

**SIGNIFICANT INDUSTRIAL USER APPLICATION  
FOR  
PERMIT TO DISCHARGE  
AND  
WASTEWATER SURVEY**

**MSD**



**MSD USE ONLY**

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

<b>ISSUED:</b>		<b>20</b>
<b>RECEIVED:</b>		<b>20</b>
<b>REVIEWED:</b>		<b>20</b>
<b>RETURNED FOR COMMENT:</b>		<b>20</b>

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: \_\_\_\_\_

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

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

**4. 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

**5. 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., 15, and 16.**
- 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 10. a) 4., through 10. a) 8., you are required to furnish additional information by answering Questions 12. 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

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**6. 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.

**7. INDUSTRIAL CATEGORY**

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

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

Number	Description of Activities

**7. INDUSTRIAL CATEGORY (Continued)**

- a. 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b. 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

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**8) SOURCES OF WATER**

- |                                    |                              |                          |                |
|------------------------------------|------------------------------|--------------------------|----------------|
| a) <u>Source of Incoming Water</u> | <u>Gallons Per Day (GPD)</u> | <u>Metered</u>           |                |
| 1) City                            | _____ GPD                    | <input type="checkbox"/> |                |
| 2) Well or Spring                  | _____ GPD                    | <input type="checkbox"/> |                |
| 3) Surface Water                   | _____ GPD                    | <input type="checkbox"/> |                |
| 4) Other                           | _____ GPD                    | <input type="checkbox"/> | Specify: _____ |

- b) Name of Water Agency: \_\_\_\_\_
- c) Name on Water Bill Account: \_\_\_\_\_
- d) Water Bill Account Number: \_\_\_\_\_

Meter Number	Meter Size (inches)

9. **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					<input type="checkbox"/>	<input type="checkbox"/>
2) Storm Drain					<input type="checkbox"/>	<input type="checkbox"/>
3) Ground					<input type="checkbox"/>	<input type="checkbox"/>
4) Incorporated in Product					<input type="checkbox"/>	<input type="checkbox"/>
5) Waste Hauler					<input type="checkbox"/>	<input type="checkbox"/>
6) Septic Tank					<input type="checkbox"/>	<input type="checkbox"/>
7) Evaporation					<input type="checkbox"/>	<input type="checkbox"/>
8) <b>Total (1) through (7)</b>						

10. **SPECIFIC USES OF WATER IN THE FACILITY**

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

Use	Amount (GPD)	Metered	Estimated
1. Domestic (Restrooms)		<input type="checkbox"/>	<input type="checkbox"/>
2. Boiler make-up		<input type="checkbox"/>	<input type="checkbox"/>
3. Cooling Water, Non-contact		<input type="checkbox"/>	<input type="checkbox"/>
4. Cooling Water, Contact		<input type="checkbox"/>	<input type="checkbox"/>
5. Processing Product		<input type="checkbox"/>	<input type="checkbox"/>
6. Washdown of Plant and/or Equipment		<input type="checkbox"/>	<input type="checkbox"/>
7. Air Pollution Control Unit		<input type="checkbox"/>	<input type="checkbox"/>
8. Other (specify)		<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Total (1) through (8)</b>			

11. **BUSINESS HOURS AND NUMBER OF EMPLOYEES**

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

b. Number of Employees: \_\_\_\_\_

	1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift
Number of Hours			
Average # of Employees			
Start Time			

**12. INDUSTRIAL WATER USES**

If any water is used for purposes **10. a) 4. through 10. a) 8.**, please complete Section 12.

- 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)

**13. 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:

<b>Generated Wastes</b>	<b>Description</b>	<b>Estimated Gallons or Pounds Per Year Generated</b>
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**

On-site

Off-site

**Disposal**

On-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. **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.)

- |   |   |
|---|---|
| <input type="checkbox"/> Activated carbon                     | <input type="checkbox"/> Ion Exchange         |
| <input type="checkbox"/> Air stripping                        | <input type="checkbox"/> Microfiltration      |
| <input type="checkbox"/> Centrifuge/ Cyclone Separation       | <input type="checkbox"/> Nanofiltration       |
| <input type="checkbox"/> Chemical Precipitation               | <input type="checkbox"/> Ozonation            |
| <input type="checkbox"/> Chlorination                         | <input type="checkbox"/> pH Neutralization    |
| <input type="checkbox"/> Cyanide Destruction                  | <input type="checkbox"/> Reverse Osmosis      |
| <input type="checkbox"/> Dissolved Air Floatation             | <input type="checkbox"/> Screening            |
| <input type="checkbox"/> Filtration                           | <input type="checkbox"/> Septic Tank          |
| <input type="checkbox"/> Flocculation                         | <input type="checkbox"/> Silver Recovery      |
| <input type="checkbox"/> Flow Equalization                    | <input type="checkbox"/> Solvent Separation   |
| <input type="checkbox"/> Grease or Oil Separation (Petroleum) | <input type="checkbox"/> Biological Treatment |
| <input type="checkbox"/> Grease Trap (Animal/Vegetable)       | <input type="checkbox"/> Ultrafiltration      |
| <input type="checkbox"/> Grit Sedimentation                   | <input type="checkbox"/> Other *              |

\* specify: \_\_\_\_\_

a) Are major pretreatment operations  batch or  continuous?

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

c) 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

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

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

16. **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

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

Yes

No

f. If "Yes" indicate period when shutdown occurs: \_\_\_\_\_

g. List any water recycling processes in use.

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.

\_\_\_\_\_

17. **MONITORING**

a. Sewer connection and discharge information:

(1) Provide a simple 8 1/2" 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

(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. (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).

**18. 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)
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**Acid Extractable Organics**

2-Chlorophenol	34586	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2,4-Dichlorophenol	34601	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2,4-Dimethylphenol	34606	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2,4-Dinitrophenol	34616	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-Methyl-4,6-dinitrophenol	34657	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4-chloro-3-methylphenol	34452	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-Nitrophenol	34591	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4-Nitrophenol	34646	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pentachlorophenol	39032	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol	34694	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2,4,6,-Trichlorophenol	34621	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Base Neutral Organics**

1,2,4-Trichlorobenzene	34551	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,2-Dichlorobenzene	34536	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,2-Diphenylhydrazine	34346	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,3-Dichlorobenzene	34566	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,4-Dichlorobenzene	34571	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2,4-Dinitrotoluene	34611	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2,6-Dinitrotoluene	34626	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-Chloronaphthalene	34581	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3,3-Dichlorobenzidine	34631	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4-Bromophenyl phenyl ether	34636	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4-Chlorophenyl phenyl ether	34641	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acenaphthene	03405	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acenaphthylene	34200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anthracene	34220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzidine	39120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (a) anthracene	34526	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (a) pyrene	34247	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (b) fluoranthene	34230	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (ghi) perylene	34521	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

18. 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)
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**Base Neutral Organics (continued)**

Benzo (k) fluoranthene	34242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bis(2-chloroethoxy) methane	34278	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bis(2-chloroethyl) ether	34273	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bis(2-chloroisopropyl) ether	34283	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bis(2-ethylehexyl) phthalate	39100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Butyl benzyl phthalate	34292	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chrysene	34320	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Di-n-butyl phthalate	39110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Di-n-octyl phthalate	34596	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dibenzo(a,h) anthracene	34556	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diethyl phthalate	34336	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dimethyl phthalate	34341	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluoranthene	34376	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluorene	34381	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hexachlorobenzene	39700	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hexachlorobutadiene	34391	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hexachlorocyclopentadiene	34386	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hexachloroethane	34396	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indeno(1,2,3-cd)pyrene	34403	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isophorone	34408	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N-nitroso-di-n-propylamine	34428	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N-nitrosodimethylamine	34438	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N-nitrosodiphenylamine	34433	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Naphthalene	34696	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nitrobenzene	34447	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenanthrene	34461	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pyrene	34469	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Metals**

Aluminum	01104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Antimony	01097	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arsenic	01002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beryllium	01012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	01027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chromium	01034	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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**18. 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)
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**Metals (continued)**

Copper	01042	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead	01051	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	71900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Molybdenum	01062	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	01067	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	01147	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	01077	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thalium	00982	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc	01092	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Inorganics**

Barium	01007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chloride	00940	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cyanide	00720	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluoride	00951	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Purgeable Volatile Organics**

1,1,1-Trichloroethane	34506	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,1,2,2-Tetrachloroethane	34516	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,1,2-Trichloroethane	34511	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,1-Dichloroethane	34496	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,1-Dichloroethylene	34501	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,2-Dichloroethane	34531	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1,2-Dichloropropane	34541	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-Chloroethyl vinyl ether	34576	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acrolein	34210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acrylonitrile	34215	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzene	34030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bromodichloromethane	32101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bromoform	32104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bromomethane	34413	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon tetrachloride	32102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorobenzene	34301	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chloroethane	34311	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chloroform	32106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chloromethane	34418	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
cis 1,3-Dichloropropene	34704	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dibromochloromethane	32105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethylbenzene	34371	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methylene chloride	34423	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tetrachloroethylene	34475	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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**18. 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)
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**Purgeable Volatile Organics (continued)**

Toluene	34010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
trans 1,3-Dichloropropene	34699	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
trans-1,2-Dichloroethylene	34546	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trichloroethylene	39180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trichlorofluoromethane	34488	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vinyle chloride	39175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Others**

Xylene	81551	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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**19. 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.*