

CITY OF THREE RIVERS WASTEWATER TREATMENT PLANT INDUSTRIAL WASTEWATER DISCHARGE APPLICATION AND SURVEY

Note: Complete and return for compliance with the Federal Clean Water Act
Leave no blanks when completing this application: use "N/A" where requested information was considered but determined not to be applicable to the facility.

For WWTP use only		
<input type="checkbox"/> Permit Application	Reviewer's Signature:	Date:
<input type="checkbox"/> Permit Renewal Application	Reviewer's Signature:	Date:
<input type="checkbox"/> Survey	Inspector's Signature:	Date:

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this permit application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. The completed application should be emailed or mailed within 10 days of receipt to: James Baker, WWTP Superintendent, 333 West Michigan, Three Rivers, MI 49093, jbaker@threeriversmi.org. If you have any questions, telephone (269) 273-5885. Thank you for your cooperation.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Signature of Official (Seal if applicable) Date

Section A - General Information			
Business or Agency Name			
Address		Mailing Address <i>(if different from previous)</i>	
Geographical Location Description			
Total area of facility (inc. grounds, parking lots, & buildings)			
A map of the facility is attached to this application		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signing Official		Alt. Contact	
Title		Title	
Telephone No.		Telephone No.	
Facsimile No.		Facsimile No.	
E-mail Address		E-mail Address	

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Section A - General Information (continued)	
Check one: <input type="checkbox"/> Existing discharge Date discharge began: _____ <input type="checkbox"/> Proposed discharge Anticipated date of discharge: _____	
Other facilities located in the City of Three Rivers which are owned/operated by the business/agency listed above and also discharge non-domestic wastewater	

Section B - Product or Service Information				
8. Please check ALL activities and descriptions applicable to the above facility address:				
<input type="checkbox"/> Electroplating/galvanizing	<input type="checkbox"/> Medical care	<input type="checkbox"/> Research		
<input type="checkbox"/> Flammables, explosives	<input type="checkbox"/> Office(s)	<input type="checkbox"/> Residential		
<input type="checkbox"/> Food or beverage processing	<input type="checkbox"/> Painting, finishing	<input type="checkbox"/> Retail trade		
<input type="checkbox"/> Food or beverage service	<input type="checkbox"/> Paint or ink formulation	<input type="checkbox"/> Waste hauler		
<input type="checkbox"/> Government - civil	<input type="checkbox"/> Photographic processing	<input type="checkbox"/> Vehicle or equipment washdown		
<input type="checkbox"/> Government - military	<input type="checkbox"/> Plant washdown	<input type="checkbox"/> Warehousing		
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Plastics processing	<input type="checkbox"/> Wholesale trade		
<input type="checkbox"/> Laundry, cleaning	<input type="checkbox"/> Printing	<input type="checkbox"/> Other:		
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Repair shop, garage	<input type="checkbox"/> Other:		
Give an informative description of all operations at this facility including primary products or services				
List all Processes	1a)	2a)	3a)	4a)
Indicate applicable Standard Industrial Classification (SIC) Code(s) for each process (if more than one applies, list in descending order of importance)	1b)	2b)	3b)	4b)
Indicate the Categorical Standard(s) applicable to your process waste stream:	1c)	2c)	3c)	4c)

Section B - Product or Service Information (continued)

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List chemicals and other materials (both liquid and solid) which are used, processed, or stored in bulk, or are present in quantities greater than 50 gallons (*attach additional sheets if necessary*)

Material	Quantity used, processed or stored per Year (<i>indicate units</i>)	Is secondary containment used? (y, n, n/a)	Locations where used, processed or stored (<i>may be indicated on map</i>)

Section C - Plant Operational Characteristics				
Shift Information	Number of shifts per work day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Work days per week	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
		7 <input type="checkbox"/>		
Is operation subject to seasonal variation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," indicate	Seasonal Maximum waste flow	gallons per day during months of		
	Seasonal Minimum waste flow	gallons per day during months of		
Does operation shut down for vacation, maintenance, or other reasons?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," indicate period when shutdown occurs				

Section C - Plant Operational Characteristics (continued)				
Major processes are	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Both	_____ % Batch	_____ % Continuous	

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___% Other (specify):							
Water Service Account Number							
If water is supplied by landlord, provide name and address:							
Name of Landlord:							
Street:							
City:				Zip Code:			
Describe any fresh/make-up water treatment or conditioning processes utilized							
Please indicate the quantities of water used by and discharged from the activities indicated below in units of gallons per day. The quantities are to be given for each sewer receiving the discharge. Place a "*" on any outfall discharging to a storm drain or surface course and give the NPDES Permit Number.							
Type	Ave. Water Usage/Intake	Discharge Quantity by Sewer Referenced in D-iii				Disch. to Storm Drains	Total Disch.
		1	2	3	4		
Contained in product							
Sanitary							
Evaporation							
Boiler						N/A	N/A
Storm water							
Cooling/uncontam'd water						N/A	N/A
Septic							
Plant & Eqpt. Washdown	N/A						
Irrigation & Lawn Watering							
Air Poll. Contr. Liquid Waste						N/A	N/A
Waste Haulers							
Other:							
Total (refer to D-iii)							
* NPDES Permit Number						N/A	N/A

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Section F – Pretreatment			
Is any form of pretreatment (see list below) practiced at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>For all waste streams which are treated before discharge, check the appropriate boxes to indicate the types of pretreatment used at this facility. For each of the types of pretreatment used, indicate the process waste stream for which it is used.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Sump _____ <input type="checkbox"/> Septic tank _____ <input type="checkbox"/> Grease trap _____ <input type="checkbox"/> Gasoline trap _____ <input type="checkbox"/> Grease or oil separation, _____ <i>type:</i> <input type="checkbox"/> Screen _____ <input type="checkbox"/> Grit removal _____ <input type="checkbox"/> Sedimentation _____ <input type="checkbox"/> Flow equalization _____ <input type="checkbox"/> Filtration _____ <input type="checkbox"/> Rainwater diversion or storage _____ <input type="checkbox"/> Neutralization, pH correction _____ <input type="checkbox"/> Chemical precipitation _____ <input type="checkbox"/> Reverse osmosis _____ <input type="checkbox"/> Water reclamation _____ <input type="checkbox"/> Ion exchange _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Ozonation _____ <input type="checkbox"/> Chlorination _____ <input type="checkbox"/> Solvent separation _____ <input type="checkbox"/> Spill protection _____ <input type="checkbox"/> Air flotation _____ <input type="checkbox"/> Centrifuge _____ <input type="checkbox"/> Cyclone _____ <input type="checkbox"/> Export or hauling _____ <input type="checkbox"/> Other chemical treatment, _____ <i>type:</i> <input type="checkbox"/> Other physical treatment, _____ <i>type:</i> <input type="checkbox"/> Biological treatment, _____ <i>type:</i> <input type="checkbox"/> Other (<i>specify</i>) _____ </td> </tr> </table>		<input type="checkbox"/> Sump _____ <input type="checkbox"/> Septic tank _____ <input type="checkbox"/> Grease trap _____ <input type="checkbox"/> Gasoline trap _____ <input type="checkbox"/> Grease or oil separation, _____ <i>type:</i> <input type="checkbox"/> Screen _____ <input type="checkbox"/> Grit removal _____ <input type="checkbox"/> Sedimentation _____ <input type="checkbox"/> Flow equalization _____ <input type="checkbox"/> Filtration _____ <input type="checkbox"/> Rainwater diversion or storage _____ <input type="checkbox"/> Neutralization, pH correction _____ <input type="checkbox"/> Chemical precipitation _____ <input type="checkbox"/> Reverse osmosis _____ <input type="checkbox"/> Water reclamation _____ <input type="checkbox"/> Ion exchange _____	<input type="checkbox"/> Ozonation _____ <input type="checkbox"/> Chlorination _____ <input type="checkbox"/> Solvent separation _____ <input type="checkbox"/> Spill protection _____ <input type="checkbox"/> Air flotation _____ <input type="checkbox"/> Centrifuge _____ <input type="checkbox"/> Cyclone _____ <input type="checkbox"/> Export or hauling _____ <input type="checkbox"/> Other chemical treatment, _____ <i>type:</i> <input type="checkbox"/> Other physical treatment, _____ <i>type:</i> <input type="checkbox"/> Biological treatment, _____ <i>type:</i> <input type="checkbox"/> Other (<i>specify</i>) _____
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Is any form of pretreatment planned for the facility within the next three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Please furnish a process flow diagram for each existing or planned pretreatment system. Include process equipment, by-products, by-product disposal method, concentrations, waste and by-product volumes, and design and operating conditions.</p> <p>The process flow diagram is attached to this application <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

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Section G - Characteristics of Discharges

Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Present," or "Known to be Present," in your manufacturing or service activity or generated as a by-product. (Some chemicals listed may be known by other names.)

Item No.	Chemical Compound	Suspected Present	Known Present	Item No.	Chemical Compound	Suspected Present	Known Present
1.	asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	34.	bis (2-chloroethoxyl) methane	<input type="checkbox"/>	<input type="checkbox"/>
2.	cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	35.	bis (2-chloroisopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>
3.	antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	36.	bis (2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>
4.	arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	37.	bromodichloromethane	<input type="checkbox"/>	<input type="checkbox"/>
5.	beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	38.	bromoform	<input type="checkbox"/>	<input type="checkbox"/>
6.	cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	39.	bromomethane	<input type="checkbox"/>	<input type="checkbox"/>
7.	chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	40.	4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>
8.	copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	41.	butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>
9.	lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	42.	carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>
10.	mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	43.	chlordane	<input type="checkbox"/>	<input type="checkbox"/>
11.	nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	44.	4-chloro-3-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>
12.	selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	45.	chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
13.	silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	46.	chloroethane	<input type="checkbox"/>	<input type="checkbox"/>
14.	thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	47.	2-chloroethyl vinyl ether	<input type="checkbox"/>	<input type="checkbox"/>
15.	zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	48.	chloroform	<input type="checkbox"/>	<input type="checkbox"/>
16.	acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	49.	chloromethane	<input type="checkbox"/>	<input type="checkbox"/>
17.	acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	50.	2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>
18.	acrolein	<input type="checkbox"/>	<input type="checkbox"/>	51.	2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>
19.	acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	52.	4-chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>
20.	aldrin	<input type="checkbox"/>	<input type="checkbox"/>	53.	chrysene	<input type="checkbox"/>	<input type="checkbox"/>
21.	anthracene	<input type="checkbox"/>	<input type="checkbox"/>	54.	4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>
22.	benzene	<input type="checkbox"/>	<input type="checkbox"/>	55.	4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>
23.	benzidine	<input type="checkbox"/>	<input type="checkbox"/>	56.	4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>
24.	benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	57.	dibenzo (a, h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>
25.	benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	58.	dibromochloromethane	<input type="checkbox"/>	<input type="checkbox"/>
26.	3,4-benzofluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	59.	1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
27.	benzo (g, h, i) perylene	<input type="checkbox"/>	<input type="checkbox"/>	60.	1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
28.	benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	61.	1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
29.	α-BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	62.	3,3'-dichlorobenzidene	<input type="checkbox"/>	<input type="checkbox"/>
30.	β-BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>	63.	1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>
31.	δ-BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>	64.	1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>
32.	γ-BHC (gamma)	<input type="checkbox"/>	<input type="checkbox"/>	65.	1,1-dichloroethene	<input type="checkbox"/>	<input type="checkbox"/>
33.	bis (2-chloroethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	66.	1,2-trans-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>

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Section G - Characteristics of Discharges (continued)							
Table continued from previous page.							
Item No.	Chemical Compound	Suspected Present	Known Present	Item No.	Chemical Compound	Suspected Present	Known Present
67.	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	97.	methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>
68.	1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	98.	naphthalene	<input type="checkbox"/>	<input type="checkbox"/>
69.	(cis & trans) 1,3-dichloropropene	<input type="checkbox"/>	<input type="checkbox"/>	99.	nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>
70.	dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	100.	2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>
71.	diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	101.	4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>
72.	2,4-dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	102.	N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>
73.	dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	103.	N-nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>
74.	di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	104.	N-nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>
75.	di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	105.	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>
76.	4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>	106.	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>
77.	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	107.	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>
78.	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	108.	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>
79.	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	109.	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>
80.	1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	110.	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>
81.	α -endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	111.	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>
82.	β -endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	112.	pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>
83.	endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	113.	phenathrene	<input type="checkbox"/>	<input type="checkbox"/>
84.	endrin	<input type="checkbox"/>	<input type="checkbox"/>	114.	phenol	<input type="checkbox"/>	<input type="checkbox"/>
85.	endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	115.	pyrene	<input type="checkbox"/>	<input type="checkbox"/>
86.	ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	116.	2,3,7,8-tetrachlorodibenzo-p-dioxin	<input type="checkbox"/>	<input type="checkbox"/>
87.	fluoroanthene	<input type="checkbox"/>	<input type="checkbox"/>	117.	1,1,2,2-tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>
88.	fluorene	<input type="checkbox"/>	<input type="checkbox"/>	118.	tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>
89.	heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	119.	toluene	<input type="checkbox"/>	<input type="checkbox"/>
90.	heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	120.	toxaphene	<input type="checkbox"/>	<input type="checkbox"/>
91.	hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	121.	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
92.	hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	122.	1,1,1-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>
93.	hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	123.	1,1,2-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>
94.	hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	124.	trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>
95.	indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	125.	2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>
96.	isophorone	<input type="checkbox"/>	<input type="checkbox"/>	126.	vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>

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Section G - Characteristics of Discharges (continued)								
List those items indicated above as being discharged and provide the following information. If their concentration in milligrams per liter (mg/l) is not known, indicate by marking "unknown."								
Item No.	Parameter/ Chemical Compound	Annual Disch. (lbs.)	Disch. Conc. (mg/l)	Item No.	Parameter/ Chemical Compound	Annual Disch. (lbs.)	Disch. Conc. (mg/l)	
<ul style="list-style-type: none"> - BOD₅ - COD - Total Suspended Solids - TKN (N) - Oil & Grease - Phosphorus 								
<p>If any wastewater analyses have been performed on the wastewater discharges from your facilities, attach 4 copies of the four (4) most recent data to this application. Be sure to include the date of the analysis, name of the laboratory performing the analysis and location(s) from which sample(s) were taken. <i>(Attach sketches, plans, etc. as necessary.)</i></p> <p style="text-align: center;"> <input type="checkbox"/> Yes, the required laboratory data is attached. <input type="checkbox"/> No wastewater analyses have been performed. </p>								
List the temperature and pH range of your discharge for each discharging point. <i>(Attach additional sheets, if necessary.)</i>								
Reference No. (refer to D-iii)	Low	Temperature Range Average		High	Low	pH Range Average		High
1. 2. 3. 4.								
How was this data collected?								

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Section H - Non-discharged Wastes					
Are any waste liquids or sludges generated and NOT disposed of in the sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "No," skip the rest of Section H. If "Yes," these may best be described and quantified as:					
Waste	Est. Quant. per Yr. (indicate units)	Disposal Method (use codes below)	Waste	Est. Quant. Per Yr. (indicate units)	Disposal Method (use codes below)
<input type="checkbox"/> Waste solvent <input type="checkbox"/> Waste product <input type="checkbox"/> Oil <input type="checkbox"/> Grease <input type="checkbox"/> Pretreatment sludge <input type="checkbox"/> Inks/dyes <input type="checkbox"/> Thinner <input type="checkbox"/> Heavy metals <input type="checkbox"/> Organic compounds			<input type="checkbox"/> Paints <input type="checkbox"/> Acids & alkalies <input type="checkbox"/> Plating wastes <input type="checkbox"/> Pesticides <input type="checkbox"/> Other (<i>specify</i>)		
Codes: b) Company removes the wastes from the facility itself. a) Wastes are placed with trash for disposal. c) Company practices on-site disposal of the wastes. If an outside firm removes any of the wastes identified above, state the name(s) and address(es) of all waste haulers:					
d)			f)		
Zip Code			Zip Code		
e)			g)		
Zip Code			Zip Code		
Do any of your substances require <i>Resource Conservation and Recovery Act</i> permits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," please specify					