



# Pretreatment Permit Application For Discharge(s) to a Publically Owned Treatment Works

## **Section A. General Instructions**

- ✓ To be completed by persons engaged industrial manufacturing, mining or commercial operations which generate pollutants which are discharged to publicly owned treatment works (POTW).
- ✓ To expedite the processing of the application, unless stated otherwise, all items are to be filled out completely. Your application will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting "NA" to show that you considered the question.
- ✓ For any section of this application attach additional sheets as necessary.
- ✓ EPD may return incomplete applications to the sender if we are unable to process the incomplete application.
- ✓ Additional information may be required upon request.

## **Section B. Attachments**

Please provide the following attachments to the permit application. Please be sure to label them as appropriate.

1. Site map showing the layout of the facility.
2. A schematic flow diagram of the wastewater treatment system with flow volumes and sampling locations.
3. Sewer Use Ordinance (SUO) as provided by the POTW.
4. Baseline Monitoring Report (BMR)
5. Accidental Spill Prevention Plan (ASPP).
6. If applicable, Toxic Organics Management Plan (TOMP)

## **Section C. Signatory Requirements**

The application is to be signed by a designated responsible official as follows:

For a corporation: by a responsible corporate official. A responsible corporate official means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. For a partnership or sole proprietorship: by a general partner or the proprietor.

## **Section D. Submittal of Application**

Mail completed application packages to:

Industrial Monitoring  
1682 N Ola Road  
McDonough, Georgia 30252

## **Section E. Common Acronyms Found in the Application**

- a. CIU – Categorical Industrial User
- b. CFR – Code of Federal Regulations
- c. EPD – Environmental Protection Division
- d. IU – Industrial User
- e. NPDES - National Pollutant Discharge Elimination System
- f. POTW – Publicly Owned Treatment Works
- g. SIU – Significant Industrial User
- h. SUO – Sewer Use Ordinance

## **Section F. Significant Definitions**

1. Significant Industrial User (SIU) per 40 CFR 403.3(v) is any of the following:
  - a. All industrial users subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR Chapter I, subchapter N.
  - b. A Categorical Industrial User (CIU).
  - c. A discharger that contributes 25,000 gallons per day of process wastewater to collection system **or** 5% of the hydraulic, organic or solids loading of the POTW **or** Designated by the EPD on the basis that the IU has a reasonable potential for affecting the POTW.

2. Categorical Industrial User

A categorical industrial user (CIU) is a facility that meets these conditions:

- a. The industrial activity performed at the facility is regulated by one or more of the federal regulations found in Title 40 Code of Federal Regulations (40 CFR).
- b. The facility discharges *process* wastewater to a Publicly Owned Treatment Works (POTW)

If you are a CIU, then you must comply with the categorical pretreatment standards specified in the federal regulations **and** any local limits (ex. SUO) established by the POTW that receives your wastewater discharge.

## **Section G. Significant Industrial Categories**

The table below lists the significant industrial categories and the types of pollutants that must be analyzed and submitted in Section K.3 of this application.

<b>INDUSTRIAL CATEGORY</b>	<b>Volatile</b>	<b>Acid Compounds</b>	<b>Base / Neutral Compounds</b>	<b>Pesticide</b>
Adhesives and Sealants	X	X	X	-
Aluminum Forming	X	X	X	-
Auto and other laundries	X	X	X	X
Battery Manufacturing	X	X	X	-
Coal Mining	X	X	X	X
Coil Coating	X	X	X	-
Copper Forming	X	X	X	-
Electric and Electronic Compounds	X	X	X	X
Electroplating	X	X	X	-
Explosives Manufacturing	-	X	X	-
Foundries	X	X	X	-
Gum and Wood Chemicals	X	X	X	X
Inorganic Chemicals Manufacturing	X	X	X	-
Iron and Steel Manufacturing	X	X	X	-
Leather Tanning and Finishing	X	X	X	X
Mechanical Products Manufacturing	X	X	X	-
Metal Finishing	X	X	X	-
Nonferrous Metals Manufacturing	X	X	X	X
Ore Mining and Dressing	X	X	X	X
Organic Chemicals Plastic and Synthetic Fibers	X	X	X	X
Paint and Ink Formulating	X	X	X	X
Pesticides Chemicals	X	X	X	X
Petroleum Refining	X	X	X	X
Pharmaceutical Manufacturing	X	X	X	-
Photographic Equipment and Supplies	X	X	X	X
Plastics and Synthetic Materials Manufacturing	X	X	X	X
Plastic Processing	X	-	-	-
Pulp, Paper, and Paperboard	X	X	X	-
Rubber Manufacturing	X	X	X	-
Porcelain Enameling	X	-	X	X
Printing and Publishing	X	X	X	X
Soap and Detergent Manufacturing	X	X	X	-
Steam Electric Power Generating	X	X	X	-
Textile Mills	X	X	X	X
Timber Products Processing	X	X	X	X



## Pretreatment Permit Application For Discharge(s) to a Publically Owned Treatment Works

**Check Applicable Box:**

*New Permit*
                 
  *Existing Permit*    (*Permit No.:*

<b>SECTION A. CONTACT &amp; FACILITY INFORMATION</b>			
Owner of Facility Name:			
Industrial Facility Name:			
Permit Application Contact Name (first & last):			
Title:			
E-mail Address:		Phone:	
Facility Mailing Address (Street or P.O. box):			
City:	State:	Zip:	
Facility Location Street:			
City:	State:	Zip:	County:
Facility Latitude/Longitude (ex. 34.5364, -84.8045):			
SIC Code(s) (4-digit in order of priority)		NAICS Code(s):	
1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :	4 <sup>th</sup> :

<b>SECTION B. DESIGNATED SIGNATORY AUTHORITY FOR THE FACILITY</b>		
Name/Title:		
E-mail Address:		Phone:
Mailing Address Street or P.O. box:		
City:	State:	Zip:

<b>SECTION C. GENERAL INFORMATION</b>

1. Is the building currently connected to the POTW sanitary sewer system?  Yes  No

1.a. If no, please provide estimated date of connection: \_\_\_\_\_

2. Does the building have a separate sanitary sewer line to the PTW sanitary sewer system? This is a separate sanitary sewer line from the process wastewater line.  
 Yes  No

3. Does the facility's discharge meet the requirements for a Significant Industrial User (SIU) (defined in the Application Instructions)?  Yes  No

4. Do you have any other Federal, State, or local environmental permits?  Yes  No

4.a. If yes, complete the following table. provide permit type, number, and issuance date:

Permit Type	Permit Number	Permit Issuance Date

**SECTION D. BUSINESS ACTIVITY**

1. If your facility employs or will be employing processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check (X) beside the category (check all that apply) and enter the applicable subpart(s) that apply.

A facility with processes inclusive in the below table may be covered by Environmental Protection Agency's (EPA) Categorical Pretreatment Standards. These facilities are termed "Categorical Industrial Users".

X	INDUSTRIAL CATEGORIES	Code of Federal Regulations Reference No.	Subpart That Applies To Applicant's Facility
	Aluminum Forming 467	467	
	Asbestos Manufacturing	427	
	Battery Manufacturing	461	
	Canned and Preserved Fruits and Vegetables Processing	407	
	Canned and Preserved Seafood Processing	408	
	Carbon Black Manufacturing	458	
	Cement Manufacturing	411	
	Centralized Waste Treatment	437	
	Coal Mining	434	
	Coil Coating	465	
	Concentrated Aquatic Animal Production	451	
	Construction and Development	450	
	Copper Forming	468	
	Dairy Products Processing	405	
	Electrical and Electronic Components Manufacturing	469	
	Electroplating	413	
	Explosives Manufacturing	457	
	Feedlots	412	

	Ferroalloy Manufacturing	424	
	Fertilizer Manufacturing	418	
	Glass Manufacturing	426	
	Grain Mills	406	
	Gum and Wood Chemicals Manufacturing	454	
	Hospital	460	
	Ink Formulating	447	
	Inorganic Chemicals Manufacturing	415	
	Iron and Steel Manufacturing	420	

1. **CONTINUED.** If your facility employs or will be employing processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check (X) beside the category (check all that apply) and enter the applicable subpart(s) that apply.

A facility with processes inclusive in the below table may be covered by Environmental Protection Agency's (EPA) Categorical Pretreatment Standards. These facilities are termed "Categorical Industrial Users".

X	INDUSTRIAL CATEGORIES	Code of Federal Regulations Reference No.	Subpart That Applies To Applicant's Facility
	Landfills	445	
	Leather Tanning and Finishing	425	
	Meat Products	432	
	Metal Finishing	433	
	Metal Molding and Casting	464	
	Metal Products and Machinery	438	
	Mineral Mining and Processing	436	
	Nonferrous Metals Forming Metal Powders	471	
	Nonferrous Metals Manufacturing	421	
	Oil and Gas Extraction	435	

	Ore Mining and Dressing	440	
	Organic Chemicals Plastic and Synthetic Fibers	414	
	Paint Formulating	446	
	Paving and Roofing Materials	443	
	Pesticides Chemicals	455	
	Petroleum Refining	419	
	Pharmaceutical Manufacturing	439	
	Phosphate Manufacturing	422	
	Photographic	459	
	Plastics Molding and Forming	463	
	Porcelain Enameling	466	
	Pulp, Paper, and Paperboard	430	
	Rubber Manufacturing	428	
	Soap and Detergent Manufacturing	417	
	Steam Electric Power Generating	423	
	Sugar Processing	409	
	Textile Mills	410	
	Timber Products Processing	429	
	Transportation Equipment Cleaning	442	
	Waste Combustor	444	

**SECTION E. FACILITY OPERATIONS**





1. **For all applicants.** List the daily average and daily maximum wastewater flows for each of the applicable waste streams in the table. At a minimum, use at least the last consecutive 12 months of monitoring data. New facilities must estimate the future flow.

Type	Daily Average (gpd)	Daily Maximum (gpd)
Contact cooling water		
Non-contact cooling water		
Boiler blow down		
Process wastewater		
Sanitary wastewater		
Air pollution control wastewater		
Plant & equipment wash down wastewater		
Other (specify):		
Other (specify):		
Other (specify):		

2. **For Batch Discharges Only.** Provide the following information. If your discharge is continuous please continue to question no. 3 below.

2.a. Is the wastewater discharged as a batch discharge (new facilities must estimate)?  Yes  No

2.b. Number of batch discharges per day: \_\_\_\_\_

2.d. Time(s) of batch discharges: \_\_\_\_\_

2.c. Average gallons per batch: \_\_\_\_\_

2.e. Days of week of batch discharges: \_\_\_\_\_

2.f. Total daily flow discharged: \_\_\_\_\_ gallons/day

3. **For Categorical Industrial Users Only.** Provide the wastewater discharge flows for each of your categorical processes. Include the reference number from the schematic flow diagram that corresponds to each process. New facilities should provide estimates for each discharge. If your discharge is not categorical please continue to question no. 4 below.

<b>Categorically Regulated Process</b>	<b>Average Flow (gpd)</b>	<b>Maximum Flow (gpd)</b>	<b>Type of Discharge(batch/continuous)</b>
<b>Non-Categorically Regulated Process</b>	<b>Average Flow (gpd)</b>	<b>Maximum Flow (gpd)</b>	<b>Type of Discharge (batch/continuous)</b>

4. If the wastewater treatment or equipment listed below is used or will be used at your facility, check the applicable box with an "X" and provide a brief description.

X	Treatment Devices or Processes	Description
	Air flotation	
	Centrifuge	
	Chemical precipitation	
	Chlorination	
	Cyclone	
	Filtration	
	Flow equalization	
	Oil & grease separation	
	Grease trap	
	Grinding filter	
	Grit removal	
	Neutralization, pH correction	
	Ozonation	
	Reverse osmosis	
	Screen	
	Sedimentation	
	Septic tank	
	Solvent separation	
	Spill protection	
	Sump	
	Biological treatment	
	Rainwater diversion or storage	
	Other chemical treatment	
	Other chemical treatment	
	Other physical treatment	
	Other (specify):	

5. Describe any changes in wastewater treatment or disposal methods planned or under construction for the wastewater discharge to the POTW or sanitary sewer. Please include estimated completion dates.

\_\_\_\_\_

**SECTION G. RECEIVING POTW INFORMATION**

Name of POTW Receiving Wastewater:

POTW Permit No.:

POTW City Manager Name:

City Contact E-mail Address:

Phone:

Mailing Address:

City:

County:

State:

Zip:

1. Check the applicable box with an "X" beside the types of wastewater treatment operations at the receiving POTW below.

<input checked="" type="checkbox"/>	<b>Primary Treatment</b>	<input checked="" type="checkbox"/>	<b>Secondary Treatment</b>	<input checked="" type="checkbox"/>	<b>Tertiary Treatment</b>
<input type="checkbox"/>	Aerated Pond	<input type="checkbox"/>	Aerated Pond	<input type="checkbox"/>	Aerated Pond
<input type="checkbox"/>	Anaerobic Pond	<input type="checkbox"/>	Anaerobic Pond	<input type="checkbox"/>	Anaerobic Pond
<input type="checkbox"/>	Activated Sludge	<input type="checkbox"/>	Activated Sludge	<input type="checkbox"/>	Activated Sludge
<input type="checkbox"/>	Trickling Filter	<input type="checkbox"/>	Trickling Filter	<input type="checkbox"/>	Trickling Filter
<input type="checkbox"/>	Rotating Biological Contactor (RBC)	<input type="checkbox"/>	Rotating Biological Contactor (RBC)	<input type="checkbox"/>	Rotating Biological Contactor (RBC)
<input type="checkbox"/>	Storage Pond	<input type="checkbox"/>	Storage Pond	<input type="checkbox"/>	Storage Pond
<input type="checkbox"/>	Dissolved Air Floatation	<input type="checkbox"/>	Dissolved Air Floatation	<input type="checkbox"/>	Dissolved Air Floatation
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

**SECTION H. FACILITY OPERATIONAL CHARACTERISTICS**

1. Is the discharge (check the appropriate box):  Seasonal or  Continuous?

1.a. If seasonal, describe: \_\_\_\_\_

2. Does the facility shut down for vacation, maintenance, or other reasons?  Yes  No

2.a. If yes, describe: \_\_\_\_\_

3. **For Categorical Industrial Users subject to total toxic organic (TTO) requirements.** Please answer question 3 below<sup>1</sup>.

3.a. Does (or will) this facility use any of the toxic organics listed under the TTO standard of the applicable Federal categorical pretreatment standards published by EPA?  Yes  No

3.b. Has a Baseline Monitoring Report been submitted to EPD which contains TTO information?  
 Yes  No

3.c. Has a Toxic Organics Management Plan (TOMP) been developed and retained on site?  Yes  No

4. Please check the appropriate boxes below regarding current and future metering and equipment:

4.a. Existing <sup>2</sup> :	Flow Metering installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sampling Equipment installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4.b. Planned <sup>2</sup> :	Flow Metering Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sampling Equipment Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Are any process changes or expansions planned during the next three years that could potentially alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.  Yes  No

5.a. If yes, briefly describe these changes and their potential effects on the wastewater volume and characteristics.

\_\_\_\_\_

<sup>1</sup> Only facilities that are subject to the requirements in 40 CFR Parts 413, 433, 464, 465, 467, 468, and 469 have requirements for TTO.

<sup>2</sup> Please indicate the location of the equipment on the schematic flow diagram attached to application.

**SECTION I. SPILL PREVENTION**

1. Do you have chemical storage containers, bins, or ponds to capture spills at your facility?  
 Yes  No

1.a. If yes, please provide a description of their location, contents, size, type, frequency and the method of cleaning and maintaining. Also, indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. If applicable, indicate if buried metal containers have cathodic protection.  
 \_\_\_\_\_

2. Do you have floor drains in your manufacturing or chemical storage area(s)?  Yes  No

2.a. If yes, where do they discharge to? \_\_\_\_\_

3. If you have chemical storage containers, bins, or ponds in your manufacturing area, could an accidental spill cause a discharge to the areas listed below? Check the applicable box with an "X".

	An on-site disposal system
	Public sanitary sewer system (e.g. through a floor drain)
	Storm drain
	To ground
	Other, specify:
	Not applicable, no possible discharge to any of the above routes.

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the POTW sanitary sewer?  Yes  No  N/A

**SECTION J. NON-DISCHARGED WASTES**

1. Is any liquid waste or sludge generated and not disposed of in the sanitary sewer system?

Yes  No

If yes, please complete the table below and attach additional sheets if necessary. If no, proceed to Section L.

Waste Generated	Quantity (per year)	Disposal Method	Treatment Facility On-site/Off-site

2. If any of the wastes identified in question No. 1 above are sent to an off-site centralized waste treatment facility, identify the facility's name and location below.

Facility Name:

Address:

Phone No.:

County:

3. If an outside company (e.g. third party hauler) removes any of the waste, described in No. 1 above, state the name(s) and address(s) of all waste haulers:

3.a. Company Name:

Address:

Phone No.:

County:

3.b. Company Name:

Address:

Phone No.:

County:



## SECTION K. CHARACTERISTICS OF DISCHARGE

1. Please indicate whether the effluent discharge analysis was based on one of the following.

- Projection     
  Actual wastewater     
  Wastewater from similar type discharge

2. **All applicants** must provide analytical wastewater effluent data in the following table. Data must be representative of the effluent waste stream and analyzed using a sufficiently sensitive test method in accordance with 40 CFR Part 136. The table below is not an all-encompassing list. It is the responsibility of the applicant to ensure the effluent discharge has been adequately characterized and the applicable information is reported to EPD.

*Please include the required data in the table below and DO NOT attach the laboratory reports*

Pollutant	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Biochemical Oxygen Demand <sub>5-day</sub> (BOD <sub>5</sub> )				
Chemical Oxygen Demand (COD)				
Oil and Grease, Total				
Total Suspended Solids (TSS)				
Ammonia (as Nitrogen)				
Phosphorus, Total				
Total Kjeldahl Nitrogen (TKN)				
pH (s.u.) (Minimum/Maximum)				

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3.a. **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an “X” in the Believed Present box and provide the corresponding analytical data.

3.b. **For Categorical Industrial Users Only.** Check the box “Believed Present” and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section G in the application instructions for specific industrial category.

*Please include the required data in the table below and DO NOT attach the laboratory reports*

Pollutant	Place “X” if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
<b>Toxic Metals, Cyanides, &amp; Phenols</b>					
Antimony, Total					
Arsenic, Total					
Beryllium, Total					
Copper, Total					
Cadmium, Total					
Chromium, Total					
Cyanide, Total					
Cyanide, Amenable					
Chromium, Hexavalent					
Lead, Total					
Mercury, Total					
Nickel, Total					
Phenols, Total					
Thallium, Total					
Selenium, Total					
Silver, Total					
Zinc, Total					
<b>Volatiles</b>					
Acrolein					
Acrylonitrile					
Benzene					
Bromoform					

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*Please include the required data in the table below and DO NOT attach the laboratory reports*

Pollutant	Place “X” if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Carbon Tetrachloride					
Chlorobenzene					
Chlorodibromomethane					
Chloroethane					
2-Chloroethylvinyl Ether					
Chloroform					
Dichlorobromomethane					
1, 1-Dichloroethane					
1, 2-Dichloroethane					
1, 1-Dichloroethylene					
1, 2-Dichloropropane					
1, 3-Dichloropropyene					
Ethylbenzene					
Methylbromide					
Methylchloride					
Methylene Chloride					
1,1,2,2- Tetrachloroethane					
Tetrachloroethylene					
Toluene					
1,2-Trans-Dichloroethylene					
1,1,1-Trichloroethane					
1,1,2-Trichloroethane					
Trichloroethylene					
Vinyl Chloride					

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3.a. **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an “X” in the Believed Present box and provide the corresponding analytical data.

3.b. **For Categorical Industrial Users Only.** Check the box “Believed Present” and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section G in the application instructions for specific industrial category.

*Please include the required data in the table below and DO NOT attach the laboratory reports*

Pollutant	Place “X” if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
<b>Acid Compounds</b>					
2-Chlorophenol					
2,4-Dichlorophenol					
2,4-Dimethylphenol					
4,6-Dinitro-O-Cresol					
2,4-Dinitrophenol					
2-Nitrophenol					
4-Nitrophenol					
P-Chloro-M-Cresol					
Pentachlorophenol					
Phenol					
2,4,6-Trichlorophenol					
<b>Base/Neutral Compounds</b>					
Acenaphthene					
Acenaphthylene					
Anthracene					
Benzidine					
Benzo(a)anthracene					
Benzo(a)pyrene					
3,4-Benzo-fluoranthene					
Benzo(ghi)perylene					
Benzo(k)fluoranthene					
Bis(2-Chloroethoxy) Methane					

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3.a. **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an “X” in the Believed Present box and provide the corresponding analytical data.

3.b. **For Categorical Industrial Users Only.** Check the box “Believed Present” and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section G in the application instructions for specific industrial category.

*Please include the required data in the table below and DO NOT attach the laboratory reports*

Pollutant	Place “X” if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Bis(2-Chloroethyl) Ether					
Bis(2-Chloroisopropyl) Ether					
Bis(2-Ethylhexyl) Phthalate					
4-Bromophenylphenyl Ether					
Butylbenzyl Phthalate					
2-Chloronaphthalene					
4-Chlorophenylphenyl Ether					
Chrysene					
Dibenzo(a,H) anthracene					
1,2-Dichlorobenzene					
1,3-Dichlorobenzene					
1,4-Dichlorobenzene					
3,3-Dichlorobenzidine					
Diethyl phthalate					
Dimethyl phthalate					
Di-n-butyl phthalate					
2,4-Dinitrotoluene					
2,6-Dinitrotoluene					
Di-n-octyl phthalate					
1,2-Diphenylhydrazine (as Azobenzene)					
Fluoranthene					
Fluorene					

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3.a. **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an “X” in the Believed Present box and provide the corresponding analytical data.

3.b. **For Categorical Industrial Users Only.** Check the box “Believed Present” and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section G in the application instructions for specific industrial category.

*Please include the required data in the table below and DO NOT attach the laboratory reports*

Pollutant	Place “X” if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Hexachlorobenzene					
Hexachlorobutadiene					
Hexachlorocyclopentadiene					
Hexachloroethane					
Indeno(1,2,3-cd) Pyrene					
Isophorone					
Naphthalene					
Nitrobenzene					
N-nitroso dimethylamine					
N-Nitrosodi-n-Propylamine					
N-Nitrosodiphenylamine					
Phenanthrene					
Pyrene					
1,24-Trichlorobenzene					
<b>Pesticides</b>					
Aldrin					
Alpha-BHC					
Beta-BHC					
Gamma-BHC					
Delta-BHC					
Chlordane					
4,4-DDT					
4,4-DDE					
4,4-DDD					

**All applicants** must provide analytical wastewater effluent data in the following table. Data must be representative of the effluent waste stream and analyzed using a sufficiently sensitive test method in accordance with 40 CFR Part 136. The table below is not an all-encompassing list. It is the responsibility of the applicant to ensure the effluent discharge has been adequately characterized and the applicable information is reported to EPD.

3.a. **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an “X” in the Believed Present box and provide the corresponding analytical data.

3.b. **For Categorical Industrial Users Only.** Check the box “Believed Present” and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section G in the application instructions for specific industrial category.

*Please include the required data in the table below and DO NOT attach the laboratory reports*

Pollutant	Place “X” if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Dieldrin					
Alpha-Endosulfan					
Beta-Endosulfan					
Endosulfan Sulfate					
Endrin					
Endrin Aldehyde					
Heptachlor					
Heptachlor Epoxide					
PCB-1242					
PCB-1254					
PCB-1221					
PCB-1232					
PCB-1248					
PCB-1260					
PCB-1016					
Toxaphene					
<b>Other Substances</b>					
Bromide					
Color					
Fecal Coliform					
Fluoride					
Nitrogen, Total Organic					
Radioactivity					
Alpha, Total					

**All applicants** must provide analytical wastewater effluent data in the following table. Data must be representative of the effluent waste stream and analyzed using a sufficiently sensitive test method in accordance with 40 CFR Part 136. The table below is not an all-encompassing list. It is the responsibility of the applicant to ensure the effluent discharge has been adequately characterized and the applicable information is reported to EPD.

3.a. **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an “X” in the Believed Present box and provide the corresponding analytical data.

3.b. **For Categorical Industrial Users Only.** Check the box “Believed Present” and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section G in the application instructions for specific industrial category.

*Please include the required data in the table below and DO NOT attach the laboratory reports*

Pollutant	Place “X” if Believed Present	Average Sample Result (mg/L)	Maximum Sample Result (mg/L)	Number of Analyses	EPA Test Method
Beta, Total					
Radium, Total					
Radium, 226 Total					
Sulfate					
Sulfide					
Sulfite					
Surfactants					
Aluminum, Total					
Barium, Total					
Boron, Total					
Cobalt, Total					
Iron, Total					
Magnesium, Total					
Molybdenum, Total					
Manganese, Total					
Tin, Total					



**SECTION L. - AUTHORIZED SIGNATURES**

Authorized Representative Statement

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.

Print Name:	Title:
Phone No.:	E-Mail Address:
Signature:	Date: