



**Town of Ashland City
Public Utilities / Works Dept.**

*233 Tennessee Waltz Pkwy
Ashland City, Tennessee 37015
Phone 615-792-7553 Fax: 615-792-1464*

To Whom It May Concern:

The Town of Ashland City is required to send out an Industrial Waste Survey Form to its all-non-residual customers to help us better understand the characteristics of the wastewater coming to our Wastewater Treatment Plant. Please complete this form to the best of your ability and send it back to us within 30 days of receiving this letter. You may receive more than one survey. This is due to some businesses providing more than one service. If this happens, please only return one copy but please make sure you cover the entire facility in your survey. If you have any additional information that you feel would be beneficial to us, please include it with your form. After receiving and reviewing the Industrial Waste Survey Form back The Town of Ashland City may perform an onsite visit if any concerns or question about the response received from the Industrial Waste Form. Thank you for your cooperation in completing this Industrial Waste Form.

Please return survey to the following address mail or drop off
Town of Ashland City
233 Tennessee Waltz Pkwy
Ashland City, TN 37015

If any questions regarding the survey, please contact Ashland City
Wastewater Treatment Plant at 615-792-3074

Thanks
Billy Harris
Ashland City Wastewater Treatment Plant



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Ashland City Industrial Waste Survey

Section A General Information

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

Zip: _____ Telephone () _____

A.2 Address of production or manufacturing facility.

Zip: _____ Telephone () _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

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

Name _____ Title _____ Telephone () _____

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, 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 provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.



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This is to be signed by an authorized official of your firm after 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 attachment. Base 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
(Seal is applicable)

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

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	_____	estimated	measured
b.	<input type="checkbox"/> Cooling water, non contact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input type="checkbox"/> Sanitary	_____	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input type="checkbox"/> Waste haulers	_____	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

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

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

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

Section B Facility operation characteristics

B.1 Number of employee shifts worked per 24-hour day: _____
Average number of employees per shift: _____

B.2 Starting times of each shift: 1st _____ am 2nd _____ am 3rd _____ am
pm pm pm

Note: The following information in this section must be completed for each product line.

B.3 Principal product produced: _____

B.4 Raw materials and process additives used:

B.5 Production is:
 Batch Continuous Both _____ % Batch _____ % Continuous
Average Number of batches per 24-hour day _____

B.6 Hours of operation: _____ a.m. to _____ p.m. Continuous

B.7 Is production subject to seasonal variation? yes no
If yes, briefly describe seasonal production cycle:

B.8 Are any process changes or expansions planned during the next five yes no
years?
If yes, attach a separate sheet to this form describing the nature of planned changes or
expansions.

Section C Wastewater Information

C.1 If your facility performs processes in any of the 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:

- | | |
|--|---|
| 1. [] Adhesives | 31. [] Metal finishing |
| 2. [] Aluminum Forming | 32. [] Mineral Mining and Processing |
| 3. [] Asbestos Manufacturing | 33. [] Nonferrous Metals Manufacture |
| 4. [] Auto & other Laundries | 34. [] Nonferrous Metals, Forming |
| 5. [] Battery Manufacturing | 35. [] Ore Mining and Dressing |
| 6. [] Builder's Paper and Board Mills | 36. [] Organic Chemical, Plastic & Synthetic Fibers |
| 7. [] Can Making | 37. [] Organic Chemical |
| 8. [] Carbon Black Manufacturing | 38. [] Paint & ink |
| 9. [] Cement Manufacturing | 39. [] Paving and Roofing Materials |
| 10. [] Coal Mining | 40. [] Pesticides, Formulating, Packaging, Repackaging |
| 11. [] Coil Coating | 41. [] Pesticides, Manufacturing |
| 12. [] Copper Forming | 42. [] Petroleum Refining |
| 13. [] Dairy Products | 43. [] Pharmaceuticals |
| 14. [] Electric & Electronic Components | 44. [] Phosphate Manufacturing |
| 15. [] Electroplating | 45. [] Photographic Supplies |
| 16. [] Explosives Manufacturing | 46. [] Plastic Molding and Forming |
| 17. [] Feedlots | 47. [] Plastics Processing |
| 18. [] Ferroalloy Manufacturing | 48. [] Porcelain Enameling |
| 19. [] Fertilizer Manufacturing | 49. [] Printing & Publishing |
| 20. [] Foundries, (metal molding & casting) | 50. [] Pulp, Paper and Paperboard |
| 21. [] Fruits and Vegetables Processing | 51. [] Rubber Manufacturing |
| 22. [] Glass Manufacturing | 52. [] Seafood Processing |
| 23. [] Grain Mills | 53. [] Soaps & Detergents |
| 24. [] Gum & Wood Chemical | 54. [] Steam Electric Power Generating |
| 25. [] Hospitals | 55. [] Sugar Processing |
| 26. [] Inorganic Chemical | 56. [] Textiles Mills |
| 27. [] Iron & Steel | 57. [] Timber |
| 28. [] Leather Tanning & Finishing | 58. [] Waste Disposal, Treating, and/or Incinerating |
| 29. [] Meat Products | |
| 30. [] Mechanical Products | |

C.2 Pretreatment devices or process used for treating wastewater or sludge. Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Chlorination | <input type="checkbox"/> Flow Equalization |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Cyclone | <input type="checkbox"/> Grease or Oil Separation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Filtration | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ozonation | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Sump | <input type="checkbox"/> Screen | <input type="checkbox"/> Solvent |
| <input type="checkbox"/> Neutralization, pH Correction | | |
| <input type="checkbox"/> Biological Treatment, Type | _____ | |
| <input type="checkbox"/> Rainwater Diversion or Storage | _____ | |
| <input type="checkbox"/> Other Chemical Treatment, | _____ | |
| <input type="checkbox"/> Other physical Treatment, | _____ | |
| <input type="checkbox"/> Other, | _____ | |
| <input type="checkbox"/> 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 form. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and the location(s) from which sample(s) were taken.

C.4 Priority Pollutant Information.

Please indicate by checking the appropriate box. Indicate the concentration of the compound present in the wastestream, if known.

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
1.	Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Phenol (n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Phenol 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Phenol, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
23.	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Benzene, 1,2, 4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Toluene, 2,4 dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39.	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40.	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41.	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42.	2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.	Ether, bis(chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
44. Phenol, 2, 4-dimethyl	[]	[]	[]	[]	
45. Phenol, 2,4-dimethyl	[]	[]	[]	[]	
46. m-cresol, p-chloro	[]	[]	[]	[]	
47. o-cresol, 4,6-dinitro	[]	[]	[]	[]	
48. Nitrosamine, dimethyl	[]	[]	[]	[]	
49. Nitrosamine, diphenyl	[]	[]	[]	[]	
50. Nitrosamine, di-n-propyl	[]	[]	[]	[]	
51. Benzidine	[]	[]	[]	[]	
52. Benzidine, 3,3'-dichloro	[]	[]	[]	[]	
53. Hydrazine, 1,2-diphenyl	[]	[]	[]	[]	
54. Acrlonitrile	[]	[]	[]	[]	
55. Methane, bromo	[]	[]	[]	[]	
56. Methane, chloro	[]	[]	[]	[]	
57. Methane, dichloro	[]	[]	[]	[]	
58. Methane, chlorodibromo	[]	[]	[]	[]	
59. Methane, dichlorobromo	[]	[]	[]	[]	
60. Methane, tribromo	[]	[]	[]	[]	
61. Methane, trichloro	[]	[]	[]	[]	
62. Methane, tetrachloro	[]	[]	[]	[]	
63. Ethane, 1,1-dichloro	[]	[]	[]	[]	
64. Ethane, 1,2-dichloro	[]	[]	[]	[]	
65. Ether, bis (2-chloroethyl)	[]	[]	[]	[]	
66. Ether, bis (2-chlorosopropyl)	[]	[]	[]	[]	

Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
67. Ether, 2-chloroethyl vinyl	[]	[]	[]	[]	
68. Ether, 4- bromophenyl phenyl	[]	[]	[]	[]	
69. Ether, 4-chlorophenyl phenyl	[]	[]	[]	[]	
70. Bis (2-chloroethoxy) methane	[]	[]	[]	[]	
71. Phthalate, di-o-methyl	[]	[]	[]	[]	
72. Phthalate, di-n-ethyl	[]	[]	[]	[]	
73. Phthalate, di-n-butyl	[]	[]	[]	[]	
74. Phthalate, di-n-octyl	[]	[]	[]	[]	
75. Phthalate, bis(2-ethylhexyl)	[]	[]	[]	[]	
76. Phthalate, butyl hexyl	[]	[]	[]	[]	
77.	[]	[]	[]	[]	
78. Acenaphthene	[]	[]	[]	[]	
Acenaphthylene	[]	[]	[]	[]	
79. Anthracene	[]	[]	[]	[]	
80. Benzo (a) anthracene	[]	[]	[]	[]	
81. Benzo (b) fluoranthene	[]	[]	[]	[]	
82. Benzo (k) fluorathlene	[]	[]	[]	[]	
83. Benzo (ghi) perylene	[]	[]	[]	[]	
84. Benzo (a) pyrene	[]	[]	[]	[]	
85. Chrysene	[]	[]	[]	[]	
86. Dibenzo (a,n) anthrance	[]	[]	[]	[]	
87. Fluorathene	[]	[]	[]	[]	
88. Fluorene	[]	[]	[]	[]	
89. Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]	
90. Ethane, 1,1,1-trichloro	[]	[]	[]	[]	
91. Ethane, 1,1,2-trichloro	[]	[]	[]	[]	

Chemical compound	Known Present	Suspected Present	Known Absent	Concentration If Known
	<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"/>	
92 Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93 Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94 Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
95 Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
96. Ethane, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
97. Ethane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
98 Ethane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
99 Propane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100 Propane, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
101 Butadiene, Hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
102 Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
103 DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
104 Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
105 Endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106 Endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
107 Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
108 Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
109 Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
110 Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
111 Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
112 Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
113 TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
114 Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
115 Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116 Phenathrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical compound	Known Present	Suspected Present	Known Absent	Concentration If Known
	<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"/>	
117. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
118.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
119. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
120. BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
121. BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
122. BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
123. BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
124. Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
125. DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
126. DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C.5 If you are unable to identify the chemical make-up of materials that are discharged in your wastewater, attach copies of the material safety data sheets.

Section D Other Wastes

D.1 Are any liquid waste 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 remaining items.

D.2 These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalines	_____
<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, describe:	_____

<input type="checkbox"/> Other Wastes, (describe),	_____

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.

