

UWCHLAN TOWNSHIP

WASTEWATER CONTRIBUTION QUESTIONNAIRE

UWCHLAN TOWNSHIP
715 N. SHIP ROAD
EXTON, PA 19341-1940

GENERAL: Uwchlan Township is updating its records to determine the nature and extent of wastewater discharged to its sewer system and to determine compliance with the Township's sewer use ordinance, Ordinance No. 70-6, as amended. This questionnaire must be completed by each non-residential waste discharger to enable the Township to establish the nature of the sewer system discharge.

INSTRUCTIONS: Please complete all sections. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2. The completed and signed questionnaire is to be mailed to: Mr. Douglass Hanley, Township Manager, [redacted]. Questions regarding completion of the questionnaire should be directed to: [redacted] at telephone number (610) 363-9450 during the hours of 8:00 a.m. to 4:00 p.m. Monday through Friday.

SECTION A - GENERAL INFORMATION

- 1. Company Name: _____
- 2. Mailing Address: _____ Zip Code: _____
- 3. Facility Address: (If different from mailing address) _____
- 4. Name and Title of Signing Official: _____ Telephone No.: () _____
- 5. Alternate person to contact concerning information provided herein:
Name and Title: _____ Telephone No.: () _____
- 6. Check one: Existing Discharge If proposed discharge, anticipated date of discharge commencement:
 Proposed Discharge _____

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Check all activities which are present at your facility:

- Electroplating Manufacturing Repair Shop, Garage Wholesale Trade
- Flammables, Explosives Medical Care Research Other (Specify) _____
- Food Processing Military Residential _____
- Food Service Office Unit Retail Trade _____
- Government Painting, Finishing Vehicle & Equipment _____
- Laboratory Plant Washdown Washdown _____
- Laundry, Cleaning Printing, Photo Warehousing _____

2. Describe all operations at this facility, including primary products or services, which produce liquid waste discharges:

3. Indicate applicable Standard Industrial Classification (SIC) Code(s) for processes generating liquid waste: (If more than one applies, list in descending order of importance. Attach additional sheets if necessary.)

a. _____ b. _____ c. _____
 d. _____ e. _____ f. _____

4. List all materials, including industrial process chemicals, chemical additives and catalysts, water treatment chemicals, chemical impurities, and cleaning agents (other than household type) stored or used at this facility. Appendix A illustrates an example of such a list. (Attach additional sheets if necessary.)

| MATERIAL | QUANTITY (indicate units) | USE |
|----------|------------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Attach a schematic water and wastewater flow diagram, and show all possible sources of water and wastewater flow, including overflows. The diagram should include a water balance so that all water sources and discharges are accounted for. The schematic should also identify the industrial process steps. An example of a flow diagram is attached as Appendix B.

SECTION C - PLANT OPERATIONAL CHARACTERISTICS

1. Shift Information: a. Number of shifts per work day: 1 2 3
 b. Work days: Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday
 c. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____
 d. Shift start times: 1st _____ 2nd _____ 3rd _____
 e. Shift end times: 1st _____ 2nd _____ 3rd _____
2. Is operation subject to seasonal variation: Yes No
 If "yes", indicate: Months of peak operation _____
 Maximum wastewater flow (gallons per day) _____
3. Does operation shutdown for vacation, maintenance, or other reasons? Yes No
 a. If "yes", indicate period when shutdown occurs: _____
4. Are any process changes or expansions planned during the next three (3) years that would alter wastewater volumes or characteristics? Consider production processes, as well as air or water pollution processes.
 Yes No (If "no", skip item C-5.)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if necessary.)

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

Yes No (If "no", skip item C-7.)

7. Briefly describe recovery process, substance recovered, per cent recovered and the concentration in the spent solution. Submit flow diagram for each process: (Attach additional sheets if necessary.)

8. Has a Spill Prevention Control and Countermeasure Plan been prepared for the facility? Yes No

SECTION D—WATER USAGE

1. Water Sources: (Check as many as are applicable.)

Uwchlan Township Municipal Authority; Private Well; Surface Water;
 Other Water Utility (Specify): _____

2. Name on the water bill: _____

3. Water Service Account Number(s): (Attach additional sheets if necessary.)

(1) _____ (2) _____ (3) _____ (4) _____
 (5) _____ (6) _____ (7) _____ (8) _____
 (9) _____ (10) _____ (11) _____ (12) _____

4. If water is supplied by landlord, give name and address:

Name: _____
 Street: _____
 City: _____ Zip Code: _____

5. List estimated average water usage on premises:

| <u>TYPE</u> | <u>ESTIMATED AVERAGE WATER USAGE</u> (gallons per day) | <u>TYPE</u> | <u>ESTIMATED AVERAGE WATER USAGE</u> (gallons per day) |
|--------------------------|---|---|---|
| a. Cooling Water . . . | _____ | e. Plant and Equipment Washdown . . . | _____ |
| b. Boiler Feed | _____ | f. Irrigation and Lawn Watering | _____ |
| c. Process | _____ | g. Other (Specify): _____ | _____ |
| d. Sanitary | _____ | h. Total of a. through g. | _____ |

6. List average volume of wastewater discharge or water losses to:

| <u>OUTLET</u> | <u>ESTIMATED AVERAGE VOLUME</u> (gallons per day) | <u>OUTLET</u> | <u>ESTIMATED AVERAGE VOLUME</u> (gallons per day) |
|-------------------------------------|--|-------------------------------|--|
| a. Municipal Sewer | _____ | e. Evaporation | _____ |
| b. Watercourse, Storm Drain, Ground | _____ | f. Contained in Product ... | _____ |
| c. Waste Haulers | _____ | g. Other (Specify): _____ | _____ |
| d. Septic Tank | _____ | h. Total of a. through g. ... | _____ |

7. List average water usage and average wastewater discharge for SIC processes itemized in Section B: (Attach additional sheets if necessary.)

| | <u>PROCESS A</u> | <u>PROCESS B</u> | <u>PROCESS C</u> |
|---|--|--|--|
| a. Process Description | _____ | _____ | _____ |
| b. SIC | _____ | _____ | _____ |
| c. Is process | <input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both | <input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both | <input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both |
| d. If batch, number per day | _____ | _____ | _____ |
| e. Average water use (gal/day) | _____ | _____ | _____ |
| f. Average wastewater discharge (gal/day) | _____ | _____ | _____ |
| g. Peak wastewater discharge (gal/hour) | _____ | _____ | _____ |
| h. Is wastewater discharge | <input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both | <input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both | <input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both |
| i. If batch, number per day | _____ | _____ | _____ |

8. Describe any water treatment or conditioning processes utilized: _____

1. Attach a scaled drawing, if available, or sketch of your plant site showing the location of all sewers. Assign a sequential reference number to each sewer starting with No. 1. Also show location of possible sampling points for SIC processes (D-7).

For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

2. By reference number, list size, descriptive location and flow of each sewer shown in item E-1. (If more than 3, attach additional information on another sheet.)

| REFERENCE NUMBER | SEWER SIZE (inches) | DESCRIPTIVE LOCATION OF SEWER CONNECTION OR DISCHARGE POINT | AVERAGE FLOW (gallons per day) |
|------------------|------------------------|---|-----------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

SECTION F—WASTEWATER INFORMATION

1. Does this facility discharge any wastewater other than from restrooms or cafeterias?

- Yes If the answer to this question is "yes", complete the remainder of the application.
 No If the answer to this question is "no", you may skip to Section I, on page 11.

2. Please indicate the quantities discharged from the activities indicated below in units of gallons per day. (Refer to Section D, items 5, 6, and 7.) The quantities are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES Permit Number.

| TYPE | DISCHARGE QUANTITY BY SEWER REFERENCED IN E-2 | | | | | | TOTAL (REFER TO D-5, 6 & 7) |
|------------------------------------|---|-------|-------|-------|-------|-------|-----------------------------------|
| | 1 | 2 | 3 | | | | |
| Process (from D-7): | | | | | | | |
| a. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| b. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| c. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Sanitary | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Boiler | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Cooling/Uncontaminated Water . | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Plant and Equipment Washdown | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Air Pollution Control Liquid Waste | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other (Specify): _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Total (Refer to E-2) | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| *NPDES Permit Number: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

SECTION G – WASTEWATER PRETREATMENT

1. Is any form of pretreatment (see list below) practiced at this facility? Yes No

For each waste stream treated before discharge check the appropriate boxes for types of pretreatment used at this facility:

| | WASTE STREAM IDENTIFICATION SEWER REFERENCE NUMBER FROM E-2 | | | |
|------------------------------------|---|--------------------------|--------------------------|-------|
| | 1 | 2 | 3 | OTHER |
| Gas/Oil Interceptor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Grease Trap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Sedimentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Filtration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Chemical Addition* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Neutralization/pH adjustment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Biological* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Equalization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Silver Recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other (Specify) _____ | | | | _____ |
| _____ | | | | _____ |
| _____ | | | | _____ |

*Specify: _____

2. Is any form of pretreatment planned for this facility within the next three (3) years? Yes No

3. Please furnish process flow diagram for each existing or planned pretreatment system. Include process equipment by-products, by-product disposal method, concentrations, waste and by-product volumes, design and operating conditions.

SECTION H – CHARACTERISTICS OF DISCHARGES

1. General Discharge Information. For each waste stream (from E-2), indicate the constituents that are or could be present in the wastewater discharge as a result of your operations by checking the appropriate boxes next to the constituents:

| CONSTITUENT | SEWER REFERENCE NUMBER FROM E-2 | | | |
|---|---------------------------------|--------------------------|--------------------------|-------|
| | 1 | 2 | 3 | OTHER |
| Algicides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ammonia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Coolants (Oil, Chemical or Mineral Based) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Disinfectants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Dissolved Metals and Cyanide* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Dyes, paints, or inks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Flammable Substances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fluorides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Grindings or Metal Shavings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Table continued on page 7

| CONSTITUENT | SEWER REFERENCE NUMBER FROM E-2 | | | |
|--|---------------------------------|--------------------------|--------------------------|-------|
| | 1 | 2 | 3 | OTHER |
| High pH (caustics, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| High Temperature Wastes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hydrocarbons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Low pH (acids) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Nitrates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Oil or Grease (chemical or vegetable origin) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Oil or Grease (petroleum or mineral origin) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pesticides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| PCB's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Phosphorus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Radioactive Substances** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Rubber, Latex, Plastic, Glass, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Salt Brines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Shredded Garbage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Solvents** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Sulfates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Sulfides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Surfactants (detergents) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Others _____ | <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"/> | _____ |

*Metals include: Arsenic, Cadmium, Chromium, Copper, Lead, Manganese, Mercury, Nickel, Silver, and Zinc.

**Specify: _____

2. Please indicate by checking the appropriate box by each listed chemical whether it is known or suspected present in the wastewater discharge or if it is used in your manufacturing or service activity or generated as a by-product but not discharged. Some compounds are known by other names.

| ITEM NO. | CHEMICAL COMPOUND | Known Discharged | Suspected Discharged | Used but not Discharged | ITEM NO. | CHEMICAL COMPOUND | Known Discharged | Suspected Discharged | Used but not Discharged |
|----------|--------------------|--------------------------|--------------------------|--------------------------|----------|------------------------|--------------------------|--------------------------|--------------------------|
| 1. | asbestos (fibrous) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. | acenaphthene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | cyanide (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. | acenaphthylene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | antimony (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. | acrolein | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | arsenic (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. | acrylonitrile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | beryllium (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. | aldrin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | cadmium (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. | anthracene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | chromium (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. | benzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | copper (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. | benzidine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | lead (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. | benzo (a) anthracene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | mercury (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. | benzo (a) pyrene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | nickel (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. | 3,4-benzofluoranthene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | selenium (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. | benzo (g,h,i) perylene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | silver (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. | benzo (k) fluoranthene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | thallium (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. | a-BHC (alpha) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | zinc (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. | b-BHC (beta) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15a. | manganese (total) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. | d-BHC (delta) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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SECTION H - CHARACTERISTICS OF DISCHARGES (Cont'd)

| ITEM NO. | CHEMICAL COMPOUND | Known Discharged | Suspected Discharged | Used but not Discharged | ITEM NO. | CHEMICAL COMPOUND | Known Discharged | Suspected Discharged | Used but not Discharged |
|----------|--|--------------------------|--------------------------|--------------------------|----------|---|--------------------------|--------------------------|--------------------------|
| 32. | g-BHC (gamma) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 80. | 1,2-diphenylhydrazine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | bis (2-chloroethyl) ether . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 81. | a-endosulfan (alpha) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | bis (2-chloroethoxy) meth- ane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 82. | b-endosulfan (beta) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | bis (2-chloroisopropyl) ether . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 83. | endosulfan sulfate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | bis (2-ethylhexyl) phthalate . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 84. | endrin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | bromodichloromethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 85. | endrin aldehyde | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. | bromoform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 86. | ethylbenzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | bromomethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 87. | fluoranthene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | 4-bromophenyl phenyl ether | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 88. | fluorene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | butyl benzyl phthalate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 89. | heptachlor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. | carbon tetrachloride | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 90. | heptachlor epoxide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. | chlordane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 91. | hexachlorobenzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | 4-chloro-3-methylphenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 92. | hexachlorobutadiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. | chlorobenzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 93. | hexachloro- cyclopentadiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. | chloroethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 94. | hexachloroethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. | 2-chloroethyl vinyl ether | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 95. | indeno (1,2,3-cd) pyrene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. | chloroform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 96. | isophorone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. | chloromethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 97. | methylene chloride | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. | 2-chloronaphthalene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 98. | naphthalene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. | 2-chlorophenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 99. | nitrobenzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. | 4-chlorophenyl phenyl ether | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 100. | 2-nitrophenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. | chrysene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 101. | 4-nitrophenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. | 4,4'-DDD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 102. | N-nitrosodimethylamine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. | 4,4'-DDE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 103. | N-nitrosodi-n-propylamine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. | 4,4'-DDT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 104. | N-nitrosodiphenylamine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. | dibenzo (a,h) anthracene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 105. | PCB-1016 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. | dibromochloromethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 106. | PCB-1221 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. | 1,2-dichlorobenzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 107. | PCB-1232 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. | 1,3-dichlorobenzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 108. | PCB-1242 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. | 1,4-dichlorobenzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 109. | PCB-1248 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. | 3,3'-dichlorobenzidine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110. | PCB-1254 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. | 1,1-dichloroethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 111. | PCB-1260 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. | 1,2-dichloroethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 112. | pentachlorophenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. | 1,1-dichloroethene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 113. | phenanthrene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. | 1,2-trans-dichloroethylene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 114. | phenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. | 2,4-dichlorophenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 115. | pyrene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. | 1,2-dichloropropane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 116. | 2,3,7,8-tetrachlorodibenzo- p-dioxin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. | (cis & trans) 1,3-dichloro- propene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 117. | 1,1,2,2-tetrachloroethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. | dieldrin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 118. | tetrachloroethylene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. | diethyl phthalate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 119. | toluene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. | 2,4-dimethylphenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 120. | toxaphene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. | dimethyl phthalate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 121. | 1,2,4-trichlorobenzene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. | di-n-butyl phthalate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 122. | 1,1,1-trichloroethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. | di-n-octyl phthalate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 123. | 1,1,2-trichloroethane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. | 4,6-dinitro-o-cresol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 124. | trichloroethylene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. | 2,4-dinitrophenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 125. | 2,4,6-trichlorophenol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. | 2,4-dinitrotoluene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 126. | vinyl chloride | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. | 2,6-dinitrotoluene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

SECTION I—NON-DISCHARGED WASTES

1. Are any wastes, by-products or sludges received or generated and not disposed of in the sewer system? Yes No

If "no", skip the remainder of Section I. If "yes", these may best be described and quantified as:

| | <u>ESTIMATED QUANTITY PER YEAR</u> (Indicate Units) | | <u>ESTIMATED QUANTITY PER YEAR</u> (Indicate Units) |
|--|--|---|--|
| <input type="checkbox"/> Waste Solvent | _____ | <input type="checkbox"/> Paints | _____ |
| <input type="checkbox"/> Waste Product | _____ | <input type="checkbox"/> Acids and Alkalies | _____ |
| <input type="checkbox"/> Oil | _____ | <input type="checkbox"/> Plating Wastes | _____ |
| <input type="checkbox"/> Grease | _____ | <input type="checkbox"/> Pesticides | _____ |
| <input type="checkbox"/> Pretreatment Sludge | _____ | <input type="checkbox"/> Other (Specify): | _____ |
| <input type="checkbox"/> Inks/Dyes | _____ | _____ | _____ |
| <input type="checkbox"/> Thinner | _____ | _____ | _____ |
| <input type="checkbox"/> Heavy Metals | _____ | _____ | _____ |
| <input type="checkbox"/> Organic Compounds | _____ | _____ | _____ |

2. Describe method of storing these wastes, including storage locations, size and type of containers, and methods for containing leaks and spills.

3. Does your company remove any of the above checked wastes from the facility? Yes No

Describe: _____

4. Are any of the above checked wastes placed with trash for disposal? Yes No

Describe: _____

5. Does your company practice on site disposal for any of the above checked wastes? Yes No

Describe: _____

6. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

| | |
|-----------------------------------|-----------------------------------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ zip code: _____ | _____ zip code: _____ |
| Permit No. (if applicable): _____ | Permit No. (if applicable): _____ |

7. Do any of your substances require Resource Conservation and Recovery Act permits? Yes No

If "yes", please specify: _____

EPA Generator Number: _____

SECTION J—CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Date

Signature of Official (Seal if applicable)

APPENDIX A--EXAMPLE OF A RAW MATERIAL INVENTORY

| RAW MATERIAL | FREQUENCY AND AMOUNT USED | USE |
|----------------------|---------------------------|---|
| Nickel Sulfate | 75 GPD | Nickel Source in Plating Tank 1 and 4 |
| Boric Acid | 50 GPD | Cleaning Solution in Acid Cleantank (Ni Line) |
| Sodium Hypophosphate | 10 GPD | Nickel Reducing Agent in Plating Tank 1 |
| Citric Acid | 25 GPD | Ni Chelating Agent in Plating Tank 1 |
| Formaldehyde | 40 GPD | Cu Reducing Agent in Plating Tank 2 |
| Benzene | 5 GPD | Cleaning Agent/Lab Solvent |
| Carbon Tetrachloride | 5 GPD | Cleaning Solution (55 Gal Drums in Work Area) |
| Chloroform | Lab Quantities | Lab Solvent/Rinse Baths #2 & 8 |
| Ethyl Benzene | Lab Quantities | Lab Solvent |
| Acetaldehyde | 20 GPD | Cu Reducing Agent in Plating Tank 3 |
| Sodium Cyanide | 80 GPD | Cyanide "Strike" Source in Plating Tank 2 |
| Chromic Acid | 100 GPD | Chrome Source in Plating Tank 5 |
| Copper Sulfate | 100 GPD | Copper Sources in Plating Tank 3 |
| Potassium Cyanide | 40 GPD | Cyanide "Strike" Source in Plating Tank 2 |
| Trichloroethylene | 20 GPD | Degreaser in Rinse Tanks 4, 5, 10 & 11 |
| Acetone | Lab Quantities | Lab Solvent |
| Acetic Acid | 20 GPD | Acid Cleaning Tank (Ni Line) & Dip Tank (Cu, Cr Line) |
| Sulfuric Acid | 30 GPD | pH Adjustment in Neutralization Tank & Cyanide Destruction--TRMT Tank |
| Sodium Hydroxide | 20 GPD | Alkaline Clean Tank 1 & 2 and Treatment Tanks 1 & 2 (pH Adjustment) |
| Nitro Benzene | Lab Quantities | Lab Reagent |
| Iron Sulfate | 70 lbs/day | Coagulant and Intreatment Tanks 1 & 2 |
| Coagulant Aid* | 150 lbs/day | Aid in Coagulation & Precipitation in Treatment Tanks 1 & 2 |
| Fluorene | 5 GPD | Cleaning Agent Prior to Plating Tanks |

Contains: Activited Silica
Potassium Permanganate (Oxidant)
Diethyl Pthalate

Appendix B
Example of a Water Flow Diagram

