



Section A: General Information

1. Corporate Name: _____

2. Business Name: _____

3. Facility Contact: _____

Title: _____ Phone: _____

Fax: _____ E-mail: _____

4. Authorized Representative: _____

Title: _____ Phone: _____

Fax: _____ E-mail: _____

EPA 40 CFR Part 403.12

Authorized representative means a responsible corporate officer, if the Industrial User is a corporation, a general partner or proprietor if the Industrial User is a partnership or sole proprietorship, or someone designated, in writing and submitted to the Control Authority, by the person previously described.

5. Physical Address: _____

6. Mailing Address: _____

(if different)

7. Business/Operating Hours: _____

8. When were operations begun at this location? _____

9. How many people are employed at this facility? _____

10. What are the days of operation and hours of operation for this facility? _____

Days of operation: _____

Hours of operation: _____

11. What products are produced or services rendered?

12. Indicate applicable Standard Industrial Classification (SIC) code and/or North American Industry Classification System (NAICS) code for all processes.

1. SIC code: _____ 3. SIC code: _____

NAICS code: _____ NAICS code: _____

2. SIC code: _____ 4. SIC code: _____

NAICS code: _____ NAICS code: _____

13. Description of production process:

14. What is the typical water usage for this facility per day? _____ gallons per day (GPD)

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed/blowdown	_____	_____
d. Process	_____	_____
e. Domestic (restrooms, employee showers, etc.)	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Equipment/Facility washdown	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other (describe)	_____	_____
k. Total A - J	_____	_____

Wastes are discharged to (check all that apply):

	Average Discharge (GPD)	Indicate Estimated (E) or Measured (M)
<input type="checkbox"/> Sanitary sewer	_____	_____
<input type="checkbox"/> Storm sewer	_____	_____
<input type="checkbox"/> Surface water	_____	_____
<input type="checkbox"/> Ground water	_____	_____
<input type="checkbox"/> Waste haulers	_____	_____
<input type="checkbox"/> Evaporation	_____	_____
<input type="checkbox"/> Other (describe)	_____	_____

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

15. Do you have a Spill Prevention Control and Countermeasure (SPCC) Plan? Yes/Attached No

Section B: Facility Operational Characteristics

1. Shift information

Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Shifts per work day:	_____	_____	_____	_____	_____	_____	_____
Employees per shift:	1 st	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____
Shift start & end times:	1 st	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

- Continuous through the year, or
 Seasonal – Circle the months of the year during which the business activity occurs:
 J F M A M J J A S O N D

Comments: _____

3. Indicate whether the facility discharge is:

- Continuous through the year, or
 Seasonal – Circle the months of the year during which the discharge occurs:
 J F M A M J J A S O N D

Comments: _____

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

- Yes, indicate reasons and period when shutdown occurs: _____

 No

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

6. Are any process changes or expansions planned during the next three years? Yes No
 If yes, attach a separate sheet to this form describing the nature of planned changes or expansions of the process, estimated date these changes will occur, and expected effects on wastewater volume and characteristics.

7. Do you currently hold any permits from another governing body? Yes No If yes, list below.

Permit Issuer:	Permit Granting:
_____	_____
_____	_____
_____	_____
_____	_____

8. If this is a new business, will you occupy an existing building? Yes No
 If yes, will you expand it? Yes No
9. If this is an existing business, will you expand its building within the next three years? Yes No
10. Office space leased from: _____

Section C: Wastewater Discharge Information

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

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Battery Mfg. | <input type="checkbox"/> Metal Molding & Casting |
| <input type="checkbox"/> Builders Paper & Board Mill | <input type="checkbox"/> Metal Products & Machines |
| <input type="checkbox"/> Canned & Preserved Fruits & Vegetables | <input type="checkbox"/> Nonferrous Metals Forming & Metal Powders |
| <input type="checkbox"/> Carbon Black Mfg. | <input type="checkbox"/> Nonferrous Metals Mfg. |
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Commercial Hazardous Waste Combustors | <input type="checkbox"/> Paving & Roofing Materials Mfg. |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pesticide Mfg. |
| <input type="checkbox"/> Electric & Electronic Components Mfg. | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Pharmaceutical Mfg. |
| <input type="checkbox"/> Fertilizer Mfg. | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Glass Mfg. | <input type="checkbox"/> Pulp, Paper, & Paperboard |
| <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Rubber Mfg. |
| <input type="checkbox"/> Inorganic Chemical Mfg. | <input type="checkbox"/> Steam Electric Power Generation |
| <input type="checkbox"/> Iron & Steel Mfg. | <input type="checkbox"/> Timber Products Mfg. |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Transportation/Equipment Cleaning |

2. Are there any onsite wastewater treatment/pretreatment facilities? Yes No
 If yes, please describe:

3. If applicable, please send a flow diagram of manufacturing process.
Applicable/Attached Not Applicable

4. Do you have chemical storage containers or bins at your facility? Yes No
 If yes, how many? _____

Please give a description of their location, contents, size, type, frequency and method of cleaning. (Attach separate sheets as necessary).

5. Do you have floor drains in your manufacturing or chemical storage area(s)? Yes No
 If yes, where are the drains located and to where do they discharge?

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

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

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

8. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent," "Suspected to be Present," or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

If you are unable to identify the chemical constituents of products you use that discharge in your wastewater, attach material safety data sheets for those products.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day
I. METALS & INORGANICS						III. MONOCYCLIC AROMATICS					
1. Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	(excluding PHENOLS, CRESOLS, & PHTHALATES)					
2. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	27. Benzene	<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"/>	_____	28. Benzene, chloro	<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"/>	_____	29. Benzene, 1, 2-dichloro	<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"/>	_____	30. Benzene, 1, -dichloro	<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"/>	_____	31. Benzene, 1, 4-dichloro	<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"/>	_____	32. Benzene, 1, 2, 4-trichloro	<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"/>	_____	34. Benzene, hexachloro	<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"/>	_____	35. Benzene, nitro	<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"/>	_____	36. Toluene	<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"/>	_____	37. Toluene, 2, 4-dinitro	<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"/>	_____	38. Toluene, 2, 6-dinitro	<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"/>	_____	IV. PCBs & RELATED COMPOUNDS					
14. Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	39. PCB-1016	<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"/>	_____	40. PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. PHENOLS AND CRESOLS						41. PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	42. PCB-1242	<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"/>	_____	43. PCB-1248	<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"/>	_____	44. PCB-1254	<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"/>	_____	45. PCB-1260	<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"/>	_____	46. 2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
22. Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
23. Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
24. Phenol, 2, 4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
25. m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
26. o-Cresol, 4, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						

Chemical Compound					Known or Suspected Concentration/day	Chemical Compound					Known or Suspected Concentration/day
	Known Present	Suspected Present	Known Absent	Suspected Absent			Known Present	Suspected Present	Known Absent	Suspected Absent	
V. ETHERS											
47. Ether, bis(chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	69. Methane, trichlorofluoro					
48. Ether, bis(2-chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	70. Methane, dichlorodifluoro					
49. Ether, bis(2-chlorosopropyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	71. Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
50. Ether, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	72. Ethane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
51. Ether, 4-bromophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	73. Ethane, 1, 1, 1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
52. Ether, 4-chlorophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	74. Ethane, 1, 1, 2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
53. Bis(2-chloroethoxy)methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	75. Ethane, 1, 1, 2, 1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
VI. NITROSAMINES & OTHER NITROGEN- CONTAINING COMPOUNDS											
54. Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	76. Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
55. Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	77. Ethene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
56. Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	78. Ethene, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
57. Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	79. Ethene, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
58. Benzidine, 3, 3'-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	80. Ethene, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
59. Hydrazine, 1, 2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	81. Ethene, terachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
60. Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	82. Propane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
VII. HALOGENATED ALIPHATICS											
61. Methane, bromo-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	83. Propene, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
62. Methane, chloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	84. Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
63. Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	85. Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
64. Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	VIII. PHTHALATE ESTERS					
65. Methane, dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	86. Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
66. Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	87. Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
67. Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	88. Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
68. Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	89. Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
						90. Phthalate, bis(2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
						91. Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day
IX. POLYCYCLIC AROMATIC HYDROCARBONS						118. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119. Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120. Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121. Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122. Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Benzo (b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123. Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125. Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126. Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127. TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Dibenzo (a, n) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
103. Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
104. Indeno (1, 2, 3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
105. Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
106. Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
107. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
X. PESTICIDES											
108. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
109. Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
110. BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
111. BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
112. BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
113. BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
114. Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
115. DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
116. DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
117. DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Section D: Other Wastes

1. Are any liquid wastes or sludges from this facility disposed of by means other than discharge to the sanitary sewer system? Yes No

If "No," skip remainder of Section D. If "Yes," complete items 2 and 3 in Section D.

2. These wastes may best be described as:

- Chemicals
- Pesticides
- Groundwater remediation wastes
- Rinse waters
- Photo/X-ray finishing wastes
- Acidic or alkaline wastes
- PCBs
- Paints
- Pretreatment sludges
- Inks/dyes
- Oils and/or greases
- Solvents
- Laundry wastes
- Food processing
- Medical wastes
- Radioactive wastes
- Stripping compounds
- Organic compounds
- Plating wastes
- Other hazardous wastes (specify) _____
- Other wastes (specify) _____

Estimated Gallons or Pounds/Year:

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

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

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

Section E: Safety

1. What type of safety equipment is required for visitors of your facility (i.e. inspectors)?

Section F: Signatures

1. Certification Statement, to be completed by the Authorized Representative (as defined in Section A):

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Person Completing Survey: Name (print or type): _____ Date: _____

Signature: _____

Return this form to:

San Jacinto River Authority
P.O. Box 7537
The Woodlands, Texas 77387
Attention: Zafar Ahmed