

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

April 21, 2023

Section A General Information

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

Datrell's Hardware  
400  
Zip: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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:

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

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

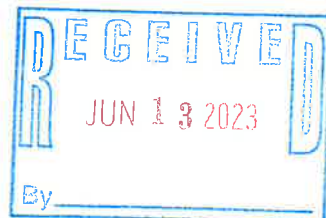
Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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 fine and/or imprisonment.  
Date 4/19/2023 Signature of Official [Signature]  
(Seal is applicable)



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

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

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

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

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

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

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

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

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

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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 C Wastewater Information

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

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

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

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

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

C.4 Priority Pollutant Information.

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

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

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

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

Chemical compound	Present	Known	Suspected	Known	Absent	Known	Absent	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. Acenaphthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
78. Acenaphthylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
79. Anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
80. Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
81. Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
82. Benzo (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
83. Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
84. Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
85. Chrysene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
86. Dibenzo (a,h) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
87. Fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
88. Fluorene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
89. Indeno (1,2,3-cd) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
90. Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
91. Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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

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

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



Section D Other Wastes

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

yes  no

If "no", skip remainder of Section D.

If "yes", complete remaining items.

D.2 These wastes may best be described as:

Estimated Gallons or Pounds/Year

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

Other Wastes, (describe), \_\_\_\_\_

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

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

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

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

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

April 21, 2023

Section A General Information

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

Volume Salon  
P.O. Box 391  
Zip: 37317 Telephone (423) 548 2975

A.2 Address of production or manufacturing facility.

161 0000 St.  
Zip: 37317 Telephone (423) 548 2975

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

Hana Locke - Owner - Hairdresser -

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.)

Salon

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.  
4-19-2023  
Date Signature of Official (Seal is applicable)

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

*This is a beauty salon. We do color, highlights, perms, conditioning treatments, etc*

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	estimated	measured
a.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)			
b.	<input type="checkbox"/> Cooling water, non contact			
c.	<input type="checkbox"/> Boiler/tower blowdown			
d.	<input type="checkbox"/> Cooling water, contact			
e.	<input type="checkbox"/> Process			
f.	<input type="checkbox"/> Equipment/Facility washdown			
g.	<input type="checkbox"/> Air pollution control unit			
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer			
i.	<input checked="" type="checkbox"/> Other, describe			
	<i>Hair color, hair bleach, perms.</i>			<i>20 gal per day</i>

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	estimated	measured
a.	<input checked="" type="checkbox"/> Sanitary	<i>20 gal</i>		
b.	<input type="checkbox"/> Storm Sewer			
c.	<input type="checkbox"/> Surface			
d.	<input type="checkbox"/> Ground water			
e.	<input type="checkbox"/> Waste haulers			
f.	<input type="checkbox"/> Evaporation			
g.	<input type="checkbox"/> Other, describe			

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:

1 Shift  
3 ppl

B.2 Starting times of each shift: 1st 9:00 am 2nd \_\_\_\_\_ am 3rd \_\_\_\_\_ am  
pm pm pm

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

B.3 Principal product produced: \_\_\_\_\_

B.4 Raw materials and process additives used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

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

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

Chemical compound	Known		Suspected		Known		Absent		If Known	Concentration
	Present	Absent	Present	Absent	Present	Absent	Present	Absent		
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-acyl	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
75. Phthalate, bis(2-ethylhexyl)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
76. Phthalate, butyl hexyl	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
77.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
78. Acenaphthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
79. Acenaphthylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
80. Anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
81. Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
82. Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
83. Benzo (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
84. Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
85. Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
86. Chrysene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
87. Dibenzo (a,m) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
88. Fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
89. Indeno (1,2,3-cd) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
90. Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
91. Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		



Chemical compound	Present	Known	Suspected	Known	Absent	Known	Absent	If Known	Concentration
92. Ethane, 1,1,2,1-tetrachloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
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, hexachloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
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. Phenanthrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		

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

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

April 24  
2023

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

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

Mexico Loco LLC  
107 Ocoee Street Copperhill TN  
Zip: 37817 Telephone (615) 761-5007

A.2 Address of production or manufacturing facility.

Same  
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:

Elizabeth Diaz - owner

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

Name N/A Title Telephone ( )

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

Restaurant

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.

A-20-23

Date

Signature of Official  
(Seal is applicable)

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

mexican food Restuarant

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

Cold water & Hot water

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

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

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

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

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

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

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: 3  
Average number of employees per shift: 3

B.2 Starting times of each shift: 1st 11 am 2nd ~~\_\_\_\_\_ am~~ ~~\_\_\_\_\_ pm~~ 3rd 9 am

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

B.3 Principal product produced: Food

B.4 Raw materials and process additives used:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

C4

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

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



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

Chemical compound	Present		Known		Suspected		Absent		If Known		Concentration
	Present	Known	Present	Known	Absent	Known	Absent	Known	If Known		
67. Ether, 2-chloroethyl vinyl	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
68. Ether, 4-bromophenyl phenyl	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
69. Ether, 4-chlorophenyl phenyl	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
70. Bis (2-chloroethoxy) methane	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
71. Phthalate, di-n-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. Acenaphthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
78. Acenaphthylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
79. Anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
80. Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
81. Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
82. Benzo (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
83. Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
84. Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
85. Chrysene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
86. Dibenzo (a,h) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
87. Fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
88. Fluorene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
89. Indeno (1,2,3-cd) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
90. Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
91. Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

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

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

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

Section D Other Wastes

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

yes  no

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

D.2 These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalines	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes, describe:	_____
	_____
<input type="checkbox"/> 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.

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

April 21, 2023

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:  
Painted Pony Mustang Saddle  
Zip: 37317 Telephone ( )

A.2 Address of production or manufacturing facility:  
No production done, Retail Store  
Zip: Telephone ( ) 423-548-5158

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

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.)  
Retail Shop

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.  
4-27-23 Date  
Mary J Kirkconnell Signature of Official  
(Seal is applicable)

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

NA

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.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	<u>50?</u>	estimated	measured
b.	<input type="checkbox"/> Cooling water, non contact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

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

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

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

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

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

\_\_\_\_\_

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 \_\_\_\_\_ am  
 pm pm pm

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

B.3 Principal product produced: \_\_\_\_\_

B.4 Raw materials and process additives used:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

C.1 If your facility ~~has~~ <sup>uses</sup> processes in any of the industrial categories or business activities listed below and any ~~of~~ <sup>informatic</sup> processes generate wastewater or waste sludge, place a check beside the category or business activity. Check all that apply:

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

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

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

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



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

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

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

Chemical compound	Present	Known	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-n-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) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
83. Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
84. Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
85. Chrysene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
86. Dibenzo (a,m) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
87. Fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
88. Fluorene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
89. Indeno (1,2,3-cd) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
90. Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
91. Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

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

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

C5 If you are unable to identify the chemical make-up of materials that are discharged in your wastewater, attach copies of the material safety data sheets.

Section D Other Wastes

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

yes  no

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

D.2 These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalines	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes, describe:	_____
	_____
<input type="checkbox"/> 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

April 21, 2023

Section A General Information

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

The Copper Grill  
109 Ocoee St., Copperhill, TN 37317  
Zip: 37317 Telephone ( ) 423-548-1530

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:

Jonathon Floyd  
Kelly Floyd

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.)

Restaurant

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.

4-20-23

Date

x Kelly Floyd

Signature of Official  
(Seal is applicable)

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

prepare food for customers.

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.	<input checked="" type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	<u>50</u>	<u>estimated</u>	measured
b.	<input type="checkbox"/> Cooling water, non contact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

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

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

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

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

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

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: 1.5  
Average number of employees per shift: 6
- B.2 Starting times of each shift: 1st 10 am 2nd 4 am 3rd \_\_\_\_\_ am  
4 pm 8 pm \_\_\_\_\_ pm

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

B.3 Principal product produced: food.

B.4 Raw materials and process additives used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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



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

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

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

C.4

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

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

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

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

Chemical compound		Known	Suspected	Known	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	[ ]	[ ]	[ ]	[ ]	[ ]	
79.	Acenaphthylene	[ ]	[ ]	[ ]	[ ]	[ ]	
79.	Anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	
80.	Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	
81.	Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	
82.	Benzo (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	
83.	Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	[ ]	
84.	Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	
85.	Chrysene	[ ]	[ ]	[ ]	[ ]	[ ]	
86.	Dibenzo (a,n) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	
87.	Fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	
88.	Fluorene	[ ]	[ ]	[ ]	[ ]	[ ]	
89.	Indeno (1,2,3-cd) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	
90.	Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	
91.	Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]	

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

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

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

Section D Other Wastes

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

yes  no

If "no", skip remainder of Section D.

If "yes", complete remaining items.

D.2 These wastes may best be described as:

Estimated Gallons or Pounds/Year

<input type="checkbox"/>	Acids and Alkalines	_____
<input type="checkbox"/>	Heavy Metal Sludges	_____
<input type="checkbox"/>	Inks/Dyes	_____
<input type="checkbox"/>	Oil and/or grease	_____
<input type="checkbox"/>	Organic Compounds	_____
<input type="checkbox"/>	Paints	_____
<input type="checkbox"/>	Pesticides	_____
<input type="checkbox"/>	Plating Wastes	_____
<input type="checkbox"/>	Pretreatment sludges	_____
<input type="checkbox"/>	Solvents/Thinners	_____
<input type="checkbox"/>	Other Hazardous Wastes, describe:	_____
		_____
<input type="checkbox"/>	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

April 21, 2023

Section A General Information

- A.1 Company name, mailing address and telephone number:  
Dickey McCay Insurance Inc  
PO Box 1161  
 Zip: Copper Hill 37317 Telephone 423 496-3366
- A.2 Address of production or manufacturing facility.  
146 Ocoee Street  
Copper Hill TN  
 Zip: 37317 Telephone 423 496-3366
- A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:  
Mark Brooks owner
- A.4 Alternate person to contact concerning information provided herein:  
 Name Leland Rymer Title Co Owner Telephone ( ) \_\_\_\_\_
- A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)  
Insurance Agency

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.

4-19-2023 Date

[Signature] Signature of Official  
(Seal is applicable)

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

Sells insurance

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.	<input checked="" type="checkbox"/>	Domestic Waste (restrooms, employee showers, etc.)	<u>20</u>	estimated measured
b.	<input type="checkbox"/>	Cooling water, non contact	_____	estimated measured
c.	<input type="checkbox"/>	Boiler/tower blowdown	_____	estimated measured
d.	<input type="checkbox"/>	Cooling water, contact	_____	estimated measured
e.	<input type="checkbox"/>	Process	_____	estimated measured
f.	<input type="checkbox"/>	Equipment/Facility washdown	_____	estimated measured
g.	<input type="checkbox"/>	Air pollution control unit	_____	estimated measured
h.	<input type="checkbox"/>	Storm water runoff to sanitary sewer	_____	estimated measured
i.	<input type="checkbox"/>	Other, describe	_____	estimated measured

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

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

			Average gallons per day		
a.	<input type="checkbox"/>	Sanitary	_____	estimated	measured
b.	<input checked="" type="checkbox"/>	Storm Sewer	<u>20</u>	estimated	measured
c.	<input type="checkbox"/>	Surface	_____	estimated	measured
d.	<input type="checkbox"/>	Ground water	_____	estimated	measured
e.	<input type="checkbox"/>	Waste haulers	_____	estimated	measured
f.	<input type="checkbox"/>	Evaporation	_____	estimated	measured
g.	<input type="checkbox"/>	Other, describe	_____	estimated	measured

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

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

NA

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: 6  
Average number of employees per shift: \_\_\_\_\_
- B.2 Starting times of each shift: 1st 8:00 am 2nd \_\_\_\_\_ am 3rd \_\_\_\_\_ am  
pm pm pm

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

- B.3 Principal product produced: NA
- B.4 Raw materials and process additives used:  
NA
- B.5 Production is:  
 Batch  Continuous  Both \_\_\_\_\_ % Batch \_\_\_\_\_ % Continuous  
Average Number of batches per 24-hour day \_\_\_\_\_
- B.6 Hours of operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  Continuous
- B.7 Is production subject to seasonal variation?  yes  no  
If yes, briefly describe seasonal production cycle:
- B.8 Are any process changes or expansions planned during the next five years?  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:

NA

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

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

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

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

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

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

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

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

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

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

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

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

Section D Other Wastes

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

yes  no

If "no", skip remainder of Section D.

If "yes", complete remaining items.

D.2 These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalines	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes, describe:	_____
	_____
<input type="checkbox"/> 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

April 21, 2023

Section A General Information

A.1 Company name, mailing address and telephone number:  
R+K Pharmacy Inc. DBA TALLENT DRUG Co.  
116 W Olive St Copperhill, TN 37317  
Zip: 37317 Telephone (423 496 524)

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:  
Chris Pat Hrs on - owner 423 496 5241

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.)  
Pharmacy - R+K

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.  
4-28-23 Date Signature of Official (Seal is applicable)

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

Retail Pharmacy

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

5912

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

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

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

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

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

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

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

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

April 21, 2023

Section A General Information

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

\_\_\_\_\_  
\_\_\_\_\_  
Zip: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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:

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

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.*

<i>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>	
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.

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

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

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 C Wastewater Information

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

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

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

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

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

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

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

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

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

Chemical compound	Known		Suspected		Known		Known		If Known	Concentration
	Present	Absent	Present	Absent	Present	Absent	Present	Absent		
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	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
79. Acenaphthylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
80. Anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
81. Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
82. Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
83. Benzo (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
84. Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
85. Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
86. Chrysene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
87. Dibenzo (a,h) anthracene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
88. Fluoranthene	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
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	If Known Concentration
92. Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93. Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94. Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
95. Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
96. Ethane, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
97. Ethane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
98. Ethane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
99. Propane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100. Propane, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
101. Butadiene, Hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
102. Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
103. DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
104. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
105. Endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106. Endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
107. Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
108. Lindrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
109. Lindrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
110. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
111. Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
112. Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
113. TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
114. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
115. Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116. Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

C5 If you are unable to identify the chemical make-up of materials that are discharged in your wastewater, attach copies of the material safety data sheets.



Section D Other Wastes

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

yes  no

If "no", skip remainder of Section D.

If "yes", complete remaining items.

D.2 These wastes may best be described as:

Estimated Gallons or Pounds/Year

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

Other Wastes, (describe), \_\_\_\_\_

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

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

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

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