

# Wastewater Discharge Permit Application

## PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT.

Information provided in this application will be used for issuance of a Wastewater Discharge Permit, required by *Salem Revised Code* Chapter 74. Information on processing and compliance with standards is required to satisfy federal General Pretreatment Regulations, 40 CFR 403.12, including submittal of baseline monitoring reports.

Please send completed application with all attachments to the following address:

**City of Salem**  
**Environmental Services**  
**1410 20th ST SE BLDG 2**  
**Salem OR 97302-1209**

For Office Use Only

**Permit #**

**Expiration Date**

## SECTION 1: GENERAL INFORMATION

**Business Name** \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Description or Product \_\_\_\_\_

Business Location \_\_\_\_\_

Business Mailing Address \_\_\_\_\_  
Street or PO Box

City State Zip

**Name of Business Owner** \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Name of Facility Operator** \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box

City State Zip

**Is the operator identified above the owner of the facility?**

Yes     No

If no, submit a copy of the contract, other documents indicating the operator's scope of responsibility for the facility, and/or documentation or registration of the ownership corporation. Also provide the name and address of the facility owner below, if other than the business owner.

**Name of Property or Facility Owner** \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Street or PO Box

City

State

Zip

**Name of Local Designated Facility Contact** \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Name of Emergency Contact After Business Hours** \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Designated Signatory Authority of the Facility**

Attach the information below for each additional authorized representative, if needed.

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Street or PO Box

City

State

Zip

## **SECTION 2: BUSINESS DESCRIPTION**

---

Complete a separate Section 2 for each major business activity occurring on the premises.

### **Purpose**

The business description is primarily used to determine the substances which may enter into the wastewater discharge from the business activity. The production quantities are not for public record.

**Business Activity** \_\_\_\_\_

Type of Products \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Description of activities, facilities, and plant processes on the premises, including all materials which are or could be discharged, such as cleanup chemicals and wash down water.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate applicable North American Industry Classification System (NAICS) codes for all processes. If more than one applies, list in descending order of importance.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Indicate if your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes). Check all that apply.

A facility with processes inclusive in these business areas may be covered by the U.S. Environmental Protection Agency’s categorical pretreatment standards. These facilities are termed “categorical users.”

**Industrial Categories**

- Aluminum Forming\*
- Battery Manufacturing
- Carbon Black Manufacturing
- Centralized Waste Treatment
- Coil Coating\*
- Concentrated Animal Feeding Operations
- Copper Forming\*
- Electrical and Electronic Components\*
- Electroplating\*
- Fertilizer Manufacturing
- Glass Manufacturing
- Grain Mills Manufacturing
- Ink Formulating
- Inorganic Chemicals
- Iron and Steel Manufacturing\*
- Leather Tanning and Finishing
- Metal Finishing\*
- Metal Molding and Casting
- Nonferrous Metals Forming and Metal Powders
- Nonferrous Metals Manufacturing
- Oil and Gas Extraction
- Organic Chemicals, Plastics, and Synthetic Fibers
- Paint Formulating
- Paving and Roofing Materials (Tars and Asphalt)
- Pesticide Chemicals Manufacturing, Formulating, and Packaging
- Petroleum Refining
- Pharmaceutical Manufacturing
- Porcelain Enameling
- Pulp, Paper, and Paperboard
- Rubber Manufacturing
- Soaps and Detergents Manufacturing
- Steam Electric Power Generating
- Timber Products Processing
- Transportation Equipment Cleaning
- Waste Combustors

\* Subject to TTO reporting requirements. See page 8.

**Production Process**

If both, indicate percentages of each.

Batch     Continuous     Both    Batch \_\_\_\_\_ %    Continuous \_\_\_\_\_ %

PRODUCT VOLUME				
Product or Brand Name	Amounts Per Day (Daily Units) for Past Calendar Year		Amounts Per Day (Daily Units) Estimate for This Calendar Year	
	Average	Maximum	Average	Maximum

**Have you been issued any federal, state, or local environmental permits?**

Yes     No

If yes, please list the permits.

---

---

---

---

**Discharge Period**

Discharge occurs daily from \_\_\_\_\_ to \_\_\_\_\_ .

**Indicate the days of the week discharge occurs.**

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**Indicate months during which discharge occurs.**

Variation of operation indicates whether business activity is throughout the year or seasonal.

Jan     Feb     Mar     Apr     May     Jun     Jul     Aug     Sep     Oct     Nov     Dec

**Employees Per Shift**

1st Shift \_\_\_\_\_ 2nd Shift \_\_\_\_\_ 3rd Shift \_\_\_\_\_

**Production Levels**

1st Shift \_\_\_\_\_ 2nd Shift \_\_\_\_\_ 3rd Shift \_\_\_\_\_

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

Yes     No

If yes, indicate reasons and period when shutdown occurs.

---

---

**List types and amounts (mass or volume per day) of raw materials used or planned for use.**

Attach additional sheets if needed.

RAW MATERIALS USED	
Material	Mass or Volume Per Day

List types and quantity of chemicals used or planned for use. Attach additional sheets if needed. Include copies of manufacturer's Material Safety Data Sheets for all chemicals identified.

CHEMICALS USED	
Chemical	Quantity

**FOR NON-CATEGORICAL USERS ONLY:**

Facilities that checked activities from the industrial categories on page 4 are considered Categorical Industrial Users and should skip to the next questions on pages 7 and 8.

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 that corresponds to each process. New facilities should provide estimates for each discharge.

DISCHARGE (NON-CATEGORICAL USER)				
No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

**FOR CATEGORICAL USERS ONLY:**

Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. New facilities should provide estimates for each discharge.

<b>DISCHARGE (CATEGORICAL USER)</b>				
<b>No.</b>	<b>Regulated Process</b>	<b>Average Flow (GPD)</b>	<b>Maximum Flow (GPD)</b>	<b>Type of Discharge (batch, continuous, none)</b>

<b>DISCHARGE (CATEGORICAL USER)</b>				
<b>No.</b>	<b>Unregulated Process</b>	<b>Average Flow (GPD)</b>	<b>Maximum Flow (GPD)</b>	<b>Type of Discharge (batch, continuous, none)</b>

<b>DISCHARGE (CATEGORICAL USER)</b>				
<b>No.</b>	<b>Dilution Process</b>	<b>Average Flow (GPD)</b>	<b>Maximum Flow (GPD)</b>	<b>Type of Discharge (batch, continuous, none)</b>

**FOR CATEGORICAL USERS SUBJECT TO TOTAL TOXIC ORGANIC (TTO) REQUIREMENTS:**

If you checked any of the categories marked with an asterisk (\*) on page 4, your business is classified as a federal categorical industrial user and is subject to total toxic organic (TTO) management requirements. To fulfill these requirements, you must disclose whether you use and discharge any of the products listed in *Attachment A*.

Industries who use any of these chemicals must test for them in their plant process effluent and submit the TTO test results to the City of Salem to insure compliance with federal pollutant regulations.

Industries that do not use or discharge any of the listed toxic organics are required to submit a Toxic Organics Management Plan, along with a signed and dated statement verifying there is no dumping of any of these toxins from their process.

All federal categorical industrial users must provide the following TTO information and submit either (1) a copy of current TTO test results or (2) a Toxic Organics Management Plan as outlined below along with the signed verification.

**Does or will this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by the EPA?**

Yes     No

**Has a baseline monitoring report been submitted which contains TTO information?**

Yes     No

**Has a Toxic Organics Management Plan been developed?**

Yes     No

**Toxic Organics Management Plan in accordance with 40 CFR 413.03(b)**

In requesting that no monitoring be required, industrial users of publicly owned treatment works shall submit a toxic organics management plan that specifies to the control authority's satisfaction:

- a. The toxic organic compounds used.
- b. The method of disposal used instead of dumping, such as reclamation, contract hauling, or incineration.
- c. Procedures for assuring that toxic organics do not routinely spill or leak into the wastewater.

**TTO Certification Statement in accordance with 40 CFR 413.03(a)**

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for TTO, I certify that, to the best of my knowledge and belief, no dumping of toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organics management plan submitted to the control authority.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Signature

Date



## SECTION 3: WASTEWATER CONSTITUENTS

---

### Purpose

To identify the characteristics of substances in the wastewater as a result of an applicant's business operations.

### Instructions

Indicate if any of the following constituents, characteristics, or substances are present or can be present in your wastewater discharge as a result of your operations or of an accidental spill. Indicate approximate quantities kept on site.

Type	Quantity	Type	Quantity
<input type="checkbox"/> Algicides	_____	<input type="checkbox"/> Nickel	_____
<input type="checkbox"/> Aluminum	_____	<input type="checkbox"/> Oil, Min. Origin	_____
<input type="checkbox"/> Ammonia	_____	<input type="checkbox"/> Oil Total	_____
<input type="checkbox"/> Antimony	_____	<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Arsenic	_____	<input type="checkbox"/> pH Base	_____
<input type="checkbox"/> Barium	_____	<input type="checkbox"/> pH Acid	_____
<input type="checkbox"/> Beryllium	_____	<input type="checkbox"/> Phenols	_____
<input type="checkbox"/> Boron	_____	<input type="checkbox"/> Phosphorus	_____
<input type="checkbox"/> Bromide	_____	<input type="checkbox"/> Potassium	_____
<input type="checkbox"/> Cadmium	_____	<input type="checkbox"/> Radioactivity	_____
<input type="checkbox"/> Calcium	_____	<input type="checkbox"/> Sand or Mud	_____
<input type="checkbox"/> Chlorine	_____	<input type="checkbox"/> Selenium	_____
<input type="checkbox"/> Chloride	_____	<input type="checkbox"/> Silver	_____
<input type="checkbox"/> Chromium	_____	<input type="checkbox"/> Sodium	_____
<input type="checkbox"/> Cobalt	_____	<input type="checkbox"/> Solvents	_____
<input type="checkbox"/> Copper	_____	<input type="checkbox"/> Sulfate	_____
<input type="checkbox"/> Cyanide	_____	<input type="checkbox"/> Sulfide	_____
<input type="checkbox"/> Fluoride	_____	<input type="checkbox"/> Sulfite	_____
<input type="checkbox"/> Formaldehyde	_____	<input type="checkbox"/> Surfactants	_____
<input type="checkbox"/> Hydrocarbons	_____	<input type="checkbox"/> Temp 140°F+	_____
<input type="checkbox"/> Iodide	_____	<input type="checkbox"/> Titanium	_____
<input type="checkbox"/> Iron	_____	<input type="checkbox"/> Tin	_____
<input type="checkbox"/> Lead	_____	<input type="checkbox"/> Vanadium	_____
<input type="checkbox"/> Magnesium	_____	<input type="checkbox"/> Volatile Acids	_____
<input type="checkbox"/> Manganese	_____	<input type="checkbox"/> Zinc	_____
<input type="checkbox"/> Mercury	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Molybdenum	_____	<input type="checkbox"/> Other _____	_____

## SECTION 4: WATER SOURCE, USE, AND DISPOSAL

### Purpose

The water source and use information will enable the City to determine the volume and sources of wastewater discharged to the sewer system. This information may be necessary to calculate discharge limits for applicable parameters.

Name on Utility Bill \_\_\_\_\_

Water Service Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

### Water Use and Disposition

Indicate average quantity of water received and wastewater discharged daily.

WATER SOURCES		
Type	Source	Gallons Per Day
City		
Well or other		
<b>Total</b>		

WATER DISCHARGES		
Type	Discharged To	Gallons Per Day
Air pollution control		
Boiler		
Contact		
Cooling		
Irrigation		
Non-contact cooling water		
Process		
Product		
Sanitary		
Storm system		
Washing		
Other		
<b>Total</b>		

**FOR EXISTING BUSINESSES ONLY:**

**Is the building connected to the public sanitary sewer system?**

- Yes     No

If yes, provide the sanitary sewer account number \_\_\_\_\_

**If the building is not connected to the public sanitary sewer system, have you applied for a sanitary sewer hookup?**

- Yes     No

**FOR NEW BUSINESSES ONLY:**

**Will you be occupying an existing vacant building, such as in an industrial park?**

- Yes     No

**If a new facility will be constructed, have you applied for a building permit?**

- Yes     No

**Will you be connected to the public sanitary sewer system?**

- Yes     No

**REQUIRED FOR ALL BUSINESSES:**

**Indicate average daily and three-minute peak wastewater flow rates, including daily, monthly, and seasonal variation, if any.**

---

---

---

**Wastewater Pretreatment**

Indicate the type(s) of treatment given wastewater before it is discharged to the City sewer. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> None                 | <input type="checkbox"/> Oil/Water Separator            |
| <input type="checkbox"/> Air Flotation        | <input type="checkbox"/> Ozonation                      |
| <input type="checkbox"/> Biological Treatment | <input type="checkbox"/> pH Adjustment                  |
| <input type="checkbox"/> Centrifuge           | <input type="checkbox"/> Precipitation                  |
| <input type="checkbox"/> Chlorination         | <input type="checkbox"/> Rainwater Diversion or Storage |
| <input type="checkbox"/> Cyclone              | <input type="checkbox"/> Reverse Osmosis                |
| <input type="checkbox"/> Filtration           | <input type="checkbox"/> Screening                      |
| <input type="checkbox"/> Flow Equalization    | <input type="checkbox"/> Sedimentation                  |
| <input type="checkbox"/> Grease Interceptor   | <input type="checkbox"/> Septic Tank                    |
| <input type="checkbox"/> Grinding Filter      | <input type="checkbox"/> Settling                       |
| <input type="checkbox"/> Grit Removal         | <input type="checkbox"/> Solvent Separation             |
| <input type="checkbox"/> Holding Tank         | <input type="checkbox"/> Spill Protection               |
| <input type="checkbox"/> Ion Exchange         | <input type="checkbox"/> Sump                           |
| <input type="checkbox"/> Oil/Sand Separator   |   |

**Describe the loading rate, flow rate, design capacity, physical size, and operating procedures of each pretreatment facility checked above.**

---

---

---

---

---

---

---

**Attach a process flow diagram for each existing treatment system. Use a separate sheet of paper. Include process equipment, by-product volumes, and design and operating conditions.**

**Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Include estimated completion dates.**

---

---

---

**Do you have a treatment operator?**

Yes     No

If yes, provide their information below.

Name \_\_\_\_\_

Title \_\_\_\_\_

Full-time (specify hours)\_\_\_\_\_ Part-time (specify hours)\_\_\_\_\_

**Do you have a manual on the correct operation of your treatment equipment?**

Yes     No

**Do you have a written maintenance schedule for your treatment equipment?**

Yes     No

**Indicate type of wastewater discharge.** If both, indicate percentages of each.

Batch     Continuous     Both    Batch \_\_\_\_\_ %    Continuous \_\_\_\_\_ %

**Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility? Indicate below.**

Current Flow Metering

Yes     No     N/A

Current Sampling Equipment

Yes     No     N/A

Planned Flow Metering

Yes     No     N/A

Planned Sampling Equipment

Yes     No     N/A

If yes to any of the above, please describe the equipment and indicate the present or future location of this equipment on the sewer schematic in Section 5.

---

---

---

**Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?** Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

Yes     No

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

---

---

---

---

**Are any materials or water reclamation systems in use or planned?**

Yes     No

If yes, briefly describe the recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process. Attach additional sheets if needed.

---

---

---

---

---

---

**If you dispose of screened or settled material or chemical baths to the sanitary sewer, indicate the source, frequency of disposal, and method of disposal.**

---

---

---

---

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

Yes     No

If no, skip to Section 5.

If yes, please describe in the table below. Indicate which wastes are disposed of on-site and which are disposed of at an off-site, centralized treatment facility.

**WASTE LIQUIDS AND SLUDGES**

Waste Generated	Quantity (Per Year)	Disposal Method	On-site	Off-site	Facility
			<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"/>	<input type="checkbox"/>	

**If an outside firm removes any of the above wastes, give the names and addresses of all waste haulers.**

Name \_\_\_\_\_ Permit Number (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Permit Number (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Permit Number (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

**If batch discharge occurs or will occur, indicate the following. New facilities may estimate.**

Number of Batch Discharges Per Day \_\_\_\_\_

Average Discharge Per Batch (GPD) \_\_\_\_\_

Time of Batch Discharges \_\_\_\_\_ at \_\_\_\_\_  
Day of week Hours of day

Flow Rate (gallons per minute) \_\_\_\_\_

Percent of Total Discharge \_\_\_\_\_

## **SECTION 5: SCHEMATIC FLOW DIAGRAM**

---

**ATTACH A SCHEMATIC FLOW DIAGRAM. DRAWINGS MUST BE CERTIFIED BY A STATE REGISTERED PROFESSIONAL ENGINEER.**

### **Purpose**

The schematic flow diagram shows the various sources of wastewater and the flow pattern of products through the facility. This information will enable the City of Salem to assess the quality, volume, and peak flows of the discharge.

### **Instructions**

Please submit drawing(s) on a separate sheet of paper.

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 waste streams. Include the average daily volume and maximum daily volume of each waste stream. New facilities may estimate, but if estimates are used for flow data, this must be indicated.

**Number each unit process** having wastewater discharges to the community sewer. Use these numbers when showing the unit processes in the building layout.

Include site plans, floor plans, mechanical and plumbing plans, and details to show all sewers, sewer connections, and appurtenances with size, location, and elevation.

## **SECTION 6: BUILDING LAYOUT**

---

**ATTACH A BUILDING LAYOUT. DRAWINGS MUST BE CERTIFIED BY A STATE REGISTERED PROFESSIONAL ENGINEER.**

### **Instructions**

Please submit drawing(s) or blueprint(s) on a separate sheet of paper.

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 Section 5), public drains, public sewers, and each facility sewer line connected to the public sewers.

**Number each sewer**, and show existing and proposed sample locations.



## SECTION 7: COMPLIANCE WITH PRETREATMENT STANDARDS

To complete this section, it will be necessary to provide monitoring data from the user's wastewater streams. Samples must be taken in accordance with established procedure in line with 40 CFR 136. The samples will be taken of processing effluent and will be taken at such time that will represent full operation of the user's facility. Once sampling results are available, the user will be responsible for completing this compliance report and submitting it to the City of Salem.

SAMPLING RESULTS		
Pollutant	Daily Maximum mg/l	Lab Result
As Arsenic		
Cd Cadmium		
Cr Chromium		
Cu Copper		
CN Cyanide		
Pb Lead		
Hg Mercury		
Mo Molybdenum		
Ni Nickel		
Se Selenium		
Ag Silver		
Zn Zinc		
pH		

**Are all applicable federal, state, or local pretreatment standards and requirements being met on a consistent basis?**

Yes     No     Not yet discharging

**IF YOU ANSWERED YES TO THE QUESTION ABOVE, SIGN BELOW TO CERTIFY:**

I certify under penalty of law that all applicable federal, state, or local pretreatment standards and requirements are being met on a consistent basis.

Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Signature Date

IF YOU ANSWERED NO TO THE QUESTION ABOVE, PROVIDE THE FOLLOWING:

**What additional operations and maintenance procedures are being considered to bring the facility into compliance?** Also list additional treatment technology or practice being considered in order to bring the facility into compliance.

---

---

---

---

---

**Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates.**

Milestone Activity_____	Completion Date_____
Milestone Activity_____	Completion Date_____
Milestone Activity_____	Completion Date_____
Milestone Activity_____	Completion Date_____
Milestone Activity_____	Completion Date_____
Milestone Activity_____	Completion Date_____
Milestone Activity_____	Completion Date_____
Milestone Activity_____	Completion Date_____

REQUIRED FOR ALL BUSINESSES:

**Do you have chemical storage containers, bins, or ponds at your facility?**

Yes     No

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

---

---

---

---

---

---

**Do you have floor drains in your manufacturing or chemical storage areas?**

- Yes     No

If yes, where do they discharge to?

---

---

---

**If you have chemical storage containers, bins, or ponds in your manufacturing areas, could an accidental spill lead to a discharge to any of the following? Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> On-site Disposal System                                    | <input type="checkbox"/> Ground  |
| <input type="checkbox"/> Public Sanitary Sewer System (e.g., through a floor drain) | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Storm Drain  | <input type="checkbox"/> N/A because no discharge to any of the above routes is possible |

**Do you have an Accidental Spill Prevention Plan to prevent spills of chemicals or slug discharges from entering the control authority's collection system?**

- Yes     No
- N/A because there are no floor drains and/or the facility discharges only domestic wastes

**Please describe any previous spill events and remedial measures taken to prevent their recurrence.**

---

---

---

---

---

---

---

---

---

---

## **SECTION 8: 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.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

---

Signature

Date

## ATTACHMENT A: TOXIC ORGANICS LIST

---

### TOXIC ORGANICS LIST PER 40 CFR PART 413.02(I) AND PART 433.11(E).

The term "TTO" shall mean *total toxic organics*, which is the summation of all quantifiable values greater than 0.01 milligrams per liter for the following toxic organics:

Acenaphthene	1,3-dichloropropylene (1,3-dichloropropene)
Acrolein	2,4-dimethylphenol
Acrylonitrile	2,4-dinitrotoluene
Benzene	2,6-dinitrotoluene
Benzidine	1,2-diphenylhydrazine
Carbon tetrachloride (tetrachloromethane)	Ethylbenzene
Chlorobenzene	Fluoranthene
1,2,4-trichlorobenzene	4-chlorophenyl phenyl ether
Hexachlorobenzene	4-bromophenyl phenyl ether
1,2-dichloroethane	Bis (2-chloroisopropyl) ether
1,1,1-trichloroethane	Bis (2-chloroethoxy) methane
Hexachloroethane	Methylene chloride (dichloromethane)
1,1-dichloroethane	Methyl chloride (chloromethane)
1,1,2-trichloroethane	Methyl bromide (bromomethane)
Chloroethane	Bromoform (tribromomethane)
Bis (2-chloroethyl) ether	Dichlorobromomethane
17-Bis(chloro methyl)ether	Chlorodibromomethane
2-chloroethyl vinyl ether (mixed)	Hexachlorocyclopentadiene
2-chloronaphthalene	Isophorone
2,4,6-trichlorophenol	Naphthalene
Parachlorometa cresol	Nitrobenzene
Chloroform (trichloromethane)	Nitrophenol
2-chlorophenol	2-nitrophenol
1,2-dichlorobenzene	4-nitrophenol
1,3-dichlorobenzene	2,4-dinitrophenol
1,4-dichlorobenzene	4,6-dinitro-o-cresol
3,3-dichlorobenzidine	N-nitrosodimethylamine
1,1-dichloroethylene	N-nitrosodiphenylamine
1,2-trans-dichloroethylene	N-nitrosodi-n-propylamine
2,4-dichlorophenol	Pentachlorophenol
1,2-dichloropropane	Phenol
1,2-dichloropropylene	Bis (2-ethylhexyl) phthalate

Butyl benzyl phthalate	Chlordane (technical mixture and metabolites)
Di-n-butyl phthalate	4,4-DDT
Di-n-octyl phthalate	4,4-DDE (p,p-DDX)
Diethyl phthalate	4,4-DDD (p,p-TDE)
Dimethyl phthalate	Alpha-endosulfan
1,2-benzanthracene (benzo(a)anthracene)	Beta-endosulfan
Benzo(a)pyrene (3,4-benzopyrene)	Endosulfan sulfate
3,4-Benzofluoranthene (benzo(b)fluoranthene)	Endrin
11,12-benzofluoranthene (benzo(k)fluoranthene)	Endrin aldehyde
Chrysene	Heptachlor
Acenaphthylene	Heptachlor epoxide
Anthracene	(BHC-hexachlorocyclohexane)
1,12-benzoperylene (benzo(ghi)perylene)	Alpha-BHC
Fluorene	Beta-BHC
Phenanthrene	Gamma-BHC
1,2,5,6-dibenzanthracene (dibenzo(a,h)anthracene)	Delta-BHC
Indeno(1,2,3-cd) pyrene (2,3-o-phenylene pyrene)	(PCB-polychlorinated biphenyls)
Pyrene	PCB-1242 (Arochlor 1242)
Terachloroethylene	PCB-1254 (Arochlor 1254)
Aldrin	PCB-1221 (Arochlor 1221)
Dieldrin	PCB-1232 (Arochlor 1232)
	PCB-1248 (Arochlor 1248)
	PCB-1260 (Arochlor 1260)
	PCB-1016 (Arochlor 1016)
	Toxaphene
	2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)

### TOXIC ORGANICS LIST PER 40 CFR PART 469.12.

The term "TTO" shall mean *total toxic organics*, which is the summation of all quantifiable values greater than 0.01 milligrams per liter for the following toxic organics:

1,2,4 Trichlorobenzene chloroform	2 Chlorophenol
1,2 Dichlororbenzene	2,4 Dichlorophenol
1,3 Dichlororbenzene	4 Nitrophenol pentachlorophenol di-n-butyl phthalate anthracene
1,4 Dichlororbenzene ethylbenzene	1,2 Dichloroethylene
1,1,1 Trichloroethane methylene cholride naphthalene	2,4,6 Trichlorophenol carbon tetrachloride
2 Nitrophenol phenol bis (2-ethylhexyl) phthalate tetrachloroethylene toulene trichloroethylene	1,2 Dichloroethane
	1,1,2 Trichloroethane dichlorobrommethane