# City of Greensboro Industrial User Wastewater Survey & Significant Industrial User [Wastewater Discharge] Permit Application

The information provided on this questionnaire serves two functions:

1. The information is used to determine if your facility needs a Significant Industrial User [SIU] Permit for the discharge of wastewater to the City of Greensboro sanitary sewer system.
2. If a Significant Industrial User [SIU] Permit is required, this survey serves as the application for an SIU Permit.

**Confidential Information:** Unless deemed otherwise by the City of Greensboro Industrial Waste Section, all information in this Application and corresponding Wastewater Discharge Permit is considered Public Information and is available to any member of the public upon request. Confidential information is information that is considered proprietary, trade secret, or may have an adverse impact on a business advantage should it be divulged.

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in 40 CFR Part 2 [Federal Regulations] and Article X of the Greensboro Sewer Use and Pretreatment Ordinance. *In accordance with 40 CFR Part 403.14, information and data provided in this questionnaire that identifies the content, volume and frequency of the effluent wastewater discharge cannot be claimed as confidential and shall be available to the public without restriction.* **See application cover pages for procedures to claim other information as confidential.**

## A. GENERAL INFORMATION

A1. Company Name, Address, Contact Information

<table>
<tr><td colspan="4">Company Name:</td></tr>
<tr><td colspan="3">Physical street address of facility</td><td colspan="3">Official mailing address, if different. Note if same.</td></tr>
<tr><td>City</td><td>State</td><td>Zip</td><td>City</td><td>State</td><td>Zip</td></tr>
<tr><td colspan="3">Person on-site at the facility who is authorized to represent the company in an official capacity in conjunction with the City of Greensboro Industrial Waste Section matters</td><td colspan="3">Alternative on-site person familiar with the day-to-day operations, environmental permitting requirements, monitoring, record keeping, and data management</td></tr>
<tr><td colspan="3">Name</td><td colspan="3">Name</td></tr>
<tr><td colspan="2">Title</td><td>Yrs with company</td><td colspan="2">Title</td><td>Yrs with company</td></tr>
<tr><td>Phone #</td><td colspan="2">Fax #</td><td>Phone #</td><td colspan="2">Fax #</td></tr>
<tr><td colspan="3">e-mail address</td><td colspan="3">e-mail address</td></tr>
</table>

A2. Please check below to indicate the purpose(s) of this Submittal. Read each option carefully and check all that apply.

☐ **New Permit for *Proposed* Discharge** [This facility is a new facility or one currently under construction and has never discharged wastewater to the City of Greensboro Sanitary Sewer System]

**Anticipated Date of Discharge** ☐

☐ **Existing Unpermitted Discharge** [This facility is an existing facility that is currently discharging wastewater to the City of Greensboro sanitary sewer but has never applied for an SIU Permit]

☐ **Baseline Monitoring Report [BMR]** [The discharge from this facility is covered by a Federal Categorical Pretreatment Standard and a *one-time* BMR is required by the Federal EPA.]

☐ **BMR For "New Source" Categorical SIU** [The applicable Federal Categorical Standard is now in effect and this facility must meet "New Source" Standards.]

☐ **BMR For "Existing Source" Categorical SIU** [This facility was in existence when the applicable Federal Categorical Standard was promulgated. Thus, this facility is subject to "Existing Source" standards.]

☐ **Permit Renewal for Existing SIU Permit** [This facility currently has a valid City of Greensboro SIU Permit and wishes to renew the permit in response to the permit expiration date.]

**Does this application request a greater amount of wastewater discharge [flow], a greater amount of pollutant discharge or a discharge of different pollutants than specified in the last wastewater permit application for this facility?**

☐ **YES** ☐ **NO**

☐ **Permit Modification for Existing SIU Permit** [This facility currently has a valid City of Greensboro SIU Permit and wishes to request a change in that permit for the following reason(s):]

**B. BUSINESS ACTIVITY [attach additional pages if space is not adequate]**

| |
|---|
| B1. Provide a **detailed** narrative description of the type of business conducted at this site. |

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|---|
| B2. Provide a **detailed** narrative description of the type of manufacturing processes and/or service activities the company conducts at this site. |

| |
|---|
| B3. List all manufacturing processes that will affect or contribute to the IU discharge. |

| |
|---|
| B4. List the types of products [using common/brand names and/or the proper/scientific name] produced at this facility and the daily average and daily maximum production amounts for the <u>previous</u> calendar year. New facilities must estimate "full production" anticipated during the next three years. S*pecify daily units of production*. Attach additional pages if necessary. |

**Check one:** ☐ **PREVIOUS CALENDAR YEAR DATA**

☐ **ESTIMATED PRODUCTION DATA [New Facilities]**

| **Product** | **Daily Average [units]** | **Daily Maximum [units]** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |

B5. For all processes on the premises, indicate the North American Industrial Classification System [NAICS] Code Number, as found in the NAICS manual [prepared by the Executive Office of the President, Office of Management and Budget]. If more than one code number applies, list in order starting with process that has the most impact on wastewater generation.

| NAICS Number | NAICS Description/Name |
|---|---|
| | |
| | |
| | |
| | |
| | |

B6. Alternately, you may list the Standard Industrial Classification Numbers for all processes on the premises. Please use the 1987 edition of the SIC Code Manual [Office of the President, Office of Management and Budget]. If more than one SIC code number applies, list in order starting with process that has the most impact on wastewater generation.

| SIC Code Number | SIC Code Description/Name |
|---|---|
| | |
| | |
| | |
| | |
| | |

**B7. List of Federal Categorical Pretreatment Standards**

The United States Environmental Protection Agency has promulgated national discharge standards for certain industrial categories and processes. Any discharge regulated under a Federal Categorical Pretreatment Standard ***must*** be issued a "Significant Industrial User" Permit [regardless of the amount of wastewater flow discharged to the POTW]. If your facility employs processes in any of the industrial categories listed in this section you *may* be regulated by a Federal Categorical Pretreatment Standard. Place a check beside any industrial category or business activity that is applicable to your facility [regardless of whether the activity or process generates wastewater]. Check all that apply. If you have questions regarding how to categorize your business activity, contact the City of Greensboro Industrial Waste Section for technical assistance.

B7. [continued] Check any activities/operations listed below that are performed at your facility:

**Industrial Categories with Federal Categorical Pretreatment Standards**

| Check below | 40 CFR# | Industrial Activity | Check below | 40 CFR# | Industrial Activity |
|---|---|---|---|---|---|
| | 467 | Aluminum Forming | | 432 | Meat products |
| | 427 | Asbestos Manufacturing | | 433 | Metal finishing |
| | 461 | Battery Manufacturing | | 464 | Metal molding and casting |
| | 431 | Builders paper & board mills | | 436 | Mineral mining and processing |
| | 407 | Canned & preserved fruits & vegetables | | 471 | Nonferrous Metals Forming & Metals Powders |
| | 408 | Canned & preserved seafood | | 421 | Nonferrous Metals Manufacturing |
| | 458 | Carbon black Manufacturing | | 414 | Organic Chemicals, Plastics & |
| | 411 | Cement Manufacturing | | | Synthetic Fibers [OCPSF] Manufacturing |
| | 434 | Coal Mining | | 435 | Oil & gas extraction |
| | 437 | Centralized Waste Treatment | | 440 | Ore mining and dressing |
| | 465 | Coil Coating | | 446 | Paint formulating |
| | 468 | Copper Forming | | 443 | Paving & Roofing Materials Manufacturing |
| | 405 | Dairy products processing | | 455 | Pesticide Manufacturing |
| | 469 | Electrical & electronic components Mfg. | | 419 | Petroleum Refining |
| | 413 | Electroplating | | 439 | Pharmaceutical Manufacturing |
| | 457 | Explosives Manufacturing | | 422 | Phosphate Manufacturing |
| | 412 | Feedlots | | 459 | Photographic Supplies Manufacturing |
| | 424 | Ferroalloy Manufacturing | | 463 | Plastics molding and forming |
| | 418 | Fertilizer Manufacturing | | 466 | Porcelain enameling |
| | 464 | Foundries, Metal Mold & Casting | | 430 | Pulp, Paper, and Paperboard Manufacturing |
| | 426 | Glass Manufacturing | | 428 | Rubber Manufacturing |
| | 406 | Grain mills | | 417 | Soap & Detergent Manufacturing |
| | 454 | Gum & Wood Chemicals Mfg. | | 423 | Steam Electric power Generation |
| | 460 | Hospitals | | 409 | Sugar processing |
| | 447 | Ink formulating | | 410 | Textile Mills |
| | 415 | Inorganic Chemical Manufacturing | | 429 | Timber products processing |
| | 420 | Iron & Steel Manufacturing | | 442 | Transportation Equipment Cleaning |
| | 425 | Leather Tanning & Finishing | | Others | |

| B8. When were operations started at this facility? | **Facility start-up date** | |
|---|---|---|

| B9. | Has this facility ever *at any time* been regulated under a Federal Categorical Pretreatment Standard? If **YES**, give complete 40 CFR number | |
|---|---|---|
| | **YES** | |
| | No | |

| B10. | Are any other facilities owned and/or operated by your company regulated under a Federal Categorical Pretreatment Standard]? If **YES,** please give name(s), location, and 40 CFR number. | |
|---|---|---|
| | **YES** | |
| | No | |

## C. FACILITY STAFFING AND OPERATIONAL INFORMATION

C1. Shift Information - Complete the following information about the shifts worked at the facility. *For "Production Staff", please <u>list</u> the shifts worked on each work day [i.e. if all 3 shifts work on Monday, list "1,2,3" under Monday. If only the 3rd shift works on Sunday, list "3" in the shifts/day column for Sunday*].

**OFFICE/ADMINISTRATIVE STAFF**

| WORK DAY | MON | TUES | WED | THUR | FRI | SAT | SUN |
|---|---|---|---|---|---|---|---|
| # Employees | | | | | | | |
| Start/End Time | | | | | | | |

**PRODUCTION STAFF**

| WORK DAY | | MON | TUES | WED | THUR | FRI | SAT | SUN |
|---|---|---|---|---|---|---|---|---|
| *List Shifts/Day* | | | | | | | | |
| # Employees | **Shift 1** | | | | | | | |
| # Employees | **Shift 2** | | | | | | | |
| # Employees | **Shift 3** | | | | | | | |
| Start/End Time | **Shift 1** | | | | | | | |
| Start/End Time | **Shift 2** | | | | | | | |
| Start/End Time | **Shift 3** | | | | | | | |

C2. **TOTAL NUMBER OF PERSONS EMPLOYED AT THIS SITE**

C3. Shift Activities – Describe in general terms the type(s) of activities *[administrative/office, full manufacturing, limited manufacturing, clean-up of manufacturing areas, equipment maintenance, janitorial, etc.]* that are conducted on each shift on each workday. For instance, some facilities conduct manufacturing on 1st and 2nd shifts and conduct only "manufacturing area clean-up" and "equipment maintenance" activities on 3rd shift. Others may conduct "full manufacturing" Monday through Friday but only "limited manufacturing" on Saturday and Sunday. Other facilities that only operate one shift conduct manufacturing and administrative activities Monday through Friday and conduct janitorial and maintenance on Saturday and Sunday. *Please complete each row. If the facility does not conduct any activities during a particular shift, please write "Closed".*

| WORK DAY | SHIFT | DESCRIPTION OF SHIFT ACTIVITIES |
|---|---|---|
| **Monday** | **Shift 1** | |
| | **2** | |
| | **3** | |
| **Tuesday** | **Shift 1** | |
| | **2** | |
| | **3** | |
| **Wednesday** | **Shift 1** | |
| | **2** | |
| | **3** | |
| **Thursday** | **Shift 1** | |
| | **2** | |
| | **3** | |
| **Friday** | **Shift 1** | |
| | **2** | |
| | **3** | |
| **Saturday** | **Shift 1** | |
| | **2** | |
| | **3** | |
| **Sunday** | **Shift 1** | |
| | **2** | |
| | **3** | |

C4. Does any production process that generates wastewater vary significantly (+/- 20%) by season? If **YES**, please describe.

| | |
|---|---|
| **YES** | |
| No | |

| | | |
|---|---|---|
| C5. | City of Greensboro wastewater discharge permits are normally effective for 5 years. Are any significant (+/- 20%) changes in production expected in the next 5 years that will affect the volume and/or characteristics of the wastewater discharged? If **YES**, please describe. If **NO**, decisions made during the permitting process to be based on historical data]. | |
| | **YES** | |
| | No | |

| | | |
|---|---|---|
| C6. | Does the facility shut down production activities for scheduled vacation periods, maintenance or other reasons? If **YES**, please indicate reasons and time period(s) when shut down(s) occurs. | |
| | **YES** | |
| | No | |

## D. WATER SOURCES AND WASTEWATER DISCHARGES

**D1. Water Supply, Use and Disposal Summary** [New Facilities Please Estimate]

Complete the worksheet on the next page to summarize water usage and wastewater disposal practices at your facility. **There must be a final disposition for all water/wastewaters listed.** This is essentially a "balance worksheet" for water and wastewater. The following information should be helpful to you in the completion of this section:

Water Sources/Gallons: [All values should be "measured" except for NEW facilities.]

If you read your incoming water meter every day, just calculate the average daily value for the past calendar year and use as "average gallons per day". Use the maximum daily value recorded for the "maximum gallons per day".

If you do not conduct incoming water meter readings, refer to the previous 12 City of Greensboro monthly water bills to determine average daily volume of water used. The volumes on the bills are in units [100 cubic feet] of water. **One unit is 748 gallons.** Take the average of the 12 months. Thus, if you average 1850 units of water per month you use 1,383,800 gallons per month. Divide this value by the average number of workdays in a month [*typically 22 for a facility that works Monday through Friday and 30 for facilities that operate every day]* to get average gallons per day. Calculate the "maximum gallons per day" by using the highest monthly average.

Domestic Water Used:

Use 30 gallons per day per employee for a "typical" facility. If you have employee showers or require "ultra clean" procedures for all employees [*i.e. pharmaceutical manufacturing, food processing*] use 45 gallons per day per employee.

**Dilution Wastestreams**

Boiler blowdown streams, non-contact cooling streams, stormwater streams, and demineralized backwash streams, domestic wastewater are considered to be dilution streams. If these are comingle with the regulated/categorical process, they could cause a reduction in the categorical limit based on the percentage of the dilution per 40 CFR Part 403.6(e)(1).

## D1. Water Supply, Use, & Disposal Summary:

| | **Water Used for (definitions located in the City of Greensboro Sewer Use Ordinance)** | **Water Source(s)** (see Source List below) | **Average Gallons per Day** | **Maximum Gallons per Day** | **MEASURED** | **ESTIMATE** | **Disposal Method(s)** (see Disposal List below) | **Average Gallons per Day** | **Maximum Gallons per Day** | **MEASURED** | **ESTIMATE** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Process water | | | | | | | | | | |
| 2. | Washdown water | | | | | | | | | | |
| 3. | Water into product | | | | | | | | | | |
| 4. | Air Quality Permitted units | | | | | | | | | | |
| 5. | Domestic - toilets, drinking, cafe | | | | | | | | | | |
| 6. | Cooling water, Process NON-Contact | | | | | | | | | | |
| 7. | Boiler / Cooling tower blowdown | | | | | | | | | | |
| 8. | Cooling water, HVAC | | | | | | | | | | |
| 9. | Other: | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Totals => | | | | | Totals => | | | | |

This form is a balance sheet. What comes in must go out in some form. Ensure that you account for every drop of water in the disposal column. More than one or more codes can be used. Separate each code by a "/". Also account for any waters brought onsite. **[Example 1/5/8, 200 /500/1000]. This is to be done in both the average and maximum columns**

### Water Sources:

1. City of Greensboro
2. Private well
3. Groundwater remediation wells
4. Private ponds
5. Surface waters of NC, please identify
6. Precipitation
7. Include others if applicable

### Water Disposal Methods

1. Sanitary sewer [Greensboro POTW], with pretreatment
2. Sanitary sewer [Greensboro POTW], without pretreatment
3. Storm sewer
4. Surface waters of North Carolina [NPDES Permit]
5. Evaporation
6. Land applied [Spray Irrigation Permit]
7. Water incorporated into Product(s)
8 Recycle/Recirculation
9. Septic Tank
10. Waste Haulers/CWT [Identify in Section G]
11. Include others, if applicable

D2. How many hours per day does a process wastewater discharge occur from this facility? *If the facility does not discharge any wastewater on certain days, please write " No Discharge" in the column for that day.*

NUMBER OF HOURS PER DAY THAT WASTEWATER DISCHARGE OCCURS

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|
| | | | | | | |

D3. During what specific hours does the wastewater discharge occur? Please use military time designation [i.e. 1:00 pm would be 1300 and if you discharge from 5 am until 7 pm you would write 0500-1900]. *If the facility does not discharge any wastewater on certain days, please write "No Discharge" in the column for that day.*

SPECIFIC TIMES OF WASTEWATER DISCHARGE

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|
| | | | | | | |

D4. Indicate whether any of the production process(es) at your facility generate a continuous "flow-through" wastewater discharge to the Greensboro POTW and/or whether the production process(es) at your facility generate a "batch" wastewater discharge to the Greensboro POTW. Please note that you may have some of both. *[For example, a production process may generate an overflow rinse that is "continuous" but on Friday the same tank may be emptied as a "batch" discharge. The discharge of a wastewater flow equalization tank should be listed as a "batch" discharge.]*

CONTINUOUS DISCHARGE

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| **Continuous Flow [Y or N]** | | | | | | | |

BATCH DISCHARGES

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| **# Batches/Day** | | | | | | | |
| **Avg. Gallons per Batch** | | | | | | | |

This information should reflect the information provided in D1 – Water Supply, Use and Disposal Summary

| | |
|---|---|
| D5. | Describe any seasonal or unusual discharge variations at your facility. [*For example, some textile facilities change from "winter goods" to" summer goods", certain food processing (ice cream) and pharmaceutical manufacturing (cold remedies) have "seasonal" changes in the wastewater characteristic due to varying product demand.]* |

## D. WASTEWATER EFFLUENT CHARACTERISTICS

**E1. "PRIORITY POLLUTANT" CHECKLIST**

The United States Environmental Protection Agency published the following list of "Priority Pollutants". This list contains pollutants that EPA considers to be generally incompatible with conventional wastewater treatment processes when discharged in certain quantities. *The EPA requires the City of Greensboro to request information on these pollutants from all significant dischargers to the POTW.*

**Does your facility purchase, store on-site, use, generate or have the potential to discharge in measurable quantities, any of the compounds on the "EPA Priority Pollutant" List?**

A review of Material Safety Data Sheets [MSDS] for chemicals purchased, stored on-site or used at your facility will assist you in the completion of this section. Usually Section 2 of the MSDS is called "Hazardous Ingredients" or "Composition/Information on Ingredients". This section lists the chemical ingredients [usually by percent (%)]. The Chemical Abstract Number [CAS#] will often be listed in addition to the name of the chemical. The same chemical may have more than one "brand name", but the CAS# is unique to a specific chemical formula regardless of the name. *[CAS Numbers are included on this Priority Pollutant Checklist to assist you.]*

**PLEASE CHECK <u>TWO</u> COLUMNS FOR EACH CHEMICAL ON THIS LIST**.

*If the chemical is **<u>not</u>** <u>present</u> at the facility [i.e. <u>not</u> purchased, <u>not</u> stored on-site, <u>not</u> used and <u>not</u> generated in any of the processes],* check "Absent at Facility" *and* "Absent in Discharge to POTW".

*If the chemical is purchased, stored on-site, used or generated at the facility BUT is <u>not</u> present in the wastewater discharged to the Greensboro POTW, check* "Present at Facility" *and* "Absent in Discharge to POTW".

*NOTE CONCERNING SMALL QUANTITIES OF CHEMICALS: If the chemical is purchased, stored on-site or used at the facility but is present <u>only</u> in laboratory quantities, please indicate by the use of an asterisk (*) next to the check in* "Present at Facility" column *and/or the check in* "Present in Discharge to POTW" column.

**E1. PRIORITY POLLUTANT CHECKLIST [Two Columns MUST be Checked]**

# "PRIORITY POLLUTANT" CHECKLIST

| **Chemical Name** | Chemical Abstract Number **[CAS#]** | Check if **Present** at Facility | Check if **Absent** at Facility | Check if **Present** in Discharge to POTW | Check if **Absent** in Discharge to POTW | Concentration in Discharge, if Known (mg/l) |
|---|---|---|---|---|---|---|
| **Acid Extractable Organic Compounds** | | | | | | |
| 2-Chlorophenol | 95-57-8 | | | | | |
| 2,4-Dichlorophenol | 120-83-2 | | | | | |
| 2,4-Dimethylphenol | 105-67-9 | | | | | |
| 2,4-Dinitrophenol | 51-28-5 | | | | | |
| 2-Methyl-4,6-dinitrophenol | 534-52-1 | | | | | |
| 4-Chloro-3-methylphenol | 59-50-7 | | | | | |
| 2-Nitrophenol | 88-75-5 | | | | | |
| 4-Nitrophenol | 100-02-7 | | | | | |
| Pentachlorophenol | 87-86-5 | | | | | |
| Phenol | 108-95-2 | | | | | |
| 2,4,6-Trichlorophenol | 88-06-2 | | | | | |
| **Base Neutral Organic Compounds** | | | | | | |
| 1,2,4-Trichlorobenzene | 120-82-1 | | | | | |
| 1,2-Dichlorobenzene | 95-50-1 | | | | | |
| 1,2-Diphenylhydrazine | 122-66-7 | | | | | |
| 1,3-Dichlorobenzene | 541-73-1 | | | | | |
| 1,4-Dichlorobenzene | 106-46-7 | | | | | |
| 2,4-Dinitrotoluene | 121-14-2 | | | | | |
| 2,6-Dinitrotoluene | 606-20-2 | | | | | |
| 2-Chloronaphthalene | 91-58-7 | | | | | |
| 3,3-Dichlorobenzidine | 91-94-1 | | | | | |
| 4-Bromophenyl phenyl ether | 101-55-3 | | | | | |
| 4-Chlorophenyl phenyl ether | 7005-72-3 | | | | | |
| Acenaphthene | 83-32-9 | | | | | |
| Acenaphthylene | 208-96-8 | | | | | |
| Anthracene | 120-12-7 | | | | | |
| Benzidine | 92-87-5 | | | | | |
| Benzo (a) anthracene | 56-55-3 | | | | | |
| Benzo (a) pyrene | 50-32-8 | | | | | |
| Benzo (b) fluoranthene | 205-99-2 | | | | | |
| Benzo (ghi) perylene | 191-24-2 | | | | | |
| Benzo (k) fluoranthene | 207-08-9 | | | | | |
| Bis (2-chloroethoxy) methane | 111-91-1 | | | | | |
| Bis (2-chloroethyl) ether | 111-44-4 | | | | | |
| Bis (2-chloroisopropyl) ether | 102-60-1 | | | | | |
| Bis (2-ethylhexyl) phthalate [DEHP] | 117-81-7 | | | | | |
| Butyl benzyl phthalate [BBP] | 85-68-7 | | | | | |
| Chrysene | 218-01-9 | | | | | |

## E1. "PRIORITY POLLUTANT" CHECKLIST (continued) [Two Columns MUST be Checked]

| Chemical Name | Chemical Abstract Number [CAS#] | Check if **Present** at Facility | Check if **Absent** at Facility | Check if **Present** in Discharge to POTW | Check if **Absent** in Discharge to POTW | Concentration in Discharge, if Known (mg/l) |
|---|---|---|---|---|---|---|
| **Base Neutral Organic Compounds (continued)** | | | | | | |
| Di-n-butyl phthalate [DBP] | 84-74-2 | | | | | |
| Di-n-octyl phthalate [DOP] | 117-84-0 | | | | | |
| Dibenzo (a,h) anthracene | 53-70-3 | | | | | |
| Diethyl phthalate [DEP] | 84-66-2 | | | | | |
| Dimethyl phthalate [DMP] | 131-11-3 | | | | | |
| Fluoranthene | 206-44-0 | | | | | |
| Fluorene | 86-73-7 | | | | | |
| Hexachlorobenzene | 118-74-1 | | | | | |
| Hexachlorobutadiene | 87-68-3 | | | | | |
| Hexachlorocyclopentadiene | 77-47-4 | | | | | |
| Hexachloroethane | 67-72-1 | | | | | |
| Indeno (1,2,3-cd) pyrene | 193-39-5 | | | | | |
| Isophorone | 78-59-1 | | | | | |
| N-nitroso-di-n-propylamine | 621-64-7 | | | | | |
| N-nitrosodimethylamine | 62-75-9 | | | | | |
| N-nitrosodiphenylamine | 86-30-6 | | | | | |
| Naphthalene | 91-20-3 | | | | | |
| Nitrobenzene | 98-95-3 | | | | | |
| Phenanthrene | 85-01-8 | | | | | |
| Pyrene | 129-00-0 | | | | | |
| **Metals** | | | | | | |
| Aluminum | | | | | | |
| Antimony | 7440-36-0 | | | | | |
| Arsenic | 7440-38-2 | | | | | |
| Beryllium | 7440-41-7 | | | | | |
| Cadmium | 7440-43-9 | | | | | |
| Chromium | 7440-47-3 | | | | | |
| Copper | 7440-50-8 | | | | | |
| Lead | 7439-92-1 | | | | | |
| Mercury | 7439-97-6 | | | | | |
| Molybdenum | 7439-98-7 | | | | | |
| Nickel | 7440-02-0 | | | | | |
| Selenium | 7782-49-2 | | | | | |
| Silver | 7440-22-4 | | | | | |
| Thallium | 7440-28-0 | | | | | |
| Zinc | 7440-66-6 | | | | | |

## E1. "PRIORITY POLLUTANT" CHECKLIST (continued) [Two Columns MUST be Checked]

| Chemical Name | Chemical Abstract Number [CAS#] | Check if **Present** at Facility | Check if **Absent** at Facility | Check if **Present** in Discharge to POTW | Check if **Absent** in Discharge to POTW | Concentration in Discharge, if Known (mg/l) |
|---|---|---|---|---|---|---|
| **Other Inorganic Pollutants** | | | | | | |
| Barium | 7440-39-3 | | | | | |
| Chloride | | | | | | |
| Cyanide | 57-12-5 | | | | | |
| Fluoride | | | | | | |
| **Purgeable Volatile Organic Compounds [VOCs]** | | | | | | |
| 1,1,1-Trichloroethane | 71-55-6 | | | | | |
| 1,1,2,2-Tetrachloroethane | 79-34-5 | | | | | |
| 1,1,2-Trichloroethane | 79-00-5 | | | | | |
| 1,1-Dichloroethane | 75-34-3 | | | | | |
| 1,1-Dichloroethylene | 75-35-4 | | | | | |
| 1,2-Dichloroethane | 107-06-2 | | | | | |
| 1,2-Dichloropropane | 78-87-5 | | | | | |
| 2-Chloroethyl vinyl ether | 110-75-8 | | | | | |
| Acrolein | 107-02-8 | | | | | |
| Acrylonitrile | 107-13-1 | | | | | |
| Benzene | 71-43-2 | | | | | |
| Bromodichloromethane | 75-27-4 | | | | | |
| Bromoform | 75-25-2 | | | | | |
| Bromomethane | 74-83-9 | | | | | |
| Carbon tetrachloride | 56-23-5 | | | | | |
| Chlorobenzene | 108-90-7 | | | | | |
| Chloroethane | 75-00-3 | | | | | |
| Chloroform | 67-66-3 | | | | | |
| Chloromethane | 74-87-3 | | | | | |
| Cis 1,3-Dichloropropene | | | | | | |
| Dibromochloromethane | 594-18-3 | | | | | |
| Ethylbenzene | 100-41-4 | | | | | |
| Methylene chloride | 75-09-2 | | | | | |
| Tetrachloroethylene | 127-18-4 | | | | | |
| Toluene | 108-88-3 | | | | | |
| trans 1,3-Dichloropropene | | | | | | |
| trans-1,2-Dichloroethylene | 156-60-5 | | | | | |
| Trichloroethylene | 79-01-6 | | | | | |
| Trichlorofluoromethane | | | | | | |
| Vinyl chloride | 75-01-4 | | | | | |
| **Other Pollutants of Concern** | | | | | | |
| Xylene | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

E2 How was the determination of Pollutants Present at the Facility but Absent in the Discharge to the POTW made [MSDS, sampling, etc.]? _____
_____

How was the determination of Absent at the Facility made [MSDS, sampling, etc.]?
_____
_____

E3. Are biocides [chemicals used to control bacterial and/or algal growth] added to any water [in cooling towers, boilers, etc.] that is eventually discharged to the POTW? If **YES**, complete the Biocide section below:

| | |
|---|---|
| **YES** | |
| No | |

| **BIOCIDE** | **DOSAGE** | **USED IN:** |
|---|---|---|
| | | |
| | | |
| | | |

E4. List of all raw materials that affect or contribute to the facility's discharge. (Attach additional sheet if needed.)

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| E5. | Is there any wastestream or any wastewater being discharged from your facility that was not originally generated on-site at your facility? If **YES**, complete the following section: [Check all that apply] | |
|---|---|---|
| | **YES** | |
| | No | |

☐ **YES,** this facility discharges wastewater generated "off-site" waste because it is a Centralized Waste Treatment Facility [40 CFR Part 437]

☐ **YES**, this facility discharges wastewater generated "off-site" waste because it is a Transportation Equipment Cleaning Facility [40 CFR Part 442]

☐ **YES - OTHER** PLEASE COMPLETE TABLE E3

TABLE E3 - **OTHER OFF-SITE WASTEWATER GENERATED**

| | |
|---|---|
| WASTESTREAM DESCRIPTION | |
| WASTESTEAM ORIGINATION | |
| WASTESTEAM VOLUME | |
| DISCHARGE FREQUENCY | |

## F. WASTEWATER PRETREATMENT FACILITIES

F1. Are there any pretreatment devices or processes used for treating wastewater before being discharged to the sanitary sewer [POTW]? Check/describe all that are present.

**No wastewater pretreatment facilities [SKIP TO SECTION G] =>** ☐

| | | | | | |
|---|---|---|---|---|---|
| 1. Flow equalization | Yes ☐ | No ☐ | Aerated equalization => | | |
| | | | NON-Aerated equalization => | | |
| | | | Total volume of equalization (gallons) => | | |

| | | | | |
|---|---|---|---|---|
| 2. Activated Carbon | Yes | | No | |
| 3. Air Stripping | Yes | | No | |
| 4. Biological Treatment ☐ Other | Yes | | No | |
| 5. Chemical Precipitation | Yes | | No | |
| 6. Chlorination | Yes | | No | |
| 7. Cyanide Destruction | Yes | | No | |
| 8. Cyclone | Yes | | No | |
| 9. Dissolved Air Floatation [DAF] | Yes | | No | |
| 10. Flocculation | Yes | | No | |
| 11. Grease Trap | Yes | | No | |
| 12. Ion Exchange | Yes | | No | |
| 13. Neutralization, pH adjustment | Yes | | No | |
| 14. Oil/Water Separator | Yes | | No | |
| 15. Ozonation | Yes | | No | |
| 16. Reverse Osmosis | Yes | | No | |
| 17. Septic Tank | Yes | | No | |
| 18. Silver Recovery | Yes | | No | |
| 19. Solids Removal ☐ Other | Yes | | No | |
| 20. Solvent Separation | Yes | | No | |
| 21. Spill protection | Yes | | No | |
| List others | | | | |

☐ Activated Sludge
☐ Rotating Biological Contactor [RBC]
☐ Trickling Filter
☐ Sequencing Batch Reactor [SBR]

☐ Centrifuge ☐ Clarifier
☐ Filtration ☐ Grit Removal
☐ Sedimentation ☐ Screening
☐ Ultrafiltration ☐ Filter Press

*NOTE TO NEW FACILITIES*: North Carolina Law requires that plans for all pretreatment facility processes must be submitted to the City of Greensboro Industrial Waste Section and an "Authorization to Construct" [A to C] must be obtained from the Industrial Waste Section prior to construction.

| | |
|---|---|
| F2. | Describe any bypass lines or procedures intended to accommodate unusual occurrences that may allow untreated wastewater to be discharged. Included even if there is a system in place, but has never been utilized. |

| |
|---|
| |

| | |
|---|---|
| F3. | Who is the on-site wastewater pretreatment facility operator for your company? |

| | | |
|---|---|---|
| Name | | |
| Title | | Yrs with company |
| Phone # | Fax # | |
| e-mail address | | |

| | |
|---|---|
| F4. | Is there a written procedures manual for the operation of the wastewater pretreatment system/process? If YES, submit with application |

| | |
|---|---|
| **YES** | |
| No | |

| | |
|---|---|
| F5. | Is there an established maintenance schedule for the wastewater pretreatment system? ? If YES, submit with application |

| | |
|---|---|
| **YES** | |
| No | |

| | |
|---|---|
| F6. | Are there any changes planned for the wastewater pretreatment facility/processes in the next five years? If **YES**, please describe. [Attach additional sheet if needed.] |

| | |
|---|---|
| **YES** | |
| No | |

*Note: North Carolina law requires that plans for any changes to the pretreatment facility/processes must be submitted to the City of Greensboro Industrial Waste Section and an "Authorization to Construct"[A to C] must be obtained from the Industrial Waste Section prior to modification.*

## G. NON-DISCHARGED WASTEWATERS/WASTES

| | |
|---|---|
| G1. Are any wastewaters, wastes or sludges generated at this facility that are NOT disposed of via discharge to the City of Greensboro POTW? *[Examples include solvents, off-spec products, alkaline cleaners, spent silver solutions, treatment sludges, plating solutions, pesticides, etc.]* | |
| **YES, complete the rest of Section G** | |
| No. Skip to Section H | |

| Description/Type of Waste | *** (H) or (N) | Quantity (per year) | Disposal Method (off-site/on-site) |
|---|---|---|---|
| | | | |
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*** Hazardous Waste (H) or Non-Hazardous Waste (N)

| |
|---|
| G2. If any of your wastewaters/waste/sludges are sent to an off-site Centralized Waste Treatment Facility, identify the waste/wastewaters and the CWT facility. |

| Type of Waste/Wastewater | Centralized Waste Treatment Facility |
|---|---|
| | |
| | |
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| | |
|---|---|
| G3. | If a waste hauler (other than the CWT facilities listed above) removed/transported any waste/wastewaters/sludges from your facility, complete the name, address/phone number and waste description for all waste haulers used in the previous calendar year. |

| Waste Hauler | Address/Phone Number | Type of Waste |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| | |
|---|---|
| G4. | Do you have copies of manifests for all waste/wastewater/sludges hauled off-site within the last calendar year? |

| | |
|---|---|
| Yes | |
| No | |

## H. CHEMICAL STORAGE AND SPILL PREVENTION

| | |
|---|---|
| H1. | Do you have any underground storage tanks at your facility?<br>If **YES**, list contents and volume of each tank. [*Remember to show location of tank(s) on site diagrams required in Section J.]* |

| | |
|---|---|
| **YES** | |
| No | |

| UNDERGROUND TANK CONTENTS | TANK VOLUME |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---|---|
| H2. | Do you have any above ground storage tanks at your facility? If **YES**, for each tank, list the contents, volume, spill prevention and/or containment devices and procedures for draining any containment devices. Use Codes included in H2 and use additional pages if necessary. [*Remember to show location of tank(s) on site diagrams required in Section J.]* |

| | |
|---|---|
| **YES** | |
| No | |

| ABOVE GROUND TANK CONTENTS | TANK VOLUME (gallons) | SPILL PREVENTION CODE(s) | CONTAINMENT AREA DRAINING PROCEDURES |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
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**Spill Prevention Codes for Above Ground Tanks** [to be used with question H2]
0 = No containment or spill prevention devices
1 = Earthen Dike with no drain – Liquid must be manually pumped from dike
2 = Concrete Dike with no drain – Liquid must be manually pumped from dike
3 = Earthen Dike with drain/sump to *sanitary* sewer
4 = Concrete Dike with drain/sump to *sanitary* sewer
5 = Earthen Dike with drain to storm sewer or ground
6 = Concrete Dike with drain to storm sewer or ground
7 = Other type of Containment [Please describe in box below]
8 = Tank High Level Alarm
9 = Other type of spill prevention [Please describe in box below]

**Containment Area Draining Procedure Codes** [to be used with question H2]
A = Containment area is covered.
B = Containment area is never drained. Liquid is allowed to evaporate.
C = Containment area drain is manually opened before rainfall event.
D = Containment area drain is manually opened during rainfall event.
E = Containment area drain is manually opened after rainfall event.
F = Containment area drain opens automatically.
G = Containment area liquid is tested before being drained.
H = Containment area liquid is visually examined before being drained.
I = Containment area liquid is shipped off site for disposal.
J = Containment area liquid is pretreated on-site before discharge.
K = Other Procedure [Please Describe in box below]

H2. "OTHER" Description [Please use corresponding code(s)]

H3. Some types of facilities and/or operations are required to have specific spill or waste control plans. Does this facility have:

*a.* **Spill Prevention Control and Countermeasure Plan** [SPCC]
*[This is a Plan designed to prevent and/or control spills of oil products to streams and storm drains and is required for certain facilities per 40 CFR Part 112.]*
☐ **NO** ☐ **YES**

b. **Spill/Slug Control Plan** (*may* be required by City of Greensboro Industrial Waste Section)
*[This is a Plan designed to prevent spills and slug loads from entering the POTW and details the actions the facility will take to prevent and/or control a Spill/Slug]*
☐ **NO** ☐ **YES**

c. **Toxic Organic Management Plan** [TOMP] or **Solvent Management Plan** (may be required/allowed by certain Federal Categorical Pretreatment Standards)
*[This is a Plan that outlines the storage, use and final disposal practices for specific regulated toxic organics and is included in certain Federal Categorical Standards.]*
☐ **NO** ☐ **YES**

**d.** Any other spill or pollution prevention plan required by local, State or Federal authorities
☐ **NO** ☐ **YES** **If yes, give brief description of the plan.**

a. Do any of your plans include notification of the POTW in the event of a spill, bypass or pretreatment facility upset?
☐ **NO** ☐ **YES** **If yes, identify plan.**

H4. Do you have floor drains in the manufacturing area of your facility?

| | |
|---|---|
| Yes | |
| No | |

| | |
|---|---|
| H5. | Do you have floor drains in any chemical storage area of your facility? |

| | |
|---|---|
| Yes | |
| No | |

## H. OTHER ENVIRONMENTAL PERMITS

| | |
|---|---|
| I1. | List any other environmental control permits held by or for this facility. [*Examples include Air Permits, National Pollutant Discharge Elimination System (NPDES) Permits, Resource Conservation and Recovery Act (RCRA) Hazardous Waste Permits, Stormwater Permits, etc.]* |

| Type of Permit | Issuing Authority | Permit Number & Expiration Date |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## H. OTHER REQUIRED INFORMATION-Diagrams and Effluent Data

**The following diagrams and/or flow schematics are <u>required</u> as part of this application. The diagrams or flow schematics can be separate or combined, can be hand drawn and do not necessarily have to be drawn to scale.**

**Submit each diagram on 8 ½ x 11 inch paper, if possible. If a larger size is needed, the diagram(s) should be no larger than 11 x 17 inches.**

**If your facility has previously submitted similar diagrams or if the City of Greensboro has drawn similar diagrams and no changes have been made at your facility, you may copy the previous drawing(s) for this section.**

**An example of each of the required diagrams is included and is labeled as follows:**
**Figure 1: Example Schematic Flow Diagram and Pretreatment System Flow Diagram**
**Figure 2: Example Site Layout**

**J1. SCHEMATIC FLOW DIAGRAM [REQUIRED]**

**The schematic flow diagram is a simple line drawing that illustrates the nature and flow of your plant's processes, placing particular emphasis on the processes that generate wastewater. It also includes any associated wastewater pretreatment processes/systems. At a minimum, the schematic flow diagram should include the following:**

- **Each plant process that generates wastewater**
  - **Include all process steps and tanks [with volumes]**
  - **Identify the chemicals/raw materials used in each step/tank/vessel**
- **Each process and wastestream should have a unique identifying number**
- **Discharge points for each process/wastestream**

**J2. WASTEWATER PRETREATMENT SYSTEM FLOW DIAGRAM [if applicable]**

**At a minimum, this schematic flow diagram should include the following:**

- **Flow schematic showing order of treatment units**
  - **Include all process tanks**
  - **Identify the chemicals/additives in each tank/vessel**
- **Each process and wastestream should have a unique identifying number**
- **Piping and control features**
- **Compliance sampling point**

**J3. PLANT SITE LAYOUT [REQUIRED]**

**The site layout locates each activity included in the schematic flow diagrams in a geographical setting. At a minimum the site layout should include the following:**

- **Building Outlines, Property Lines**
- **Water lines and meters**
- **Sewer Lines [including floor drains] and all connections to sewer**
- **Storm Drains**
- **Production Areas, Office Areas and Warehouse Areas**
- **Cooling Towers, Boilers**
- **Chemical Storage Areas [including above ground and underground tanks]**
- **Waste Storage Areas**
- **Compliance Sampling and Flow Measurement Locations**

**All items addressed in J1 – J3 must be shown in each schematic, as applicable. All piping, floor drains, chemical storage areas, tank volumes, waste storage areas, etc. must be shown on the appropriate drawing. Please label each drawing. The drawings below are examples. They do not include all the information required.**

J4. Provide a written description of your sample location. This description should provide detail information such that anyone will be able to come directly to the sample location without any assistance from facility personnel.

Does the sample location include domestic waste (restrooms, showers, and cafeteria)? ____ Yes ____ No

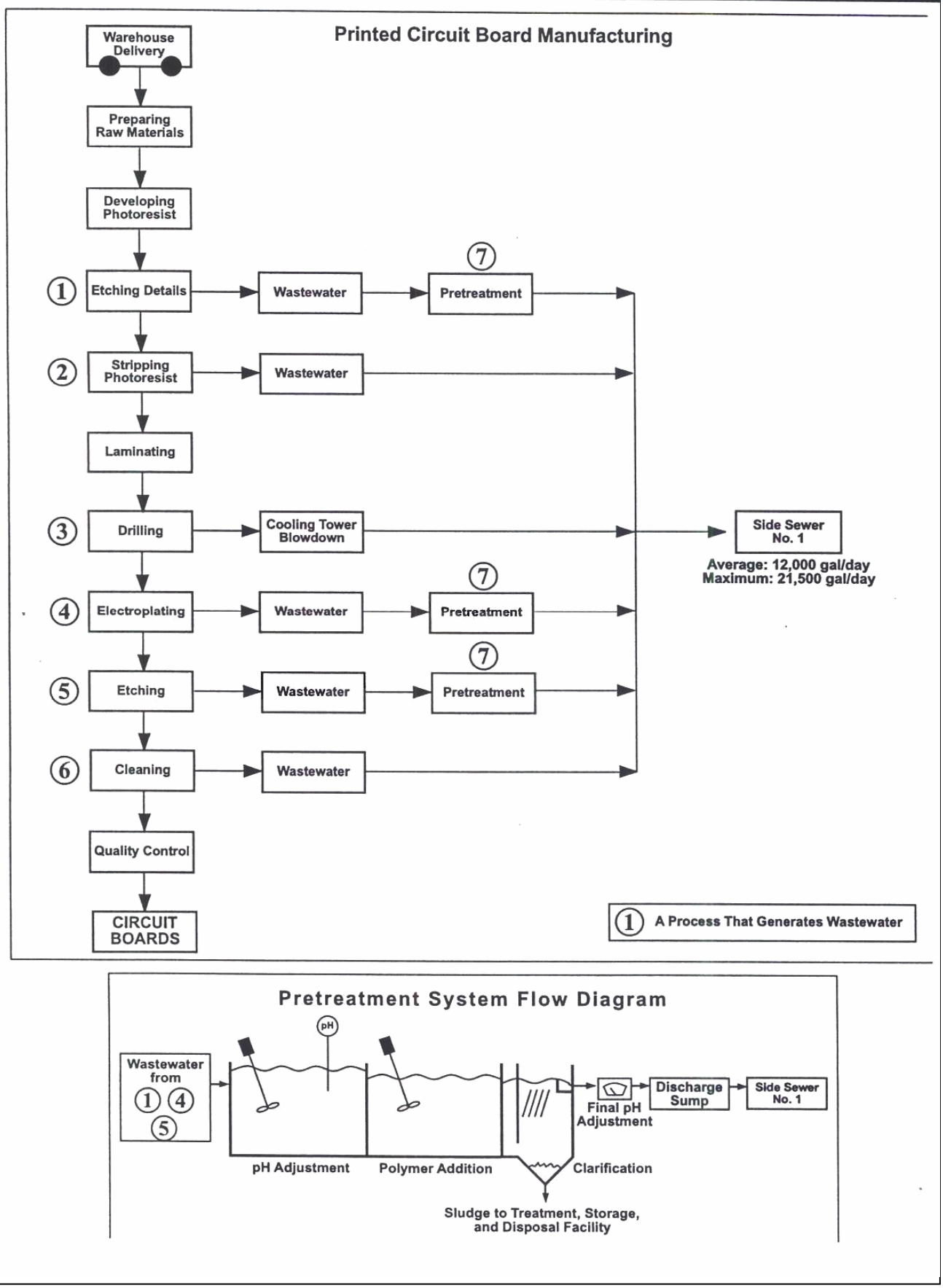
Is any non-regulated waste (applicable to categorical industries only) discharged at this sampling location [boiler blowdown, cooling tower water, non-contact cooling water]? If Yes, what process is generating this wastestream? ____Yes ____ No

J5. EFFLUENT SAMPLING DATA [Required unless already permitted by City of Greensboro]

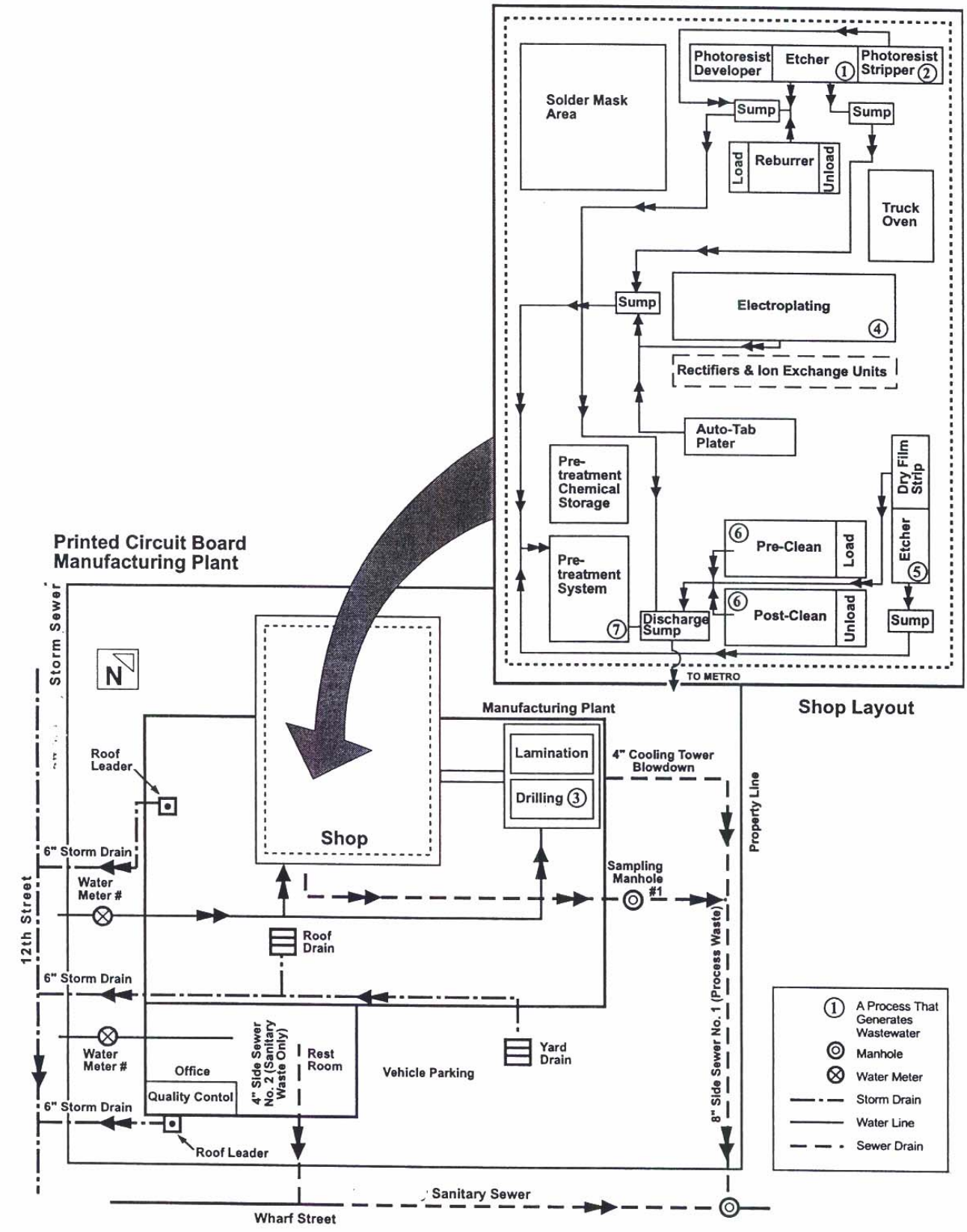
Attach a copy of recent laboratory analyses performed on the wastewater discharge(s) from your facility. Summarize data on the attached Data Summary Forms. Required analyses, number of samples and sampling instructions will be provided to you by the Industrial Waste Section.

☐ For an existing SIU or facility, check here if City of Greensboro already has all available data. [In this case, lab sheets and data summary <u>are not</u> required.]

## FIGURE 1: EXAMPLE SCHEMATIC FLOW DIAGRAM FOR EXHIBIT A



## FIGURE 2: EXAMPLE SITE LAYOUT FOR EXHIBIT B



## K. CERTIFICATION STATEMENTS

K1. Who gathered the data and completed the information submitted in this document?

| | |
|---|---|
| Name | |
| Title | Yrs with company |
| Phone # | Fax # |
| e-mail address | |

I certify under penalty of law that this document and all attachments were prepared under my direction. 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/or imprisonment for knowing violations.

| | |
|---|---|
| Signature of person listed in K1 that completed the document | Date |

K2. This section is to be signed by the "Signatory Official" for the company <u>after</u> thoroughly reviewing the final completed document.

| | |
|---|---|
| Name of Signatory Official [PLEASE PRINT] | |
| Title | Yrs with company |
| Phone # | Fax # |
| e-mail address | |

This is to be signed by an authorized official of your company [defined as "Signatory Official" in Article I, Section IV of the Greensboro Sewer Use and Pretreatment Ordinance] after completion of this form.

I certify under penalty of law that I have examined this submittal and 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 upon 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/or imprisonment for knowing violations.

_____ _____

Signature of Authorized Representative (seal if applicable) Date

## L. Waste Reduction Information for State of North Carolina

State Pretreatment Regulation 15A NCAC 2H.0916 (c)(1)(M) requires Significant Industrial Users to include a description of current and projected waste reduction (pollution prevention) activities. The codes listed are standard EPA codes found on Toxic Release Inventory [TRI] and other environmental forms. Please check all applicable codes for your facility. The City of Greensboro Industrial Waste Section will forward the information to the State of North Carolina Pretreatment Unit.

| Current | Projected | Code | Description |
|---|---|---|---|
| | | W13 | Improved maintenance scheduling, record keeping, or procedures |
| | | W14 | Changed production schedule to minimize equipment and feedstock changeovers |
| | | W19 | Other changes in operating practices (explain briefly in comments) |
| | | W21 | Instituted procedures to ensure that materials do not stay in inventory beyond shelf-life |
| | | W22 | Began to test outdated material-continue to use if still effective |
| | | W23 | Eliminated shelf-life requirements for stable materials |
| | | W24 | Instituted better labeling procedures |
| | | W25 | Instituted clearinghouse to exchange materials that would otherwise be discarded |
| | | W29 | Other changes in Inventory control (explain briefly in comments) |
| | | W31 | Improved storage or stacking procedures |
| | | W32 | Improved procedures for loading, unloading and transfer operations |
| | | W33 | Installed overflow alarms or automatic shutoff valves |
| | | W34 | Installed secondary containment |
| | | W35 | Installed vapor recovery systems |
| | | W36 | Implemented inspection or monitoring program of potential spill or leak sources |
| | | W39 | Other spill and leak prevention (explain briefly in comments) |
| | | W41 | Increased purity of raw materials |
| | | W42 | Substituted raw materials |
| | | W49 | Other raw material modifications (explain briefly in comments) |
| | | W51 | Instituted recirculation within a process |

## L. Waste Reduction Information for State of North Carolina (continued)

| Current | Projected | Code | Description |
|---|---|---|---|
| | | W52 | Modified equipment, layout, or piping |
| | | W53 | Use of a different process catalyst |
| | | W54 | Instituted better controls on operating bulk containers to minimize discarding of empty containers |
| | | W55 | Changed from small volume containers to bulk containers to minimize discarding of empty containers |
| | | W58 | Other process modifications (explain briefly in comments) |
| | | W59 | Modified stripping / cleaning equipment |
| | | W60 | Changed to mechanical stripping / cleaning devices (from solvents or other materials) |
| | | W61 | Changed to aqueous cleaners (from solvents or other materials) |
| | | W62 | Reduced the number of solvents used to make waste more amenable to recycling |
| | | W63 | Modified containment procedures for cleaning units |
| | | W64 | Improved draining procedures |
| | | W65 | Redesigned parts racks to reduce dragout |
| | | W66 | Modified or installed rinse systems |
| | | W67 | Improved rinse equipment design |
| | | W68 | Improved rinse equipment operation |
| | | W71 | Other cleaning and degreasing operation (explain briefly in comments) |
| | | W72 | Modified spray systems or equipment |
| | | W73 | Substituted coating materials used |
| | | W74 | Improved application techniques |
| | | W75 | Changed from spray to other system |
| | | W78 | Other surface preparation and finishing (explain briefly in comments) |
| | | W81 | Changed product specifications |
| | | W82 | Modified design or composition of product |
| | | W83 | Modified packaging |
| | | W89 | Other product modifications (explain briefly in comments) |
| | | W99 | Other (specify in comments ) |

**Comments [Please list corresponding code(s)]**

# Data Summary Form

| | |
|---|---|
| | **<= Receiving POTW** |
| | **<= Receiving NPDES #** |
| | **<= Specific Sample Location!** |
| | i.e., Give IU Name, IUP#, and/or pipe# |

| | | | | | | BOD | | TSS | | Ammonia | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Lab => | Laboratory performing analysis => | | | | | | | | |
| | | MDL => | Laboratory Method Detection Limits => | | | | | | | | |
| | | Notes => | Notes => | | | | | | | | |
| | | | **Q = Flow** | | | | | | | | |
| Sample ID, or Count | Date Sample Collected | Notes about Sample | M = Metered E = Estimated | mgd | gal/day | **<?** | Conc. Results from Lab mg/l | **<?** | Conc. Results from Lab mg/l | **<?** | Conc. Results from Lab mg/l |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| etc | | | | | | | | | | | |
| | | TNS => | Total number of samples => | | | | | | | | |
| | | Max. value => | Maximum data value (mg/l) => | | | | | | | | |
| | | Avg. (use 1/2 BDL) => | Avg. data value, Include BDL values as 1/2 detection limit => | | | | | | | | |

# Data Summary Form

| |
|---|
| |
| |
| |
| |

**<= Receiving POTW**

**<= Receiving NPDES #**

**<= Specific Sample Location!**

i.e., Give IU Name, IUP#, and/or pipe #

| | | **Arsenic** | | **Copper** | | **Chromium** | | **Cadmium** | | **COD** | | **Copper** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Lab => | | | | | | | | | | | | |
| | MDL => | | | | | | | | | | | | |
| | Notes => | | | | | | | | | | | | |
| Sample ID or Count | Date Sample Collected | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab |
| | | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| etc | | | | | | | | | | | | | |
| | TNS => | | | | | | | | | | | | |
| | Max. Value => | | | | | | | | | | | | |
| | Avg. (use1/2 BDL) => | | | | | | | | | | | | |

# Data Summary Form

| | |
|---|---|
| | **<= Receiving POTW** |
| | **<= Receiving NPDES #** |
| | **<= Specific Sample Location!** |
| | i.e., Give IU Name, IUP#, and/or pipe # |

| | | **Cyanide** | | **Lead** | | **Mercury** | | **Nickel** | | **Silver** | | **Zinc** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Lab => | | | | | | | | | | | | |
| | MDL => | | | | | | | | | | | | |
| | Notes => | | | | | | | | | | | | |
| Sample ID or Count | Date Sample Collected | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab |
| | | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l |
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| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| etc | | | | | | | | | | | | | |
| | TNS => | | | | | | | | | | | | |
| | Max. Value => | | | | | | | | | | | | |
| | Avg. (use1/2 BDL) => | | | | | | | | | | | | |


# Data Summary Form

| | |
|---|---|
| | **<= Receiving POTW** |
| | **<= Receiving NPDES #** |
| | **<= Specific Sample Location!** |
| | i.e., Give IU Name, IUP#, and/or pipe # |

| | | Other | | Other | | Other | | Other | | Other | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lab => | | | | | | | | | | | | | |
| MDL => | | | | | | | | | | | | | |
| Notes => | | | | | | | | | | | | | |
| Sample ID or Count | Date Sample Collected | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab | | Conc. Results from Lab |
| | | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l | **<?** | mg/l |
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| etc | | | | | | | | | | | | | |
| TNS => | | | | | | | | | | | | | |
| Max. Value => | | | | | | | | | | | | | |
| Avg. (use1/2 BDL) => | | | | | | | | | | | | | |