



Peter G. Crummey
Town Supervisor

TOWN OF COLONIE
DEPARTMENT OF PUBLIC WORKS
DIVISION OF PURE WATERS
347 Old Niskayuna Road
Latham, New York 12110

Telephone: (518) 783-2766 Ext 4

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www.colonie.org/departments/purewaters

**WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION
INFORMATION AND GENERAL INSTRUCTIONS**

The information provided on the following questionnaire serves the following functions:

- To assist in determining if any proposed discharge from this property may result in deleterious effects upon the public sewer, publicly owned treatment works, process, equipment, or receiving waters or may otherwise create a hazard to life or constitute a public nuisance
- To determine if any proposed discharges from this property may require a wastewater discharge permit
- To determine if pretreatment is required prior to wastewater discharge

Please note that additional information may be required based upon information supplied in this questionnaire.

It is unlawful for any person to discharge, directly or indirectly, into public sewers or into any private sewer any wastes the characteristics of which, at the point of discharge, exceed the concentration limits prescribed for normal sewage under §155-3 of the Code of the Town of Colonie or fall within the categories prohibited under Article IV of the Code of the Town of Colonie, except under the issuance of a Wastewater Discharge Permit.

The statute requiring submission of this application, the authority to issue Wastewater Discharge Permits, and the procedure for release of information contained within this application may be found in Chapter 155 of the Code of the Town of Colonie.

Request for confidential treatment of information provided on this form is governed by procedures specified in 40 CFR Part 2 and §155-48 of the Code of the Town of Colonie.

This application must be signed by an "Authorized Representative" as defined in §155-3 of the Code of the Town of Colonie.

Questions regarding the application should be directed to the Town of Colonie, Department of Public Works, Division of Pure Waters at 518-783-2766 Ext 4 or purewaters@colonie.org.

TOWN OF COLONIE PURE WATERS
INDUSTRIAL AND COMMERCIAL WASTEWATER DISCHARGER QUESTIONNAIRE

General Information

1. Company Name: _____
- 2a. Mailing Address: _____

- 2b. Premises Address:
(if different) _____

3. Standard Industrial
Classification (SIC) Code: _____
4. Name of Contact Official: _____
5. Title of Contact Official: _____
6. Telephone Number: _____
7. Fax Number: _____

Instructions

Begin this questionnaire by completing # 8 below. Then proceed to # 9, following the directions as they are provided. Depending upon your responses, you may be directed to either submit the first two pages of the questionnaire only or complete the entire form. In either case, you must endorse the Certification on page 2 for your response to be valid.

8. Provide a brief description of the firm's activities on the premises:

9. Does your facility generate any wastewater other than sanitary (sanitary wastewater is defined as wastewater from sanitary conveniences, personal washing and/or from cooking, serving and clean-up from food prepared for on-site consumption only)? _____ If no, proceed directly to the Certification and Validation section on page two and complete that section. Then return pages 1 and 2 only to the address provided. If yes, proceed to 10.

10. Provide amount of wastewater generated daily by your facility: _____ gal.
Is this measured or estimated? _____
Please provide method of determination _____ (water meter, flow meter, etc).

11. Do you treat incoming waters before use? _____ If you do, describe the handling and disposal of any treatment skimmings or sludges. _____

Regardless of your answer, proceed to 12.

DO NOT LEAVE ANY AREA BLANK. USE N/A (NOT APPLICABLE) WHERE NECESSARY

12. Do your operations fall into any of the industrial categories listed in attached Table 2? _____
If yes, you must complete the entire form. Go directly to page 3 and begin. If no, proceed to 13.
13. Do your operations use or discharge any of the chemicals listed in attached Table 1? _____
If yes, you must complete the entire form. Go directly to page 3 and begin. If no, proceed to 14.
14. Do your operations result in the collection and disposal of any hazardous wastes? _____
If yes, you must complete the entire form. Go directly to page 3 and begin. If no, proceed to 15.
15. Do you use biocides, fungicides or any other spoilage prevention additives? _____ If yes,
you must complete the entire form. Go directly to page 3 and begin. If no, proceed to 16.
16. Do you treat your wastewaters in any fashion? _____ With the exception of animal
or vegetable-based grease and oil removal (grease traps), if you answered yes, you must
complete the entire form. Go directly to page 3 and begin. Otherwise, proceed to 17.
17. Are wastewaters generated by operations at your facility likely to contain any substances that are
not routinely associated with domestic (household) activities? _____ If yes, you must
complete the entire form. Proceed to page 3 and begin. If no, proceed to 18.
18. If you have not previously been directed to complete the entire form, you need only complete the
Certification and Validation section below and return pages 1 and 2 of this form to the address
provided.

CERTIFICATION AND VALIDATION

The Certification below must be endorsed for this Questionnaire to be valid and complete. All users should carefully read the Certification and have a clear understanding of the provisions and penalties set forth for knowingly submitting false or incomplete information. If you will be completing the entire form that follows, endorse the statement below only after fully completing and reviewing the entire Questionnaire.

CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Signing Official (Print)

Title of Signing Official

Signature of Company Official

Date

Please direct all completed Questionnaires to: Town of Colonie Pure Waters
Sewer Inspector
347 Old Niskayuna Road
Latham, NY 12110

PRODUCTION INFORMATION

1. List the company's principal products or services on the premises with the appropriate Standard Industrial Classification (SIC) codes and briefly describe the specific production or process activities that take place. Attach additional sheets, if necessary. Additional sheets attached? [:] Yes [] No

2. List the principal process materials (raw materials, catalysts, intermediates, clean-up materials) associated with the activities in 1. above. Also, indicate if your company accepts its used finished product shipping containers back for recycle, and if so describe the cleaning process for these containers. Attach additional sheets, if necessary. Additional sheets attached? [] Yes [] No

3. Number of separate production buildings on the site: _____

4a. Indicate the number of separate sewer connections (to public sewers) from your production or operations: _____ or

4b. Do your operations share a connection to the public sewers with another entity (Example: multi-tenant building)? _____

5. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____

6. Days of operation: Sun. _____ Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____

7. Is there a scheduled shutdown? _____ If so, when? _____

8. Does the facility have:

- a. a Spill Prevention, Control and Countermeasure (SPCC) Plan? _____
- b. a Toxics Management Plan? _____
- c. a Slug Control Plan? _____
- d. a Best Management Practices Program? _____

Pure Waters may, in the future, request copies of any of the above Plans that are currently in effect.

DO NOT LEAVE ANY AREA BLANK. USE N/A (NOT APPLICABLE) WHERE NECESSARY

WATER AND WASTEWATER

9a. Indicate water sources and consumption:

Consumption (gal)

<u>Source:</u>	<u>Annual</u>	<u>Avg/Day*</u>
Municipal Water Supply	_____	_____
Well	_____	_____
Surface Water (river, lake, pond)	_____	_____
Other: _____	_____	_____

* Divide annual consumption by number of actual working or process days.

9b. Describe any raw water treatment processes undertaken on site. Include the means of disposal of any residuals generated by those processes.

10. Indicate below water uses (by % or by actual usage) and means of disposal:

	<u>%</u>	<u>Usage (gal/day)</u>	<u>Disposal Means*</u>
Cooling Water (contact with process)	_____	_____	_____
Cooling Water (non-contact)	_____	_____	_____
Boiler Feed	_____	_____	_____
Process Water	_____	_____	_____
Sanitary Usage	_____	_____	_____
Air Pollution Control	_____	_____	_____
Plant and Equipment Washdown	_____	_____	_____
Contained In Product	_____	_____	_____
Other (indicate): _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* e.g. sanitary sewers, combined sewers, storm sewers, direct to stream or river, subsurface injection, septic system, waste hauler, evaporation, other (indicate specifics)

11. Are wastewater discharges to the sanitary or combined sewer system:

a. Discharged during actual production?

If yes: Intermittent? _____ or Continuous? _____

b. Discharged after production? _____

If yes: Batch Process Wastewater Discharge? _____ or Clean-Up (i.e. floor washings, tank rinses)? _____

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Sewer Inspector
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Latham, NY 12110

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12. Turn to attached Table 2, which lists industrial categories for which USEPA has established federal discharge regulations and limitations. Do any of the operations at your facility fall within any of these categories? Yes _____ No _____ If yes, complete 12 (a) - 12 (d).

12a. Under which federally regulated category(s) do operations at your facility fall? _____

12b. Has a Baseline Monitoring Report been submitted to Pure Waters? If so, when? _____

12c. Have Periodic Compliance Reports been submitted to Pure Waters? If so, dates of last two reports: _____ and _____.

12d. Has final compliance been achieved? _____ If no, explain: _____

13. If wastewater discharges from the company have been analyzed to determine pollutant concentrations, and if this data has not already been submitted to Pure Waters, attach a copy of the latest laboratory report. Report attached? [] Yes [] No

14. Turn to Table 1 (two pages). Circle the name of any of the substances on the Table that might be used, stored or generated on the premises or that might be contained in the facility's wastewater discharged.

15. Does the company utilize any specific water conservation methods? _____ If so, describe.

16. Describe any wastewater treatment equipment and processes currently in use, and attach a schematic of same. Facilities and processes designed for pollutant removal as well as those designed to equalize flow and pollutant loadings should be included. Be sure to indicate whether treatment is provided at the end of specific processes or post-process and previous to final discharge. Also, if any additional treatment facilities are planned, so indicate. Schematic attached? [] Yes [] No

17. Have provisions been made for discharge flow monitoring and wastewater sampling/analysis? If so, describe. With regard to wastewater monitoring, outline methods of sample collection and analysis, or indicate the name of the consultant or contractor providing such services.

DO NOT LEAVE ANY AREA BLANK. USE N/A (NOT APPLICABLE) WHERE NECESSARY

OTHER WASTES; MISCELLANEOUS

18. Describe any accepting, holding and storage facilities and practices for all raw materials, process and clean-up chemicals and finished products.

19. Was the company required to take part in USEPA's Toxic Release Inventory by submitting information under SARA Title 313? _____ If yes, attach a copy of the latest report to USEPA.

20. Has your company filed an EPA Form 8700-12 (Notification of Hazardous Waste Activity)? _____ If yes, attach a copy of the submitted form.

21. Are any sludges, solvents, thinners, oils, still bottoms, fly ash, fillers, etc. or residual materials generated by the processes on-site? _____ If yes, complete Table 3.

22. Are residuals (skimmings, sludges, backwashes, etc.) generated as a result of wastewater treatment (or pretreatment) processes prior to discharging the wastewater into the municipal system? _____ If yes, complete Table 4.

23. Do you store industrial wastes? _____ If yes, complete Tables 5a / 5b for on-site and Tables 6a / 6b for off-site wastes.

Please return to page 2 of this Questionnaire and, after carefully reading the Certification and Validation Section and the Certification Statement, complete the Certification section. Then transmit the completed form to Town of Colonie Pure Waters at the address provided.

Table 1
Substances of Concern

Class A - Halogenated Hydrocarbons

A01. Methyl chloride
A02. Methylene Chloride
A03. Chloroform
A04. Carbon tetrachloride
A05. Freon/Genatron
A06. Other Halomethanes
A09. Vinyl fluoride
A10. Vinyl chloride

A11. Dichloroethylene
A12. Trichloroethylene
A13. Tetrachloroethylene
A14. Chlorinated propane
A15. Chlorinated propene
A16. Hexachlorobutadiene
A17. Hexachlorocyclopentadiene
A18. Chlorinated benzene
A19. Chlorinated toluene
A20. Fluorinated toluene
A21. PCB
A22. Chlorinated naphthalene

A23. Dechlorane
A24. Hexachlorocyclohexane
A99. Halogenated hydrocarbons - nsa*

Class B - Halogenated Organics

B01. Phosgene
B02. Methyl chloromethyl ether
B03. bis-chloromethyl ether
B04. Other chloroalkyl ethers
B05. Benzoyl chloride
B06. Chlorothymal
B07. Chlorinated phenol

B08. Chlorinated cresols or xylenols
B09. Chlorendic acid
B10. Chloroaryl ethers
B11. Dichlorophene or hexachlorophene
B12. Chlorinated aniline
B13. Dichlorobenzidine

B14. Chlorinated diphenyl oxide
B15. Chlorinated toluidine
B16. Kepone
B17. Dichlorovinyl sulfonyl pyridine
B18. Chloropicrin
B19. Trichloroethyl thio-phthalimide
B20. Trichloro-propylsulfonyl pyridine
B21. Tetrachloro-methylsulfonyl pyridine
B22. Tetrachloro-isophthalonitrile
B99. Halogenated organics - nsa*

Class C - Pesticides

C01. Aldrin/Dieldrin
C02. Chlordane and metabolites
C03. DDT and metabolites
C04. Endosulfan/Thiodan and metabolites
C05. Endrin and metabolites
C06. Heptachlor and metabolites
C07. Malathion
C08. Methoxychlor
C09. Parathion
C10. Toxaphene

Class C - continued

C11. Sevin
C12. Kelthane
C13. Diazon
C14. Dithane
C15. Carbaryl
C16. Silvex
C17. Dithiocarbamates
C18. Maneb

C19. Dioxathion
C20. Tandex/Karbutilate
C21. Carbofurans
C22. Pentac
C23. Folpet
C24. Dichlone
C25. Rotenone
C26. Lindane/Isotex
C27. Simazine
C28. Methoprene
C99. Pesticides - nsa*

Class D - Aromatics

D01. Benzene
D02. Toluene

D03. Xylene
D04. Biphenyl

D05. Naphthalene
D06. Ethylbenzene
D07. Styrene
D08. Acenaphthene
D09. Fluoranthene
D99. Aromatic hydrocarbons - nsa*

Class E - Tars

E01. Coal Tar
E02. Petroleum tar
E99. Tars - nsa*

Class F - Substituted Aromatics

F01. Phenol, cresol or xylene
F02. Catechol, resorcinol or hydroquinone
F03. Nitrophenols
F04. Nitrobenzenes
F05. Nitrotoluenes
F06. Aniline
F07. Toluidines
F08. Nitroanilines
F09. Nitroanisole

F10. Toluene diisocyanate
F11. Dimethylaminoazobenzene
F12. Benzoic acid/Benzoate salts
F13. Phthalic, isophthalic or terephthalic acid
F14. Phthalic anhydride
F15. Phthalate esters
F16. Phenoxyacetic acid
F17. Phenylphenols
F18. Nitrobiphenyls
F19. Aminobiphenyls (inc. benzidine)
F20. Diphenylhydrazine
F21. Naphthylamines

Class F continued

F22. Carbazole
F23. Acetylaminofluorene
F24. Dyes and organic pigments
F25. Pyridine
F99. Substituted Aromatics-nsa*

Class G Miscellaneous

G01. Asbestos
G02. Acrolein
G03. Acrylonitrile
G04. Isophorone
G05. Nitrosamines
G06. Ethyleneimine
G07. Propiolactone
G08. Nitrosodimethylamine
G09. Dimethyl hydrazine
G10. Maleic anhydride

G11. Methyl isocyanate
G12. Epoxides
G13. Nitrofurans
G14. Cyanide

Class M - Metals and Their Compounds

M01. Antimony
M02. Arsenic
M03. Beryllium
M04. Cadmium
M05. Chromium

M06. Copper
M07. Lead
M08. Mercury
M09. Nickel
M10. Selenium
M11. Silver

M12. Thallium
M13. Zinc
M99. Metals - nsa*

*nsa - not specified above

Table 2: Categorically Regulated Industries and Processes

If your facility employs or will be employing processes or unit operations in any of the industrial categories or business activities listed below (regardless of whether or not they generate wastewater, waste sludge or hazardous waste), place a check beside that category of business activity (check all that apply) and answer 'Yes' to question 13 of the Questionnaire. If you are in doubt about any of the categories, place a question mark (?) in the space, instead of a check mark.

Industrial Categories

- Dairy Products Processing *Part 405*
- Grain Mills *Part 406*
- Canned and Preserved Fruits and Vegetables Processing *Part 407*
- Canned and Preserved Seafood Processing *Part 408*
- Sugar Processing *Part 409*
- Textile Mills *Part 410*
- Cement Manufacturing *Part 411*
- Feedlots *Part 412*
- Electroplating *Part 413*
- Organic Chemicals, Plastics and Synthetic Fibers *Part 414*
- Inorganic Chemicals Manufacturing *Part 415*
- Soap and Detergent Manufacturing *Part 417*
- Fertilizer Manufacturing *Part 418*
- Petroleum Refining *Part 419*
- Iron and Steel Manufacturing *Part 420*
- Nonferrous Metals Manufacturing *Part 421*
- Phosphate Manufacturing *Part 422*
- Steam Electric Power Generating *Part 423*
- Ferroalloy Manufacturing *Part 424*
- Leather Tanning and Finishing *Part 425*
- Glass Manufacturing *Part 426*
- Asbestos Manufacturing *Part 427*
- Rubber Manufacturing *Part 428*
- Timber Products *Part 429*
- Pulp, Paper and Paperboard *Part 430*
- Builders Paper and Board
- Meat Products *Part 432*
- Metal Finishing *Part 433*
- Coal Mining *Part 434*
- Oil and Gas Extraction *Part 435*
- Mineral Mining and Processing *Part 436*
- Centralized Waste Treatment *Part 437*
- Metal Products and Machinery *Part 438*
- Pharmaceutical Manufacturing *Part 439*
- Ore Mining and Dressing *Part 440*
- Transportation Equipment *Part 442*
- Paving and Roofing Materials (Tars and Asphalts) *Part 443*
- Waste Combustors *Part 444*
- Landfills *Part 445*
- Paint Formulating *Part 446*
- Ink Formulating *Part 447*
- Gum and Wood Chemicals Manufacturing *Part 454*
- Pesticide Chemicals *Part 455*
- Explosives Manufacturing *Part 457*
- Carbon Black Manufacturing *Part 458*
- Photographics (Development and Printing) *Part 459*
- Hospitals *Part 460*
- Battery Manufacturing *Part 461*
- Plastics Molding and Forming Part 463*
- Coil Coating *Part 465*
- Porcelain Enameling *Part 466*
- Aluminum Forming *Part 467*
- Copper Forming *Part 468*
- Electric and Electronic Components *Part 46*
- Nonferrous Metals Forming and Metal Powder *Part 471*
- Other not listed Here _____

Table 3a - Description and On-Site Disposal of Industrial Wastes

Waste Type	Estimated Amount Generated	Waste Composition	On-Site Disposal Method				
			Land fill	Incineration	Lagoon	Land Appl.	Other
			<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"/>
			<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"/>

Table 3b - Description and Off-Site Disposal of Industrial Wastes

Waste Type	Estimated Amount Generated	Waste Composition	Off-Site Disposal	
			Hauler Name and Address	Final Disposal

Table 4a - Description and Disposal of Residual from Wastewater Treatment: On-site Disposal

Description of Wastewater Treatment Process	Estimated Amount Generated	Waste Composition	On-Site Disposal Method				
			Land fill	Incineration	Lagoon	Land Appl.	Other
			<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"/>
			<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"/>
			<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"/>

Table 4b - Description and Disposal of Residual from Wastewater Treatment: Off-site Disposal

Description of Wastewater Treatment Process	Estimated Amount Generated	Waste Composition	Off-Site Disposal	
			Hauler Name and Address	Final Disposal

**Table 5a - Industrial Waste Storage, Impoundment or Disposal:
Sites Used and Owned or Controlled by Facility**

Type of Storage, Impoundment and Disposal Facilities	Waste Type*	Typical Storage Period (Days)	Total Typical Quantity Stored	Total Storage Capacity
Lagoon w/liner *			gal	gal
Lagoon w/o liner *			gal	gal
Above Ground Tanks			gal	gal
Below Ground Tanks			gal	gal
Landfills, Piles			cu.	cu.
Landspreading			yds.	yds.
Barrel or Drum Storage			No.	No.
Other (specify)				

* From Table 4

Table 5b - Storage, Impoundment or Disposal Facility Information

Answer Yes or No

Type of Storage, Impoundment and Disposal Facilities	Is area diked?	Is leachate or drainage collected?	Is facility covered or closed?	Are any facilities inactive?	Is any monitoring present?
Lagoon w/liner *					
Lagoon w/o liner *					
Above Ground Tanks					
Below Ground Tanks					
Landfills, Piles					
Landspreading					
Barrel or Drum Storage					
Other (specify)					

Table 6a - Off-site Industrial Waste Storage, Impoundment or Disposal

Off-site Address: _____
 Street or Route No.: _____
 City/State/Zip Code _____
 County: _____

Type of Storage, Impoundment and Disposal Facilities	Waste Type*	Typical Storage Period (Days)	Total Typical Quantity Stored	Total Storage Capacity
Lagoon w/liner *			gal	gal
Lagoon w/o liner *			gal	gal
Above Ground Tanks			gal	gal
Below Ground Tanks			gal	gal
Landfills, Piles			cu.	cu.
Landspreading			yds.	yds.
Barrel or Drum Storage			No.	No.
Other (specify)				

* From Table 4

Table 6b - Storage, Impoundment or Disposal Facility Information

Type of Storage, Impoundment and Disposal Facilities	<u>Answer Yes or No</u>				
	Is area diked?	Is leachate or drainage collected?	Is facility covered or closed?	Is any monitoring present?	Is facility active or inactive?
Lagoon w/liner					
Lagoon w/o liner					
Above Ground Tanks					
Below Ground Tanks					
Landfills, Piles					
Landspreading					
Barrel or Drum Storage					
Other (specify)					

Please refer to
Attached Table 1

**INDUSTRIAL CHEMICAL SURVEY
PART I**

COMPANY NAME		SIC CODE (If known)	OFFICE USE ONLY
COMPANY MAILING ADDRESS	CITY	STATE	ZIP CODE
PLANT NAME (If different)	CONTACT NAME		TELEPHONE Area
PLANT ADDRESS (If different) Street	CITY	STATE	ZIP CODE
PRINCIPAL BUSINESS OF PLANT			

NOTE: (If parent company, give name and addresses of all divisions, subsidiaries, etc. located in New York State. A separate questionnaire is to be completed and submitted for each.)

**PART II
DISCHARGE INFORMATION**

WATER	1. Does your plant discharge liquid wastes to a municipally owned sanitary sewer system? Name of System _____	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	2. Is your facility permitted to discharge liquid wastes under a State (SPDES) or Federal (NPDES) permit? Permit Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	3. Do you discharge liquid wastes in any other manner? ----- Explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	If any of the above are "Yes": a. Do you discharge process or chemical wastes - (i.e. water used in manufacturing including direct contact cooling water and scrubber water)? ----- b. Do you discharge non-contact cooling water? ----- c. Do you discharge collected storm drainage only? ----- d. Do you discharge sanitary wastes only? -----	<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															
AIR	1. Does your facility have sources of possible emissions to the atmosphere? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	2. Enter Location and Facility Code as shown on your Air Pollution Control Application for Permits and Certification (If applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
SOLID & CONCENTRATED LIQUID WASTES	1. List Name and Address of Firm (Including yourself) removing wastes other than office and cafeteria refuse.	Active Inactive															
	<table border="1" style="width: 100%;"> <tr><td colspan="4">Name</td></tr> <tr><td>Address</td><td>City</td><td>State</td><td>Zip Code</td></tr> <tr><td colspan="4">Name</td></tr> <tr><td>Address</td><td>City</td><td>State</td><td>Zip Code</td></tr> </table>		Name				Address	City	State	Zip Code	Name				Address	City	State
	Name																
Address	City	State	Zip Code														
Name																	
Address	City	State	Zip Code														
2. List Location(s) of Landfill(s) owned and used by your facility.																	
	1 <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>															
	2 <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>															
PESTICIDES	1. Does this facility: Manufacture Pesticides or Pesticide Product Ingredients? ----- Produce Pesticides or Pesticide Product Ingredients? ----- Formulate Pesticides? ----- Repackage Pesticides? -----	<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															
	2. EPA Establishment Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>																

