



**CITY OF SIOUX CITY
INDUSTRIAL PRETREATMENT PROGRAM**

**RETURN FORM TO:
Attn: Wastewater Plant Pretreatment Coordinator
3100 S. Lewis Blvd.
Sioux City, IA 51106**

FACILITY CONTACT INFORMATION				
Company Name			Owner Name (if different)	
Facility Address				
	Street	City	State	Zip
Mailing Address (if different)				
	Street	City	State	Zip
Facility Contact Person <i>(Person for daily contact for routine information)</i>	Name		Phone	
	Title		E-mail	
Authorized Representative <i>(Person(s) authorized to sign reports)</i>	Name		Phone	
	Title		E-mail	
2 nd Authorized Representative <i>(Person(s) authorized to sign reports, optional)</i>	Name		Phone	
	Title		E-mail	
GENERAL INFORMATION				
Primary Type of Business:				
Date Operations Began:				
Written description of the manufacturing, product, or services provided by your facility:				
Indicate all applicable Standard Industrial Classification (SIC) for all processes in order of importance:				
A.	B.	C.	D.	
Specify the specific manufacturing, product, or services performed at the facility:				
Manufacturing or Service Activities		CFR	Manufacturing or Service Activities	
<input type="checkbox"/> Dairy Products Processing		405	<input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers	414
<input type="checkbox"/> Electrical and Electronic Components		469	<input type="checkbox"/> Paint Formulating	446
<input type="checkbox"/> Electroplating		413	<input type="checkbox"/> Paving and Roofing Materials (Tars and Asphalt)	443
<input type="checkbox"/> Feedlots		412	<input type="checkbox"/> Pesticide Chemicals (Formulating & Packaging)	455
<input type="checkbox"/> Ferrous Alloy Manufacturing		424	<input type="checkbox"/> Petroleum Refining	419
<input type="checkbox"/> Fertilizer Manufacturing		418	<input type="checkbox"/> Pharmaceutical Manufacturing	439
<input type="checkbox"/> Glass Manufacturing		426	<input type="checkbox"/> Phosphate Manufacturing	422
<input type="checkbox"/> Hospitals		460	<input type="checkbox"/> Plastics Molding and Forming	463
<input type="checkbox"/> Ink Formulating		447	<input type="checkbox"/> Pulp, Paper and Paperboard	430
<input type="checkbox"/> Inorganic Chemicals Manufacturing		415	<input type="checkbox"/> Rubber Processing	428
<input type="checkbox"/> Iron and Steel Manufacturing		420	<input type="checkbox"/> Soap and Detergent Manufacturing	417
<input type="checkbox"/> Landfills and Landfills Leachate		445	<input type="checkbox"/> Steam Electric Power Generating	423
<input type="checkbox"/> Laundry, Industrial		--	<input type="checkbox"/> Textile Mills	410
<input type="checkbox"/> Laundry, Linen		--	<input type="checkbox"/> Transportation Equipment Cleaning	442
<input type="checkbox"/> Aluminum Forming		467	<input type="checkbox"/> Leather Tanning and Finishing	425
<input type="checkbox"/> Battery Manufacturing		461	<input type="checkbox"/> Meat Products	432
<input type="checkbox"/> Builders' Paper and Board Mills		431	<input type="checkbox"/> Metal Molding and Casting (Foundries)	464
<input type="checkbox"/> Carbon Black Manufacturing		458	<input type="checkbox"/> Metal Products and Machinery	438
<input type="checkbox"/> Cement Manufacturing		411	<input type="checkbox"/> Metal Finishing	433
<input type="checkbox"/> Centralized Waste Treatment		437	<input type="checkbox"/> Nonferrous Metals Forming/Metal Powders	471
<input type="checkbox"/> Coil Coating (including Can making)		465	<input type="checkbox"/> Nonferrous Metals Manufacturing	421
<input type="checkbox"/> Copper Forming		468	<input type="checkbox"/> Oil and Gas Extraction	435



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EMPLOYEES AND HOURS OF OPERATION/SCHEDULED SHUTDOWNS

Total Number Employees	Days of Operation	SU	M	T	W	TH	F	S A
Time of Year for Scheduled Shutdowns (e.g., Christmas)	Shift Nos. (e.g., 1 st , 2 nd , 3 rd)							
Wastewater Discharged During Shutdowns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees per day						
Is production seasonal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shift Hours		1 st Shift				
If Yes, Describe high or low periods of production:			2 nd Shift					
			3 rd Shift					
			Office Use Only Sanitary Estimate @ 15 gpcpd:					

RAW MATERIALS AND CHEMICAL USAGE

List all raw materials used or stored on-site which have the potential to discharge to the sanitary sewer system.

Raw Materials	Storage		Daily Average Usage (Units)
	Inside	Outside	
Example: 3/4" steel tubing		✓	1,500 pounds

List all chemicals stored on-site which have the potential to discharge to the sanitary sewer system. Indicate use and if they routinely or have the potential to enter the sanitary system. Attach additional sheets as necessary.

Chemical	Use	Quantity Stored (units)	Floor Drains in Area?	SDS Available?	Enters Sanitary Sewer	
					Routinely	Potential

DESCRIPTION OF OPERATIONS

List all products, process, and rate of production

Product	Process Used to Manufacture	Average Rate of Production (specify units)	Max Daily Rate of Production (specify units)



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WATER USAGE

Indicate sources of water for your facility including process, domestic, cooling water, etc.

*Please verify water usage units with our billing department. Use the following example for calculating the average gallons per day (GPD) for water supply information:
Average GPD = Total water usage in the last 12 months (in gallons) / 365 days in a year = Average GPD water usage*

List Water Supply Source(s)	Account Number	Usage (GPD)
Water Service, (#1):		
Water Service, (#2):		
Water Service, (#3):		
Surface Water:		
Well Water:		
Other (specify):		
	Total Daily Use:	

WATER FATE

This table tracks the use of water throughout your facility and the ultimate fate of the water. Enter the total water usage calculated above. Complete the table listing the amount of incoming water for each item and the amount that is discharged for each listed item. Indicate what volume of water for each item is discharged to the sanitary sewer, storm sewer, combined sewer, or to other, such as on-site or off-site disposal. Check the appropriate Raw Water Treatment column. This is to identify if the incoming water is chemically treated prior to use. Some manufacturing processes require treatment of raw (or incoming) water before the water can be used in the process. These include dechlorination, ion exchange, etc. If the exact amount of water is not known for each item, then estimate the amount as best as possible and indicate in the table with "M" for measured or "E" for estimated. Enter "NA" (or "Not Applicable") for each item of water use information that does not apply to your facility.

Water Use	Flow (GPD)	M or E	Raw Water Treatment		Discharged			
			Yes	No	Sanitary Sewer	Storm Sewer	Evaporated	Hauled Off-Site
Domestic Use			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contained in Product			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process Water Used (specify each type):							<input type="checkbox"/>	<input type="checkbox"/>
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Pollution Control Unit			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backwash Water			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Feed/Blowdown			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling Water, Contact			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling Water, Non-Contact			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling Tower/Bleed-off			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Washing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant Cleanup/Mop Water			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated Stormwater			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total (GPD):			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WASTEWATER GENERATION

In the list below, please indicate the types of wastewater generated at your facility.

Wastewater Types	Wastewater Types, Organic wastes
<input type="checkbox"/> Acids and Acidic Wastes	<input type="checkbox"/> Alcohols
<input type="checkbox"/> Alkali and Caustic Wastes	<input type="checkbox"/> Aldehydes, Ketones
<input type="checkbox"/> Dyes, Coloring Agents	<input type="checkbox"/> Benzene and Benzene Derivatives
<input type="checkbox"/> Electroplating Wastes	<input type="checkbox"/> Ethers
<input type="checkbox"/> Fats, Grease (animal/vegetable)	<input type="checkbox"/> Flammable or explosive wastes
<input type="checkbox"/> Glues	<input type="checkbox"/> Halogenated Organic Compounds
<input type="checkbox"/> Hot Wastes (> 140° F)	<input type="checkbox"/> High Strength Waste: BOD ₅ , COD, TSS
<input type="checkbox"/> Inks, Printing Wastes	<input type="checkbox"/> Organic Acids
<input type="checkbox"/> Metal Cleaning and Preparation Wastes	<input type="checkbox"/> Pesticides, Herbicides, Rodenticides
<input type="checkbox"/> Metal Finishing Wastes	<input type="checkbox"/> Phenol-containing Wastes
<input type="checkbox"/> Paint, Pigment Wastes (Latex)	<input type="checkbox"/> Resins, Monomers
<input type="checkbox"/> Paint, Pigment Wastes (Solvent-based)	<input type="checkbox"/> Solvents, Thinners
<input type="checkbox"/> Petroleum-based Oily Wastes	<input type="checkbox"/> Toxics (specify):
<input type="checkbox"/> pH level (indicate): <input style="width: 150px;" type="text"/>	<input type="checkbox"/>



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<input type="checkbox"/> Photographic Wastes	
<input type="checkbox"/> Pickling Wastes	Other Organic Chemicals (specify):
<input type="checkbox"/> Radioactive Wastes	<input type="checkbox"/>
<input type="checkbox"/> Soaps, Surfactants, Detergents	<input type="checkbox"/>
<input type="checkbox"/> Solid or viscous material	Other Wastes (specify):
<input type="checkbox"/> Soluble Oils, Lubricants	<input type="checkbox"/>
<input type="checkbox"/> Waxes	<input type="checkbox"/>

WASTEWATER TREATMENT

List any process wastewater that is pretreated prior to discharging to the sanitary sewer system:

Process Wastewater	Average WW Discharged (GPD)	Max Daily WW Discharged (GPD)	Type of Pretreatment ¹	Batch or Continuous ²

¹ Types of pretreatment include Air Flotation, Carbon Absorption, Chemical Precipitation, Chlorination, Evaporation, Filtration, Flow Equalization, Grease Trap, Grit Removal, Ion Exchange, Neutralization, pH Control, Oil/Water Separation, Rainwater Diversion or Storage, Reverse Osmosis, Screening/Grinder, Sedimentation, Solvent Separation, Biological Treatment (describe), or explain other treatment

² Batch discharge is the controlled discharge of a discrete volume of wastewater for a limited duration.

WASTEWATER PRETREATMENT SYSTEM CAPACITY

If this facility does not have a pretreatment system, then write "NA".

For Continuous Wastewater Treatment Systems		For Batch Wastewater Treatment Systems	
Year Built		Year Built	
Average Capacity (GPD)		Capacity per Batch	
Max Capacity (GPD)		Max Batches per Day	
No. Trained Operators		Average Batches per Day	
Hours/Day Operation		Days/Week Operational	
Days/Week Operational			

OTHER WASTE GENERATION

Indicate below the types, volumes, and disposal method for other wastes generated at your facility

Waste Description	Type (solid, special, hazardous, etc.)	Disposal Method	Hauler/Contractor

ENVIRONMENTAL PERMITS AND PLANS

Indicate below if your facility has any of the following types of permits or environmental plans:

Permit or Plan	Permit Number	Effective Date	Expiration Date
Air Discharge Permit			
NPDES Permit(s)			
RCRA/EPA Permit			
Stormwater Permit			
SPCC Plan ¹			
Slug Control Plan ¹			
Solvent Management Plan ¹ Also Known as a TIO or TOMP plan)			

¹For any plans mentioned above, please submit a copy with part of your permit application package. If a plan does not exist, the permit application review process will determine if one is required in the future.



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WASTEWATER MONITORING INFORMATION

Indicate if your facility currently has or has planned equipment and stations to monitor wastewater discharges from your facility. Write "NA" if your facility does not have either a flow measurement device or a sampling station.

Flow Monitoring

Flow Measurement Location	Wastewater Description (process, combined, etc.)	Meter Type (Ultrasonic, Mag meter, etc.)	Make/Model	Last Calibration	Rated Flow Ranges (gpd)

Sampling Station

Sampling Station Location	Wastewater Description (process, combined, etc.)	Composite Sampler Make/Model	Flow-Proportioned	Time-Proportioned	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Hazardous Waste Information Questionnaire

40 CFR 403.12(p)(1) specifies that an Industrial User (IU) shall notify the Publicly Owned Treatment Works (POTW) of any discharge into the POTW of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR 261. If the IU discharges more than 100 kilograms of such waste per calendar month to the POTW, the notification shall also contain information to the extent such information is known and readily available to the IU.

EPA Hazardous Waste Number: _____

Name of Waste	EPA Haz. Waste No.	Type of Discharge:		
		Batch	Continuous	Other (specify)
_____	_____	<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 any hazardous waste is discharged to the collection system, include the following information for each hazardous waste to the extent such information is known and readily available:

Constituent Name	Mass in Wastestream	Concentration in Wastestream	Mass in Wastestream



PROCESS SCHEMATIC

*Illustrate the workflow of water and material used in the manufacturing/production process(es). For each major activity where wastewater is generated, diagram the flow of materials and water from the start of each process to the finished product or activity. Include all unit processes generating wastewater, the general process steps, and the wastes generated by each step. Identify all process steps in the diagram, and number each unit process having wastewater discharges to sewer. Use these numbers when illustrating the unit process in the **Building Layout** schematic on the next page. Indicate the process flow rates in gallons per day (GPD) with numbered steps keyed to building locations. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable.*



BUILDING LAYOUT SCHEMATIC

*Draw the location of each building on the premises. Show the location of all current or planned water meters, storm drains, numbered unit processes (see **Process Flow Diagram**), community sewers and lateral sewer connected to the community sewers, automatic sampling equipment (current or planned), location of pretreatment processes, treated flows and untreated flows, name and location of pertinent streets. Use flow schematic to indicate process and process discharge in gallons per day (GPD). Number each side sewer and show possible sampling locations (sampling manhole). An attached blueprint or drawing of the facilities showing the above items may be substituted for a drawing on this sheet.*



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MONITORING REQUIREMENTS

Analyze for all pollutants indicated under required sampling. The sampling and analysis must be representative of normal work cycles and expected pollutant discharges. The data submitted must be from a sampling event less than twelve months before the permit application submittal date. For any pollutants listed which have permitted monitoring requirements, summarize representative analytical results over the previous permit cycle. This application also serves as the Baseline Monitoring Report for new facilities, however, a minimum of four grab samples for pH, cyanide, total phenols, oil & grease, sulfide, and volatile organics must be taken if applicable to the facility's categorically regulated process(es).

Description of the location of the sample collection point¹:

Description of the sample method (Grab or Composite) and Basis³:

Req'd	Pollutant	Reporting Limit ² (include units)	Max Daily Conc (max of all data)	AVG Conc (all data)	Units (e.g., mg/L)	No. Analysis
<input type="checkbox"/>	BOD ₅					
<input type="checkbox"/>	TSS					
<input type="checkbox"/>	Ammonia-N					
<input type="checkbox"/>	Total Nitrogen					
<input type="checkbox"/>	Total Phosphorus					
<input type="checkbox"/>	Total Phenols (Grab)					
<input type="checkbox"/>	Oil & Grease (Grab)					
<input type="checkbox"/>	Cyanide (total) (Grab)					
<input type="checkbox"/>	Antimony (total)					
<input type="checkbox"/>	Aluminum (total)					
<input type="checkbox"/>	Arsenic (total)					
<input type="checkbox"/>	Beryllium (total)					
<input type="checkbox"/>	Cadmium (total)					
<input type="checkbox"/>	Chromium (total)					
<input type="checkbox"/>	Copper (total)					
<input type="checkbox"/>	Iron					
<input type="checkbox"/>	Lead (total)					
<input type="checkbox"/>	Molybdenum (total)					
<input type="checkbox"/>	Nickel (total)					
<input type="checkbox"/>	Selenium (total)					
<input type="checkbox"/>	Silver (total)					
<input type="checkbox"/>	Sulfides (Grab)					
<input type="checkbox"/>	Phenols (Grab)					
<input type="checkbox"/>	Thallium (total)					
<input type="checkbox"/>	Zinc (total)					

Categories of Pollutants:

<input type="checkbox"/>	VOCs (Grab) - see next page					
<input type="checkbox"/>	SVOCs - see next page					
<input type="checkbox"/>	PCBs - see next page					
<input type="checkbox"/>	Pesticides - see next page					

Industry or Other Pollutants:

<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Notes

1. Reproduce this form and complete for each regulated or proposed discharge point. All analysis shall conform to methods in 40 CFR Part 136 unless authorized by the Director.
2. Only list reporting level if the result was less than the reporting level (i.e., if the sample was non-detect)
3. All samples shall be collected as composite unless otherwise indicated. If samples were collected as grab, please indicate below and explain the basis (i.e., batch discharge, periodic discharge, etc.)
4. For each required category analysis, report as a total sum of all results and all non-detects with reporting limits greater than 10 ug/L. Provide the original analytical results so that specific compounds can be identified.



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Description of parameters for each category on previous page. Reporting limits for the following list shall be 10 ug/L (0.01 mg/L) or lower unless otherwise explained by your contract laboratory.

VOCs	SVOCs	SVOCs	PCBs	Pesticides
Acrolein	P-chloro-m-creso	Chrysene	PCB-1242 (Arochlor 1242)	Aldrin
Acrylonitrile	2-chlorophenol	Di-n-butyl phthalate	PCB-1254 (Arochlor 1254)	Dieldrin
Benzene	2,4-dichlorophenol	Di-n-octyl phthalate	PCB-1221 (Arochlor 1221)	Chlordane
Bromoform	2,4-dimethylphenol	Dibenzo(a,h)anthracene	PCB-1232 (Arochlor 1232)	4,4-DDT
Carbon tetrachloride	4,6-dinitro-o-cresol	1,2-dichlorobenzene	PCB-1248 (Arochlor 1248)	4,4-DDE (p,p-DDX)
Chlorobenzene	2,4-dinitrophenol	1,3-dichlorobenzene	PCB-1260 (Arochlor 1260)	4,4-DDD (p,p-TDE)
Chlorodibromomethane	2-nitrophenol	1,4-dichlorobenzene	PCB-1016 (Arochlor 1016)	Alpha-endosulfan
Chloroethane	4-nitrophenol	3,3-dichlorobenzidine		Beta-endosulfan
2-chloroethylvinyl ether	Pentachlorophenol	Diethyl phthalate		Endosulfan sulfate
Chloroform	Phenol	Dimethyl phthalate		Endrin
Dichlorobromomethane	2,4,6-trichlorophenol	2,4-dinitrotoluene		Endrin aldehyde
1,1-dichloroethane	Acenaphthene	2,6-dinitrotoluene		Heptachlor
1,2-dichloroethane	Acenaphthylene	1,2-diphenylhydrazine		Heptachlor epoxide
Trans-1,2-dichloroethylene	Anthracene	Fluoranthene		Alpha-BHC
1,1-dichloroethylene	Benzidine	Fluorene		Beta-BHC
1,2-dichloropropane	Benzo(a)anthracene	Hexachlorobenzene		Gamma-BHC
1,3-dichloropropylene	Benzo(a)pyrene	Hexachlorobutadiene		Delta-BHC
Ethylbenzene	3,4 benzofluoranthene	Hexachlorocyclo-pentadiene		2,3,7,8-Tetrachlorodibenzo-p-dioxin*
Methyl bromide	Benzo(ghi)perylene	Hexachloroethane		* TCDD screen is acceptable
Methyl chloride	Benzo(k)fluoranthene	Indeno(1,2,3-cd)pyrene		
Methylene chloride	Bis (2-chloroethoxy) methane	Isophorone		
1,1,2,2-tetrachloroethane	Bis (2-chloroethyl) ether	Naphthalene		
Tetrachloroethylene	Bis (2-chloroisopropyl) ether	Nitrobenzene		
Toluene	Bis (2-ethylhexyl) phthalate	N-nitrosodi-n-propylamine		
1,1,1-trichloroethane	4-bromophenyl phenyl ether	N-nitrosodimethylamine		
1,1,2-trichloroethane	Butyl benzyl phthalate	N-nitrosodiphenylamine		
Trichloroethylene	2-chloronaphthalene	Phenanthrene		
Vinyl chloride	4-chlorophenyl phenyl ether	Pyrene		
		1,2,4,-trichlorobenzene		

CERTIFICATION

"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."

Signature

Name/Title*

Date

* Certification shall be provided by a principal executive officer or for a partnership the sole proprietor, general partner, etc. By signing this certification the persons indicated as the authorized representatives on page 1 are hereby authorized to be the signatory authority for reports (self-monitoring reports, etc.).

Checklist for Permit Application

- Completed permit application
- Monitoring data summarized from previous permit cycle
- Monitoring Waiver Requests
- Schematics included
- Copies of the SPCC, TOMP, etc. if available