CITY OF CHICOPEE

DEPARTMENT OF PUBLIC WORKS

Stanley W. Kulig, P.E.
Superintendent

Thomas Hamel
Chief Operator

APPLICATION (A) **FOR LOCAL WASTEWATER DISCHARGE PERMIT**
CITY OF CHICOPEE INDUSTRIAL PRETREATMENT PROGRAM

NOTE: Please read all attached instructions prior to completing this application.

Section A- GENERAL INFORMATION

1. a. Company Name: _____
   b. Mailing Address: _____
   _____
   c. Telephone Number: (____)-____-_____ ext. _____

2. a. Facility Name (if different): _____
   b. Facility Address (if different): _____
   _____
   c. Telephone Number: (____)-____-_____ ext. _____

3. a. Is the Company identified in 1.a., the owner of the property on which the facility is located? Yes [ ] No [ ]

4. Designate the signatory authority of the facility:

   a. Name: _____
   b. Title: _____
   c. Business Phone #: (____)-____-_____ ext. _____
   (Attach similar information regarding additional authorized representative(s), as needed.)

5. Designate the facility contact:

   a. Name: _____
   b. Title: _____
   c. Business Phone #: (____)-____-_____ ext. _____
   (Attach similar information regarding additional authorized representative(s), as needed.)

6. Which one of the following best describes the facility?

[ ] Residence, office, store, restaurant or other retail food service establishment with sanitary (restroom and kitchen) discharge only.
Application (B) is for this type of discharger; contact the Pretreatment Coordinator at 594-3586.

[ ] Commercial or Industrial facility not described above with sanitary discharge only.
Complete Sections A-G and K of this Application (A).

[ ] Commercial or Industrial with discharge other than sanitary.
Complete all Sections A-K of this Application (A).

[ ] Waste hauler.
Application (C) is for this type of discharger; contact the Pretreatment Coordinator at 594-3586.

Section B- SEWER INFORMATION

1. a. Is the business existing or new?

Existing [ ]
i. Is the building presently connected to the City sewer?
Yes [ ] Sewer Account #(s): _____
No [ ]

New [ ]
i. Will the facility be located in an existing vacant building (such as in an industrial park)? Yes [ ] No [ ]
ii. Has the Company applied for a building permit if a new building is to be constructed? Yes [ ] No [ ]

2. List the size, descriptive location, and flow of each facility sewer which connects or will connect to the City sewer system. (If necessary, attach additional information on another sheet.)

Sewer Size	Description Location of Sewer Connection or Discharge Point	Average Flow (GPD)
_____	_____	_____
_____	_____	_____

3. If the property has any storm drains connected or proposed to be connected to either the City sanitary sewer or storm sewer, list the following information regarding size, descriptive location, and flow of each connection.

Storm Sewer Size	Description Location of Sewer Connection or Discharge Point	Average Flow (GPD)
_____	_____	_____

Section C- WATER USE

1. Water Sources: check each that applies.

   [ ] Private Well
   [ ] Surface Water
   [ ] City of Chicopee Water Department
   Account Number(s): _____
   Name on Account: _____
   [ ] Another Municipal Water Utility : _____
   [ ] Other: _____

2. List average (or estimated) water usage for the facility. Where a separate water meter is not available, estimate sanitary usage as 15 GPD per employee.

Type	Average Use in GPD
a. Contact Cooling Water	_____
b. Non-Contact Cooling Water	_____
c. Boiler Feed	_____
d. Process	_____
e. Sanitary	_____
f. Air Pollution Control	_____
g. Contained in Product	_____
h. Plant & Equipment Washdown	_____
i. Irrigation & Lawncare	_____
j. Other: _____	_____
TOTAL a-j	_____

Section D- BUSINESS ACTIVITY

1. Give a brief description of all operations at the facility including primary products or services. Attach additional sheets if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2. Indicate applicable Standard Industrial Classification (SIC) for all processes. If more than one applies, list in order of importance.

_____ _____ _____ _____ _____ _____

3. If your facility employs or will be employing processes in any of the industrial categories or business activities below, regardless of whether they generate wastewater, waste sludge, or hazardous waste, place a check beside each category of business activity that applies.

[ ] Aluminum Forming
[ ] Asbestos Manufacturing
[ ] Battery Manufacturing
[ ] Can Making
[ ] Carbon Black
[ ] Coal Mining
[ ] Coil Coating
[ ] Copper Forming
[ ] Electric and Electronic Components Manufacturing
[ ] Electroplating
[ ] Feedlots
[ ] Fertilizer Manufacturing
[ ] Foundries (Metal Molding and Casting)
[ ] Glass Manufacturing
[ ] Grain Mills
[ ] Inorganic Chemicals
[ ] Iron and Steel
[ ] Leather Tanning and Finishing
[ ] Metal Finishing
[ ] Nonferrous Metals Forming
[ ] Nonferrous Metal Manufacturing
[ ] Organic Chemicals Manufacturing
[ ] Paint and Ink Formulating
[ ] Paving and Roofing Manufacturing
[ ] Pesticides Manufacturing
[ ] Petroleum Manufacturing
[ ] Pharmaceutical
[ ] Plastics and Synthetic Fiber Manufacturing
[ ] Porcelain Enamel
[ ] Pulp, Paper, and Fiberboard Manufacturing
[ ] Rubber Manufacturing
[ ] Soap and Detergent Manufacturing
[ ] Steam Electric
[ ] Sugar Processing
[ ] Textile Mill
[ ] Timber Products

4. Estimate the product volume of each production or service line. Attach additional sheets if necessary.

Product/Service	Average/ Maximum Volume, units per day

Section E- FACILITY OPERATIONAL CHARACTERISTICS

1. Detail all working shift start and stop times each day of regular operation of the facility.

Monday	[ ]	[ ]	[ ]
Tuesday	[ ]	[ ]	[ ]
Wednesday	[ ]	[ ]	[ ]
Thursday	[ ]	[ ]	[ ]
Friday	[ ]	[ ]	[ ]
Saturday	[ ]	[ ]	[ ]
Sunday	[ ]	[ ]	[ ]

2. Is the business activity cyclic or seasonal in nature? Describe.

_____

_____

_____

3. Does operation shut down for vacation, maintenance, or other reasons? Describe. _____

_____

_____

_____

4. List types and amounts (per day, week, month, etc., known or projected) of raw materials (except chemicals) used or processed. Attach additional sheets if necessary.

Material	Amount Used or Processed/ Time Period

5. List types and amounts (per day, week, month, etc., known or projected) of chemicals used or processed. Include copies of Maunfacturer's Safety Data Sheets for each listed. Attach additional sheets if necessary.

Chemical	Amount Used or Processed/ Time Period

6. Building Layout- Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. A blueprint of the facilities showing all of the above items may be submitted.

Section F- SPILL PREVENTION

1. Is there or will there be any chemical storage containers, bins, or ponds at the facility? [ ] Yes [ ] No

   If yes, attach a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to any drain that leads to the sewer or storm drain. Indicate if any metal containers have cathodic protection.

2. Are there floor drains in the manufacturing, service, or storage area(s)? [ ] Yes [ ] No

If yes, where do they discharge to? _____

3. At this facility, an accidental spill from chemical storage containers, bins, or ponds, would lead to: (check all that apply)

[ ] an onsite disposal system
[ ] municipal sewer system
[ ] storm drain
[ ] ground
[ ] other: _____
[ ] not applicable; no possible discharge to any of the above.

4. Does the Company have an accidental spill prevention plan or slug control plan that addresses the potential for release to the municipal sewer system?

[ ] Yes. (Enclose a copy.)
[ ] No.
[ ] Not applicable, because facility has no floor drains and/or discharges only domestic waste.

5. Please describe below any previous spill events and remedial measures taken to prevent their recurrence. _____

Section G- NON-DISCHARGED WASTE

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

[ ] No.
[ ] Yes. Describe all such wastes below. Include type and amount generated, any on-site treatment of the waste, and disposal method (e.g., hauling, incineration, etc.). Attach additional sheets if necessary.

Waste Generated	Quantity (per yr)	Treat On-Site?	Disposal Method

2. If any of the above wastes are sent off-site, identify the waste(s) and the company(s) utilized for waste hauling and waste treatment/disposal.

Waste Generated	Hauler/ Waste Treatment or Disposal Facility
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Are any other Federal, State, or local environmental permits held by the facility?

[ ] No
[ ] Yes:

Permit #	Type/ Issuing Agency
_____	_____
_____	_____
_____	_____

4. Are any process changes or expansions planned in the next three years that could alter the type, volume, or pollutant concentration of wastewater generated from the facility?

[ ] No.
[ ] Yes. Briefly describe these changes and their possible effects on the discharge: _____

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

[ ] No.
[ ] Yes. Briefly describe the recovery process and substance(s) recovered: _____

[Industrial, with sanitary (restroom) discharge only, skip to Section K.]

Section H- WASTEWATER DISCHARGE INFORMATION

1. Does (or will) the facility discharge any wastewater other than from restrooms to the Chicopee sewer system?

[ ] Yes. Complete the remainder of the application.
[ ] No. Skip to Section K.

2. Provide the following information regarding the facility's discharge. New facilities must estimate.
   a. Hours of discharge, e.g., Monday [6am-4pm]

Monday	[ ]	Friday	[ ]
Tuesday	[ ]	Saturday	[ ]
Wednesday	[ ]	Sunday	[ ]
Thursday	[ ]		

b. Maximum Peak Flow Rate: _____ gpm
c. Average Daily Flow Rate: _____ gpd

3. If any of the facility's discharge is of a batch nature, complete the following. Attach additional sheets if necessary. New facilities must estimate.

a. Description of waste: _____
_____
b. Number of batches per day/week: _____
c. Average volume of batch: _____ gallons
d. Flow rate of batch: _____ gpm

a. Description of waste: _____
_____
b. Number of batches per day/week: _____
c. Average volume of batch: _____ gallons
d. Flow rate of batch: _____ gpm

4. Schematic Flow Diagram- For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream. New facilities must estimate. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the municipal sewer. Use these numbers when showing this unit processes in the building layout in Section H. See attached instructions for an example of such a schematic.

5. Was any activity in Section D.3 of this application checked?

a. [ ] No. Complete the following:

For Non-Categorical Users Only.
i. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic in H.4 that corresponds to each process. New facilities must estimate.

Ref. Number	Process Description	Average Flow (gpd)	Maximum Flow (gpd)	Dis. Type

b. [ ] Yes. Complete the following:

For Categorical Users Only.
i. Provide the wastewater discharge flows for each process or proposed process. Include the reference number from the process schematic in H.4 that corresponds to each process and type of discharge (batch, continuous, or both), for each plant process. New facilities must estimate.

Ref. Number	Categorical Reg. Process Description	Average Flow (gpd)	Maximum Flow (gpd)	Dis. Type

Ref. Number	Unregulated Process Description	Average Flow (gpd)	Maximum Flow (gpd)	Dis. Type

Ref. Number	Dilution Wastestream	Average Flow (gpd)	Maximum Flow (gpd)	Dis. Type

ii. Does the applicable categorical standard include Total Toxic Organic (TTO) requirements?

[ ] No.
[ ] Yes. Complete the following:

a. Does (or will) the facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standard? [ ] Yes [ ] No
b. Has a baseline monitoring report (BMR) been completed which contains TTO analysis? [ ] Yes. (Attach a copy.) [ ] No
c. Has a toxics organic management plan (TOMP) been developed? [ ] Yes. (Attach a copy.) [ ] No

6. Does the facility have, or plan to have, any automatic sampling equipment or continuous flow or pH monitoring equipment?

Current: [ ] Sampling equipment: _____
[ ] Effluent pH meter/recorder: _____
[ ] Effluent Flow meter/recorder: _____

Proposed: [ ] Sampling equipment: _____
[ ] Effluent pH meter/recorder: _____
[ ] Effluent Flow meter/recorder: _____

Also, include the location of this equipment in the schematic in H.4.

Section I- CHARACTERISTICS OF DISCHARGE: Pollutant Information

The municipality reserves the right to require the applicant to provide any additional monitoring data to determine the discharge's impact on the system.

1. Does the facility already discharge to the Chicopee sewer system?
   a. [ ] Yes. Complete the following:
      i. Has analysis ever been performed of wastewater generated from any portion of or the entire facility discharge?
         [ ] Yes. (Attach monitoring data, if not previously submitted to this Department.)
         [ ] No.

   b. [ ] No. Complete the following:
      i. Is the facility relocating from another municipality?
         [ ] Yes.
         Name /Address of Publicly Owned Treatment Works:
         _____
         _____
         (Attach any available monitoring data.)
         [ ] No.

      ii. Is another similar facility owned by the Company, located elsewhere?
         [ ] Yes.
         Name /Address of Publicly Owned Treatment Works:
         _____
         _____
         (Attach any available monitoring data.)
         [ ] No.

2. Using the following table, indicate whether the following pollutants are known present ("kno pre") or known absent ("kno abs") in the facility's discharge based on the available data; if no data is available, project the suspected presence ("sus pre") or absence ("sus abs") of each pollutant based on the chemicals and raw materials used or by-products generated by the facility.

#	POLLUTANT	SUS PRE	KNO PRE	SUS ABS	KNO ABS
	I. METALS AND INORGANICS				
1.	Antimony	[ ]	[ ]	[ ]	[ ]
2.	Arsenic	[ ]	[ ]	[ ]	[ ]
3.	Asbestos	[ ]	[ ]	[ ]	[ ]
4.	Beryllium	[ ]	[ ]	[ ]	[ ]
5.	Cadmium	[ ]	[ ]	[ ]	[ ]
6.	Chromium	[ ]	[ ]	[ ]	[ ]
7.	Copper	[ ]	[ ]	[ ]	[ ]
8.	Cyanide	[ ]	[ ]	[ ]	[ ]
9.	Lead	[ ]	[ ]	[ ]	[ ]
10.	Mercury	[ ]	[ ]	[ ]	[ ]
11.	Nickel	[ ]	[ ]	[ ]	[ ]
12.	Selenium	[ ]	[ ]	[ ]	[ ]
13.	Silver	[ ]	[ ]	[ ]	[ ]
14.	Thallium	[ ]	[ ]	[ ]	[ ]
15.	Zinc	[ ]	[ ]	[ ]	[ ]
	II. 624- VOLATILE ORGANIC COMPOUNDS				
16.	Benzene	[ ]	[ ]	[ ]	[ ]
17.	Bromo-dichloromethane	[ ]	[ ]	[ ]	[ ]
18.	Bromoform	[ ]	[ ]	[ ]	[ ]
19.	Bromo-methane	[ ]	[ ]	[ ]	[ ]
20.	Carbon Tetrachloride	[ ]	[ ]	[ ]	[ ]
21.	Chloro-benzene	[ ]	[ ]	[ ]	[ ]
22.	Chloro-ethane	[ ]	[ ]	[ ]	[ ]
23.	2-Chloro-vinyl ether	[ ]	[ ]	[ ]	[ ]
24.	Chloroform	[ ]	[ ]	[ ]	[ ]
25.	Chloro-methane	[ ]	[ ]	[ ]	[ ]
26.	Dibromo-chloromethane	[ ]	[ ]	[ ]	[ ]
27.	1,2-Dichlorobenzene	[ ]	[ ]	[ ]	[ ]
28.	1,3-Isopropyl)ether	[ ]	[ ]	[ ]	[ ]
29.	1,4-Dichlorobenzene	[ ]	[ ]	[ ]	[ ]
30.	1,1-Dichloroethane	[ ]	[ ]	[ ]	[ ]
31.	1,2-Dichloroethane	[ ]	[ ]	[ ]	[ ]
32.	1,1-Dichloroethene	[ ]	[ ]	[ ]	[ ]
37.	Methylene Chloride	[ ]	[ ]	[ ]	[ ]
38.	1,1,2,2-tetra-Chloroethane	[ ]	[ ]	[ ]	[ ]
39.	Tetrachloro-ethane	[ ]	[ ]	[ ]	[ ]
40.	Toluene	[ ]	[ ]	[ ]	[ ]
41.	1,1,1-trichloroethane	[ ]	[ ]	[ ]	[ ]
42.	1,1,2-trichloroethane	[ ]	[ ]	[ ]	[ ]
43.	Trichloro-ethene	[ ]	[ ]	[ ]	[ ]
44.	Trichloro-fluoromethane	[ ]	[ ]	[ ]	[ ]
45.	Vinyl Chloride	[ ]	[ ]	[ ]	[ ]
	III. 625- BASE/NEUTRAL EXTRACTABLE ORGANIC COMPOUNDS				
46.	Acenaphthene	[ ]	[ ]	[ ]	[ ]
47.	Acenaphthylene	[ ]	[ ]	[ ]	[ ]
48.	Anthracene	[ ]	[ ]	[ ]	[ ]
49.	Benzidene	[ ]	[ ]	[ ]	[ ]
50.	Benzo(a)-anthracene	[ ]	[ ]	[ ]	[ ]
51.	Benzo(a)-pyrene	[ ]	[ ]	[ ]	[ ]
52.	Benzo(b)-fluoranthene	[ ]	[ ]	[ ]	[ ]
53.	Benzo(ghi)-perylene	[ ]	[ ]	[ ]	[ ]
54.	Benzo(k)-fluorene	[ ]	[ ]	[ ]	[ ]
55.	Bis(2-chloro ethoxy)methane	[ ]	[ ]	[ ]	[ ]
56.	Bis(2-chloro ethyl)ether	[ ]	[ ]	[ ]	[ ]
57.	Bis(2-chloro dichlorobenzene	[ ]	[ ]	[ ]	[ ]
58.	Bis(2-ethyl hexyl)phthalate	[ ]	[ ]	[ ]	[ ]
59.	4-Bromophenyl phenyl ether	[ ]	[ ]	[ ]	[ ]
60.	Benzyl butyl phthalate	[ ]	[ ]	[ ]	[ ]
61.	2-Chloro-naphthalene	[ ]	[ ]	[ ]	[ ]
62.	Ether, 4-chlorophenylphenyl-	[ ]	[ ]	[ ]	[ ]

# POLLUTANT	SUS PRE	KNO PRE	SUS ABS	KNO ABS
33. trans-1,2-Dichloroethene	[ ]	[ ]	[ ]	[ ]
34. 1,2-Dichloropropane	[ ]	[ ]	[ ]	[ ]
35. 1,3-Dichloropropene	[ ]	[ ]	[ ]	[ ]
36. Ethyl Benzene	[ ]	[ ]	[ ]	[ ]
67. Benzene, 1,4-dichloro-	[ ]	[ ]	[ ]	[ ]
68. Benzidine, 3,3-dichloro-	[ ]	[ ]	[ ]	[ ]
69. Phthalate, Diethyl-	[ ]	[ ]	[ ]	[ ]
70. Phthalate, Dimethyl-	[ ]	[ ]	[ ]	[ ]
71. Phthalate, Di-n-butyl-	[ ]	[ ]	[ ]	[ ]
72. Toluene, 2,4-dinitro-	[ ]	[ ]	[ ]	[ ]
73. Toluene, 2,6-dinitro-	[ ]	[ ]	[ ]	[ ]
74. Phthalate, di-n-octyl-	[ ]	[ ]	[ ]	[ ]
75. Fluoranthene	[ ]	[ ]	[ ]	[ ]
76. Fluorene	[ ]	[ ]	[ ]	[ ]
77. Hexachloro-benzene	[ ]	[ ]	[ ]	[ ]
78. Hexachloro-butadiene	[ ]	[ ]	[ ]	[ ]
79. Hexachloro-cyclopentadiene	[ ]	[ ]	[ ]	[ ]
80. Hexachloro-ethane	[ ]	[ ]	[ ]	[ ]
81. Ideno(1,2,3-cd) pyrene	[ ]	[ ]	[ ]	[ ]
82. Isophorone	[ ]	[ ]	[ ]	[ ]
83. Naphthalene	[ ]	[ ]	[ ]	[ ]
84. Nitrobenzene	[ ]	[ ]	[ ]	[ ]
85. N-nitrosodi-methylamine	[ ]	[ ]	[ ]	[ ]
86. N-Nitrosodi-n-propylamine	[ ]	[ ]	[ ]	[ ]
87. N-Nitrosodi-phenylamine	[ ]	[ ]	[ ]	[ ]
88. Phenanthrene	[ ]	[ ]	[ ]	[ ]
89. Pyrene	[ ]	[ ]	[ ]	[ ]
90. Benzene, 1,2,4-trichloro-	[ ]	[ ]	[ ]	[ ]

IV. 625- ACID EXTRACTABLE ORGANIC COMPOUNDS

91. Phenol, 2-chloro-	[ ]	[ ]	[ ]	[ ]
63. Chrysene	[ ]	[ ]	[ ]	[ ]
64. Anthracene, dibenzo-(a,h)	[ ]	[ ]	[ ]	[ ]
65. Benzene, 1,2-dichloro-	[ ]	[ ]	[ ]	[ ]
66. Benzene, 1,3-dichloro-	[ ]	[ ]	[ ]	[ ]
98. Phenol, 4-chloro-3-methyl-	[ ]	[ ]	[ ]	[ ]
99. Phenol, pentachloro-	[ ]	[ ]	[ ]	[ ]
100. Phenol	[ ]	[ ]	[ ]	[ ]
101. Phenol, 2,4,6-Trichloro-	[ ]	[ ]	[ ]	[ ]
102. 1,2-Diphenyl hydrazine	[ ]	[ ]	[ ]	[ ]
103. Phenol, 4-Methyl-	[ ]	[ ]	[ ]	[ ]

V. 608- PESTICIDES

104. Aldrin	[ ]	[ ]	[ ]	[ ]
105. a-BHC	[ ]	[ ]	[ ]	[ ]
106. b-BHC	[ ]	[ ]	[ ]	[ ]
107. d-BHC	[ ]	[ ]	[ ]	[ ]
108. g-BHC	[ ]	[ ]	[ ]	[ ]
109. Chlordane	[ ]	[ ]	[ ]	[ ]
110. 4,4'-DDD	[ ]	[ ]	[ ]	[ ]
111. 4,4'-DDE	[ ]	[ ]	[ ]	[ ]
112. 4,4'-DDT	[ ]	[ ]	[ ]	[ ]
113. Dieldrin	[ ]	[ ]	[ ]	[ ]
114. Endosulfan I	[ ]	[ ]	[ ]	[ ]
115. Endosulfan II	[ ]	[ ]	[ ]	[ ]
116. Endosulfan Sulfate	[ ]	[ ]	[ ]	[ ]
117. Endrin	[ ]	[ ]	[ ]	[ ]
118. Endrin Aldehyde	[ ]	[ ]	[ ]	[ ]
119. Heptachlor	[ ]	[ ]	[ ]	[ ]
120. Heptachlor Epoxide	[ ]	[ ]	[ ]	[ ]
121. Toxaphene	[ ]	[ ]	[ ]	[ ]
122. Methoxy Chlor	[ ]	[ ]	[ ]	[ ]

VI. 608- PCBs

123. PCB 1016	[ ]	[ ]	[ ]	[ ]
124. PCB 1221	[ ]	[ ]	[ ]	[ ]
125. PCB 1232	[ ]	[ ]	[ ]	[ ]
126. PCB 1242	[ ]	[ ]	[ ]	[ ]
127. PCB 1248	[ ]	[ ]	[ ]	[ ]
128. PCB 1254	[ ]	[ ]	[ ]	[ ]
129. PCB 1260	[ ]	[ ]	[ ]	[ ]
130. PCB 1262	[ ]	[ ]	[ ]	[ ]

# POLLUTANT	SUS PRE	KNO PRE	SUS ABS	KNO ABS		SUS PRE	KNO PRE	SUS ABS	KNO ABS
92. Phenol, 2,4-dichloro-	[ ]	[ ]	[ ]	[ ]	131. PCB 1268	[ ]	[ ]	[ ]	[ ]
93. Phenol, 2,4-dimethyl-	[ ]	[ ]	[ ]	[ ]					
94. Phenol, 2-methyl-4,6-dinitro-	[ ]	[ ]	[ ]	[ ]					
95. Phenol, 2,4-dinitro-	[ ]	[ ]	[ ]	[ ]					
96. Phenol, 2-nitro-	[ ]	[ ]	[ ]	[ ]					
97. Phenol, 4-nitro-	[ ]	[ ]	[ ]	[ ]					

Section J- PRETREATMENT

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

2. Is any form of wastewater pretreatment (or changes to existing pretreatment) planned for the facility within the next three years?
   [ ] Yes. Briefly describe: _____

_____
   [ ] No. (*Skip to Section K if answer to J.1. above is also "No".*)

3. Check as many pretreatment devices or processes used or proposed to be used for wastewater or sludge at the facility.
   [ ] 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
   [ ] Screening
   [ ] Sedimentation
   [ ] Septic tank
   [ ] Solvent separation
   [ ] Spill protection
   [ ] Sump
   [ ] Biological treatment, type:_____
   [ ] Rainwater diversion or storage
   [ ] Other chemical treatment, type:_____
   [ ] Other physical treatment, type:_____
   [ ] Other, type:_____

Attach plans for any pretreatment device or process checked above. Include pollutant loading and flow rates, design capacity, operating procedures, equipment specifications, waste by-products and disposal methods. If the system is not yet completed, include estimated dates for milestones such as materials/equipment received, construction initiated, construction completed.

4. Does the facility require a Wastewater Treatment Operator according to State law?

[ ] Yes. Complete the following:
a. License grade required: _____
b. Operator(s) information:
i. Name: _____
Job Title: _____
License #: _____
Shift worked: _____

ii. Name: _____
Job Title: _____
License #: _____
Shift worked: _____

iii. Name: _____
Job Title: _____
License #: _____
Shift worked: _____

(Attach additional sheets as necessary.)
[ ] No.

5. Does the facility have a manual for proper operation and/or scheduled maintenance?
[ ] Yes. Attach a copy.
[ ] No.

****

All applicants must read and sign the following.

Section K- 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 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.

_____ _____
Name Title

_____ _____
Signature Date