SIGNIFICANT INDUSTRIAL USER APPLICATION
FOR
PERMIT TO DISCHARGE
AND
WASTEWATER SURVEY

MSD

MSD USE ONLY		
ISSUED:		**20**
RECEIVED:		**20**
REVIEWED:		**20**
RETURNED FOR COMMENT:		**20**

Metropolitan Sewerage District of Buncombe County, North Carolina
Industrial & Commercial Waste Division
2028 Riverside Drive
Asheville, North Carolina 28804
Telephone (828) 254-9646
Telecopier (828) 232-5546

Pursuant to the Sewer Use Ordinance of the Metropolitan Sewerage District of Buncombe County, North Carolina (MSD), all persons who are users or may become users of the sewerage systems are subject to regulation. Some of the objectives of our Ordinance and this wastewater survey/and application are:

- To prevent the introduction of pollutants into the Sewerage System which will interfere with the operation of the Sewerage System or contaminate the resulting sludge generated;
- To prevent the introduction of pollutants into the Sewerage System which will pass through the system, inadequately treated, into any waters of the State or otherwise be incompatible with the Sewerage System;
- To promote reuse and recycling of industrial wastewater and sludges from the Sewerage System; and
- To provide for the regulation of direct and indirect contributors to the Sewerage System, through the issuance of permits to certain nondomestic Users and through enforcement of general requirements for the other Users; authorizes monitoring and enforcement activities, requires User reporting and provides for the setting of fees for the equitable distribution of costs.

1. COMPANY BUSINESS NAME: _____

Site Location: _____ Phone: ( )

City: _____ State: **NC** Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

2. CHIEF EXECUTIVE OFFICER

Name: _____ Title: _____

Mailing Address: _____ Phone: ( )

City: _____ State: _____ Zip: _____

Email: _____

Primary Work Location: ☐Facility ☐Corporate Office ☐Other – List address below.

_____

3. ALTERNATE AUTHORIZED CONTACT FOR WHEN THE PRIMARY AUTHORIZED REPRESENTATIVE IS NOT AVAILABLE

Name: _____ Title: _____

Mailing Address: _____ Phone: ( )

City: _____ State: _____ Zip: _____

Email: _____

Primary Work Location: ☐Facility ☐Corporate Office ☐Other – List address below.

_____

4. PERSON(S) ON SITE (Authorized to Represent this Firm in Official Dealings with the MSD)

Name: _____ Title: _____

Mailing Address: _____ Phone: ( )

City: _____ State: _____ Zip: _____

Email: _____

Primary Work Location: ☐Facility ☐Corporate Office ☐Other – List address below.

_____

Name: _____ Title: _____

Mailing Address: _____ Phone: ( )

City: _____ State: _____ Zip: _____

Email: _____

Primary Work Location: ☐Facility ☐Corporate Office ☐Other – List address below.

Name: _____ Title: _____

Mailing Address: _____ Phone: ( )

City: _____ State: _____ Zip: _____

Email: _____

Primary Work Location: ☐Facility ☐Corporate Office ☐Other – List address below.

5. TYPE OF APPLICATION & WASTEWATER SURVEY

☐ Renewal for existing facility

☐ Revision for change in discharge or facilities modification

☐ New facility (Anticipated date of discharge commencement: _____)

☐ Change in ownership

6. GENERAL INSTRUCTIONS

a. All terms used herein are as defined in the Sewer Use Ordinance of MSD.

b. All persons receiving an Application form are to answer Questions 1 through 12., 13., and 15 through 22.

c. If water is used in such manner as to produce possible industrial or commercial wastes as indicated by positive answers to any of the Questions 12. a) 5., through 12. a) 14., you are required to furnish additional information by answering Questions 13. And 14.

d. Where industrial or commercial wastes are discharged, a Permit to Discharge Waste will be issued to the User (or rejected) subject to the requirements of the Sewer Use Ordinance of MSD and any special requirements as contained in the Permit to Discharge Waste.

e. The User may, if so desired, assert a business confidentiality claim covering all or part of the information in this Application in accordance with provisions of Section 12 of the Sewer Use Ordinance of MSD. To file such a claim, contact the General-Manager of MSD for further details.

f. Submit the completed Application/Survey and attachments to:

General Manager
Metropolitan Sewerage District of Buncombe County
2018 Riverside Drive
Asheville, North Carolina 28804

---

7. GENERAL PERMIT CONDITIONS

a. A Permit issued in response to this Application/Survey is subject to all applicable provisions of the Sewer Use Ordinance of MSD, NPDES No. NC0024911 for the operation of the Metropolitan Wastewater Treatment Plant by MSD and all applicable State and Federal Regulations.

b. A Permit issued in response to this Application/Survey is required for construction and operation of any industrial or commercial wastewater pretreatment facilities and/or continued operation of existing wastewater pretreatment facilities.

c. This Application/Survey, a Permit issued in response to this Application/Survey and all reports or information submitted pursuant to the requirements of such Permit must be signed and certified by an authorized representative of the User.

d. The provisions of a Permit issued in response to this Application/Survey are severable and, if any provision of such Permit or the Application/Survey of any provision of such Permit to any circumstances is held invalid, the Application/Survey of such provision to other circumstances and the remainder of such Permit shall not be affected thereby.

e. It is the responsibility of each Industrial or Commercial User to insure that all sludges generated by the User of a Permit issued in response to this Application/Survey, are managed under applicable sludge management requirements specified in all applicable State and Federal regulations.

f. Notice is hereby given that any and all significant violations of provisions of the Sewer Use Ordinance of MSD by the User of a Permit issued in response to this Application/Survey or any other Users of the MSD Sewerage System and a list of resulting enforcement actions taken by MSD will be published each year in the local newspaper. For the purpose of this Section, a "significant violation" shall be as defined in Subsection 1.03.68 of the Sewer Use Ordinance of MSD.

8. GENERAL INFORMATION

If your facility employs processes in any of the industrial categories or business activities listed below, place a check beside the category or business activity. (Check all that apply.)

a. Industrial Categories

(1) ☐ Aluminum Forming
(2) ☐ Asphalt Manufacturing
(3) ☐ Battery Manufacturing
(4) ☐ Beverage Bottling
(5) ☐ Canning Foods
(6) ☐ Carbon Black Manufacturing
(7) ☐ Cement Manufacturing
(8) ☐ Coil Coating
(9) ☐ Copper Forming
(10) ☐ Dairy Products Processing
(11) ☐ Electronic Components Mfg.
(12) ☐ Electroplating
(13) ☐ Explosives Manufacturing
(14) ☐ Feedlots
(15) ☐ Ferro Alloy Manufacturing
(16) ☐ Fertilizer Manufacturing
(17) ☐ Foundries: Metal Mold & Casting
(18) ☐ Glass Manufacturing
(19) ☐ Grain Mills
(20) ☐ Gum & Wood Chemicals Mfg.
(21) ☐ Ink Formulating
(22) ☐ Inorganic Chemical Manufacturing
(23) ☐ Laundry
(24) ☐ Leather Tanning & Finishing
(25) ☐ Meat Processing
(26) ☐ Medical Care Operations
(27) ☐ Metal Finishing
(28) ☐ Metal Molding and Casting
(29) ☐ Mineral and Ore Processing
(30) ☐ Nonferrous Metal, Form & Powders
(31) ☐ Nonferrous Metals Manufacturing
(32) ☐ OCPSF, Organic Chemicals, Plastics, & Synthetic Fiber Mfg.
(33) ☐ Oil & Gas Extraction
(34) ☐ Paint Formulating
(35) ☐ Roofing Materials Manufacturing
(36) ☐ Pesticide Manufacturing
(37) ☐ Petroleum Refining
(38) ☐ Pharmaceutical Manufacturing
(39) ☐ Phosphate Manufacturing
(40) ☐ Photographic Developing
(41) ☐ Plastic Injection Molding and Forming
(42) ☐ Porcelain Enameling
(43) ☐ Printing and Publishing
(44) ☐ Rendering
(45) ☐ Rubber Manufacturing
(46) ☐ Soap & Detergent Manufacturing
(47) ☐ Textile Mills
(48) ☐ Timber products processing
(49) ☐ **Service**
(50) ☐ **Other**

b. Provide a brief narrative description of the manufacturing, production or service activities your firm performs.

Number	Description of Activities

8. GENERAL INFORMATION (continued)

c. Provide a detailed narrative description of the manufacturing, production or service activities your firm performs.

d. Indicate Standard Industrial Classification Number(s) [SIC Code(s)] or North American Industry Classification System(s) [NAICS Code(s)] for all processes (if more than one applies, list in descending order of importance.

SIC/NAICS Code	Description	% of Production

e. In what month and year were the facility's operation(s) at this location established and under what name?

Facility Name	Month	Year

f. Has your facility undergone any changes in licensed ownership since the date noted above?
☐Yes ☐No If yes, complete the table below.

Facility Name	Month	Year

g. Are there any "dilution" wastestreams that flow through the current/proposed monitoring point?
☐Yes ☐No If yes, describe below

.

9. BUSINESS HOURS AND NUMBER OF EMPLOYEES

a. Days per week that the facility is open for operations: _____

b. Number of Employees: _____

	1st Shift		2nd Shift		3rd Shift	
Number of Hours						
Average # of Employees						
Start Time						
Operations Conducted during shift						

c. List chemicals and other materials (both liquid and solid) which are used or stored in containers equal to or greater than 50 gallons. Please include the Safety Data Sheets for each of the chemicals, except for oils. (Attach additional sheets if needed.)

Chemical / Material	Size of Container	# of Containers on Hand

Chemical / Material	Size of Container	# of Containers on Hand

10. SOURCES OF WATER

a) Source of Incoming Water	Gallons Per Day (GPD)	Metered	
1) City	_____ GPD	☐	
2) Well or Spring	_____ GPD	☐	
3) Surface Water	_____ GPD	☐	
4) Other	_____ GPD	☐	Specify: _____

b) Name of Water Agency: _____

c) Name on Water Bill Account: _____

d) Water Bill Account Number: _____

Meter Number	Meter Size (inches)

11. DISPOSITION OF WATER

a) How Water Leaves the facility (Gallons Per Day, GPD)

Type of Disposition	City	Spring or Well	Surface Water	Other	Metered	Estimated
1) Sewer					☐	☐
2) Storm Drain					☐	☐
3) Ground					☐	☐
4) Incorporated in Product					☐	☐
5) Waste Hauler					☐	☐
6) Septic Tank					☐	☐
7) Evaporation					☐	☐
8) **Total (1) through (7)**						

12. SPECIFIC USES OF WATER IN THE FACILITY

a) Identify the Uses of Incoming Water (Gallons Per Day, GPD)

Use	Wastewater Discharged to Where? Ex. Pipe 01, Stormwater	Is incoming water pretreated prior to use?	Is wastewater pretreated?	Amount (GPD)	Metered	Estimated
1. Domestic					☐	☐
2. Process Related Employee Showers					☐	☐
3. Boiler make-up					☐	☐
4. Cooling Water, Non-contact					☐	☐
5. Cooling Water, Contact					☐	☐
6. Backwash Water					☐	☐
7. Processing Product					☐	☐
8. Washdown of Plant					☐	☐
9. Air Pollution Control					☐	☐
10. Lab					☐	☐
11. Water into Product					☐	☐
12. Groundwater/Remediated Groundwater					☐	☐
13. Other (specify)					☐	☐
14. **Total (1) through (8)**						

13. INDUSTRIAL WATER USES

If any water is used for purposes **12. a) 5. through 12. a) 14.,** please complete Section 13.

a) A daily average flow limit based on a 30-day period and a maximum 24-hour flow limit will be issued in the permit to Discharge Industrial Waste based on the information submitted below.

b) A daily average concentration limit based on a 30-day period and a maximum 24-hour concentration limit for Biochemical Oxygen Demand (BOD) and for Total Suspended Solids (TSS) will not to be exceeded during the period of the Permit.

1) Total discharges including sanitary wastes for which a Permit to Discharge Industrial Waste is requested:

	Currently		During the Period of Upcoming Permit	
	Daily Average Based on 30-Day Period	**Maximum Based on 24-Hour Period**	**Daily Average Based on 30-Day Period**	**Maximum Based on 24-Hour Period**
Flow (GPD)				
BOD (mg/l) *				
TSS (mg/l) *				
Oil and Grease (mg/l)*				

(If known)*

2) Are any process changes or expansions planned during the next 5 years, which would alter wastewater volumes or characteristics?

☐ Yes

☐ No

3) If yes, briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed)

14. PROCESS WASTES

a. Are any liquid wastes, by-products, material residues or sludges from this facility disposed of by a means other than discharging to the MSD sewer lines?

☐ Yes (If "yes", complete items 13. b., c., d. and e.)

☐ No (If "no", skip remainder of Section 14.)

b. These wastes may best be described as:

Generated Wastes	Description	Estimated Gallons or Pounds Per Year Generated
Acids		
Alkalies		
Heavy Metal Sludges		
Inks/Dyes		
Oil and/or Grease		
Organic Compounds		
Paints		
Pesticides		
Settleable Residues		
Solvents		
Other Hazardous Wastes		
By-Products		
Other Wastes		

c. For the above checked wastes, does your company practice?

Storage	**Disposal**
☐ On-site	☐ On-site
☐ Off-site	☐ Off-site

d. Has an Accidental Discharge Control and Countermeasure Plan been prepared for the facility?

☐ Yes

☐ No

14. PROCESS WASTES (Continued)

d. Briefly describe the method(s) of storage or disposal checked above. Indicate whether landfill, incineration, resource recovery, contract hauling or RCRA regulated practices. Identify contract parties or facilities involved.

e. Do any of your substances require Resource Conservation and Recovery Act permits?

☐ Yes (If "yes", please specify below.)

☐ No

15. CHEMICAL STORAGE

a. Does your facility complete a Toxic Release Inventory?

☐ Yes (If "yes", attach the most recent copy.)

☐ No

b. Please list boiler and cooling tower treatment additives and dosage rates for each.

Type of Boiler or Cooling Unit	Treatment Additive Name	Purpose of Additive	Dosage, with units

15. CHEMICAL STORAGE (Continued)

c. Do you have any storage tanks at this facility? If so, list in the table below.

Tank ID	Inside or Outside	Above or Below Ground	Volume (in gallons)	Contents	Associated with?	Spill Containment Device

16. PRETREATMENT

Is any water utilized at the facility pretreated before it is discharged to the MSD sewer lines? *(Possible water uses requiring pretreatment are: contaminated cooling water, water used for processing product, equipment facility washdown, air pollution control unit)*

☐ Yes (If "Yes", please complete this section, Section 15.)

☐ No (If "No", skip this section, Section 15.)

a) Indicate all pretreatment devices or processes used for treating wastewater or sludge. (Check all that are utilized.)

☐ Activated carbon
☐ Air stripping
☐ Centrifuge/ Cyclone Separation
☐ Chemical Precipitation
☐ Clarifier
☐ Cyanide Destruction
☐ Dissolved Air Floatation
☐ Filtration*
☐ Flocculation
☐ Flow Equalization
☐ Grease or Oil Separation (Petroleum)
☐ Grease Trap (Animal/Vegetable)
☐ Grit Sedimentation
☐ Filter Press
☐ Flow Monitoring
☐ Biological Treatment*
☐ Solvent Separation
☐ pH Neutralization
☐ Reverse Osmosis
☐ Screening
☐ Sediment Tank
☐ Silver Recovery
☐ Ion Exchange
☐ Other *

* specify: _____
* specify: _____
* specify: _____
* specify: _____
* specify: _____

16. PRETREATMENT (continued)

b) List all pretreatment units in the order in which wastewater flows through them.

Pretreatment Unit	Waste Product Produced	Where does the waste product go?

c) Are major pretreatment operations ☐ batch or ☐ continuous?

d) If the major pretreatment operations are batch, indicate the average number of batches per 24-hour day.

e) Is any new or modified pretreatment planned for this facility within the next 5 years?

☐ Yes (If "Yes", attach detailed plans and operational descriptions.)

☐ No

f) List solid raw materials that come in contact with process water.

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

17. OPERATIONS EFFECTING PRETREATMENT

c. Is operation subject to seasonal variation?

☐ Yes

☐ No

d. If "Yes", indicate:

(1) Seasonal maximum waste flow _____ gallons per day (GPD) during the months of _____

(2) Seasonal minimum waste flow _____ gallons per day (GPD) during the months of

17. OPERATIONS EFFECTING PRETREATMENT (continued)

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

☐ Yes

☐ No

f. If "Yes" indicate period when shutdown occurs: _____

g. List any waste reduction activities (current or proposed).

Type of process	Describe

h. If a new waste discharge is proposed, describe fully, all materials that will come in contact with water and anticipated volume and characteristics of wastewater and any by-products, materials residues or sludges.

18. MONITORING

a. Sewer connection and discharge information:

(1) Provide a simple 8 ½" x 11" drawing or sketch of the total plant area showing a flow diagram of the sewer lines indicating pipe sizes, type of discharge they are carrying manufacturing processes. Also show streets, alleys, streams, manholes, and sewer sampling points. Label each sewer outlet from building as Pipe 1, Pipe 2, etc. and the monitoring point at MP 1, MP 2, ect.

(2) Is there an existing sump(s) or manhole(s) on the premises where wastes (industrial waste other than sanitary waste) can be sampled and flow measured?

☐ Yes

☐ No

18. MONITORING (continued)

(3) Describe the physical properties of the wastewater to be discharged.

Characteristic	Description
Temperature	
Color	
Clarity	
Visible Particulates	

b. Permits and Wastewater Analyses

(1) List all environmental permits other than MSD's Permit to Discharge Industrial Waste. (i.e.: NPDES, air, storm runoff)

Type of Permit	Permit Number	Expiration Date

(2) Have your wastes been sampled by MSD or the North Carolina Department of Environment, Health, and Natural Resources?

☐ Yes

☐ No

(3) If "Yes", then when was the last date? _____

c. If any chemical wastewater analyses have been performed on the wastewater discharge(s) from your facility, attach a copy of the most recent data to this application. 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).

d. Describe the wastewater Flow Measurement methods and equipment. If applicable, list the meter's current interval, flow volume, pulse frequency and reporting units:

e. List procedures employed to ensure accuracy of flow measurement method/equipment.

Frequency of Cleaning:	
Calibration method:	
Calibration performed by:	
Training/credentials of calibration staff:	
Date of most recent calibration:	

Attach a copy of the most recent Calibration Certificate.

18. MONITORING (continued)

f. Describe the sampling method and associated equipment utilized at the facility. Identify staff or contract lab responsible for sampling. Describe sampling technician training.

Sampling Equipment/Method:	
Sampling Staff:	
Training/credentials of sampling staff:	

19. SLUG/SPILL PREVENTION

a. Enter employees responsible for notifying the POTW in the event of a spill, bypass, pretreatment facility upset or other unusual discharge or problem as well as employees authorized to shut down production if needed.

	Notification to POTW	Authority to shut down production
Designated Employee(s)		
Type and frequency of training		
Procedures		
How other staff know when and how to contact designated individuals		

b. What is the date of the last revision of the slug/spill plan?_____

20. WASTE CHARACTERIZATION

a. Priority Pollutant Information: Please indicate by placing an "√ " in the appropriate box by each listed chemical that is in your manufacturing or service activity or generated as a by-product.

Chemical Name	EPA STORET Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge if Known (mg/l)
Acid Extractable Organics						
2-Chlorophenol	34586	☐	☐	☐	☐	
2,4-Dichlorophenol	34601	☐	☐	☐	☐	
2,4-Dimethyphenol	34606	☐	☐	☐	☐	
2,4-Dinitrophenol	34616	☐	☐	☐	☐	
2-Methyl-4,6-dinitrophenol	34657	☐	☐	☐	☐	
4-chloro-3-methylphenol	34452	☐	☐	☐	☐	
2-Nitrophenol	34591	☐	☐	☐	☐	
4-Nitrophenol	34646	☐	☐	☐	☐	
Pentachlorophenol	39032	☐	☐	☐	☐	
Phenol	34694	☐	☐	☐	☐	
2,4,6,-Trichlorophenol	34621	☐	☐	☐	☐	
Base Neutral Organics						
1,2,4-Trichlorobenzene	34551	☐	☐	☐	☐	
1,2-Dichlorobenzene	34536	☐	☐	☐	☐	
1,2-Diphenylhydrazine	34346	☐	☐	☐	☐	
1,3-Dichlorobenzene	34566	☐	☐	☐	☐	
1,4-Dichlorobenzene	34571	☐	☐	☐	☐	
2,4-Dinitrotoluene	34611	☐	☐	☐	☐	
2,6-Dinitrotoluene	34626	☐	☐	☐	☐	
2-Chloronaphthalene	34581	☐	☐	☐	☐	
3,3-Dichlorobenzidine	34631	☐	☐	☐	☐	
4-Bromophenyl phenyl ether	34636	☐	☐	☐	☐	
4-Chlorophenyl phenyl ether	34641	☐	☐	☐	☐	
Acenaphthene	03405	☐	☐	☐	☐	
Acenaphthylene	34200	☐	☐	☐	☐	
Anthracene	34220	☐	☐	☐	☐	
Benzidine	39120	☐	☐	☐	☐	
Benzo (a) anthracene	34526	☐	☐	☐	☐	
Benzo (a) pyrene	34247	☐	☐	☐	☐	
Benzo (b) fluoranthene	34230	☐	☐	☐	☐	
Benzo (ghi) perylene	34521	☐	☐	☐	☐	

20. WASTE CHARACTERIZATIONS (Continued)

Chemical Name	EPA STORET Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge if Known (mg/l)
Base Neutral Organics (continued)						
Benzo (k) fluoranthene	34242	☐	☐	☐	☐	
Bis(2-chloroethoxy) methane	34278	☐	☐	☐	☐	
Bis(2-chloroethyl) ether	34273	☐	☐	☐	☐	
Bis(2-chloroisopropyl) ether	34283	☐	☐	☐	☐	
Bis(2-ethylehexyl) phthalate	39100	☐	☐	☐	☐	
Butyl benzyl phthalate	34292	☐	☐	☐	☐	
Chrysene	34320	☐	☐	☐	☐	
Di-n-butyl phthalate	39110	☐	☐	☐	☐	
Di-n-octyl phthalate	34596	☐	☐	☐	☐	
Dibenzo(a,h) anthracene	34556	☐	☐	☐	☐	
Diethyl phthalate	34336	☐	☐	☐	☐	
Dimethyl phthalate	34341	☐	☐	☐	☐	
Fluoranthene	34376	☐	☐	☐	☐	
Fluorene	34381	☐	☐	☐	☐	
Hexachlorobenzene	39700	☐	☐	☐	☐	
Hexachlorobutadiene	34391	☐	☐	☐	☐	
Hexachlorocyclopentadiene	34386	☐	☐	☐	☐	
Hexachloroethane	34396	☐	☐	☐	☐	
Indeno(1,2,3-cd)pyrene	34403	☐	☐	☐	☐	
Isophorone	34408	☐	☐	☐	☐	
N-nitroso-di-n-propylamine	34428	☐	☐	☐	☐	
N-nitrosodimethylamine	34438	☐	☐	☐	☐	
N-nitrosodiphenylamine	34433	☐	☐	☐	☐	
Naphthalene	34696	☐	☐	☐	☐	
Nitrobenzene	34447	☐	☐	☐	☐	
Phenanthrene	34461	☐	☐	☐	☐	
Pyrene	34469	☐	☐	☐	☐	
Metals						
Aluminum	01104	☐	☐	☐	☐	
Antimony	01097	☐	☐	☐	☐	
Arsenic	01002	☐	☐	☐	☐	
Beryllium	01012	☐	☐	☐	☐	

Cadmium	01027	☐	☐	☐	☐	
Chromium	01034	☐	☐	☐	☐	

20. WASTE CHARACTERIZATIONS (Continued)

Chemical Name	EPA STORET Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge if Known (mg/l)
Metals (continued)						
Copper	01042	☐	☐	☐	☐	
Lead	01051	☐	☐	☐	☐	
Mercury	71900	☐	☐	☐	☐	
Molybdenum	01062	☐	☐	☐	☐	
Nickel	01067	☐	☐	☐	☐	
Selenium	01147	☐	☐	☐	☐	
Silver	01077	☐	☐	☐	☐	
Thalium	00982	☐	☐	☐	☐	
Zinc	01092	☐	☐	☐	☐	
Inorganics						
Barium	01007	☐	☐	☐	☐	
Chloride	00940	☐	☐	☐	☐	
Cyanide	00720	☐	☐	☐	☐	
Fluoride	00951	☐	☐	☐	☐	
Purgeable Volatile Organics						
1,1,1-Trichloroethane	34506	☐	☐	☐	☐	
1,1,2,2-Tetrachloroethane	34516	☐	☐	☐	☐	
1,1,2-Trichloroethane	34511	☐	☐	☐	☐	
1,1-Dichloroethane	34496	☐	☐	☐	☐	
1,1-Dichloroethylene	34501	☐	☐	☐	☐	
1,2-Dichloroethane	34531	☐	☐	☐	☐	
1,2-Dichloropropane	34541	☐	☐	☐	☐	
2-Chloroethyl vinyl ether	34576	☐	☐	☐	☐	
Acrolein	34210	☐	☐	☐	☐	
Acrylonitrile	34215	☐	☐	☐	☐	
Benzene	34030	☐	☐	☐	☐	
Bromodichloromethane	32101	☐	☐	☐	☐	
Bromoform	32104	☐	☐	☐	☐	
Bromomethane	34413	☐	☐	☐	☐	
Carbon tetrachloride	32102	☐	☐	☐	☐	
Chlorobenzene	34301	☐	☐	☐	☐	
Chloroethane	34311	☐	☐	☐	☐	
Chloroform	32106	☐	☐	☐	☐	
Chloromethane	34418	☐	☐	☐	☐	
cis 1,3-Dichloropropene	34704	☐	☐	☐	☐	
Dibromochloromethane	32105	☐	☐	☐	☐	
Ethylbenzene	34371	☐	☐	☐	☐	

Methylene chloride	34423	☐	☐	☐	☐	
Tetrachloroethylene	34475	☐	☐	☐	☐	

20. WASTE CHARACTERIZATIONS (Continued)

Chemical Name	EPA STORET Code	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge if Known (mg/l)

Purgeable Volatile Organics (continued)

Toluene	34010	☐	☐	☐	☐	
trans 1,3-Dichloropropene	34699	☐	☐	☐	☐	
trans-1,2-Dichloroethylene	34546	☐	☐	☐	☐	
Trichloroethylene	39180	☐	☐	☐	☐	
Trichlorofluoromethane	34488	☐	☐	☐	☐	
Vinyle chloride	39175	☐	☐	☐	☐	

Others

Xylene	81551	☐	☐	☐	☐	

21. WASTE MINIMIZATION

Please check "current", "projected" or "N/A" for all codes below relating to your facility's wastewater discharge.

N/A	Current	Projected	Code	Description
[ ]	[ ]	[ ]	W13	Improved maintenance scheduling, record keeping, or procedures
[ ]	[ ]	[ ]	W14	Changed production schedule to minimize equipment and feedstock changeovers
[ ]	[ ]	[ ]	W19	Other changes in operating practices (please explain) _____
[ ]	[ ]	[ ]	W21	Instituted procedures to insure that materials do not stay in inventory beyond shelf life
[ ]	[ ]	[ ]	W22	Began to test outdated material – continue to use if still effective
[ ]	[ ]	[ ]	W23	Eliminated shelf-life requirements for stable materials
[ ]	[ ]	[ ]	W24	Instituted better labeling procedures
[ ]	[ ]	[ ]	W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
[ ]	[ ]	[ ]	W29	Other changes in inventory control (please explain) _____
[ ]	[ ]	[ ]	W31	Improved storage or stacking procedures
[ ]	[ ]	[ ]	W32	Improved procedures for loading, unloading and transfer operations
[ ]	[ ]	[ ]	W33	Installed overflow alarms, and/or automatic shutoff valves
[ ]	[ ]	[ ]	W34	Installed secondary containment
[ ]	[ ]	[ ]	W35	Installed vapor recovery systems
[ ]	[ ]	[ ]	W36	Implemented inspections or monitoring program of potential spill or leak sources
[ ]	[ ]	[ ]	W39	Other spill and leak prevention (please explain) _____
[ ]	[ ]	[ ]	W41	Increased purity of raw materials
[ ]	[ ]	[ ]	W42	Substituted raw materials
[ ]	[ ]	[ ]	W49	Other raw materials modifications (please explain) _____
[ ]	[ ]	[ ]	W51	Instituted recirculation within a process
[ ]	[ ]	[ ]	W52	Modified equipment, layout, and/or piping
[ ]	[ ]	[ ]	W53	Use of different process catalyst
[ ]	[ ]	[ ]	W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
[ ]	[ ]	[ ]	W55	Change from small volume containers to bulk containers to minimize discarding of empty containers

21. WASTE MINIMIZATION (continued)

N/A	Current	Projected	Code	Description
[ ]	[ ]	[ ]	W58	Other process modifications (please explain) _____
[ ]	[ ]	[ ]	W59	Modified stripping/cleaning equipment
[ ]	[ ]	[ ]	W60	Changed to mechanical stripping/cleaning devices (from solvents or other materials)
[ ]	[ ]	[ ]	W61	Changed to aqueous cleaners (from solvents or other materials)
[ ]	[ ]	[ ]	W62	Reduced the number of solvents used to make waste more amendable to recycling
[ ]	[ ]	[ ]	W63	Modified containment procedures for cleaning units
[ ]	[ ]	[ ]	W64	Improved draining procedures
[ ]	[ ]	[ ]	W66	Modified or installed rinse systems
[ ]	[ ]	[ ]	W67	Improved rinse equipment design
[ ]	[ ]	[ ]	W68	Improved rinse equipment operation
[ ]	[ ]	[ ]	W71	Other cleaning and degreasing operation (please explain) _____
[ ]	[ ]	[ ]	W72	Modified spray systems or equipment
[ ]	[ ]	[ ]	W73	Substituted coating materials used
[ ]	[ ]	[ ]	W74	Improved application techniques
[ ]	[ ]	[ ]	W75	Changed from spray to other system
[ ]	[ ]	[ ]	W78	Other surface preparation and finishing (please explain) _____
[ ]	[ ]	[ ]	W81	Changed product specifications
[ ]	[ ]	[ ]	W82	Modified design or composition of product
[ ]	[ ]	[ ]	W83	Modified packaging
[ ]	[ ]	[ ]	W89	Other product modifications (please explain) _____
[ ]	[ ]	[ ]	W99	Other (please explain) _____

22. EXECUTION OF APPLICATION

I, _____(print name), _____ (print title), 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 submitted is, to the best of my knowledge and belief, accurate and complete. I am an authorized representative of the user and am authorized to execute this certification on behalf of the user. I am aware that there are significant penalties for submitting false information in violation of this certification, including the possibility of fines and/or imprisonment.

I also certify that I have completed the necessary notification as required by the POTW to document my qualification as an Authorized Representative as set forth in 40 CFR Part 403.12 (l) and the Metropolitan Sewerage District's Sewer Use Ordinance Section 1.03.04.

_____ _____

Authorized Signature: * Date

**** Authorized signature must correspond to Item 2 or 3 from Page 1 of this Application.***

***** Authorized Representative definition is located in MSD's Sewer Use Ordinance, Section 1.03.04***