

**APPENDIX G**  
**NON-RESIDENTIAL DISCHARGE**  
**PERMIT APPLICATION**

FAIRCHANCE-GEORGES JOINT MUNICIPAL SEWAGE AUTHORITY  
WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS:  
APPLICATION FOR WASTEWATER DISCHARGE PERMIT

SECTION A - GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Zip Code \_\_\_\_\_ Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

A.2. Address of production or manufacturing facility. (If same as above, check [ ])

\_\_\_\_\_  
\_\_\_\_\_  
Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

A.3. Name, title, and telephone number of person authorized to represent this firm in official dealings with the Authority:

\_\_\_\_\_  
\_\_\_\_\_

A.4. Alternate person to contact concerning Information provided herein:

Name \_\_\_\_\_ Title \_\_\_\_\_ Tel. No. \_\_\_\_\_

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

\_\_\_\_\_

*Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.*

*This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.*

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official

A.6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

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A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

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A.8. This facility generates the following types of wastes (check all that apply)

	Average Gallons Per day	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
1. <input type="checkbox"/> Domestic Wastes (restrooms, employee showers, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/> Cooling Water, Non-contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> Boiler/Tower Blowdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/> Cooling Water, contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="checkbox"/> Storm Water Runoff to Sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="checkbox"/> Other (describe) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total A.8.1 - A.8.9

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A.9. Wastes are discharged to (check all that apply):

	Average Gallons Per day	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Sanitary Sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm Sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surface Water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ground Water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Provide name and address of waste hauler(s), if used.

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A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?  YES  NO

*Note: If your facility did not check one or more of the items listed in A.8.4 through A.8.9 above, then you do not need to complete any further sections in this survey/application. If any items A.8.4 through A.8.9 were checked, complete the remainder of this survey/application.*



SECTION C - WASTEWATER INFORMATION

C.1 If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

A. 34 Industrial Categories

1.  Adhesives
2.  Aluminum Forming
3.  Auto & Other Laundries
4.  Battery Manufacturing
5.  Coal mining
6.  Coil Coating
7.  Copper Forming
8.  Electric & Electronic Components
9.  Electroplating
10.  Explosives Manufacturing
11.  Foundries
12.  Gum & Wood Chemicals
13.  Inorganic Chemicals
14.  Iron & Steel
15.  Leather Tanning & Finishing
16.  Mechanical Products
17.  Nonferrous Metals
18.  Ore Mining
19.  Organic Chemicals
20.  Paint & Ink
21.  Pesticides
22.  Petroleum Refining
23.  Pharmaceuticals
24.  Photographic Supplies
25.  Plastic & Synthetic Materials
26.  Plastics Processing
27.  Porcelain Enamel
28.  Printing & Publishing
29.  Pump & Paper
30.  Rubber
31.  Soaps & Detergents
32.  Steam Electric
33.  Textile Mills
34.  Timber

B. Other Business Activity

- Dairy Products
- Slaughter/Meat Packing/Rendering
- Food/Edible Products Processor  Beverage Bottler

2.2 Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate)

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or oil separation, type \_\_\_\_\_
- Grease trap
- Grit Removal
- Ion Exchange
- Neutralization, pH correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type \_\_\_\_\_
- Rainwater diversion or storage \_\_\_\_\_
- Other chemical treatment, type \_\_\_\_\_
- Other physical treatment, type \_\_\_\_\_
- Other, type \_\_\_\_\_
- No pretreatment provided

C.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

C.4 Priority Pollutant Information: Please indicate by placing an 'x' in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent," "Suspected to be Present," or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

CHEMICAL COMPOUND

Known Present Suspected Present Known Absent Suspected Absent Known or Suspected Concentration/day

Known Present Suspected Present Known Absent Suspected Absent Known or Suspected Concentration/day

I. METALS & INORGANICS

	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day
1. Antimony	[ ]	[ ]	[ ]	[ ]	[ ]
2. Arsenic	[ ]	[ ]	[ ]	[ ]	[ ]
3. Asbestos	[ ]	[ ]	[ ]	[ ]	[ ]
4. Beryllium	[ ]	[ ]	[ ]	[ ]	[ ]
5. Cadmium	[ ]	[ ]	[ ]	[ ]	[ ]
6. Chromium	[ ]	[ ]	[ ]	[ ]	[ ]
7. Copper	[ ]	[ ]	[ ]	[ ]	[ ]
8. Cyanide	[ ]	[ ]	[ ]	[ ]	[ ]
9. Lead	[ ]	[ ]	[ ]	[ ]	[ ]
10. mercury	[ ]	[ ]	[ ]	[ ]	[ ]
11. Nickel	[ ]	[ ]	[ ]	[ ]	[ ]
12. Selenium	[ ]	[ ]	[ ]	[ ]	[ ]
13. Silver	[ ]	[ ]	[ ]	[ ]	[ ]
14. Thallium	[ ]	[ ]	[ ]	[ ]	[ ]
15. Zinc	[ ]	[ ]	[ ]	[ ]	[ ]

II. PHENOLS AND CRESOLS

16. Phenol(s)	[ ]	[ ]	[ ]	[ ]	[ ]
17. Phenol, 2-chloro	[ ]	[ ]	[ ]	[ ]	[ ]
18. Phenol, 2,4-dichloro	[ ]	[ ]	[ ]	[ ]	[ ]
19. Phenol, 2,4,6-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]
20. Phenol, pentachloro	[ ]	[ ]	[ ]	[ ]	[ ]
21. Phenol, 2-nitro	[ ]	[ ]	[ ]	[ ]	[ ]
22. Phenol, 4-nitro	[ ]	[ ]	[ ]	[ ]	[ ]
23. Phenol, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	[ ]
24. Phenol, 2,4-dimethyl	[ ]	[ ]	[ ]	[ ]	[ ]
25. m-Cresol, p-chloro	[ ]	[ ]	[ ]	[ ]	[ ]
26. o-Cresol, 4,6-dinitro	[ ]	[ ]	[ ]	[ ]	[ ]

III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS AND PHTHALATES)

27. Benzene	[ ]	[ ]	[ ]	[ ]	[ ]
28. Benzene, Chloro	[ ]	[ ]	[ ]	[ ]	[ ]
29. Benzene, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	[ ]
30. Benzene, 1,3-dichloro	[ ]	[ ]	[ ]	[ ]	[ ]
31. Benzene, 1,4-dichloro	[ ]	[ ]	[ ]	[ ]	[ ]

CHEMICAL COMPOUND

Known Present Suspected Present Known Absent Suspected Absent Known or Suspected Concentration/day

32. Benzene, 1,2,4-trichloro	[ ]	[ ]	[ ]	[ ]	[ ]
33. Benzene, hexachloro	[ ]	[ ]	[ ]	[ ]	[ ]
34. Benzene, ethyl	[ ]	[ ]	[ ]	[ ]	[ ]
35. Benzene, nitro	[ ]	[ ]	[ ]	[ ]	[ ]
36. Toluene	[ ]	[ ]	[ ]	[ ]	[ ]
37. toluene, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	[ ]
38. Toluene, 2,6-dinitro	[ ]	[ ]	[ ]	[ ]	[ ]

IV. PCBs & RELATED COMPOUNDS

39. PCB-1016	[ ]	[ ]	[ ]	[ ]	[ ]
40. PCB-1221	[ ]	[ ]	[ ]	[ ]	[ ]
41. PCB-1232	[ ]	[ ]	[ ]	[ ]	[ ]
42. PCB-1242	[ ]	[ ]	[ ]	[ ]	[ ]
43. PCB-1248	[ ]	[ ]	[ ]	[ ]	[ ]
44. PCB-1221	[ ]	[ ]	[ ]	[ ]	[ ]
45. PCB-1232	[ ]	[ ]	[ ]	[ ]	[ ]
46. 2-Chloronaphthalene	[ ]	[ ]	[ ]	[ ]	[ ]

V. ETHERS

47. Ether, bis(chloromethyl)	[ ]	[ ]	[ ]	[ ]	[ ]
48. Ether, bis(2-chloroethyl)	[ ]	[ ]	[ ]	[ ]	[ ]
49. Ether, bis(2-chloropropyl)	[ ]	[ ]	[ ]	[ ]	[ ]
50. Ether, 2-chloroethyl vinyl	[ ]	[ ]	[ ]	[ ]	[ ]
51. Ether, 4-bromophenyl phenyl	[ ]	[ ]	[ ]	[ ]	[ ]
52. Ether, 4-chlorophenyl phenyl	[ ]	[ ]	[ ]	[ ]	[ ]
53. Bis(2-chloroethoxy) methane	[ ]	[ ]	[ ]	[ ]	[ ]

VI. NITROSAMINES AND OTHER NITROGEN-CONTAINING COMPOUNDS

54. Nitrosamine, dimethyl	[ ]	[ ]	[ ]	[ ]	[ ]
55. Nitrosamine, diphenyl	[ ]	[ ]	[ ]	[ ]	[ ]
56. Nitrosamine, di-n-propyl	[ ]	[ ]	[ ]	[ ]	[ ]
57. Benzidine	[ ]	[ ]	[ ]	[ ]	[ ]
58. Hydrazine	[ ]	[ ]	[ ]	[ ]	[ ]
60. Acrylonitrile	[ ]	[ ]	[ ]	[ ]	[ ]

CHEMICAL COMPOUND

Known Present  
Suspected Present  
Known Absent  
Suspected Absent  
Known or Suspected Concentration/day

VII. HALOGENATED ALIPHATICS

- 61. Methane, bromo-
- 62. Methane, chloro-
- 63. Methane, dichloro-
- 64. Methane, chlorodibromo
- 65. Methane, dichlorobromo
- 66. Methane, tribromo
- 67. Methane, trichloro
- 68. Methane, tetrachloro
- 69. Methane, trichlorofluoro
- 70. Methane, dichlorodifluoro
- 71. Ethane, 1,1-dichloro
- 72. Ethane, 1,2-dichloro
- 73. Ethane, 1,1,1-trichloro
- 74. Ethane, 1,1,2-trichloro
- 75. Ethane, 1,1,2,1-tetrachloro
- 76. Ethane, hexachloro
- 77. Ethene, chloro
- 78. Ethene, 1,1-dichloro
- 79. Ethene, trans-dichloro
- 80. Ethene, trichloro
- 81. Ethene, tetrachloro
- 82. Propene, 1,2-dichloro
- 83. Propene, 2,4-dichloro
- 84. Butadiene, hexachloro
- 85. Cyclopentadiene, Hexachloro

CHEMICAL COMPOUND

Known Present  
Suspected Present  
Known Absent  
Suspected Absent  
Known or Suspected Concentration/day

- 95. Benzo (a) anthracene
  - 96. Benzo (b) fluoranthene
  - 97. Benzo (k) fluoranthene
  - 98. Benzo (gin) perylene
  - 99. Benzo (a) pyrene
  - 100. Chrysene
  - 101. Dibenzo (a,n.) anthracene
  - 102. Fluoranthene
  - 103. Fluorene
  - 104. Indeno (1,2,3-cd) pyrene
  - 105. Naphthalene
  - 106. Phenanthrene
  - 107. Pyrene
- X. PESTICIDES
- 108. Acrotolein
  - 109. Aldrin
  - 110. BHC (Alpha)
  - 111. BHC (Beta)
  - 112. BHC (Gamma) or Lindane
  - 113. BHC (Delta)
  - 114. Chlordane
  - 115. DDD
  - 116. DDE
  - 117. DDT
  - 118. Dieldrin
  - 119. Endosulfan (alpha)
  - 120. Endosulfan (Beta)
  - 121. Endosulfan Sulfate
  - 122. Endrin
  - 123. Endrom a;dejuide
  - 124. Heptachlor
  - 125. Heptachlor epoxide
  - 126. Ospijprpne
  - 127. TCDD (or Dioxin)
  - 128. Toxaphene

VIII. PHTHALATE ESTERS

- 86. Phthalate, di-c-methyl
- 87. Phthalate, di-n-ethyl
- 88. Phthalate, di-n-butyl
- 89. Phthalate, di-n-octyl
- 90. Phthalate, bis(2-ethylhexyl)
- 91. Phthalate, butyl benzyl

IX. POLYCYCLIC AROMATIC HYDROCARBONS

- 92. Acenaphthene
- 93. Acenaphthylene
- 94. Anthracene

C.5 If you are unable to identify the chemical constituents of products you use that discharged in your wastewater, attach copies of the materials safety data sheets for such products.



SECTION D - OTHER WASTES

D.1 Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

- yes                       no

If "no," skip remainder of Section D. If "yes," complete items 2 and 3.

D.2 These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalies	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (specify)	_____
_____	_____
<input type="checkbox"/> Other wastes (specify)	_____
_____	_____
_____	_____

D.3. For the above checked wastes, does your company practice:

- on-site storage  
 off-site storage  
 on-site disposal  
 off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

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Worksheet 1-A

**HAZARDOUS WASTE NOTIFICATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**FOR DISCHARGE TO:**

Name of POTW: \_\_\_\_\_

NPDES Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**HAZARDOUS WASTE INFORMATION (use additional sheets if necessary)**

Name of Waste: \_\_\_\_\_ EPA Hazardous Waste Number: \_\_\_\_\_

Name of Waste: \_\_\_\_\_ EPA Hazardous Waste Number: \_\_\_\_\_

Name of Waste: \_\_\_\_\_ EPA Hazardous Waste Number: \_\_\_\_\_

Name of Waste: \_\_\_\_\_ EPA Hazardous Waste Number: \_\_\_\_\_

Name of Waste: \_\_\_\_\_ EPA Hazardous Waste Number: \_\_\_\_\_

Name of Waste: \_\_\_\_\_ EPA Hazardous Waste Number: \_\_\_\_\_

**TYPE OF DISCHARGE:**

Continuous \_\_\_\_\_ Batch \_\_\_\_\_ Other \_\_\_\_\_

Worksheet 1-A (continued)

**HAZARDOUS WASTE NOTIFICATION**

IF MORE THAN 100 KILOGRAMS (220 LBS.) OF ANY HAZARDOUS WASTE PER CALENDAR MONTH IS DISCHARGED TO THE SEWER, PLEASE INCLUDE THE FOLLOWING ITEMS OF INFORMATION FOR EACH HAZARDOUS WASTE, TO THE EXTENT SUCH INFORMATION IS KNOWN AND READILY AVAILABLE.

Hazardous Constituent Information:

Name of Constituent	Mass in Wastestream (this month)	Concentration in Wastestream (this month)	Mass in Wastestream (next 12 months)

OTHER NOTIFICATION

HAVE YOU ALSO NOTIFIED THE FOLLOWING?

- 1) EPA Regional Waste Management Division Director \_\_\_\_\_
- 2) State Hazardous Waste Authority \_\_\_\_\_

NOT APPLICABLE (NA)

If your company does not fall under the requirements of the hazardous waste notification requirements, 40 CFR 403.12(p), please put an (X) in the box next to NOT APPLICABLE and sign the certification statement (#2) at the end of this form and return it to the POTW.

#1 I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature of Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

#2 I certify that our company does not discharge hazardous waste, in quantities, that require notification under 40 CFR 403.12(p) of the Clean Water Act.

Signature of Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_