξ	Ξ			Ξ	[]		[]	[]	[]	[]		[]	[]	[]	[]	[]	[]	1.1
Suspected Present	[]	Ξ	[]	Ξ	\Box	Ξ	Ξ					Ξ	[]		[]	Ξ	Ξ	Ξ	Ξ	[]	Ξ	Ξ	[]	[]	[]	
Known Absent	Ξ	[]	Ξ	Ξ		Ξ					2	Ξ	Ξ	[]	Ξ	Ξ	Ξ	\Box	Ξ	Ξ		Ξ	Ξ	Ξ	[]	1.1
Known Absent	Ξ		Ξ		Ξ						2	\Box	[]	[]	Ξ	Ξ	\Box	\Box			[]	Ξ	Ξ	Ξ	Ξ	1 1
Concentration If Known																										

Concentration If Known		0																					
Known Absent	Ξ		[]	[]		[]			Ξ	[]				Ξ	Ξ	[]	[]	[]	Ξ	[]	Ξ	[]	[]
Known Absent	[]	[]	Ξ	Ξ		[]		[]	Ξ	Ξ	23		[]	Ξ	Ξ	[]	[]	Ξ	\Box	[]	\Box	[]	[]
Suspected Present	Ξ	[]	[]	Ξ		[]		[]	Ξ	Ξ			[]	Ξ	Ξ	[]	Ξ	[]	[]	[]	[]		[]
Known Present	Ξ	[]	Ξ	\Box	[]	[]		Ξ	Ξ	Ξ	==		[]	Ξ	[]	Ξ	[]	Ξ	\Box	\Box	\Box	[]	[]
Chemical compound	Phenol, 2, 4-dimethyl	Phenol, 2,4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro	Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrionitrile	Methane, bromo	Methane, chloro	Methane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1,1-dichloro	Ethane, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether, bis (2-chlorosopropyl)
	44.	45.	46.	47.	48.	49	50.	51.	52.	53.	54	55	56	57	58	59	09	61	62	63	64	65	99

Known Absent Suspected	[] []		[] []					[] []	[] []			[] []				[]			[] []		[] []
Concentration If Known Known Absent Known	[]	[]					Ξ	[]	[]					2			[]	Ξ		[]	[]
	117.	118.	119.		120.	121.	122.	123.	124.	125.	126.				 						
Chemical compound	Pyrene		Acrolein	Aldrin	BHC (Alpha)	BHC (Beta)	BHC (Gamma) or Lindane	BHC (Delta)	Chlordane	DDD	DDE										
Present Known Present		[]					2														
Known Absent Suspected	[] []	1 [1]	[] []] []								and the second	である	and the second							
Known Absent	Ξ			Ξ		-	-		[]												

ita 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 X] 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.

- dispose of Landfill 010001

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

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

	nem 120		
	101 Moore	strept Sparta TN	
Zip:	38583	Telephone (93) 837-3626	

A.2 Address of production or manufacturing facility.

	KRM Fab.	llc	
	101 moore	street Sparta TN	
Zip:	38583	Telephone (93) 8'37 - 3626	

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

Mike Evanichko, CFO, 931-837-3626

- A.4 Alternate person to contact concerning information provided herein: Name <u>Ben Pletcher</u> Title <u>Sales Mar</u> Telephone (B) 837-3626
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

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.

 U 1 20 2 J

 Date

 Signature of Official (Seal is applicable)

	+u	brichter of plastic and			
Sta	andard	Industrial Classification Number(S) (SIC 30- Rubber C MISC	CODE) for your		
TI			1 T		
Th	is faci ply.	lity generates the following types of waste	es. Please provide	gallons per	day for al
ap	pry.		Average		
			gallons per day		
a.	X	Domestic Waste (restrooms, employee showers, etc.)		estimated	measure
a. b.	ب کر []	showers, etc.) Cooling water, non contact	day		measure
b. c.	X [] []	showers, etc.)	day	estimated	
b.		showers, etc.) Cooling water, non contact	day	estimated estimated	measure
b. c. d. e.		showers, etc.) Cooling water, non contact Boiler/tower blowdown	day	estimated estimated estimated	measure measure measure
b. c. d.	[] [] []	showers, etc.) Cooling water, non contact Boiler/tower blowdown Cooling water, contact Process Equipment/Facility washdown	day	estimated estimated estimated estimated estimated	measure measure measure measure
b. c. d. e. f. g.	[] [] []	showers, etc.) Cooling water, non contact Boiler/tower blowdown Cooling water, contact Process Equipment/Facility washdown Air pollution control unit	day	estimated estimated estimated estimated	measure measure measure measure measure
b. c. d. e. f.	[] [] []	showers, etc.) Cooling water, non contact Boiler/tower blowdown Cooling water, contact Process Equipment/Facility washdown	day	estimated estimated estimated estimated estimated estimated	measure

10tal 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
а.	[]	Sanitary	estimated measured
b.	[]	Storm Sewer	estimated measured
c.	[]	Surface	estimated measured
d.	[]	Ground water	
e.	(X)	Waste haulers	
f.	ĹĬ	Evaporation	estimated measured estimated measured
g.	61	Other, describe	estimated measured

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

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

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.

B. 1	Number of employee shifts worked per 24-hour day: Average number of employees per shift:			1
3.2	Starting times of each shift: 1st $\frac{1}{3:30}$ am 2nd $\frac{3:30}{3:30}$ pm	ء ۽	am 3rd om	am pm
No	Note: The following information in this section must be comple	leted for each	product la	ine.
3.3	Principal product produced: Foam	Corrisa	ated	1.
3.4		0		
	Foam			
3.5	Production is: [] Batch [X] Continuous []Both Average Number of batches per 24-hour day	% Batch	100	_% Continuous
3.5 3.6	[] Batch [] Continuous [] Both Average Number of batches per 24-hour day	% Batch	<u>100</u>	% Continuous Continuous

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

Section C Wastewater Information

30.

[]

Mechanical Products

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.	[]	Adhesives	31.	[]	Metal finishing
2.	[]	Aluminum Forming	32.	[]	Mineral Mining and
		-			Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
		5			Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	[]	Battery Manufacturing	35.	Ì Ì	Ore Mining and Dressing
6.	[]	Builder's Paper and Board	36.	[]	Organic Chemical, Plastic &
		Mills			Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.	[]	Carbon Black Manufacturing	38.	[]	Paint & ink
9.	[]	Cement Manufacturing	39.	[]	Paving and Roofing Materials
10.	[]	Coal Mining	40.	[]	Pesticides, Formulating,
	5.5	C	1.51		Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.	[]	Copper Forming	42.	[]	Petroleum Refining
13.	[]	Dairy Products	43.	ij	Pharmaceuticals
14.	[]	Electric & Electronic	44.	[]	Phosphate Manufacturing
		Components		r 1	Thosphate Manufacturing
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	[]	Explosives Manufacturing	46.	ij	Plastic Molding and Forming
17.	[]	Feedlots	47.	ίi	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.	ίj	Porcelain Enameling
19.	[]	Fertilizer Manufacturing	49.	ίj	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	Ϊĵ	Pulp, Paper and Paperboard
		casting)			app, ruper und ruperbound
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	[]	Grain Mills	53.	Ì Ì	Soaps & Detergents
24.	[]	Gum & Wood Chemical	54.	įj	Steam Electric Power
					Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	[]	Inorganic Chemical	56.	ij	Textiles Mills
27.	[]	Iron & Steel	57.	įj	Timber
28.	[]	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
				L 1	and/or Incinerating
29.	[]	Meat Products			or momenting

F 1		1	sed for treating wastewater or sludge		
[]	Air Flotation [. 1	Chlorination []		Flow Equalization
[]	Centrifuge []	Cyclone []		Grease or Oil Separation
[]	Chemical Precipitation []	Filtration []	i	Grease Trap
[]	Grit Removal []	Ozonation []		Sedimentation
[]	Ion Exchange []	Reverse Osmosis []		Septic Tank
[]	Sump [1	Screen []		Solvent
[]	Neutralization, pH Correction				
[]	Biological Treatment, Type				
[]	Rainwater Diversion or Storage				
[]	Other Chemical Treatment,			-	
[]	Other physical Treatment,		12-	-	
[]	Other,			-	
KI	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.

Concentration If Known Known

Absent

Absent Suspected

Known

Present	-												-				A	-				
Known Present		: =		5	12	32	12			[]	[]	Ξ	5			LI	:=	22	22	22	C	-
Chemical compound	Benzene	Benzene, chloro	Benzene, 1,2-dichloro	Benzene, 1,3-dichloro	Benzene, 1.4-dichloro	Benzene, 1,2, 4-trichloro	Benzene, hexachloro	Benzene, ethyl	Benzene, nitro	Toluene	Toluene, 2,4 dinitro	Toluene, 2,6-dinitro	PCB-1016	PCB-1221	PCB-1232	PCB-1242	PCB-1248	PCB-1254	PCB-1260	2-Chloronanhthalene		
	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.	35	36.	37.	38.	39.	40.	41.	42.		
Known	-	_	. —	-			_	<u> </u>	_	_	_					_	_	_		,		
Absent Known Absent Suspected Present Known																						
Absent Known Absent Suspected Present	Antimony [] [] [] []	Arsenic [] [] [] [] [] []	Asbestos [[] [[] [[] [[] []	Beryllium [[] [] [] [] []	Cadmium [[] [] [] [] []	Chromium [[] [] [] [] []	Copper [1] [1] [1] [1] [1]	Cyanide [[] [[] [[] [[] [[] [] [] [] [] [] [] [Mercury [[] [] [] [] [] []	Nickel [[] [] [] [] []	Silver	Thallium [1] [1] [1] [1] [1] [1]	Zinc [1] [1] [1] [1] [1] [1]		したいであるないので	Phenol 2-chloro [[] [] <th]< th=""> [] []</th]<>	Phenol, 2,4-dichloro	oro -	Phenol, pentachloro	Phenol, 2-nitro	Phenol. 4-nitro

Concentration If Known		N. T. S. S.					a state	1000	- Sales										Part Carl	2.50					A CAN	
Known Absent	[]	:=	:=	:=		: =	2	:=	:=	12	2	Ξ		:=	:=			: =		:=	:=					:=
Known Absent	[]		:=	:=	: =			:=	2	12	;	[]	[]	[]	:=			: =		:=	:]				:	:=
Suspected Present	[]		:=		: =			:=	:]		2	[]	[]				0								Ξ	:=
Known Present		[]	:=		: 二						2		[]			[]			[]							12
Chemical compound	Ether, 2-chloroethyl vinyl	Ether, 4- bromophenyl phenyl	Ether, 4-chlorophenyl phenyl	Bis (2-chloroethoxy) methane	Phthalate, di-o-methyl	Phthalate, di-n-ethyl	Phthalate, di-n-butyl	Phthalate, di-n-octyl	Phthalate, bis(2-ethylhexyl)	Phthalate, butyl hexyl		Acenaphthene	Acenaphthylene	Anthracene	Benzo (a) anthracene	Benzo (b) fluoranthene	Benzo (k) fluorathlene	Benzo (ghi) perylene	Benzo (a) pyrene	Chrysene	Dibenzo (a,n) anthrance	Fluorathene	Fluorene	Indeno (1,2,3-cd) pyrene	Ethane, 1,1,1-trichloro	Ethane, 1,1,2-trichloro
	67	68	69	70	71	72	73	74	75	76	77.	78.		79.	80	81	82	83	84	85	86	87	88	89	90	16

Concentration If Known	Service .	10000									1060				Τ	1000				Γ		Sol of the	
Known Absent	[]	:]			L	12	22	22		:=		23	22				:=	:=	20	:=			
Known Absent	[]					22	12			3	1	23	2 2		20		:=	:=	:=		: _	: =	
Suspected Present					L	2	:=	:=			[]	23	33	22		2	22	:=	:=	: =			
Known Present	[]			Ξ	[]		12	:=			Ξ	==	32	22			:=	1					
Chemical compound	Phenol, 2, 4-dimethyl	Phenol, 2,4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro	Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrionitrile	Methane hromo	Methane. chloro	Methane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1,1-dichloro	Ethane, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether, bis (2-chlorosopropyl)
	44.	45.	46.	47.	48.	49	50.	51.	52.	53.	54	55	56	57	58	59	09	61	62	63	64	65	99

If Known Known Absent Known		1	22		22	1		1	1]]				日本の				No. of Contraction						No. States of
Absent Suspected]]						-					-	Con Con						Contraction of the second
Present	-				-	-	-		<u> </u>	-	<u> </u>	_					_	1200						
Known Present		22	22	2 2		22	22	22	22		: <u> </u>													
Chemical compound	Pyrene		Acrolein	Aldrin	BHC (Alpha)	BHC (Beta)	BHC (Gamma) or Lindane	BHC (Delta)	Chlordane	DDD	DDE													
	17.	18.	119.		20.	21.	22.	23.	24.	25.	126.													
Concentration If Known Known]	The second																						
If Known Known Absent nown	[] []																							
If Known Known Absent																								
If Known Known Absent nown Absent Suspected																								
If Known Known Absent nown Absent Suspected Present	Ethane, 1,1,2,1-tetrachloro [] [] [] []	Ethane, hexachloro	Ethane, chloro	Ethane, 1, 1-dichloro [[] [] [] []	Ethane, trans-dichloro	Ethane, trichloro	Ethane, tetrachloro	Propane, 1,2-dichloro [] </td <td>Propane, 2,4-dichloro [[] [] [] []</td> <td>Butadiene, Hexachloro [] [] [] []</td> <td>Cyclopentadiene, hexachloro</td> <td></td> <td>Endoculfan (almha)</td> <td>Endosulfan (heta)</td> <td>Endosulfare</td> <td>Endrin Endrin</td> <td>Endrin aldehyde</td> <td>Heptachlor [] [] [] [] []</td> <td>Heptachlor epoxide [] [] [] [] []</td> <td>Isophorone [] [] [] [] []</td> <td>TCDD (or Dioxin) [1] [1] [1] [1]</td> <td>Toxaphene [1] [1] [1] [1]</td> <td>Naphthalene [1] [1] [1] [1]</td> <td>Phenathrene [] [] [] []</td>	Propane, 2,4-dichloro [[] [] [] []	Butadiene, Hexachloro [] [] [] []	Cyclopentadiene, hexachloro		Endoculfan (almha)	Endosulfan (heta)	Endosulfare	Endrin Endrin	Endrin aldehyde	Heptachlor [] [] [] [] []	Heptachlor epoxide [] [] [] [] []	Isophorone [] [] [] [] []	TCDD (or Dioxin) [1] [1] [1] [1]	Toxaphene [1] [1] [1] [1]	Naphthalene [1] [1] [1] [1]	Phenathrene [] [] [] []

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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

Company name, mailing address and telephone number: A.1 QUALITY SERVICE GROUP Telephone () 615-815-9056 39583 Zip: Address of production or manufacturing facility. A.2 325 TRIS DAINE Telephone () 615-815-9056 Name, title and telephone number of person authorized to represent this firm in official dealing A.3 with Sewer Authority and/or City: - 7020 PRUMP. Cht-OWNER 615-815-9056 Alternate person to contact concerning information provided herein: A.4 Title _____ Telephone () Name N/A Identify the type of business conducted (auto repair, machine shop, electroplating, A.5 warehousing, painting, printing, food processing, etc.) QUALTY

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. 1-24-23 Signature of Official (Seal is applicable)

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

We DO NOT MANJFACTUR ON PADDece ANY firm conducts. Products

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

app	Juj.		Average	
			gallons per	
			day estimated measure	d
a.	[]	Domestic Waste (restrooms, employee	100	
		showers, etc.)	estimated measure	ed
b .	[]	Cooling water, non contact	estimated measure	ed
c.	[]	Boiler/tower blowdown	estimated measured	
d.	Ē Ī	Cooling water, contact	Nh estimated measure	
e.	ĨĨ	Process	Alla estimated measure	
f.	Ĩ.	Equipment/Facility washdown	W/A estimated measure	
g.	r i	Air pollution control unit		
h.	ī ī	Storm water runoff to sanitary sewer	Onkweiner estimated measure	
i.	ĩ i	Other, describe	estimated measur	vu.

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

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

er abios ta	o dibotim Brann (12.00	Average	
			gallons per	
			day	measured
a []	Sanitary		N/A estimated	
a. []			20 estimated	measured
b. 📢	Storm Sewer		i//a estimated	measured
c. []	Surface		N/A estimated	measured
d. []	Ground water		10/15	measured
	Waste haulers		N/e estimated	
e. []			N/A estimated	measured
f. []	Evaporation		estimated	measured
g. []	Other, describe		Cstimuted	

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

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

- A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes [v] 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 A	on A General Information
A.1	Company name, mailing address and telephone number: REBO LEGHTIP & ElFCTRUN ICS 325 SEWIU DR. SPAICTA TN Zip: 38583 Telephone (31) 738-4203
A.2	Address of production or manufacturing facility. 225 5EUEL DR. SPARTA TV Tim 20582 Telenhone R20 528 11212
A.3	e, title and telephone number of person authorized to rep Sewer Authority and/or City: Exampt TRus 75 MAFG. Exampter
A.4	Alternate person to contact concerning information provided herein: Name SHN012A BOHARDON Title DIR. OPP. A. M. Telephone (31) 738 -426/
A.5	Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
Note to S. Section 40 frequency treatment discharge the permit	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 i the in	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 input point.
	Date Signature of Official (Seal is applicable)

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

 A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply. A.9 Domestic Waste (restrooms, employee day for all that apply in the fourth of the showers, etc.) b. [1] Domestic Waste (restrooms, employee day for all that apply in the showers, etc.) b. [1] Domestic Waste (restrooms, employee day for all that apply and industry estimated measured for the showers, etc.) b. [1] Domestic Waste (restrooms, employee day for all that apply and indicate measured estimated measured for the form water, non control mut. c. [1] Domestic Waste (restrooms, employee day for all that apply and indicate number of gallons per day) A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day) Wastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicate number of gallons per day) Mastes are discharged to: (Check all that apply and indicat	A.6	Provide a brief narrative description of the manufacturing, production or service activities your firm conducts. Au to motion of the second s
	A.7	Standard Industrial Classification Number(S) (SIC CODE) for your industry: $Group 3 \psi 4$ $\rightarrow 3 \psi 4$
	A.8	This facility generates the following types of wastes. Please provide gallons per day for all that apply. Average
ALL 2	A.9	[4] Domestic Waste (restrooms, employee 1,500 [1] Cooling water, non contact 1,500 [2] Cooling water, non contact estimated [3] Cooling water, contact estimated [4] Process estimated [5] Equipment/Facility washdown estimated [6] Process estimated [7] Outer, describe estimated [8] Storm water runoff to sanitary sewer estimated [9] Other, describe Total A.8.a - A.8.i [10] Total A.8.a - A.8.i 1,500 [11] Storm Sewer 1,500 [12] Storm Sewer gallons per [13] Storm Sewer gallons per [14] Storm Sewer fday [15] Storm Sewer estimated [16] Storm Sewer fday [17] Storm Sewer fday [18] Storm Sewer fday [19] Storm Sewer forbud water [10] Storm Sewer fday [11] Storm Sewer estimated [12] Storm Sewer fday [13] Storm Sewer estimated [14] Storm Sewer fday [15] Evaporation estimated
0. 37. 355.00. 5		Total A.9.a - A.9.g Provide name and address of waste hauler(s), if used,
	A.10 Note:	2 - CL 16554701 - 55

	Section B	Facility operation characteristics
B.1	Number of Average nu	Number of employee shifts worked per 24-hour day: Average number of employees per shift: 20
B.2	Starting tin	Starting times of each shift: 1st $\frac{7}{3}$ am $2nd$ $\frac{2}{3}$ am $3rd$ $\frac{m}{1}$ am $3rd$ $\frac{m}{1}$ pm
Noi	e: The follov	Note: The following information in this section must be completed for each product line.
B.3	Principal p	Principal product produced: Interior Automative lighting
B.4	Raw mater	Raw materials and process additives used: 7/95 4 , 6.5
B.5	Production is: [] Batch Average Numl	Production is: [] Batch [] Continuous MBoth% Batch% Continuous Average Number of batches per 24-hour day
B.6	Hours of operation:	peration: a.m. to p.m.
B.7	Is producti If yes, brie	Is production subject to seasonal variation? [] yes If yes, briefly describe seasonal production cycle:
8. 8	Are any pro years? If yes, attac expansions.	Are any process changes or expansions planned during the next rive $[]$ yes $[Y_{+}]$ no years? If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

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: C.1

Metal finishing Mineral Mining and Processing	Nonferrous Metals Manufacture	Nonferrous Metals, Forming	Ore Mining and Dressing Organic Chemical, Plastic &	Synthetic Fibers	Organic Chemical	Paint & ink Doring and Doofing Matanials	Pesticides, Formulating,	Packaging, Repackaging	Pesticides, Manufacturing	Petroleum Refining	Pharmaceuticals	Phosphate Manufacturing	:	Photographic Supplies	Plastic Molding and Forming	Plastics Processing	Porcelain Enameling	Printing & Publishing	Pulp, Paper and Paperboard		Rubber Manufacturing	Conford Duranting		Soaps & Detergents	Steam Electric Power Generating	Sugar Processing	Textiles Mills	Timber	Waste Disposal, Treating,	and/or Incinerating		
					[]	— - — -			Ξ		_		1									5	- 1 -									
31. 32.	33.	34.	36.		37.	30.	40.		41.	42.	43.	44.		45.	46.	47.	48.	49.	50.		51.	ç	77.	<u>у</u> .	54.	55.	56.	57.	58.			
Adresives Aluminum Forming	Asbestos Manufacturing	Auto & other Laundries	Bauery Manufacturing Builder's Paper and Board	Mills	Can Making	Carbon Black Manufacturing	Coal Mining)	Coil Coating	Copper Forming	Dairy Products	Electric & Electronic	Components	Electroplating	Explosives Manufacturing	Feedlots	Ferroalloy Manufacturing	Ferulizer Manufacturing	Foundries, (metal molding &	casting)	Fruits and Vegetables	Processing			Gum & Wood Chemical	Hospitals	Inorganic Chemical	Iror & Steel	Leather Tanning & Finishing		Meat Products Mechanical Products	
				63 21					[]		_		3				hind	و سیع	_			-										
1.	3	44	o. 9		٦.	× c	10.		11.	12.	13.	14.		15.	16.	17.	18.	19.	20.		21.	ç	.77	23.	24.	25.	26.	27.	28.		29. 30.	

C:5	Pretreatment devices or process	Pretreatment devices or process used for treating wastewater or sludge. Check all that apply:	 Check all that apply:
3	Air Flotation] Chlorination	Flow Equalization
	Centrifuge [] Cyclone	Grease or Oil Separation
	Chemical Precipitation] Filtration	Grease Trap
[]	Grit Removal] Ozonation [Sedimentation
Ξ	Ion Exchange	Reverse Osmosis	Septic Tank
	Sump	Screen [Solvent
	Neutralization, pH Correction		
	Biological Treatment, Type		
[]	Rainwater Diversion or Storage		
	Other Chemical Treatment,		*
	Other physical Treatment,		
[]	Other,		
	No Pretreatment Provided		b
C3	_	If any wastewater analyses have been performed on the wastewater discharge(s) from your	scharge(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
1.	Antimony	[]	[]	[]	[]	
2.	Arsenic	[]	[]	[]	[]	
3.	Asbestos	[]	[]	[]	[]	
4.	Beryllium	[]	[]	[]	[]	
5.	Cadmium	[]	[]	[]	[]	
6.	Chromium	[]		[]	[]	1
7.	Copper	[]	[]	[]	[]	
8.	Cyanide	[]	[]	[]	[]	
9.	Lead	[]	[]	[]	[]	
10.	Mercury	[]	[]	[]	[]	
11,	Nickel	[]	[]	[]	[]	
12.	Selenium	[]	[]	[]	[]	-
13.	Silver	[]	[]	[]	[]	
14.	Thallium	[]	[]	[]	[]	
15.	Zinc	[]	[]	[]	[]	
16.	Phenol (n)	[]	[]	[]	[]	
17.	Phenol 2-chloro	[]	[]	[]	[]	
18.	Phenol, 2,4-dichloro	[]	[]	[]	[]	
19.	Phenol, 2,4,6-trichloro	[]	[]	[]	[]	
20.	Phenol, pentachloro	[]	[]	[]	[]	
21.	Phenol, 2-nitro	11	111	[]	11	
22.	Phenol, 4-nitro	[]	[]	[]	[-] -	

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

	Chemical compound	Known Present	Suspected Present	Known Absent	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	[]]	[]	[1]	[1]	
50.	Nitrosamine, di-n-propyl	EI	[1]	11	li i	
51.	Benzidine	[]	[]	[]]	[]	
52.	Benzidine, 3,3'-dichloro	[]	[]	11	[]	
53.	Hydrazine, 1,2-diphenyl	[]	[]	[[]	[]	
54	Acrlonitrile	[]	[]	[]	[]	
		[]	[]	[]]	[]	
55	Methane, bromo	[]	[]	[]	[]	
56	Methane, chloro	[]	[]	[1]	[]	
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-chlorosopropyl)	[]	[]	[]	[]	

	Chemical compound	Present	Known	Present	Suspected	Absent	Known	Absent	Known	If Known	Comparison
67	Ether, 2-chloroethyl vinyl	[]		[]][]	1]	Ē.,	
68	Ether, 4- bromophenyl phenyl	[]]	1][]	I]		
69	Ether, 4-chlorophenyl phenyl	[]]]	1] []	1]	-	
70	Bis (2-chloroethoxy) methane	[]		1	1] []] []		
71	Phthalate, di-o-methyl	[]]		1	1	1]][]		
72	Phthalate, di-n-ethyl	[]]		[1	1]] []		
73	Phthalate, di-n-butyl	[]]		[]][]	1]		
74	Phthalate, di-n-octyl	[]]]]][]	I]		-
75	Phthalate, bis(2-ethylhexyl)	[]]]] []	1]		
76 77.	Phthalate, butyl hexyl	[]		1]	[]]]		_
78.	Acenaphthene	[[]] []	1]] []		
	Acenaphthylene	[]] []][]	1]		
79.	Anthracene	[]]]	1]	1	1		
80	Benzo (a) anthracene	[]]] []	11]] []	1.0	
81	Benzo (b) fluoranthene	[]]]	1]][1		
82	Benzo (k) fluorathlene	[[]] []	1]] [1		
83	Benzo (ghi) perylene	[[]] []] []][]		
84	Benzo (a) pyrene	[]]]] []][1		
85	Chrysene	[]] []	11]][]		
86	Dibenzo (a,n) anthrance	[]]]] []] [1		
87	Fluorathene	[]]]] []] []		
88	Fluorene	[]]]] []][]		
89	Indeno (1,2,3-cd) pyrene	[[]]]] []][1		
90	Ethane, 1,1,1-trichloro	[]		-[-]] []	I	1		
91	Ethane, 1,1,2-trichloro	[]	F]]] []]]		

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known			Chemical compound	Known Present	Suspected Present	Absent
92	Ethane, 1,1,2,1-tetrachloro	[]	[]	[]	[]			117.	Pyrene	[]	[]	1
93	Ethane, hexachloro	[]	[]	[]	[]	-		118.		[]	[]][
94	Ethane, chloro	[]	[]	[]	[]			119.	Acrolein	[]	[]][
95	Ethane, 1,1-dichloro	[]	[]	[]	[]				Aldrin	[]	[]][
96.	Ethane, trans-dichloro	[]	[]	[]	[]			120.	BHC (Alpha)	[]	[]] [
97.	Ethane, trichloro	[]	[]	[]	[]			121.	BHC (Beta)	[]	[]] [
98	Ethane, tetrachloro	[]	[]	[]	[]	1		122.	BHC (Gamma) or Lindane	[]	[]	1
99	Propane, 1,2-dichloro	[]	[]	[]	[]			123.	BHC (Delta)	[]	[]] [
100	Propane, 2,4-dichloro	[]	[]	[]	[]			124.	Chlordane	[]	[]	
101	Butadiene, Hexachloro	[]	[]	[]	[]			125.	DDD	[]	[]] [
102	Cyclopentadiene, hexachloro	[]	[]	[]	[]			126.	DDE	[]	[]] [
103	DDT	[]	[]	[]	[]							
104	Dieldrin	[]	[]	[]	[]							
105	Endosulfan (alpha)	[]	[]	[]	[]							
106	Endosulfan (beta)	[]	[]	[]	[]							
107	Endosulfan Sulfate	[]	[]	[]	[]							
108	Endrin	[]		[]	[]							
109	Endrin aldehyde	[1]	[]	[]	[]							
110	Heptachlor	[]	[]	[]	[]	-	1					
111	Heptachlor epoxide	[]	[]	[]	[]					1.1		
112	Isophorone	[]	[]	[]	[]	-						
113	TCDD (or Dioxin)	[]	[]	[]	[]							
114	Toxaphene	[]	[]	[]	[]							
115	Naphthalene	[]	[]	[]	[]					_		
116	Phenathrene	[]	[]	[]	[]						-	

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.

Known

[]

[]

[]

[]

[]

[] []

[] [] Concentration

If Known

Known Absent

[]

[]

[] []

[]

[]

[] []

[]

[] []

Othan IIIantan	OUNCE WASIES
f	P
Castion	DECLIOII

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

If "no", skip remainder of Section D. If "yes", complete remaining items.

D.2

	BATTLES 55 CANTON DRUNN / YCUV		11660 MED & L Dealer 190 and 146	1 CHAR & OKINS INT WE WILL							i in		
These wastes may best be described as:	[] Acids and Alkalines	al Sludges	[] Inks/Dyes	- spr	[] Paints	[] Pesticides	[] Plating Wastes	[] Pretreatment sludges	[] Solvents/Thinners	[] Other Hazardous Wastes, describe:		[] Other Wastes, (describe),	FLACTRON IC & 1995 13

- For the above checked wastes, does your company practice: D.3
 - On-s: te storage Off-site storage \$CC

375414 Elections C 11 270 Dn-s-te disposal Off-site disposal Briefly describe the method(s) of storage or disposal checked above.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

<u>P.O. Box 1310</u> Zip: <u>38.503</u>	Cookeville, Try Telephone (93)	If Carro
201p		100-2211
Address of production 1276 Smithville	or manufacturing facility. Hwy Sperta, Tw	
with Sewer Authority	one number of person author and/or City:	400 - 52.77 zed to represent this firm in official off
Name, title and teleph with Sewer Authority	one number of person author	zed to represent this firm in official
Name, title and teleph with Sewer Authority Nawey Jones	one number of person authori and/or City: President	zed to represent this firm in official
Name, title and teleph with Sewer Authority Namey Jones Alternate person to co	one number of person author and/or City: <u>President</u> ntact concerning information	zed to represent this firm in official of

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.

 13/13/13
 Auer

 Date
 Signature of Official (Seal is applicable)

A.6 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts. Leasing of Various Sizes of Storage units

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

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

			Average gallons per day		
a.	[]	Domestic Waste (restrooms, employee showers, etc.)		estimated	measured
b.	[]	Cooling water, non contact		estimated	measured
c.	[]	Boiler/tower blowdown		estimated	measured
d.	[]	Cooling water, contact		estimated	measured
e.	[]	Process		estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	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.	[]	Sanitary	estimated measured
b.	[]	Storm Sewer	estimated measured
c.	[]	Surface	estimated measured
d.	[]	Ground water	estimated measured
e.	[]	Waste haulers	estimated measured
f.	[]	Evaporation	estimated measured
g.	[]	Other, describe	estimated measured

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

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

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 character	ristics						
B.1	Number of employee shifts worked per 24- Average number of employees per shift:	hour day	:			-		
B.2	Starting times of each shift: 1st	am pm	2nd		am pm	3rd _		am pm
No	ote: The following information in this section n	nust be c	ompl	eted for eac	ch pro	oduct lir	ne.	
B.3	Principal product produced:							
B.4	Raw materials and process additives used:							
								(
B.5	Production is: [] Batch [] Continuous []Both Average Number of batches per 24-hour day			% Batc				ous
B.6	Hours of operation: a.m. to	p	.m.			[]	Continuo	us
B.7	Is production subject to seasonal variation? If yes, briefly describe seasonal production	cycle:	[]	yes		[]	no	
B.8	Are any process changes or expansions plan years?	ned duri	ng th	e next five		[] ye	s []	no

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.	[]	Adhesives	31.	[]	Metal finishing
2.	[]	Aluminum Forming	32.	[]	Mineral Mining and
					Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
					Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	[]	Battery Manufacturing	35.	[]	Ore Mining and Dressing
6.	[]	Builder's Paper and Board	36.	[]	Organic Chemical, Plastic &
		Mills			Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.	[]	Carbon Black Manufacturing	38.	[]	Paint & ink
9.	[]	Cement Manufacturing	39.	[]	Paving and Roofing Materials
10.	[]	Coal Mining	40.	[]	Pesticides, Formulating,
					Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.	[]	Copper Forming	42.	[]	Petroleum Refining
13.	[]	Dairy Products	43.	[]	Pharmaceuticals
14.	[]	Electric & Electronic	44.	[]	Phosphate Manufacturing
		Components			
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	[]	Explosives Manufacturing	46.	[]	Plastic Molding and Forming
17.	[]	Feedlots	47.	[]	Plastics Processing
18.	[]	Ferroalloy Manufacturing	48.	[]	Porcelain Enameling
19.	[]	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20.	[]	Foundries, (metal molding &	50.	[]	Pulp, Paper and Paperboard
	a - 10.1	casting)			
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	[]	Grain Mills	53.	[]	Soaps & Detergents
24.	[]	Gum & Wood Chemical	54.	[]	Steam Electric Power
					Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	[]	Inorganic Chemical	56.	[]	Textiles Mills
27.	[]	Iron & Steel	57.	[]	Timber
28.	[]	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
					and/or Incinerating
29.	[]	Meat Products			an a

30. [] Mechanical Products

C.2	Pretreatment devices or proc	ess u	sed for treating wastewater or sl	udge.	Check all that apply:
[]	Air Flotation	[]	Chlorination	Ũ	Flow Equalization
[]	Centrifuge	[]	Cyclone	Ĩ Ì	Grease or Oil Separation
[]	Chemical Precipitation	[]	Filtration	ΪÌ	Grease Trap
[]	Grit Removal	[]	Ozonation	Î Î	Sedimentation
[]	Ion Exchange	[]	Reverse Osmosis	[]	Septic Tank
[]	Sump	[]	Screen	ĨĨ	Solvent
[]	Neutralization, pH Correction				
[]	Biological Treatment, Type				
[]	Rainwater Diversion or Storage				
[]	Other Chemical Treatment,				
[]	Other physical Treatment,				
[]	Other,				
[]	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.

Priority Pollutant Information. C.4

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

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Chemical compound	Ether, 2-chloroethyl vinyl	Ether, 4- bromophenyl phenyl	Ether, 4-chlorophenyl phenyl	Bis (2-chloroethoxy) methane	Phthalate, di-o-methyl	Phthalate, di-n-ethyl	Phthalate, di-n-butyl	Phthalate, di-n-octyl	Phthalate, bis(2-ethylhexyl)	Phthalate, butyl hexyl	í R	Acenaphthene	Acenaphthylene	Anthracene	Benzo (a) anthracene	Benzo (b) fluoranthene	Benzo (k) fluorathlene	Benzo (ghi) perylene	Benzo (a) pyrene	Chrysene	Dibenzo (a,n) anthrance	Fluorathene	Fluorene	Indeno (1,2,3-cd) pyrene	Ethane, 1,1,1-trichloro	Ethane, 1.1.2-trichloro
	67	68	69	70	71	72	73	74	75	76	77.	78.		79.	80	81	82	83	84	85	86	87	88	89	06	16

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Chemical compound	Phenol, 2, 4-dimethyl	Phenol, 2,4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro	Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrlonitrile	Methane hromo	Mathone obloro	Methane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1, 1-dichloro	Ethane, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether, bis (2-chlorosopropyl)
	44.	45.	46.	47.	48.	49	50.	51.	52.	53.	54	55	26	57	58	59	09	61	62	63	64	65	99

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Chemical compound	Pyrene		Acrolein	Aldrin	BHC (Alpha)	BHC (Beta)	BHC (Gamma) or Lindane	BHC (Delta)	Chlordane	DDD	DDE														
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Chemical compound	Ethane, 1,1,2,1-tetrachloro	Ethane, hexachloro	Ethane, chloro	Ethane, 1,1-dichloro	Ethane, trans-dichloro	Ethane, trichloro	Ethane, tetrachloro	Propane, 1,2-dichloro	Propane, 2,4-dichloro	Butadiene, Hexachloro	Cyclopentadiene, hexachloro	DDT	Dieldrin	Endosulfan (alpha)	Endosulfan (beta)	Endosulfan Sulfate	Endrin	Endrin aldehyde	Heptachlor	Heptachlor epoxide	Isophorone	TCDD (or Dioxin)	Toxaphene	Naphthalene	Phenathrene
	92	93	94	95	96.	97.	98	66	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116

fety data sheets. mo

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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

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Sectio	on A General Information
A.1	Company name, mailing address and telephone number: <u>SPACTA METAL ACCESSING</u> <u>327 Turntable RJ Spacta, TM</u> Zip: <u>32583</u> Telephone() <u>931-738-9369</u>
A.2	Address of production or manufacturing facility. SAME AS Above
	Zip: Telephone ()
A.3	Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
A.4	Alternate person to contact concerning information provided herein: Name Julio Lopez Title PLANT MANAGE Telephone () 317-800-083
A.5	Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)
INS.	Aluminum of INS copper wire Rocycling
-	

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 yo the information by the signing official.	ur firm after completion of this form and review of
I have personally examined and am familia	r with the information submitted in this
document and attachment. Base upon my i	nquiry of those individuals immediately
responsible for obtaining the information re	ported herein, I believe that the submitted
information is true, accurate and complete.	I am aware that there are significant
penalties for submitting false information, i imprisonment.	ncluding the possibility of fine and/or
12-07-2022	In Colo
Date	Signature of Official
	(Seal is applicable)

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

WITE is R	an Throug	h A MTB	wire Processin	IT Line that	
Seperates	the Al.	in a cools	5 from the	Plastic. Then	
we sell the	Metal to	Consumers	who Re-Melt	it BACK into	Rod,

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: 5093020 3
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per day		
a.	X	Domestic Waste (restrooms, employee showers, etc.)	-20	estimated	measured
b.	[]	Cooling water, non contact		estimated	measured
c.	[]	Boiler/tower blowdown	-	estimated	measured
d.	[]	Cooling water, contact	·	estimated	measured
e.	[]	Process	<u></u>	estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	Other, cescribe	·····	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.	M	Sanitary	-30 estimated measured
b.	[]	Storm Sewer	estimated measured
с.	[]	Surface	estimated measured
d.	[]	Ground water	estimated measured
e.	[]	Waste haulers	estimated measured
f.	[]	Evaporation	estimated measured
g.	[]	Other, describe	estimated measured

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

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

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes 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:		
B.2	Starting times of each shift: 1st am 2nd pm	am 3rd pm	am pm
No	ote: The following information in this section must be completed for a	each product	line.
B.3	Principal product produced:		
B.4	Raw materials and process additives used:	<u> </u>	
B.5	Production is: [] Batch [] Continuous [] Both % Batch Average Number of batches per 24-hour day		% Continuous
B.6	Hours of operation:a.m. top.m.	[]	Continuous
B.7	Is production subject to seasonal variation? [] yes If yes, briefly describe seasonal production cycle:	[]] no
B.8	Are any process changes or expansions planned curing the next fiv years?		res [] no

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If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

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Section C Wastewater Information

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If your facility performs processes in any of the incustrial 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: **C.1**

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

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

- [] Air Flotation [] Chlorination Flow Equalization [] Centrifuge [] [] Cyclone Grease or Oil Separation [] Chemical Precipitation 1 Γ [] Filtration [] Grease Trap Grit Removal [] [] Ozonation Sedimentation [] Ion Exchange []] [] Reverse Osmosis [] Septic Tank [] Sump [] Screen Solvent [] Neutralization, pH Correction [] [] Biological Treatment, Type Rainwater Diversion or Storage [] _____ [] Other Chemical Treatment, [] Other physical Treatment. · _____ [] Other. _____ 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.

Priority Pollutant Information. Please indicate by checking the appropriate box. Indicate the concentration of the compound present in the C.4

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Chemical compound	67 Ether, 2-chloroethyl vinyl 68 Ether, 4- bromophenyl phenyl	 Ether, 4-chlorophenyl phenyl 70 Bis (2-chloroethoxy) methane 	Phthalate, di-o-methyl	Phthalate, di-n-ethyl Phthalate di-n-huttyl	Phthalate, di-n-octyl	Phthalate, bis(2-ethylhexyl) Phthalate, butvl hexvl	77.	Acenaphthene	Acenaphthylene	Anthracene	Benzo.(a) anthracene	Benzo (b) fluoranthene	Benzo (k) Iluorathlene Renzo (ahi) nervlone	Benzo (a) pyrene	Chrysene	Dibenzo (a,n) anthrance	Fluorathene	Fluorene	Indeno (1,2,3-cd) pyrene	Ethane, 1, 1, 1-trichloro	<u>Ethane</u> , 1, 1, 2-trichloro
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Concentration If Known		
Known		
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Suspected Present		
Known Present		
Chemical compound	Pyrene Acrolein Aldrin BHC (Alpha) BHC (Beta) BHC (Beta) BHC (Centa) Chlordane DDD DDD DDD DDD DDD	Heptachlor [1]
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If Known		
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	Ethane, 1,1,2,1-tetrachloro Ethane, hexachloro Ethane, chloro Ethane, 1,1-dichloro Ethane, trans-dichloro Ethane, trichloro Ethane, tetrachloro Propane, 1,2-dichloro Propane, 1,2-dichloro Propane, 1,2-dichloro Propane, 1,2-dichloro Cyclopentadiene, hexachloro DDT Dieldrin Endosulfan (alpha) Endosulfan (beta) Endosulfan Sulfate Endrin Endrin	Heptachlor Heptachlor epoxide Isophorone TCDD (or Dioxin) Toxaphene Naphthalene Phenathrene
	92 93 97 97 99 99 99 101 101 102 103 103 103 103 103 103 103 103 103 103	

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Section D Other Wastes

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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:

Acids and Alkalines	Estimated Gallons or Pounds/Year
Heavy Metal Sludges	
Inks/Dyes	
Oil and/or grease	Ø.,
Organic Compounds	
Paints	
Pesticides	
Plating Wastes	
Pretreatment sludges	
Solvents/Thinners	
Other Hazardous Wastes, describe:	······
Other Wester (describ)	
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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

Zip: <u>385</u>	1. ty Lane 83 Tel	lephone (B/)	238-223	1
Address of pro	duction or manufacturi	ing facility.		
SAME	AS ABOUE			
Name, title an with Sewer Au	d telephone number of j thority and/or City:		-	
Name, title an with Sewer Au	d telephone number of	person authori	-	
with Sewer A	d telephone number of j thority and/or City:	person authori	-	
Name, title an with Sewer Au Tay Dee 1-1a	d telephone number of j thority and/or City:	person authori	<u>931-23</u> provided herein:	

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.

Date

nna Signature of Official (Seal is applicable)

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

components for end users, sale of bardwood Wood lumber and SQUARES.

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- **A.8** This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per			
			day			
a.	\bowtie	Domestic Waste (restrooms, employee showers, etc.)	40	estimated	measured	
b.	[]	Cooling water, non contact		estimated	measured	
c.	[]	Boiler/tower blowdown		estimated	measured	
d.	[]	Cooling water, contact		estimated	measured	
e.	[]	Process	2)	estimated	measured	
f.	[]	Equipment/Facility washdown		estimated	measured	
g.	[]	Air pollution control unit		estimated	measured	
h.	[]	Storm water runoff to sanitary sewer		estimated	measured	
i.	[]	Other, describe	:	estimated	measured	

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

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

		Average gallons per day		
a. []	Sanitary		estimated	measured
b. []	Storm Sewer		estimated	measured
c. []	Surface		estimated	measured
d. []	Ground water		estimated	measured
e. []	Waste haulers		estimated	measured
f. []	Evaporation		estimated	measured
g. 🕅	Other, describe	40	estimated	measured
City	Sewer System			
/	/			

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

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

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:	
B.2	Starting times of each shift: 1st am 2nd am 3rd pm pm	am pm
No	te: 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 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 [] If yes, briefly describe seasonal production cycle:] no
B.8	Are any process changes or expansions planned during the next five []	yes [] no

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If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

Section C Wastewater Information

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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.	[]	Adhesives	31.	[]	Metal finishing
2.	[]	Aluminum Forming	32.	[]	Mineral Mining and
		-			Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
		5			Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.	ĨĨ	Battery Manufacturing	35.	īi	Ore Mining and Dressing
6.	Ìĺ	Builder's Paper and Board	36.	Ì	Organic Chemical, Plastic &
	њ. н	Mills			Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.	Ϊj	Carbon Black Manufacturing	38.	[]	Paint & ink
9.	įį	Cement Manufacturing	39.	[]	Paving and Roofing Materials
10.	įį	Coal Mining	40.	ΪÌ	Pesticides, Formulating,
		B	10.	11	Packaging, Repackaging
11.	[]	Coil Coating	41.	[]	Pesticides, Manufacturing
12.	ĺj	Copper Forming	42.	[]	Petroleum Refining
13.	į į	Dairy Products	43.		Pharmaceuticals
14.	[]	Electric & Electronic	44.	ĺ	Phosphate Manufacturing
1 1.	F 1	Components		LJ	i nospitate Manufactu ing
15.	[]	Electroplating	45.	[]	Photographic Supplies
16.	[]	Explosives Manufacturing	46.		Plastic Molding and Forming
17.	[]	Feedlots	40.	[]	Plastics Processing
18.		Ferroalloy Manufacturing	47.		Porcelain Enameling
19.	[]	Fertilizer Manufacturing	48. 49.	[]	Printing & Publishing
20.	ĺÌ	Foundries, (metal molding &	49. 50.	[]	
20.	LJ	casting)	50.	[]	Pulp, Paper and Paperboard
21.	[]	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			6
22.	[]	Glass Manufacturing	52.	[]	Seafood Processing
23.	Ĩ Ì	Grain Mills	53.	Ϊj	Soaps & Detergents
24.	Ĩĺ	Gum & Wood Chemical	54.	Ϊĺ	Steam Electric Power
					Generating
25.	[]	Hospitals	55.	[]	Sugar Processing
26.	ΪÌ	Inorganic Chemical	56.	[]	Textiles Mills
27.	ΪÌ	Iron & Steel	57.	[]	Timber
28.	ίi	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
			200	LJ	and/or Incinerating
29.	ſ1	Meat Products			

 29.
 []
 Meat Products

 30.
 []
 Mechanical Products

C.2	Pretreatment devices or proce	ess u	sed for treating wastewater or sl	udge.	Check all that apply:
[]	Air Flotation	[]	Chlorination	Ũ	Flow Equalization
[]	Centrifuge	[]	Cyclone	Ì Ì	Grease or Oil Separation
[]	Chemical Precipitation	[]	Filtration	[]	Grease Trap
[]	Grit Removal	[]	Ozonation	Ĩ	Sedimentation
[]	Ion Exchange	[]	Reverse Osmosis	[]	Septic Tank
[]	Sump	[]	Screen	ĨĨ	Solvent
[]	Neutralization, pH Correction				
[]	Biological Treatment, Type				
[]	Rainwater Diversion or Storage				
[]	Other Chemical Treatment,				
[]	Other physical Treatment,				
[]	Other,				
[]	No Pretreatment Provided				

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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.

Priority Pollutant Information.

C.4

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

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Benzene	Benzene, chloro	Benzene, 1,2-dichloro	Benzene, 1,3-dichloro	Benzene, 1,4-dichloro	Benzene, 1,2, 4-trichloro	Benzene, hexachloro	Benzene, ethyl	Benzene, nitro	Toluene	Toluene, 2,4 dinitro	Toluene, 2,6-dinitro		PCB-1016	PCB-1221	PCB-1232	PCB-1242	PCB-1248	PCB-1254	PCB-1260	2-Chloronaphthalene		Ether, bis(chloromethyl)
23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.		35.	36.	37.	38.	39.	40.	41.	42.		43.
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Chemical compound	Ether, 2-chloroethyl vinyl	Ether, 4- bromophenyl phenyl	Ether, 4-chlorophenyl phenyl	Bis (2-chloroethoxy) methane	Phthalate, di-o-methyl	Phthalate, di-n-ethyl	Phthalate, di-n-butyl	Phthalate, di-n-octyl	Phthalate, bis(2-ethylhexyl)	Phthalate, butyl hexyl		Acenaphthene	Acenaphthylene	Anthracene	Benzo (a) anthracene	Benzo (b) fluoranthene	Benzo (k) fluorathlene	Benzo (ghi) perylene	Benzo (a) pyrene	Chrysene	Dibenzo (a,n) anthrance	Fluorathene	Fluorene	Indeno (1,2,3-cd) pyrene	Ethane, 1,1,1-trichloro	Ethane, 1,1,2-trichloro
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Known Present	[]	[]	Ξ	[]		_	Ξ	Ξ			Ξ			_			[]	[]	[]	[]	[]	[]		[]	[]
Chemical compound	Phenol, 2, 4-dimethyl	Phenol, 2,4-dimethyl	m-cresol, p-chloro	o-cresol, 4,6-dinitro		Nitrosamine, dimethyl	Nitrosamine, diphenyl	Nitrosamine, di-n-propyl	Benzidine	Benzidine, 3,3'-dichloro	Hydrazine, 1,2-diphenyl	Acrionitrile		Methane, bromo	Methane, chloro	Methane, dichloro	Methane, chlorodibromo	Methane, dichlorobromo	Methane, tribromo	Methane, trichloro	Methane, tetrachloro	Ethane, 1,1-dichloro	Ethane, 1,2-dichloro	Ether, bis (2-chloroethyl)	Ether, bis (2-chlorosopropyl)
	44.	45.	46.	47.	9	48.	49	50.	51.	52.	53.	54	Ļ	22	56	57	58	59	60	61	62	63	64	65	66

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Chemical compound	Pyrene		Acrolein	Aldrin	BHC (Alpha)	BHC (Beta)	BHC (Gamma) or Lindane	BHC (Delta)	Chlordane	DDD	DDE														
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Concentration If Known																									
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Present	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ.
Known Present	Ξ	Ξ	Ξ	Ξ		Ξ	Ξ	Ξ	Ξ	[]		Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ		Ξ	Ξ	Ξ	Ξ	Ξ	
Chemical compound	Ethane, 1,1,2,1-tetrachloro	Ethane, hexachloro	Ethane, chloro	Ethane, 1,1-dichloro	Ethane, trans-dichloro	Ethane, trichloro	Ethane, tetrachloro	Propane, 1,2-dichloro	Propane, 2,4-dichloro	Butadiene, Hexachloro	Cyclopentadiene, hexachloro	DDT	Dieldrin	Endosulfan (alpha)	Endosulfan (beta)	Endosulfan Sulfate	Endrin	Endrin aldehyde	Heptachlor	Heptachlor epoxide	Isophorone	TCDD (or Dioxin)	Toxaphene	Naphthalene	
				95	96.	97.	98	66	100	1	3	103	104	105	106	107	108	109	110	111	112	113	114	115	116

Section D Other Wastes

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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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

Sparta		652-8566	
Address of pro	duction or manufacturing facility.		
Zip:	Telephone ()		
Name, title and with Sewer Au . <u>Eric</u> Hu	telephone number of person authoriz thority and/or City: <u>chiwsow</u> <u>mainfenanc</u>		n in official deal
Name, title and with Sewer Au <u>Eric</u> Hu 931-	inority and/or City:	MANAger	

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.

17/23 Date

Signature of Official (Seal is applicable)

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information A.1 Company name, mailing address and telephone number: Aco metals 1922 Smithuille Saarta Zip: Telephone (305) 652-8566 Address of production or manufacturing facility. A.2 Zip: Telephone () Name, title and telephone number of person authorized to represent this firm in official dealing A.3 with Sewer Authority and/or City: Enic tr.hinson MAINTENANC MANAger 931-256-5015 A.4 Alternate person to contact concerning information provided herein: Name Title Telephone () Identify the type of business conducted (auto repair, machine shop, electroplating, A.5 warehousing, painting, printing, food processing, etc.) MARINE MANNEACTURING

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.

<u>/17/23</u> Date

Signature of Official

(Seal is applicable)

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

Produce for hoals + Sport Amer VA. ARINE Vh Taldias m

- Standard Industrial Classification Number(S) (SIC CODE) for your industry: A.7
- This facility generates the following types of wastes. Please provide gallons per day for all that A.8 apply.

			Average gallons per		
			day	\sim	
a.	A	Domestic Waste (restrooms, employee showers, etc.)	722	estimated	measured
b.	M	Cooling water, non contact		estimated	measured
c.	ĨĨ	Boiler/tower blowdown		estimated	measured
d.	Ϊĺ	Cooling water, contact		estimated	measured
e.	ΪÎ	Process		estimated	measured
f.	ΓÎ	Equipment/Facility washdown		estimated	measured
g.	Ϊĺ	Air pollution control unit		estimated	measured
h.	ΪĨ	Storm water runoff to sanitary sewer		estimated	measured
i.	M	Other, describe		estimated	measured
	lisec	I coolant hanked offin 3	5 GAllON	drums	by
	SA	Fehr Kleen	L		/
		Total A.8.a - A.8.i		-12	

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

			Average gallons per day	
a.	M	Sanitary	estimated measured	
b.	Ĩ	Storm Sewer	estimated measured	
c.	Ĩ Ì	Surface	estimated measured	
d.	[]	Ground water	estimated measured	
e.	M	Waste haulers	500 gal estimated measured	
f.	[]	Evaporation	estimated measured	
g.	Ĩ Ì	Other, describe	estimated measured	

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

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

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

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:
B.2	Starting times of each shift: 1st am 2nd am 3rd am pm pm
No	te: 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 B.6 B.7	Production is: [] Batch [] Continuous []Both% Batch% Continuous Average Number of batches per 24-hour day Hours of operation: n Is production subject to seasonal variation? [] yes [] no
DØ	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.	[]	Adhesives	31.	[]	Metal finishing
2.	ÌÌ	Aluminum Forming	32.	[]	Mineral Mining and
					Processing
3.	[]	Asbestos Manufacturing	33.	[]	Nonferrous Metals
				17 (R.)	Manufacture
4.	[]	Auto & other Laundries	34.	[]	Nonferrous Metals, Forming
5.		Battery Manufacturing	35.	[]	Ore Mining and Dressing
6.		Builder's Paper and Board	36.	[]	Organic Chemical, Plastic &
		Mills			Synthetic Fibers
7.	[]	Can Making	37.	[]	Organic Chemical
8.		Carbon Black Manufacturing	38.	[]	Paint & ink
9.	Ē	Cement Manufacturing	39.	[]	Paving and Roofing Materials
10). []	Coal Mining	40.	[]	Pesticides, Formulating,
					Packaging, Repackaging
11	ι. []	Coil Coating	41.	[]	Pesticides, Manufacturing
12	2. []	Copper Forming	42.	[]	Petroleum Refining
13	3. []	Dairy Products	43.	[]	Pharmaceuticals
14		Electric & Electronic	44.	[]	Phosphate Manufacturing
		Components			
15	5. []	Electroplating	45.	[]	Photographic Supplies
16	5. []	Explosives Manufacturing	46.	[]	Plastic Molding and Forming
17		Feedlots	47.	[]	Plastics Processing
18	8. []	Ferroalloy Manufacturing	48.	[]	Porcelain Enameling
19	9. []	Fertilizer Manufacturing	49.	[]	Printing & Publishing
20	D. []	Foundries, (metal molding &	50.	[]	Pulp, Paper and Paperboard
		casting)			
21	1. []	Fruits and Vegetables	51.	[]	Rubber Manufacturing
		Processing			
22	2. []	Glass Manufacturing	52.	[]	Seafood Processing
23		Grain Mills	53.	[]	Soaps & Detergents
24	4. []	Gum & Wood Chemical	54.	[]	Steam Electric Power
					Generating
25		Hospitals	55.	[]	Sugar Processing
20		Inorganic Chemical	56.	[]	Textiles Mills
27		Iron & Steel	57.	[]	Timber
28	8. []	Leather Tanning & Finishing	58.	[]	Waste Disposal, Treating,
					and/or Incinerating
29	9. []	Meat Products			

30. [] Mechanical Products

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

- [] Air Flotation
- Centrifuge []
- [] **Chemical Precipitation**
- [] Grit Removal
- Ion Exchange []
- Sump []
- Neutralization, pH Correction []
- Biological Treatment, Type []
- Rainwater Diversion or Storage []
- [] Other Chemical Treatment.
- Other physical Treatment, []
- [] Other,

No Pretreatment Provided []

Chlorination

- [] Cyclone
- []
- [] Filtration
- [] Ozonation
- **Reverse** Osmosis []
- [] Screen

- [] Flow Equalization
- [] Grease or Oil Separation
- [] Grease Trap
- [] Sedimentation
- Septic Tank []
- Solvent []

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
1.	Antimony	[]	[]	[]	[]	
2.	Arsenic	[]	[]	[]	[]	
3.	Asbestos	[]	[]	[]	[]	
4.	Beryllium	[]	[]	[]	[]	
5.	Cadmium	[]	[]	[]	[]	
6.	Chromium	[]	[]	[]	[]	in miles
7.	Copper	[]	[]	[]	[]	
8.	Cyanide	[]	[]	[]	[]	
9.	Lead	[]	[]	[]	[]	
10.	Mercury	[]	[]	[]	[]	
11.	Nickel	[]	[]	[]	[]	
12.	Selenium	[]	[]	[]	[]	a late have
13.	Silver	[]	[]	[]	[]	
14.	Thallium	[]	[]	[]	[]	
15.	Zinc	[]	[]	[]	[]	-
16.	Phenol (n)	[]	[]	[]	[]	
17.	Phenol 2-chloro	[]	[]	[]	[]	A CAR
18.	Phenol, 2,4-dichloro	[]	[]	[]	[]	
19.	Phenol, 2,4,6-trichloro	[]	[]	[]	[]	
20.	Phenol, pentachloro	[]	[]	[]	[]	
21.	Phenol, 2-nitro	[]	[]	[]	[]	A DE T
22.	Phenol, 4-nitro	[]]	[]	[]	[]	ants to

-

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
23.	Benzene	11	[]	[]	[]	
24.	Benzene, chloro	[]	[]	[]	[]	8
25.	Benzene, 1,2-dichloro	[]	[]	[]	[]	
26.	Benzene, 1,3-dichloro	[]	[]	[]	[]	
27.	Benzene, 1,4-dichloro	[]	[]	[]	[]	STRAY OF
28.	Benzene, 1,2, 4-trichloro	[]	[]	[]	[]	10/37
29.	Benzene, hexachloro	[]	[]	[]	[]	
30.	Benzene, ethyl	[]	[]	[]	[]	
31.	Benzene, nitro	[]	[]	[]	[]	
32.	Toluene	[]	[]	[]	[]	A REAL
33.	Toluene, 2,4 dinitro	[]	[]	[]	[]	Sal Sa
34.	Toluene, 2,6-dinitro	[]	[]	[]	[]	CIRCUPACITY OF
35.	PCB-1016	[]	[]	[1]	[]	
36.	PCB-1221	[]	[]	[]	[]	
37.	PCB-1232	[]	[]	[]	[]	in the
38.	PCB-1242	[]	[]	[]	[]	1.11
39.	PCB-1248	[]	[]	[]	[]	
40.	PCB-1254	[]	[]	[]	[]	
41.	PCB-1260	[]	[]	[]	[]	
42.	2-Chloronaphthalene	[]	[]	[]	[]	No. of Lot
43.	Ether, bis(chloromethyl)	[]	[]]	[]	[]]	and the second

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
44.	Phenol, 2, 4-dimethyl	[]	[]	[]	[]	- Chart +
45.	Phenol, 2,4-dimethyl	[]	[]	[]	[]	1. 1. 201
46.	m-cresol, p-chloro	[]	[]	[]	[]	They are
47.	o-cresol, 4,6-dinitro	[]	[]	[]	[]	
48.	Nitrosamine, dimethyl	[]	[]	[]	[]	1.2.5
49	Nitrosamine, diphenyl	[]	[]	[]	[]	22 24
50.	Nitrosamine, di-n-propyl		11	11	11	and allo
51.	Benzidine	[]	[]	[]	[]]	-
52.	Benzidine, 3,3'-dichloro	[]	[]	[]	[1]	
53.	Hydrazine, 1,2-diphenyl	[]	[]	[]	11	
54	Acrionitrile	[]	[]	[]	[]	12013
	A DESCRIPTION OF THE DESCRIPTION	[]	11	[]	11	13.44
55	Methane, bromo	[]	[]	[]	[]	IST I
56	Methane, chloro	[]	[]	[]	[]	
57	Methane, dichloro	[]	[]	[]	[]	
58	Methane, chlorodibromo	[]	[]	[]	[]	
59	Methane, dichlorobromo	[]	[]	[]	[]	Cratter and
60	Methane, tribromo	[]	[]	[]	[]	三海到2
61	Methane, trichloro	[]	[]	[]	[]	122
62	Methane, tetrachloro	[]	[]	[]	[]	
63	Ethane, 1,1-dichloro	[]	[]	[]	[]	
64	Ethane, 1,2-dichloro	[]	[]	[]	[1]	
65	Ether, bis (2-chloroethyl)	[]	[]	[]	[]	1953
66	Ether, bis (2-chlorosopropyl)	[]	[]	[]	[]	1 State

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
67	Ether, 2-chloroethyl vinyl	[]	[]	[]	[]	
68	Ether, 4- bromophenyl phenyl	[]	[]	[]	[]	1000
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.			0.00.0000		1.121.120	
78.	Acenaphthene	[]	[]	[]	[]	
ALC:	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	[]	[]	[]	[]	

Known **Chemical compound Chemical compound** reser resen Known TOWI nown Concentration Concentration If Known If Known Suspected Suspected Present Known Present Known Absent Absent Absent 92 Ethane, 1,1,2,1-tetrachloro 117. Pyrene Γ [93 Ethane, hexachloro [] 118. [] [] [] [] [] [] 94 Ethane, chloro [] [] [] [] 119. Acrolein [] [] [] [] 95 Ethane, 1,1-dichloro [] [] [] [] [] Aldrin [] [] [] 96. BHC (Alpha) Ethane, trans-dichloro [] [] [] [] 120. [] [] [] [] 97. Ethane, trichloro [] [] [] [1 121. BHC (Beta) [] [] [] [] 98 [] [] BHC (Gamma) or Lindane Ethane, tetrachloro [] [] 122 [] [] [] [] 99 Propane, 1,2-dichloro [] [] [] [] 123. BHC (Delta) [] [] [] [] 100 Propane, 2,4-dichloro [] [] [] [] 124. Chlordane [] [] [] [] 101 Butadiene, Hexachloro DDD [] [] [] [] 125. [] [] [] [] 102 Cyclopentadiene, hexachloro 126. DDE [] [] [] [] [] [] [] [] 103 DDT [] [] [] [] [] [] 104 Dieldrin [] [] [] 105 Endosulfan (alpha) [] [] [] 106 Endosulfan (beta) [] [] 107 Endosulfan Sulfate [] [] [] [] 108 Endrin [] [] [] [] 109 Endrin aldehyde [] [] [] [] 110 Heptachlor [] [] [] [] 111 Heptachlor epoxide [] [] [] [] 112 Isophorone [] [] [] [] 113 TCDD (or Dioxin) [] [] [] [] Toxaphene 114 [] [] [] [] 115 Naphthalene [] [] **F**1 [] 116 Phenathrene [] []

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

yes

[]

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

If "no", skip remainder of Section D. If "yes", complete remaining items.

[]

no

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.

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WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number: extra) Trailer Parts IN Zip: Telephone (93) Address of production or manufacturing facility. A.2 ame! 1130 avea Zip: Telephone (Name, title and telephone number of person authorized to represent this firm in official dealing A.3 with Sewer Authority and/or City: Wann? Alternate person to contact concerning information provided herein: A.4 Tray Pennington Title Asist Branch MapTelephone (131) 739 Name Identify the type of business conducted (auto repair, machine shop, electroplating, A.5 warehousing, painting, printing, food processing, etc.) [valer Parts Distribute:

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. Signature of Official Date (Seal is applicable)

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

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: N/A
- **A.8** This facility generates the following types of wastes. Please provide gallons per day for all that apply.

	,		Average gallons per day		
a.	M	Domestic Waste (restrooms, employee showers, etc.)	5	estimated	measured
b.	[]	Cooling water, non contact		estimated	measured
e.	[]	Boiler/tower blowdown		estimated	measured
d.	[]	Cooling water, contact		estimated	measured
e.	[]	Process		estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
ĥ.	۲ آ	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	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		
		Sanitary Septic tank	day		
a.	[j]	Sanitary	5	estimated	measured
b.	[]	Storm Sewer		estimated	measured
c.	Ĩ Ì	Surface		estimated	measured
d.	[]	Ground water		estimated	measured
e.	[]	Waste haulers		estimated	measured
f.	[]	Evaporation		estimated	measured
g.	[]	Other, describe		estimated	measured
U		,			

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

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

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes [] N/A 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.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

- A.1 Company name, mailing address and telephone number: THK Rhythm North America (o., LTD 549 Vista Drive Sparta TN Zip: <u>38583</u> Telephone () 9<u>31-738-2250</u>
- A.2 Address of production or manufacturing facility. 549 Vista Drive Sparta TN Zip: 38583 Telephone () 93/-738-2250

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City: . Kell Stott EHS/Compliance Manager 931-738-2250 ext 225

- A.4 Alternate person to contact concerning information provided herein: Name Jackje Dodson ______ Title Compliance Coordinate Telephone (______) 931-738-2250 ext 480
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.) <u>Manufacture of Steering / Suspension Components for</u> <u>automotive industry, including e-coat painting operation</u>

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. 20/ Date

Signature of Official (Seal is applicable)

- A.6 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts. <u>TRNA cold forms, welds, machines, paints and assembles</u> <u>Components parts for steering / suspension systems for the</u> <u>automotive industry</u>
- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: 3714
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per		э
а.	M	Domestic Waste (restrooms, employee showers, etc.)	day 8461	estimated	measured
Ъ.	[]	Cooling water, non contact		estimated	measured
C.	M	Boiler/tower blowdown	50	(estimated)	measured
d.	[]	Cooling water, contact		estimated	measured
е.	M	Process	3400	estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer	e	estimated	measured
i.	[]	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 galions per
a.	M	Sanitary	day 1911 (estimated) measured
b.	[]	Storm Sewer	estimated measured
C.	[]	Surface	estimated measured
d.	[]	Ground water	estimated measured
e.	[]	Waste haulers	estimated measured
f.	[]	Evaporation	estimated measured
g.	[]	Other, describe	estimated measured

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

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

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes [yes [yes [yes [yes]]

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

Section B Facility operation characteristics

g g a trat a _{ge}	Section B Facility operation characteristics
B.1	Number of employee shifts worked per 24-hour day: Average number of employees per shift: /sr; /86 2 nd : 80 3 rd ; 20
B.2	Starting times of each shift: 1st $\frac{0700}{3:30}$ am 2nd $\frac{3:00}{11:30}$ PM and 3rd $\frac{11:00}{7:30}$ am pM $\frac{11:00}{7:30}$
1	Note: The following information in this section must be completed for each product line.
B.3	Principal product produced: Ball Joints, Stabilizer Connecting Rods, Tie Rods, Control Arms
B.4	Raw materials and process additives used: <u>steel</u> , <u>electrodeposition</u> paint, <u>pretreatment</u> <u>chemicals</u> , <u>a cleaners</u> , <u>waste treatment chemicals</u> , <u>ails</u> , <u>solvents</u> , <u>greases</u> , <u>coolants</u> , <u>hydraulic</u> <u>fluids</u> , <u>aluminum</u>
B.5	Production is: [] Batch [1] Continuous []Both% Batch% Continuous Average Number of batches per 24-hour day
B.6	Hours of operation: $\frac{0100}{11:00 \text{ pm to } 0780 \text{ a.m.}}$ p.m. [1] 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 M no

years? If yes, attach a separate sheet to this form describing the nature of planned changes or

expansions.

.....

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Section C Wastewater Information

8

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

	An Flotation[]Centrifuge[]Chemical Precipitation[]Grit Removal[]Ion Exchange[]Sump[]Neutralization, pH CorrectionBiological Treatment, TypeRainwater Diversion or Storage	ised for treating wastewater or sludge. Chlorination [] Cyclone [] Filtration [] Ozonation [] Reverse Osmosis [] Screen []	Check all that apply: Flow Equalization Grease or Oil Separation Grease Trap Sedimentation Septic Tank Solvent
11	Other Chemical Treatment,		
Ĺ	Other physical Treatment,		
	Other,		
[]	No Pretreatment Provided		

x, 1. 8

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.

Concentration		
If Known		
Known Absent	בצבבבבלל לשבלבבבבבב	, N
Known		
Absent		
Suspected		
Present		
Known Present	Leezzace,zza cezzece.	in la
Chemical compound	 Benzene Benzene, chloro Benzene, i,2-dichloro Benzene, i,2-dichloro Benzene, i,2-dichloro Benzene, i,2-dichloro Benzene, i,4-diohloro Benzene, i,4-diohloro Benzene, i,2-4-trichloro Benzene, i,2-4-trichloro Benzene, i,4-diohloro Benzene, i,2-4-trichloro PCB-1221 PCB-1221 PCB-1223 PCB-1224 PCB-1224 PCB-1224 PCB-1254 PCB-1254<!--</th--><th>43, Ether, bis(chloromethyl),</th>	43, Ether, bis(chloromethyl),
Concentration		
lf Known		
Known	रररर्दर <u>- टर्ट्र-ट्र्ट्र्ट्र्ट्र्ट्र्ट्</u> ट्	
Absent		<u> </u>
Клоwn		
Absent		
Suspected		
Present		
Known		
Present		
Chemical compound	Antimony Arsenic Asbestos Bry/lium Cadmium Capter Copper Cyanide Lead Mfrauy Nickel Selentum Silver Thallium Zinc Phenol, 2,4-dichloro Phenol, 2,4,6-trichloro Phenol, 2,4,6-trichloro Phenol, pentachloro	Phenol, 2-nuro Phenol, 4-nitro
		1

12

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ŝ,

Concentration If Known					
Known Absent		<u>zzzzz</u> z	ZZZZŻ		<u>2</u> ,2,2,2
Known Absent					
Suspected Present					
Known Present					
Chemical compound	0.0	 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 	Acenapht Acenapht Anthracen Benzo (b)	 82 Benzo (k) Intoratmene 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, 1,1,1,1,trijenjoro 91 Ethane, 1,1,2-trijenjoro

Concentration If Known					
Known Absent	<u> </u>	<u>, zzzz</u>	2,2,2,2,2	228222	2222
Known Absent					
Suspected Present					
Known Present					
Chemical compound	44Phenol, 2, 4-dimethyl45Phenol, 2, 4-dimethyl46m-eresol, 2,4-dimethyl47o-cresol, 4,6-dimitro		 Benzidine, Hydrazin Aprionitr Aprionitr Methane, Methane, 	 57 Methane, dichloro 58 Methane, chlorodibromo 59 Methane, dichlorobromo 60 Methane, tribromo 61 Methane, trishloro 62 Methane, tetrachloro 	Ethane, 1, Ethane, 1, Ether, bis (

	Server Stands	South Street Street		Protect at the sector	14-27-10-14-27-60-4	test in
Concentration If Known						
Known						
Absent	シーシア	र्ट्रट्र	<u>5 7 3</u>			
Known						
Absent						
Suspected						
Present						
Клоwn						
Present						
Chemical compound	117. Pyrene 118 119. Acrolein Aldrin	 120. BHC (Alpha) 121. BHC (Beta) 122. BHC (Gamma) or Lindane 123. BHC (Delta). 	¥			
Concentration If Known Known						
Absent	2222	2222	<u>í ŚŚ</u>	>. >> .>.>.>	222822	ΞΣΣΞ
Клоwп						
Absent	Andread Provide					
Suspected			×			1.00
Present			alline and a sub-			
Known Present						
Chemical compound	92 Ethane, 1,11,2,11-tetrachloro [] 93 Ethane, hexachloro [] 94 Ethane, chloro [] 95 Ethane, 1,11-dichloro []	Ethane, trans-dichloro Ethane, trichloro Ethane, tetrachloro Propane, 1,2,dičhloro	Propare, 2.4-dichloro Butadiene, Hexachloro Cyclopentadiene, hexachloro	103 DD1 104 Dieldrin 105 Endosulfan (alpha) 106 Endosulfan (beta) 107 Endosulfan Sulfate		113 ICDD (or Dioxin) 114 114 Toxaphene 115 Naphthalene 116 Phenathrene



5 - 2 h - 4

Section D Other Wastes

医外外部 计算

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

[v] 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 Used Grease = 17534/bs/year V Oil and/or grease 1sed oil = 20 [] Organic Compounds [] Paints [] Pesticides [] Plating Wastes [Y Pretreatment sludges 10.000 year. $[\mathbf{V}]$ Solvents/Thinners [] Other Hazardous Wastes, describe: M Other Wastes, (describe), machine coolants & Mop water 55050 gal lyear

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.

OIL/grease are shipped to Agua Treat Inc in Chattanooga for disposal/reclamation machine coolant/mop water shipped to Agua Treat Inc in Chattanooga for reclamation / theatment back to potable water.

Solvents/thinners are shipped to Marion Environmental Chattanooga. Then to Clean Earth in Calvert City KY for disposal/reclamation as appropriate

Sludges are special waste permitted to go to local landfill aluminum pucks, shaving picked up by Scotts Auto Salvage-goes to recycle Metal scrap picked up by Scotts Auto Salvage-goes to recycle

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

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

TLT, Inc. TI	he Lord's	spartaTh.	
390 Seyrell	Drive	Sparta Th.	
Zip: 38583	Telephor	ne 931 739 - 1986	

A.2 Address of production or manufacturing facility. 390 Sewell Drive 2, Th. 355 Telephone (131 739 Zip:

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

Rajab Owner (256) 499-0984 ahir

- A.4 Alternate person to contact concerning information provided herein: Telephone (931-<u>739-1986</u> Name/ Denise Knowles Title
- Identify the type of business conducted (auto repair, machine shop, electroplating, A.5 warehousing, painting, printing, food processing, etc.) manufacturer of Director

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.

Date

23

5 Signature of Official

1986

(Seal is applicable)

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

Pacturing of Director Chairs, barstool, wood embroidery, screening uction Service ot

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: 2511 /5712
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average	
		gallons per	
		day	
K)	Domestic Waste (restrooms, employee showers, etc.)	3,92 estimated	measured
[]	Cooling water, non contact	estimated	measured
[]	Boiler/tower blowdown	estimated	measured
[]	Cooling water, contact	estimated	measured
i i	Process	estimated	measured
i i	Equipment/Facility washdown	estimated	measured
i i	Air pollution control unit	estimated	measured
Î Î	Storm water runoff to sanitary sewer	estimated	measured
[]	Other, describe	estimated	measured
		showers, etc.) [] Cooling water, non contact [] Boiler/tower blowdown [] Cooling water, contact [] Process [] Equipment/Facility washdown [] Air pollution control unit [] Storm water runoff to sanitary sewer	Image: Second system gallons per day Image: Showers, etc.) Image: Showers, etc.) Image: Showers, etc.) Image: Showers, etc.) <

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. []	Sanitary		estimated	measured
b. 😽	Storm Sewer	3.92	estimated	measured
c. []	Surface		estimated	measured
d. []	Ground water		estimated	measured
e. []	Waste haulers		estimated	measured
f. []	Evaporation		estimated	measured
g. []	Other, describe		estimated	measured

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

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

- 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.

B.1	Number of employee shifts worked pe Average number of employees per shi		y:	2	0
B.2	Starting times of each shift: 1st	<u>1.00</u> am 3.30 pm		om 3rd	an pr
Ne	ote: The following information in this sec	ction must be	completed for each	product line.	
B.3	Principal product produced:ir	rector	Chairs		
B.4	Raw materials and process additives y	used:			
	Beech, Ash, Redould (rougha	nd. Surfaced		
B.5	Production is:	e			
	[] Batch [] Continuous [X Average Number of batches per 24-ho		% Batch	<u> </u>	Continuo
		Jui uay			
B.6		to <u>3:30</u>	p.m.	[X] Co	ontinuou
B.6 B.7		ation?	p.m. ¶n yes		
	Hours of operation: <u>1</u> a.m. Is production subject to seasonal varia	ation?			
	Hours of operation: <u>1</u> a.m. Is production subject to seasonal varia	ation? action cycle:	The yes	[] yes	4
B.7	Hours of operation: <u>7</u> a.m. Is production subject to seasonal varia If yes, briefly describe seasonal produ Are any process changes or expansion years? If yes, attach a separate sheet to this f	ation? action cycle:	The yes	[] yes	4
B.7	Hours of operation: <u>7</u> a.m. Is production subject to seasonal varia If yes, briefly describe seasonal produ Are any process changes or expansion years? If yes, attach a separate sheet to this f	ation? action cycle:	The yes	[] yes	4
B.7	Hours of operation: <u>7</u> a.m. Is production subject to seasonal varia If yes, briefly describe seasonal produ Are any process changes or expansion years? If yes, attach a separate sheet to this f	ation? action cycle:	The yes	[] yes	4
B.7	Hours of operation: <u>7</u> a.m. Is production subject to seasonal varia If yes, briefly describe seasonal produ Are any process changes or expansion years? If yes, attach a separate sheet to this f	ation? action cycle:	The yes	[] yes	4
B.7	Hours of operation: <u>7</u> a.m. Is production subject to seasonal varia If yes, briefly describe seasonal produ Are any process changes or expansion years? If yes, attach a separate sheet to this f	ation? action cycle:	The yes	[] yes	4
B.7	Hours of operation: a.m. Is production subject to seasonal varia If yes, briefly describe seasonal produ Are any process changes or expansion years? If yes, attach a separate sheet to this f expansions.	ation? action cycle:	yes uring the next five ng the nature of plan	[] yes	4
B.7	Hours of operation: <u>7</u> a.m. Is production subject to seasonal varia If yes, briefly describe seasonal produ Are any process changes or expansion years? If yes, attach a separate sheet to this f	ation? action cycle: ns planned du form describi	The yes	[] yes	4
B.7	Hours of operation: a.m. Is production subject to seasonal varia If yes, briefly describe seasonal produ Are any process changes or expansion years? If yes, attach a separate sheet to this f expansions.	ation? action cycle: ns planned du form describi	yes uring the next five ng the nature of plan	[] yes	++ ,

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 N 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: []

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.

^[] Other Wastes, (describe),

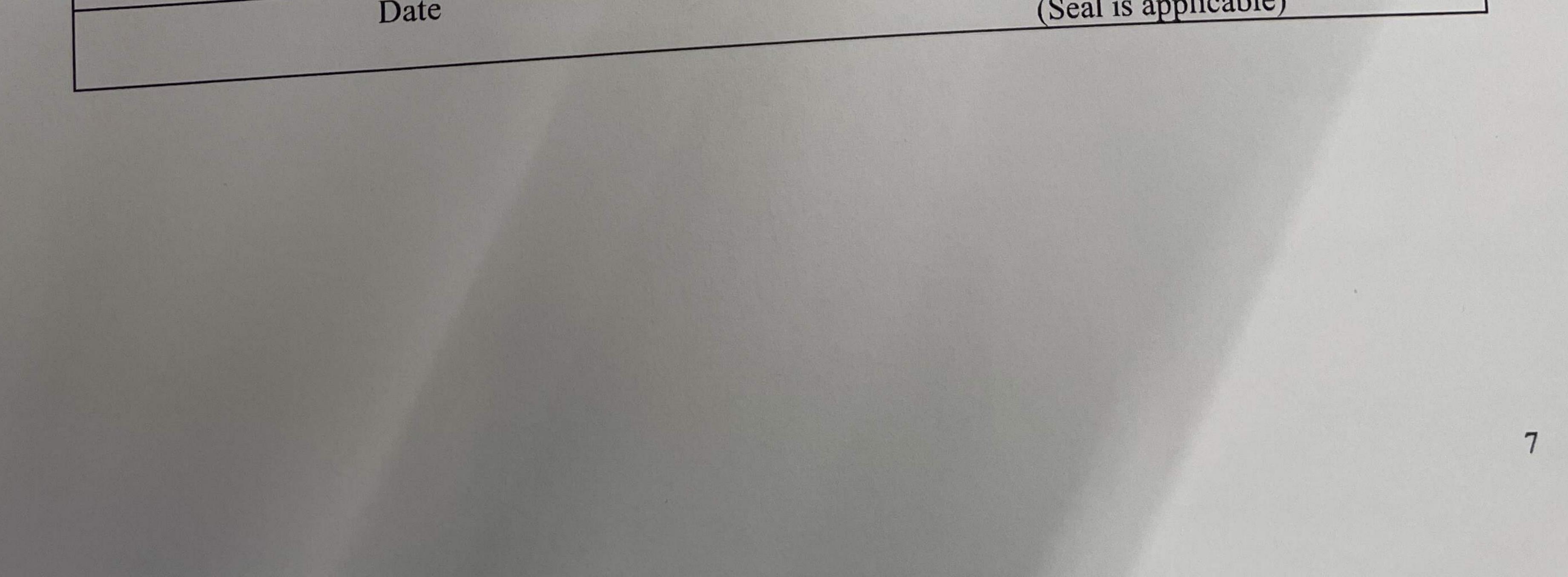
WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A **General Information**

- A.1 Company name, mailing address and telephone number: Supolu Roa 768 Millers Sparta Zip: 38583 931 256 8560 Telephone (
- Address of production or manufacturing facility. A.2 VIRGINIA Way 440 4600 Telephone (Zip: 37027 613
- Name, title and telephone number of person authorized to represent this firm in official dealing A.3 with Sewer Authority and/or City: 44 2221 931 Annie Pippin Store Manager
- Alternate person to contact concerning information provided herein: Name Katie Deitrich Title assistant Manager Telephone () 409 549 0344 A.4
- Identify the type of business conducted (auto repair, machine shop, electroplating, A.5 warehousing, painting, printing, food processing, etc.) Petai

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 <u>Katu Ditrich</u> Signature of Official imprisonment. (Seal is applicable)



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

Retail. We have a Pet Wash Station and Propane Refill Station

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

	,		Average gallons per day			
a.	M	Domestic Waste (restrooms, employee showers, etc.)	~200	(estimated)	measured	
b.	[]	Cooling water, non contact		estimated	measured	
c.	[]	Boiler/tower blowdown	the state of the s	estimated	measured	
d.	[]	Cooling water, contact	and the states	estimated	measured	
e.	[]	Process	and second shares	estimated	measured	
f.	[]	Equipment/Facility washdown		estimated	measured	
g.	11	Air pollution control unit	Carl Contraction Contraction	estimated	measured	
h.	Î Î	Storm water runoff to sanitary sewer	A CONTRACTOR	estimated	measured	
i.	[]	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.	11	Sanitary		estimated	measured
Ь.	[]	Storm Sewer		estimated	measured
с.	ŕi	Surface		estimated	measured
d.	î î	Ground water	A CARLES AND A CARLES	estimated	measured
e.	ii	Waste haulers		estimated	measured
£	îi	Evaporation		estimated	measured
g.	i i	Other, describe		estimated	measured
	1.61166		and the state of the		

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

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

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.

WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS: APPLICATION FOR WASTEWATER DISCHARGE PERMIT

SECTION A - GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number: _____Upper Cumberland Regional Airport

750 Airport Rd.	1.0.9
Sparta, TN	
Zip Code_38583	

Telephone No. (931) 739-7000

A.2. Address of production or manufacturing facility. (If same as above, check N.)

Zip Code_____ Telephone No.(

- A.3. Name, title, and telephone number of person authorized to represent this firm in official dealings with the Sewer Authority and/or City: <u>Dean Selby, Airport Manager</u> (931) 261-4008
- A.4. Alternate person to contact concerning Information provided herein Name Denny Wayne Robinson Title White County Executive Tel. No. (931) 619-7250
- A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.). Regional Airport

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

This is to be signed by an authorized official of your firm after adequate 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 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment. $\underbrace{S-17-22}_{Date}$ Signature of Official (Seal if applicable)

- A.6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts. Regional Airport - Aircraft landing and navagation; runway management; Airport terminal business operations Maintenance Shop/Air Ambulance Services
- A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities: 4581
- A.8. This facility generates the following types of wastes (check all that apply):

			Average gallons					
1.	[1]	Domestic wastes (restrooms, employee shower	per day 500	[1]	estimated	Į]	measured
2.	[]	Cooling water, non-contact		[]	estimated	1	1	measured
3.	[]	Boiler/Tower blowdown		[]	estimated	-	-	measured
4.	[]	Cooling water, contact	the second s	[]	estimated	1	1	measured
5.	[]	Process	and the second s	[]	estimated	-	ĩ	messured
6.	· ·	Equipment/Facility Washdown		[]	estimated	Ĩ	1	measured
7 .	[]	Air Pollution Control Unit		[]	estimated	ſ	1	measured
8.	[]	Storm water runoff to sever		[]	estimated	ſ	1	measured
9.	[]	Other (describe)		[]	estimated	tuned	thereas a	measured

Total A.8.1 - A.8.9

A.9. Wastes are discharged to (check all that apply):

		Average Gallons					
	12-11 - 12-17	per day	,				
N	Sanitary sewer	500	$[\mathbf{N}]$	estimated	1]	measured
[]	Storm sewer		[]	estimated	[]	measured
[]	Surface water		[]	estimated	[1	measured
[]	Ground water		[]	estimated	[1	measured
[]	Waste haulers		[]	estimated	ſ	-	measured
[]	Evaporation	and the series and a strain product of the series of the s	[]	estimated	ſ	1	measured
[]	Other (describe)		[]	estimated	I	The second	measured

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

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

Vyes [] no

Note: If your facility did not check one or more of the items listed in A.8.4 through A.8.9 above, then you do not need to complete any further sections in this survey/application. If any items A.8.4 through A.8.9 were checked, complete the remainder of this survey/application.

SECTION B - FACILITY OPERATION	CHARACTERISTICS
--------------------------------	-----------------

e de la

B.1	Number of employee shifts worked per 24-hour day is <u>5</u> . Average number of employees per shift is <u>15</u> .
B.2	Starting times of each shift: lst 7 am 2nd 3 am 3rd N/A am pm pm
	Note: The following information in this section must be completed for each product line.
B.3	Principal product produced: N/A
B.4	Raw materials and process additives used: N/A
8.5	Production process is: [] Batch [] Continuous [] Both Zbatch Zcontinuous Average number of batches per 24-hour day
B.6	Hours of operation: a.m. to p.m. [V] continuous
B.7	Is production subject to seasonal variation? [] yes [I no If yes, briefly describe seasonal production cycle.

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

ECTION C - WASTEWATER INFORMATION

.1 If your facility employs processes in any of the 34 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)

A. 34 Industrial Categories

1.	[]	Adhesives
2.	[]	Aluminum Forming
3.	[]	Auto & Other Laundries
4.		Battery Manufacturing
5.	[]	Coal Mining
6.		Coil Coating
7.		Copper Forming
8.	[]	Electric & Electronic Components
9.	11	Electoplating
10.		Explosives Manufacturing
11.		Foundries
12.	[]	Gum & Wood Chemicals Inorganic Chemicals Iron & Steel
13.	[]	Inorganic Chemicals
14.	[]	Iron & Steel
15.	[]	Leather Tanning & Finishing
16.	[]	Mechanical Products
17.	[]	Nonferrous Metals
18.	[]	Ore Mining
19.		Organic Chemicals
20.	£]	raint a ink
21.	[]	Pesticides
22.	[]	Petroleum Refining
23.	[]	Pharmaceuticals
24.	[.]	Photographic Supplies
25.	[]	Plastic & Synthetic Materials
26.	11	Plastics Processing
27.	1 1	Porcelain Enamel
28.	[]	Printing & Publishing
29.	[]	Pump & Paper
30.	[]	Rubber
31.	11	Soaps & Detergents
32.	[]	Steam Electric
33.	[]	Textile Mills
34.	[]	Timber

B. Other Business Activity

- [] Dairy Products
- [] Slaughter/Meat Packing/Rendering
- [] Food/Edible Products Processor
- [] Beverage Bottler

C.2 Pretreatment devices or processes used 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
[]	Grit Removal
[]	Ion Exchange
[]	Neutralization, pH correction
[]	Ozonation
[]	Reverse Osmosis
[]	Screen
[]	Sedimentation
$[\mathbf{V}]$	Septic tank
[]	Solvent separation
$[\mathbf{N}]$	Spill protection
[]	Sump
[]	Biological treatment, type
[]	Rainwater diversion or storag?
[]	Other chemical treatment, type
[]	Other physical treatment, type
[]	Other, type
[]	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 questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

Priority Pollutant Information: Please indicate by placing an "x" in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Enown to be Absent," "Suspected to be Present," "Suspected generated as a by-product. C.4

Known of Sussected							
bersequit Inseda							
nvou? 2nssdA							
Pragang Suspaces							
тоол ³ 3 личат ⁹							
CREWI CAL		Benzei Benzei Benzer Benzer Tolver Tolver	IV. PCBs & RELATED COMPOUNDS 39. PCD-1016 40. PCD-1221 41. PCD-1232 42. PCD-1242 43. PCD-1248	44. PCB-1254 45. PCB-1260 46. 2-Chloronaphthalene V. ETHERS	 47. Ether, bis(chloromethyl) 48. Ether, bis(2-chloroethyl) 49. Ether, bis(2-chlorosopropyl) 50. Ether, 2-chloroethyl vinyl 51. Ether, A-bromophenyl phenyl 52. Ether, A-chlorophenyl phenyl 53. Bis(2-chloroethory) methane 	VI. WITROSAMINES AND OTHER WITROGRA-CONTAINING COMPOUNDS	 54. Witrowamine, dimethyl 55. Witrowamine, diphenyi 56. Witrowamine, dim-propyi 57. Benzidine, 3,3'-dichloro 58. Benzidine, 3,3'-dichloro 59. Bydrazine, 1,2-diphenyi 60. Acrylonitrile
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C.5 If you are unable to identify the chemical constituents of products you use that discharged in your wastewater, attach copies of the materials safety dats sheets for such products.

TION D - OTHER WASTES

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

[] yes [V] no

If "no," skip remainder of Section E. If "yes," complete items 2 and 3.

2 These wastes may best be described as:

] Acids and Alkalies	Estimated Gallons or Pounds/Year
] Heavy Metal Sludges	
] Inks/Dyes	
] 011 and/or Grease	
] Organic Compounds	
Paints	
] Pesticides	
) Plating Wastes	
] Pretreatment Sludges	
] Solvents/Thinners	
] Other Hazardous Wastes (specify)	

[] Other wastes(specify)

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.



Breanna Fowler Hethcoat & Davis, Inc. 278 Franklin Road, Suite 200 Brentwood, Tennessee 37027

Subject:

Wastewater Survey for Non-Residential Establishments United Parcel Service, Inc. – Sparta 630 Industrial Drive Sparta, Tennessee 38583

Dear Ms. Fowler:

On behalf of our client, United Parcel Service, Inc. (UPS), One World Resource, LLC, hereby submits a Wastewater Survey for Non-Residential Establishments for the above-listed facility (Attachment A)

If you have any questions regarding the content of this correspondence or other matters, please contact me at (225) 266-7840 or Mr. Jeff Strachan with UPS at (615) 207-8996.

Sincerely,

One World Resource, LLC

am McIlvain

Pam McIlwain Principal Environmental Scientist

^{Copies:} Mr. Jeff Strachan, Corporate Environmental Coordinator, UPS (electronic)

Attachment

Date: February 13, 2023

Contact: Pam McIlwain

Phone: (225) 266-7840

Email: pam@owr-group.com



ATTACHMENT A

Wastewater Survey for Non-Residential Establishments

DocuSign Envelope ID: A2878D4B-7837-426A-BF5A-04C7A9EA8771 WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

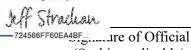
Section A **General Information** A.1 Company name, mailing address and telephone number: United Parcel Service, Inc. 630 Industrial Drive, Sparta, TN Zip: 38583 615-207-8996 Telephone (A.2 Address of production or manufacturing facility. 630 Industrial Drive, Sparta, TN 38583 Zip: Telephone () 615-207-8996 Name, title and telephone number of person authorized to represent this firm in official dealing A.3 with Sewer Authority and/or City: Jeff Strachan, UPS Corporate Environmental Coordinator <u>615</u>-207-8996 A.4 Alternate person to contact concerning information provided herein: Name Title Telephone () Identify the type of business conducted (auto repair, machine shop, electroplating, A.5 warehousing, painting, printing, food processing, etc.) Facility activities include sorting, loading, and delivery of packages and parcels. Site personnel fuel UPS vehicles. The vehicles are also washed inside the building using biodegradable soap.

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. 2/13/2023 Strachan

Date



(Seal is applicable)

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

Incoming packages are sorted and reloaded on package cars for distribution to customers.

Package cars are washed indoors on site. The vehicles are washed using biodegradable soap.

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry: SIC Code 4215 - Courier Services, Except by Air
- **A.8** This facility generates the following types of wastes. Please provide gallons per day for all that apply.

11			Average gallons per day	
a.	[X]	Domestic Waste (restrooms, employee showers, etc.)	250 gpd estimated	l measured
b.	[]	Cooling water, non contact	estimated	l measured
c.	[]	Boiler/tower blowdown	estimated	l measured
d.	[]	Cooling water, contact	estimated	measured
e.	[]	Process	estimated	l measured
f.	[X]	Equipment/Facility washdown	250 gpd estimated estimated	measured
g.	[]	Air pollution control unit	estimated	l measured
h.	[]	Storm water runoff to sanitary sewer	estimated	measured
i.	[]	Other, describe	estimated	measured

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

500 gpd estimated

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

			Average gallons per day		
a.	[X]	Sanitary	500 gpd estimated	estimated	measured
b.	[]	Storm Sewer	0	estimated	measured
c.	[]	Surface		estimated	measured
d.	[]	Ground water		estimated	measured
e.	[]	Waste haulers		estimated	measured
f.	[]	Evaporation		estimated	measured
g.	[]	Other, describe		estimated	measured

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

500 gpd estimated

Provide name and address of waste hauler(s), if used, NorthStar Environmental Group, Inc.

- 417 N Blythe Street, Gallatin TN 37066
- A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes [] no [X]

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 opera	tion characteris	tics	M-F 3:30 am	• * •		50 employee	
B.1		ployee shifts we per of employee	*	our day:	11:30 pm Sat 3:30 am		0 pm _	majority of t drivers and only on site	they are a short
B.2	Starting times	of each shift:	1st	am	Sun Closed 2nd	am	3rd	period of tin am	ne.
				pm		pm		pm	
Not	e: The following	g information in	this section mu	ist be co	ompleted for eac	ch pro	oduct lii	ne.	
B.3	Principal prod	uct produced:	No products a	are proc	luced, but packa	ages a	re sorte	ed and shipped.	
B.4		and process add al added is biod		to wasl	h the vehicles.	The sa	afety da	nta sheet is attach	ed.
B.5	[] Batch	X - Intermitte [] Continu ber of batches p	ous []Both		% Bate			% Continuous	
B.6	Hours of operation	ation:	a.m. to	p	.m. See answer	r to B	.1. []	Continuous	
B.7		subject to season describe season			[] yes		[}	no	
B.8	years?	ss changes or ex			C		[] yo		

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: None of the industrial categories below

apply to the UPS facility.

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

30. [] Mechanical Products

C.2	Pretreatment devices or proc	ess u	sed for treating wastewater or sl	udge.	Check all that apply:	
[]	Air Flotation	[]	Chlorination	[]	Flow Equalization	
[]	Centrifuge	[]	Cyclone	[¥]	Grease or Oil Separation	OWS
[]	Chemical Precipitation	[]	Filtration	[]	Grease Trap	
[]	Grit Removal	[]	Ozonation	[]	Sedimentation	
[]	Ion Exchange	[]	Reverse Osmosis	[]	Septic Tank	
[]	Sump	[]	Screen	[]	Solvent	
[]	Neutralization, pH Correction					
[]	Biological Treatment, Type					
[]	Rainwater Diversion or Storage	e				
[]	Other Chemical Treatment,					
[]	Other physical Treatment,					
[]	Other,					
[]	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.

Not applicable.

	Please indicate by checking th	ne appi	ropriate	e box.	Indica	te the	concentra	ation c	of the co
	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known			Che
1.	Antimony	[]	[]	[]	[]			23.	Benze
2.	Arsenic	[]	[]	[]	[]			24.	Benze
3.	Asbestos	[]	[]	[]	[]			25.	Benze
4.	Beryllium	[]	[]	[]	[]			26.	Benze
5.	Cadmium	[]	[]	[]	[]			27.	Benze
6.	Chromium	[]	[]	[]	[]			28.	Benze
7.	Copper	[]	[]	[]	[]			29.	Benze
8.	Cyanide	[]	[]	[]	[]			30.	Benze

9.

10. 11.

12.

13. 14.

15.

16.

17. 18.

19.

20.

21.

22.

Lead Mercury

Nickel Selenium

Silver

Zinc

Thallium

Phenol (n)

Phenol 2-chloro

Phenol, 2-nitro

Phenol, 4-nitro

Phenol, 2,4-dichloro

Phenol, pentachloro

Phenol, 2,4,6-trichloro

C.4	Priority Pollutant Information.	None of the priority polluntants listed below should be present in the wastewater.
	Please indicate by checking the a	ppropriate box. Indicate the concentration of the compound present in the wastestream, if known.

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

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

	Chemical compound	Present	Known	Present	Suspected	Absent	Known	Absent	Known	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	[]]	[]]]	Ι]		
54	Acrlonitrile	[]]]]]]]]]]]]]]]	-	
55	Methane, bromo	[1	ſ	1	[1	ſ	1		
56	Methane, chloro	[]	[1]	1	1	1		
57	Methane, dichloro	[]	[]]]	Ι]		
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-chlorosopropyl)	[]]	[]	[]	[]		

	Chemical compound	Present	Known	Present	Suspected	Absent	Known	Absent	Known	If Known	Concentration
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	Known Absent	Concentration If Known		Chemical
92	Ethane, 1,1,2,1-tetrachloro	[]	[]	[]	[]		117.	Pyrene
93	Ethane, hexachloro	[]	[]	[]	[]		118.	
94	Ethane, chloro	[]	[]	[]	[]		119.	Acrolein
95	Ethane, 1,1-dichloro	[]	[]	[]	[]			Aldrin
96.	Ethane, trans-dichloro	[]	[]	[]	[]		120.	BHC (Alpha)
97.	Ethane, trichloro	[]	[]	[]	[]		121.	BHC (Beta)
98	Ethane, tetrachloro	[]	[]	[]	[]		122.	BHC (Gamma
99	Propane, 1,2-dichloro	[]	[]	[]	[]		123.	BHC (Delta)
100	Propane, 2,4-dichloro	[]	[]	[]	[]		124.	Chlordane
101	Butadiene, Hexachloro	[]	[]	[]	[]		125.	DDD
102	Cyclopentadiene, hexachloro	[]	[]	[]	[]		126.	DDE
103	DDT	[]	[]	[]	[]			
104	Dieldrin	[]	[]	[]	[]			
105	Endosulfan (alpha)	[]	[]	[]	[]			
106	Endosulfan (beta)	[]	[]	[]	[]			
107	Endosulfan Sulfate	[]	[]	[]	[]			
108	Endrin	[]	[]	[]	[]			
109	Endrin aldehyde	[]	[]	[]	[]			
110	Heptachlor	[]	[]	[]	[]			
111	Heptachlor epoxide	[]	[]	[]	[]			
112	Isophorone	[]	[]	[]	[]			
113	TCDD (or Dioxin)	[]	[]	[]	[]			
114	Toxaphene	[]	[]	[]	[]			
115	Naphthalene	[]	[]	[]	[]			
116	Phenathrene	[] [[]]	[[]	[]			

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
117.	Pyrene	[]	[]	[]	[]	
118.		[]	[]	[]	[]	
119.	Acrolein					
120	Aldrin					
120.	BHC (Alpha)					
121. 122.	BHC (Beta) BHC (Gamma) or Lindane					
122.	BHC (Delta)	[]	[]	[]		
123.	Chlordane		[]	[]		
125.	DDD	[]	[]	[]	[]	
126.	DDE	[]	[]	[]	[]	

 I16
 Phenathrene
 I
 I
 I
 I

 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?

[**X** 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 /Sludge 916 gallons in 2022 [**X 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:

- For the above checked w
- [] On-site storage
- [] Off-site storage
- [] On-site disposal

[X] Off-site disposal

Briefly describe the method(s) of storage or disposal checked above. NorthStar cleans out the OWS and manifests the waste for disposal.



MATERIAL SAFETY DATA SHEET

VWA® Vehicle Washing Agent

ENZYMES INCORPORATED 1099 Brown St. Unit #102 Wauconda, IL 60084 USA V: (877) 436-9462 F: (847) 487-5403 *http://ups.Enzymes-Inc.com*

Enzymes, Inc. (EI) urges each customer or recipient of this MSDS to study it carefully to become aware of and understand the hazards associated with the product. The reader should consider consulting reference works or individuals that are experts in ventilation, toxicology, and fire prevention, as necessary or appropriate to use and understand this MSDS.

To promote safe handling, each customer or recipient should: (1) notify its employees, agents, contractors and others whom it knows or believes will use this material or the information in this MSDS and any other information regarding hazards or safety: (2) furnish this same information to each of its customers for the product: and (3) request its customers to notify their employees, customers, and other users of the product of this information.

SECTION 1 - PRODUCT & COMPANY IDENTIFICATION

Trade Name:	VWA [®] Vehicle Washing Agent
Revision Date:	02/24/2009
CAS Name:	Mixed Enzyme Cleaning Agent
Product Description:	Concentrated non-bacterial, 100% readily biodegradable enzymatic cleaning solution.
Manufacturer's Name:	Enzymes Incorporated
Address:	1099 Brown Street #102 Wauconda, IL 60084-3105 USA
Phone:	(877) 436-9462

SECTION 2 - COMPOSITION & INFORMATION ON INGREDIENTS

NAME

CAS#

% TLV

WT.

VWA[®] is a proprietary formula and considered NON-HAZARDOUS under OSHA Hazard Communication Standard 29 CFR-1910.1200

SECTION 3 - PHYSICAL & CHEMICAL PROPERTIES

Vapor Pressure:	As wate
Vapor Density (air = 1):	0.62
Specific Gravity:	1.01 – 1
Solubility in Water:	Miscible
Volatile Organic Content:	None
Appearance:	Translu
pH:	6.3 - 7.2

As water @ 68°F (20°C) 0.62 1.01 – 1.02 @ 68°F (20°C) Miscible None Franslucent amber liquid 5.3 - 7.2 Neat @ 68°F (20°C) Boiling Point: Flash Point: Freezing Point: Viscosity: Evaporation Rate: Weight: Odor:

> 212°F (100°C)
> 212°F (100°C)
< 2°F (-17°C)
1.0 cps @ 68°F (20°C)
<0.01 *N-butyl acetate = 1
8.47 - 8.51 lb./ gallon
Mild non-offensive

SECTION 4 - FIRE FIGHTING MEASURES

Flash point: Method Used: Flammable Limits: Suitable Fire Extinguishing Media: Hazardous Combustion Products:

> 212°F (100° C) Open Cup Does Not Apply Water, Foam or Halon None known Explosion Characteristics: Flammable Properties: NFPA Rating:

N/A Non-Flammable Health = 1 Flammability = 0 Reactivity = 0

SECTION 5 - STABILITY & REACTIVITY

Hazardous Polymerization:	Hazardous polymerization will not occur.
Materials to Avoid:	Any contact with strong oxidizing and reducing agents.
Conditions to Avoid:	See Section 11.
Hazardous Decomposition Products:	None known.

SECTIO	ON 6 - HAZARD	S IDENTIFIC	ATION & FIRST AID MEAS	SURES
	HEALTH – 1	FIRE – 0	PHYSICAL HAZARD – 0	PPE – A
Routes of Entry:	Product may enter	the body via eye	and skin contact, and ingestion.	
	POTENTIAL HE		s.	
Eye:	Eye contact may o			
Skin:	• •		ritation. Avoid skin contact.	
Ingestion:			tion of mouth and throat. It may also	cause nausea. Do not
	taste or swallow p	-	,	
Inhalation:	•		seek medical attention if allergic resp	oonse is exhibited.
	FIRST AID MEA	SUDES		
Eye Contact:			es if present and immediately flush	aves with a directed stream
Eye Contact.			le forcibly holding eyelids open to e	-
			eyes while rinsing.	isure complete imgation of
Skin Contact:			rubbing the affected area. If cloth	hing is penetrated remove
okin oontaet.		•••	described. Wash clothing before rea	•
Ingestion:	•		th and throat thoroughly with water	
	5		prevent aspiration by keeping victim'	•
Inhalation:		-	ttention if allergic response is exhibi	
	SECTION 7		RELEASE MEASURES	
	SECTION 7 - A		RELEASE WEASURES	
Any Spill:	Contain spill. Use	absorbent and s	weep up material. Dispose in acco	ordance with all applicable

	SECTION 8 - TOXICOLOGICAL INFORMATION
Toxicity:	Not applicable.
Pathogenicity:	Not applicable.
Carcinogenicity:	Not applicable.

SECTION 9 - ECOLOGICAL INFORMATION

federal, state, and local health and environmental regulations. Rinse area with water.

This product is believed not to be dangerous to the environment with respect to mobility, persistency and degradability, bioaccumulative potential, aquatic toxicity and other data relating to ecotoxicity. Product is 100% readily biodegradable.

SECTION 10 - EXPOSURE CONTROLS & PERSONAL PROTECTION

Gloves:	Gloves are recommended for prolonged and direct undiluted product exposure.						
Safety Glasses:	Use of safety glasses is recommended when handling undiluted product.						
Inhalation:	Do not atomize or form an aerosol. No respiratory protection is required for proper use.						

SECTION 11 - STORAGE & HANDLING

Storage:	Store product below 100°F (38°C) in a cool, dry, well ventilated area away from heat, sparks, flame, oxidizers, and out of direct sunlight. Do not allow product to freeze. For best results, use product within 12 months. Never combine with bactericides or quaternary disinfectants as these degrade / inactivate enzymes. Never mix or combine with other products.
General Precautions:	Keep container closed and away from children and animals. Do not atomize or create an aerosol.

SECTION 12 - OTHER INFORMATION

Disclaimer: The information contained herein is based upon data available to us and reflects our best professional judgment. However, no warranty is expressed or implied regarding the accuracy of such information or the results obtained from the use thereof. El assumes no legal responsibility whatsoever for any damage resulting from reliance upon this information since it is being furnished upon the condition that the person receiving it shall make his or her own determination of the suitability of the material described herein for a particular application or storage situation.

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

on A General Information

- A.1 Company name, mailing address and telephone number: Wilson Dorting, Jobds, Convigny <u>4600 Polyeuts Mathews they</u> Sparta IN Zip: <u>38583</u> Telephone (3) <u>738-7500</u>
- A.2 Address of production or manufacturing facility. <u>4600 POPerts Matthews</u> <u>Highway</u> <u>Sparta</u> <u>N</u> Zip: <u>38583</u> Telephone (931) 7387500
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:
 USaBlackform

Imance & Operations Mgs.

- A.4 Alternate person to contact concerning information provided herein: Name Dewayne MarcusTitle Droductim Telephone (13) 738-7500
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

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.(2-6-3-2)DateDificial

(Seal is applicable)

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

warehous	se clothing Clothing	
decorate	Clothing	
Sewing	g arments	
padino	Shipping garments	
1 7		

- A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:
- A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

			Average gallons per day		
a.	M	Domestic Waste (restrooms, employee showers, etc.)	140	estimated	measured
b.	[]	Cooling water, non contact		estimated	measured
c.	[]	Boiler/tower blowdown		estimated	measured
d.	[]	Cooling water, contact		estimated	measured
e,	[]	Process		estimated	measured
f.	[]	Equipment/Facility washdown		estimated	measured
g.	[]	Air pollution control unit		estimated	measured
h.	[]	Storm water runoff to sanitary sewer		estimated	measured
i.	[]	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.	M	Sanitary	$\underline{-740}$ estimated measured
b.	[]	Storm Sewer	estimated measured
c.	[]	Surface	estimated measured
d.	[]	Ground water	estimated measured
e.	[]	Waste haulers	estimated measured
f.	[]	Evaporation	estimated measured
g.	[]	Other, describe	estimated measured

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

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

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.

SPARTA TN INDUSTRIAL WASTEWATER SURVEY

APPENDIX D

RETURNED DENTAL SURVEYS

IN ALPHABETICAL ORDER

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions:

The following form that contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule").

Your facility is required to submit a one-time compliance report unless (40 CFR 441.10 Applicability):

The facility exclusively practices:

Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

The facility is a mobile unit operated by a dental discharger.

The facility does not discharge any amalgam process wastewater to the municipal sewer system.

The facility does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

Return this form to the local sewer or wastewater department by October 12, 2020, or 90 days after transferring ownership, or within 90 days for dental offices that are new after June 14, 2017.

General Information

Name of Facility		1.15		States -
Boston, Smith and Driver Gener	al I	Pentrs	try	
Physical Address of Dental Facility			,	
124 S. Main St.				
city: Sparta	State:	TN	Zip:	38583
Mailing Address			1972年	
124 S. Main St.				
City: Sparta	State:	TN	Zip:	38583
Facility Contact				
Kevin Smith				
Phone: 931-836-2717 Email: b	oston.	smith	ebe	nlomand.ne
Names of Owner(s): Kevin C.	. Sm	ith		
Names of Operator(s) if different from Owner(s):		3	-	

Applicability: Please Select One of the Following

Z	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental
	amalgam.
	Complete sections A, B, C, D, and E

	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i>
(Als	so, select if applicable) Transfer of Ownership (§ 441.50(a)(4))
	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance

Report because of a transfer of ownership as required by $\frac{9441.50(a)(4)}{2}$.

Section A

Description of Facility

Total I	numbe	r of chairs:	1					
		r of chairs at whic (i.e., chairs where	and the second	2. · · · · · · · · · · · · · · · · · · ·			4	
Descri	iption o	of any amalgam s	eparator(s) o	r equivalent	device(s) cu	irrently ope	erated:	
YES	NO □	The facility disc ownership.	narged amalg	gam process	wastewater	r prior to Ju	ly 14th, 2017 u	nder any

Section B

Description of Amalgam Separator or Equivalent Device

Ø	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant							
	amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:							
	☐ The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of <u>§ 441.30(a)(1)(i) and (ii)</u> at the following number of chairs at which amalgam placement or removal may occur:							
	equivalent devices	such separators must be replaced with one or more amalgams) that meet the requirements of § $441.30(a)(1)$ or 1000 m s such that the second seco						
	Make	Model	Year of inst	allation				
So	Imetex	NXT Ha5-001 NXT 68421	202	2				
S	olmetex.	NXT Hg 5-001 NXT 67933	202	2				
	My facility operat							

Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § <u>441.30(a)(2)i- iii</u> .
· · · · · · · · · · · · · · · · · · ·			

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

0	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in \S 441.30 or \S 441.40.
		e provider is under contract with this facility to ensure proper operation and cordance with § 441.30 or § 441.40.
	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):
	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with $\frac{6}{5}$ 441.30 or $\frac{5}{5}$ 441.40.
Des	scribe practices.	
		-

Section D

V

Best Management Practices (BMP) Certifications

The above named dental discharger is implementing the following BMPs as specified in \S 441.30(b) or \S 441.40 and will continue to do so.

- Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system).
- Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).

Section E Certification Statement

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(I).

"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(I) of the above named dental facility, and 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."

Authorized Representative Name (print name):		Ker	in C. Smith	
Phone: 931-836-2717		Email:	boston. smith a benlomand	.net
K	en C Situ		10-27-22	
Authorize	ed Representative Signature	Date		

Retention Period; per § 441.50(a)(5)

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions:

The following form that contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule").

Your facility is required to submit a one-time compliance report unless (40 CFR 441.10 Applicability):

The facility exclusively practices:

Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

The facility is a mobile unit operated by a dental discharger.

The facility does not discharge any amalgam process wastewater to the municipal sewer system.

The facility does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

Return this form to the local sewer or wastewater department by October 12, 2020, or 90 days after transferring ownership, or within 90 days for dental offices that are new after June 14, 2017.

General Information

Name of Facility			
Archlands Dental, L	LC		
Physical Address of Dental Facility		N. Parket ()	1
114 Mayberry St			
City: Sparta TN	State:	TN Zip:	38883
Mailing Address			
Same as above			
City:	State:	Zip:	
Facility Contact			
Hale, D. Hobbs Its			
Phone: 931-836-2416	Email: doch	olliday 67	12 gmail
	len D. Hobbs The		0
Names of Operator(s) if different from Owner(s):	rear Patrazza has		8

Applicability: Please Select One of the Following

This facility is a dental discharger subject to this rule (<u>40 CFR Part 441</u>) and it places or removes dental amalgam. Complete sections A, B, C, D, and E

	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i>
(A/	so, select if applicable) Transfer of Ownership (§ 441.50(a)(4))
	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § $441.50(a)(4)$.

Section A

Description of Facility

Total numb	per of chairs: 3
	per of chairs at which amalgam may be present in the resulting r (i.e., chairs where amalgam may be placed or removed):
Description	of any amalgam separator(s) or equivalent device(s) currently operated:
DD2 Was is	installed in April (approx) 2020 and this the system that has been used since
YES NO	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

Section B

Description of Amalgam Separator or Equivalent Device

Ŕ	amalgam separa	ty has installed one or more ISO 11143 (or ANSI/A ators (or equivalent devices) that captures all ama umber of chairs at which amalgam placement or re	lgam containing waste at	Chairs:
	that do not mee chairs at which I understand the equivalent device	ty installed prior to June 14, 2017 one or more exi- et the requirements of $\frac{5}{441.30(a)(1)(i)}$ and (ii) at to amalgam placement or removal may occur: at such separators must be replaced with one or n ces) that meet the requirements of $\frac{5}{441.30(a)(1)}$ and no later than June 14, 2027, whichever is soor	the following number of nore amalgam separators (or <u>§ 441.30(a)(2)</u> , after the	
1. 1. 1.	Make	Model	Year of inst	tallation
		DD2009	2019	
S	hnetex	Has	2020	
	My facility oper	rates an equivalent device.		

Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § <u>441.30(a)(2)i- iii</u> .
		·	

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

×	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in $\S 441.30$ or $\S 441.40$.
		provider is under contract with this facility to ensure proper operation and ordance with § 441.30 or § 441.40.
	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):
	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40.
Des	scribe practices:	

Section D

×

Best Management Practices (BMP) Certifications

The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 and will continue to do so.

- Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system).
- Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).

Section E

Certification Statement

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(l).

"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(l) of the above named dental facility, and 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."

Authorized Representative Name (print name):	Harlen D. Hobbs
Phone: 931-836-2416	Email: docholliday 67 Egnal/ com
Ale Di Albert	6-17-2020 (originally sheed) 11-9-2022 revol and resigned
Authorized Representative Signature	Date

Retention Period; per § 441.50(a)(5)

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions:

The following form that contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule").

Your facility is required to submit a one-time compliance report unless (40 CFR 441.10 Applicability):

The facility exclusively practices:

Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

The facility is a mobile unit operated by a dental discharger.

The facility does not discharge any amalgam process wastewater to the municipal sewer system.

The facility does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

July 15, 2022

Return this form to the local sewer or wastewater department by October 12, 2020, or 90 days after transferring ownership, or within 90 days for dental offices that are new after June 14, 2017.

General Information

Name of Facility					
Rockin Smiles I)ental	PLL	2		
Physical Address of Dental Facility		, .			
154 E. Bockmar	1 Way				
city: Sparta	/	State:	TN Zip	: 38583	
Mailing Address					
Same as above	1				
City:		State:	Zip	:	
Facility Contact					
Michelle Graves)				
Phone: 931-488-8544	Email: γ	ockin	smilesd-	ental@gm	ail
Names of Owner(s):	orris Gr	raves	C	om	
Names of Operator(s) if different from Owner(s):					

Applicability: Please Select One of the Following

This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental
amalgam.
Complete sections A, B, C, D, and E

	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i>
(Als	o, select if applicable) Transfer of Ownership (§ 441.50(a)(4))
	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § $441.50(a)(4)$.

Section A

ε, .

Description of Facility

Total number of chairs:	10
wastewater (i.e., chairs wi	which amalgam may be present in the resulting here amalgam may be placed or removed):
Description of any amalga	m separator(s) or equivalent device(s) currently operated:
YES NO The facility of ownership.	discharged amalgam process wastewater prior to July 14th, 2017 under any

Section B

Description of Amalgam Separator or Equivalent Device

0	The dental facility	has installed one or more ISO 11143 (or ANSI/ADA 108-2009)	compliant	Chairs:			
	amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:						
	that do not meet t chairs at which am I understand that s equivalent devices	installed prior to June 14, 2017 one or more existing amalgan he requirements of § 441.30(a)(1)(i) and (ii) at the following r algam placement or removal may occur: such separators must be replaced with one or more amalgam) that meet the requirements of § 441.30(a)(1) or § 441.30(a) no later than June 14, 2027, whichever is sooner.	n separators number of	<i>Chairs:</i> or r useful			
	Make	Model	Year of inst	allation			
fir	techniques	Acadia Plus Analguin Separatur A1630	2022				

Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.
			<u></u>

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40 .			
A th mai	ird-party service ntenance in acco	provider is under contract with this facility to ensure proper operation and ordance with $\frac{5}{5}$ 441.30 or $\frac{5}{5}$ 441.40.			
Ø	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):			
	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with $\frac{9}{9}$ 441.30 or $\frac{9}{9}$ 441.40.			
Des	cribe practices:				

Section D

M

Best Management Practices (BMP) Certifications

The above named dental discharger is implementing the following BMPs as specified in $\frac{5441.30(b)}{5441.30(b)}$ or

- Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system).
- Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).

Section E

Certification Statement

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(I).

"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(I) of the above named dental facility, and 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."

Authorized Representative Name (print name):	Michelle Graves Manager
Phone: 931-488-8544	Email: pockinsmilesdental Comail.
Authorized Representative Signature	July 18, 2021 Date
Ml and - Dr	Morris R Graves DMD

Retention Period; per § 441.50(a)(5)

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions:

The following form that contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule").

Your facility is required to submit a one-time compliance report unless (40 CFR 441.10 Applicability):

The facility exclusively practices:

Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

The facility is a mobile unit operated by a dental discharger.

The facility does not discharge any amalgam process wastewater to the municipal sewer system.

The facility does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

738-3290 Frid Corner 739-2281 1099 McMinille Huy545 E. Bula Coll Box

Sept 26,2022 mm-Return this form to the local sewer or wastewater department by October 12, 2020, or 90 days after transferring ownership, or within 90 days for dental offices that are new after June 14, 2017.

General Information

Name of Facility					
SPRING ST. DENTALIA	re		_		
Physical Address of Dental Facility					
223 N. SPRING ST					
City: SPARTA		State:	TN	Zip:	39583
Mailing Address					
223 N. SRRINGS	57				
City: SPARIN		State:	TN	Zip:	38583
Facility Contact					
JEREMY ROBINSON /A	DAM GRIMM	1			
Phone: (931)260-2114 (\$32)474.	- 8059 Email: 58	FING STI	LETPE	NTAL	ARE@ GMAK.
Names of Owner(s):	JEREMY R	URINSU	J/A	agm	GRIMM
Names of Operator(s) if different from Owner(s):					

Applicability: Please Select One of the Following

P	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental
	amalgam.
	Complete sections A, B, C, D, and E

11		
: -	i A	
		This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i>
	(A/	so, select if applicable) Transfer of Ownership (§ 441.50(a)(4))
		This facility is a dental discharger subject to this rule (<u>40 CFR Part 441</u>), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4).

Section A

Description of Facility

Total number of ch	nairs: 4
Total number of ch wastewater (i.e., c	hairs at which amalgam may be present in the resulting hairs where amalgam may be placed or removed):
	amalgam separator(s) or equivalent device(s) currently operated:
YES NO The	facility discharged amalgam process wastewater prior to July 14th, 2017 under any
	ership.

Section **B**

Description of Amalgam Separator or Equivalent Device

	The dental facility	has installed one or more ISO 11143 (or ANSI/ADA 108-	2009) compliant	Chairs:			
	amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:						
	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur:						
÷	equivalent devices	such separators must be replaced with one or more among that meet the requirements of $\frac{9}{5}$ 441.30(a)(1) or $\frac{9}{5}$ 441 d no later than June 14, 2027, whichever is sooner.	algam separators (c .30(a)(2), after the	or ir useful			
	Make	Model	Year of inst	allation			
Sol	METER	NXT Mg 5	202	(
	My facility operate	es an equivalent device.					

Make	Wodel	Year of installation	Average removal efficiency of equivalent device, as determined per § <u>441.30(a)(2)i- iii</u> .

Section C

1. . . .

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40 .				
A th main	ird-party service ntenance in acc		this facility to ensure proper operation and			
Ð	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	SOLMETEX			
	NO	If none, provide a description o proper operation and maintena	f the practices employed by the facility to ensure ance in accordance with $\frac{9}{9}$ 441.30 or $\frac{9}{9}$ 441.40.			
Des	cribe practices:	т. Ж				

Section D

Best Management Practices (BMP) Certifications

The above named dental discharger is implementing the following BMPs as specified in $\frac{5441.30(b)}{5441.40}$ or $\frac{5441.40}{5441.40}$ and will continue to do so.

- Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system).
- Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).

Section E

d

Certification Statement

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(I).

"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(I) of the above named dental facility, and 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."

Authorized Representative Name (print name):	JEnem	Y PUBINSSN / ADAM GRIMM
Phone: (931) 836 - 8182	Email:	SPRING STREET DUNTAGE ARE @ GINAIL. W
Dall aff.	9/22	1/22
Authorized Representative Signature	Date	

Retention Period; per § 441.50(a)(5)

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions:

The following form that contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule").

Your facility is required to submit a one-time compliance report unless (40 CFR 441.10 Applicability):

The facility exclusively practices:

Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

The facility is a mobile unit operated by a dental discharger.

The facility does not discharge any amalgam process wastewater to the municipal sewer system.

The facility does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

Return this form to the local sewer or wastewater department by October 12, 2020, or 90 days after transferring ownership, or within 90 days for dental offices that are new after June 14, 2017,

General Information

Name of Facility	S. 1922	erti dati		
WAYMON T. HASTON DDS				
Physical Address of Dental Facility		1.11		
9 HAMPTON DRIVE				
City: SPARTA	State:	TN	Zip:	3858 3
Mailing Address		12.52		
9 HARPTON DRIVE				
City: SDARTA P	State:	TN	Zip:	3858 7
Facility Contact				and the first
WAYMEN HASTON				
	chasto~	@ B	ENLOM	AND. NET
Names of Owner(s):	HASTO	2		
Names of Operator(s) if different from Owner(s):				÷

Applicability: Please Select One of the Following

Ø	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental
	amalgam.
	Complete sections A, B, C, D, and E

	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i>
(Als	so, select if applicable) Transfer of Ownership (§ 441.50(a)(4))
	This facility is a dental discharger subject to this rule (<u>40 CFR Part 441</u>), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4).

Section A

Description of Facility

Total	numbe	er of chairs: 6	
Total waste	numbe water	er of chairs at which amalgam may be present in the resulting (i.e., chairs where amalgam may be placed or removed):	
Descr	iption o	of any amalgam separator(s) or equivalent device(s) currently operated:	1972
	5.1	meter NXT Ha5	
YES ∕⊠	, and gen process wascewater prior to sury 14th, 2017 under any		

Section B

Description of Amalgam Separator or Equivalent Device

Ŕ	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:			
	Make	Model Year of inst	tallation	

Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per <u>§</u> <u>441.30(a)(2)i- iii</u> .

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40 .		
A th mai	ird-party servic ntenance in acc	te provider is under contract with this facility to ensure proper operation and cordance with § 441.30 or § 441.40.		
ø	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):		
	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with $\frac{§ 441.30}{9}$ or $\frac{§ 441.40}{9}$.		
Des	scribe practices:			

Section D

Best Management Practices (BMP) Certifications

The above named dental discharger is implementing the following BMPs as specified in $\frac{5441.30(b)}{5441.40}$ or $\frac{5441.40}{5}$ and will continue to do so.

- Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system).
- Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).

Section E Certification Statement

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(I).

"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(I) of the above named dental facility, and 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."

Authorized Representative Name (print name):	WAYMON HASTON		
Phone: 931 836 2157	Email: DRHASTON @ BENLOMAND, NE		
Authorized sepresentative Signature	11-7 - 2022 Date		

Retention Period; per § 441.50(a)(5)

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.