**SAN ANTONIO WATER SYSTEM**

**INDUSTRIAL USER PERMIT APPLICATION**

After supplying all required information, the completed permit application should be returned to our office at the following address:

**Resource Protection and Compliance Department**

**Resource Compliance Division**

**P.O. Box 2449**

**San Antonio, Texas 78298-2449**

**Physical Address: 2800 U.S. Highway 281 N, Customer Service Bldg 4th floor**

**Telephone (210) 233.3557 Fax (210) 233.4630**

**Note to Signing Official:** Information and data provided in this application (which identify the discharge) are in accordance with Title 40 of the Code of Federal Regulation Part 403 and San Antonio City Code, Chapter 34. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and in Chapter 34, Section 34-479 of the City Code. Should a wastewater discharge permit be required for your facility, the information in this application will be used to issue the permit.

**SECTION A. GENERAL INFORMATION**

 1. Company Name:

 Facility Address:

 Mailing Address: Legal Description:

 2. Name(s) and Official Title(s) of Owner and/or Operator(s):

 Address:

Is the person identified in 2, the owner of the facility? If not provide the name and address of the landlord and submit a copy of the contract and/or other documents indicating the operator’s scope of responsibility for the facility (specifically utility infrastructure such as water/sewer).

3. Persons signing reports, applications, and certification statements pursuant to an Industrial Wastewater Discharge Permit must satisfy the signatory authority requirements set forth in 40 CFR 403.12(l). Anyone satisfying the requirements under §403.12(l)(1)(i), (1)(ii), or (2) is considered a primary authority.

Authorized Representative Name:

 Title: Address:

 Telephone No.: Email Address: Date of Birth:

 **SECTION A. GENERAL INFORMATION (Cont’d)**

4. Check one: [ ]  Existing Discharge. Date of original discharge:

 [ ]  Proposed Discharge. Anticipated start date of discharge:

 5. Treatment Plant receiving discharge (check one)

 [ ]  Steven M. Clouse (Dos Rios) [ ]  Leon Creek [ ]  Medio Creek

 6. “I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

 Date Signature of Official (Seal if Applicable)

**SECTION B. PRODUCT OR SERVICE INFORMATION**

 1. Provide a narrative description of the primary manufacturing or service authority conducted at the facility and any other manufacturing service activities associated with it and the applicable Standard Industrial Classification / North American Industry Classification System Code(s) (SIC / NAICS No.):

2. Principle Raw Materials Used:

 3. Principal Products Produced:

 4. Check all activities and indicate SIC / NAICS No(s). if known, at your facility:

 A. Categorical Industries

 [ ]  Aluminum Forming [ ]  Anodizing

 [ ]  Battery Manufacturing [ ]  Coating

#  [ ]  Coil Coating [ ]  Milling

 [ ]  Electroplating [ ]  Pharmaceutical

 [ ]  Electrical/Electronic [ ]  Transportation & Equipment Cleaning

 [ ]  Leather Tanning/Finishing [ ]  Centralized Waste Treatment

 [ ]  Metal Finishing

 [ ]  Printed Circuit Board

 [ ]  Electrolysis

 B. Other Industrial Activities

 [ ]  Bottlers [ ]  Paint or Ink Formulation

 [ ]  Flammables/Explosives [ ]  Photographic Processing

 [ ]  Food Manufacturing [ ]  Plastics Processing

 [ ]  Food Preparation Services [ ]  Printing

 [ ]  Laboratory [ ]  Repair Shop/Garage

 [ ]  Laundry, Cleaning [ ]  Research

 [ ]  Machine Shop [ ]  Rubber Processing

 [ ]  Medical Care [ ]  Steam/Power Generation

 [ ]  Military Base [ ]  Warehousing

 [ ]  Painting Finishing

**SECTION C. PLANT OPERATION CHARACTERISTICS**

 1. Do major processes result in wastewater discharge in a batch or continuous flow?

 [ ]  Batch [ ]  Continuous [ ]  Both - Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Describe the average number of batches per 24-hour day: week month

 Size (gallons) & duration of batch discharge:

 2. Are your processes subject to seasonal variation? [ ]  Yes [ ]  No

 If yes, explain variation and indicate the month(s) of peak operations:

 [ ]  Jan [ ]  Feb [ ]  March [ ]  April [ ]  May [ ]  June [ ]  July [ ]  Aug [ ]  Sept [ ]  Oct [ ]  Nov [ ]  Dec

 3. Shift Information:

 a. Number of shifts per workday: [ ]  1 [ ]  2 [ ]  3 b. Avg. number of workdays per month:

 c. Avg. no. Employee(s) per Shift

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Start / End Time | **MON** | **TUE** | **WED** | **THUR** | **FRI** | **SAT** | **SUN** |
| 1st |  |  |  |  |  |  |  |
| 2nd |  |  |  |  |  |  |  |
| 3rd |  |  |  |  |  |  |  |

Additional Information:

4. Describe any water recycling, and/or water treatment or conditioning conducted at your facility:

 Describe any materials recycling conducted at your facility:

 5. Does the facility have a current Slug Control Plan? ­­­­­­­­[ ] Yes [ ]  No

 If yes, submit the plan with the completed permit application.

**SECTION D. WATER CONSUMPTION AND WATER LOSS**

 1. Incoming water source(s):

 [ ]  San Antonio Water System [ ]  Private Well [ ]  Other

 Please Specify

 If a private well, is it metered? [ ]  Yes [ ]  No

Is it equipped with a Backflow Device? [ ]  Yes [ ]  No

 2. Water bill addressee:

 3. Water service account number(s) and service address:

 4. Average monthly water consumption:

 a. Previous 12 months gal/mo. (from Water Company bills)

 b. Volume from well gal/mo.

 5. List water consumption within the plant:

|  |  |  |
| --- | --- | --- |
|  | Description | Estimated Avg. Volume (gallons per day) |
| Cooling water |  |  |
| Boiler feed |  |  |
| Sanitary (domestic) wastes |  |  |
| Production process 1 |  |  |
| Production process 2 |  |  |
| Production process 3 |  |  |
| Plant and equipment wash-down |  |  |
| Irrigation and lawn watering |  |  |
| Air pollution control unit |  |  |
| Other (specify) |  |  |

6. List average volume of discharge or water losses to:

|  |  |  |
| --- | --- | --- |
|  | Description | Estimated Avg. Volume (gallons per day) |
| SAWS regional sewer |  |  |
| Direct discharge to a watercourse |  |  |
| Municipal Separate Storm Sewer  |  |  |
| Ground |  |  |
| On-site septic sewer facility |  |  |
| Wastehauler |  |  |
| Evaporation |  |  |
| Contained in product |  |  |
| Other (specify) |  |  |
|  |  | Total |

**SECTION E. SEWER INFORMATION**

 1. Attach scale drawings of site plans, floor plans and internal plumbing plans showing the location of all internal sewers including size, connection and locations. The site plan must also indicate locations of various processes, cooling towers, administrative facilities, storage areas, alleys, and other pertinent physical structures. Also show the location of all possible sampling points for these sewers.

 2. List plant sewers shown in Item 1, with outlet or connection to public sewer, size and flow; assign sequential reference number to each sewer (if more than 3, attach additional information on another sheet).

|  |  |  |  |
| --- | --- | --- | --- |
| Reference No. | Location of Sewer connection or discharge point | Size(in inches) | Flow in gallons per day |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Total | Should equal discharge to “SAWS sewer” in Table 6 |  |  |

**SECTION F. WASTEWATER INFORMATION**

 1. Please indicate the quantities discharged from the processes below in gallons per day. (Refer to processes 1 – 3 in Chart 5, Section D). The quantities are to be given for each sewer receiving the discharge.

**DISCHARGE QUANTITY BY SEWER REFERENCED IN TABLE E-2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE Process | Ref. #1 | Ref. #2 | Ref. #3 |  |  |  | Total  |
| Process A |  |  |  |  |  |  |  |
| Process B |  |  |  |  |  |  |  |
| Process C |  |  |  |  |  |  |  |
| Sanitary |  |  |  |  |  |  |  |
| Boiler |  |  |  |  |  |  |  |
| Cooling |  |  |  |  |  |  |  |
| Plant & EquipmentWash-down |  |  |  |  |  |  |  |
| Other (Specify) |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

 Total should equal discharge to SAWS sewer in Table 6.

 2. If this is a first time application and if any wastewater analyses have been performed on the wastewater discharges from your facilities attach a copy of the most recent data to this questionnaire. Be sure to include the dates and methods of collection and analysis, the laboratory performing analysis, and the specific location(s) from which wastewater samples were collected.

 3. Priority Pollutant Information: Please check the appropriate box by chemical listed below, whether it is “Known to be Absent,” or “Known to be Present” in the facilities manufacturing or service activity or generated as a by-product. Attach copies of Material Safety Data Sheets (MSDS) for all raw chemicals or chemical products purchased, stored or used in your facility at or above 5 gallons. If organics are being used, submit all MSDS. If you are unable to identify the chemical constituents of products that are discharged in your wastewater, attach copies of the Materials Safety Data Sheets for such products.

# Please check parameters known to be present in discharge, either Yes or No.

Yes No

# **I. METALS** Yes No

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 & PHTHALATES)**

27. Benzene [ ]  [ ]

28. Benzene, chloro [ ]  [ ]

29. Benzene, 1,2-dichloro [ ]  [ ]

30. Benzene, 1,3-dichloro [ ]  [ ]

31. Benzene, 1, 4-dichloro [ ]  [ ]

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. PCB & RELATED COMPOUNDS**

39. PCB-1016 [ ]  [ ]

40. PCB-1221 [ ]  [ ]

41. PCB-1232 [ ]  [ ]

42. PCB-1242 [ ]  [ ]

43. PCB-1248 [ ]  [ ]

44. PCB-1254 [ ]  [ ]

45. PCB-1260 [ ]  [ ]

46. 2-Chloronaphthalene [ ]  [ ]

##### V. ETHERS

47. Ether, bis (chloromethyl) [ ]  [ ]

48. Ether, bis (2-chloroethyl) [ ]  [ ]

49. Ether, bis (2-chloroisopropyl) [ ]  [ ]

50. Ether, 2-chloroethyl vinyl [ ]  [ ]

51. Ether, 4-bromophenyl phenyl [ ]  [ ]

52. Ether, 4-chlorophenyl phenyl [ ]  [ ]

53. Bis (2-chloroethoxy) methane [ ]  [ ]

**VI. NITROSAMINES & OTHER** **NITROGEN**

**-CONTAINING COMPOUNDS**

54. Nitrosamine, dimethyl [ ]  [ ]

55. Nitrosamine, diphenyl [ ]  [ ]

56. Nitrosamine, di-n-prophyl [ ]  [ ]

57. Benzidine [ ]  [ ]

58. Benzidine, 3, 3-dichloro [ ]  [ ]

59. Hydrazine, 1, 2-diphenyl [ ]  [ ]

60. Acrylonitrile [ ]  [ ]

##### VII. ORGANICS

61. Methane, bromo [ ]  [ ]

62. Methane, chloro- [ ]  [ ]

63. Methane, dichloro [ ]  [ ]

64. Methane, chlorodibromo [ ]  [ ]

65. Methane, dichlorobromo [ ]  [ ]

66. Methane, tribomo [ ]  [ ]

67. Methane, trichloro [ ]  [ ]

68. Methane, tetrachloro [ ]  [ ]

69. Methane, trichlorofluoro [ ]  [ ]

70. Methane, dichlorodifluoro [ ]  [ ]

71. Chloroethane [ ]  [ ]

**VIII. POLYCYCLIC AROMATIC** **HYDROCARBONS**

72. Ethane, 1, 1-dichloro [ ]  [ ]

73. Ethane, 1, 2-dichloro [ ]  [ ]

74. Ethane, 1, 1, 1-trichloro [ ]  [ ]

75. Ethane, 1, 1, 2-trichloro [ ]  [ ]

76. Ethane, 1, 1, 2, 2-tetrachloro[ ]  [ ]

77. Ethane, hexachloro [ ]  [ ]

78. Ethane, chloro [ ]  [ ]

79. Ethene, 1, 1-dichloro [ ]  [ ]

80. Ethene, 1, 2(trans)-dichloro [ ]  [ ]

81. Ethene, trichloro [ ]  [ ]

82. Ethene, tetrachloro [ ]  [ ]

83. Propane, 1, 2-dichloro [ ]  [ ]

84. Propane, 2, 4-dichloro [ ]  [ ]

85. Butadiene, hexachloro [ ]  [ ]

86. Cyclopentadiene, hexachloro [ ]  [ ]

87. Acrolein [ ]  [ ]

##### IX. PHTHALATE ESTERS

87. Phthalate, dimethyl [ ]  [ ]

88. Phthalate, diethyl [ ]  [ ]

89. Phthalate, di-n-butyl [ ]  [ ]

90. Phthalate, di-n-octyl [ ]  [ ]

91. Phthalate, bis (2-ethylhexyl) [ ]  [ ]

92. Phthalate, butyl benzyl [ ]  [ ]

##### X. POLYCYCLIC AROMATIC HYDROCARBONS

93. Acenaphthene [ ]  [ ]

94. Acenaphthylene [ ]  [ ]

95. Anthracene [ ]  [ ]

96. Benzo (a) anthracene [ ]  [ ]

97. Benzo (b) fluoranthene [ ]  [ ]

98. Benzo (k) fluoranthene [ ]  [ ]

99. Benzo (g,h,i) perylene [ ]  [ ]

100. Benzo (a) pyrene [ ]  [ ]

101. Chrysene [ ]  [ ]

102. Dibenzo (a,h) anthracene [ ]  [ ]

103. Fluoranthene [ ]  [ ]

104. Fluorene [ ]  [ ]

105. Indeno (1, 2, 3-cd) pyrene [ ]  [ ]

106. Napthalene [ ]  [ ]

107. Phenanthrene [ ]  [ ]

108. Pyrene [ ]  [ ]

##### XI. PESTICIDES

109. Acrolein [ ]  [ ]

110. Aldrin [ ]  [ ]

111. BHC (Alpha) [ ]  [ ]

112. BHC (Beta) [ ]  [ ]

113. BHC (Gamma) or Lindane[ ]  [ ]

114. BHC (Delta) [ ]  [ ]

115. Chlordane [ ]  [ ]

116. DDD [ ]  [ ]

117. DDE [ ]  [ ]

118. DDT [ ]  [ ]

119. Idrin [ ]  [ ]

120. Endosulfan (Alpha) [ ]  [ ]

121. Endosulfan (Beta) [ ]  [ ]

122. Endosulfan Sulfate [ ]  [ ]

123. Endrin [ ]  [ ]

124. Heptachlor [ ]  [ ]

125. Heptachlor expoxide [ ]  [ ]

126. Isophorone [ ]  [ ]

127. TCDD (or Dioxin) [ ]  [ ]

128. Toxaphene [ ]  [ ]

##### XII. CONVENTIONAL AND

###### NON-CONVENTIONAL POLLUTANTS

129. Bromide [ ]  [ ]

130. Chlorine, Total Residual [ ]  [ ]

131. Color**[ ]** **[ ]**

132. Fecal Coliform [ ]  [ ]

133. Fluoride [ ]  [ ]

134. Nitrate-Nitrite [ ]  [ ]

135. Nitrogen, Total Organic [ ]  [ ]

136. Oil and Grease [ ]  [ ]

137. Phosphorus, Total [ ]  [ ]

138. Radioactivity [ ]  [ ]

139. Sulfate [ ]  [ ]

140. Sulfide [ ]  [ ]

141. Sulfite [ ]  [ ]

142. Surfactants [ ]  [ ]

143. Aluminum, Total [ ]  [ ]

144. Barium, Total [ ]  [ ]

145. Boron, Total [ ]  [ ]

146. Cobalt, Total [ ]  [ ]

147. Iron, Total [ ]  [ ]

148. Magnesium, Total [ ]  [ ]

149. Molybdenum, Total [ ]  [ ]

150. Manganese, Total [ ]  [ ]

151. Tin, Total [ ]  [ ]

152. Titanium, Total [ ]  [ ]

**SECTION F. WASTEWATER INFORMATION (Cont’d)**

4. For all chemical products used at your facility and/or identified as “Known Present,” please list and provide the following data for each: (attach additional sheets if needed).

|  |  |  |
| --- | --- | --- |
| Trade/Product Name | Monthly Usage(lbs. or gal) | Estimated Loss to sanitary sewer (lbs. or gal. / month) |

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

5. Is any form of wastewater pretreatment utilized at your facility ­­­­­? Yes [ ]  No [ ]

 If “yes”, check as many as appropriate.

 [ ]  Air flotation [ ]  Ozonation

 [ ] Centrifuge [ ]  Silver recovery

 [ ]  Chemical precipitation [ ]  Reverse Osmosis

 [ ]  Chlorination [ ]  Screens (Hydro-sieve, etc.)

 [ ]  Cyclone [ ]  Sedimentation

 [ ]  Filtration [ ]  Solvent separation

 [ ]  Flow equalization tank [ ]  Spill protection

 [ ]  Grease or oil separation [ ]  Sump

 [ ]  Grease trap [ ]  Biological treatment, type

 [ ]  Grit removal [ ]  Rainwater diversion or storage

 [ ]  Ion Exchange [ ]  Other chemical treatment type

 [ ]  Neutralization, pH correction [ ]  Other, give description below.

Brief Description:

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

**SECTION G. OTHER WASTES**

 1. Are any liquid wastes or sludges being generated that are not disposed of in the sewer system?

 Yes [ ]  No [ ]

 2. Indicate wastes generated by your facility and check the appropriate box to classify:

 **Waste(s)** **Hazardous Disposal Method** *(Estimated Gal. or Pounds/Year)*

#  Y N On Site Off Site

 Acid and Alkalies [ ]  [ ]  [ ]  [ ]

#  Heavy Metal Sludge [ ]  [ ]  [ ]  [ ]

 Inks/Dyes [ ]  [ ]  [ ]  [ ]

#  Organic Compounds [ ]  [ ]  [ ]  [ ]

 Paints [ ]  [ ]  [ ]  [ ]

 Pesticides [ ]  [ ]  [ ]  [ ]

 Plating Wastes [ ]  [ ]  [ ]  [ ]

 Pretreatment Sludge [ ]  [ ]  [ ]  [ ]

 Solvents/Thinners [ ]  [ ]  [ ]  [ ]

 Oil and/or Grease [ ]  [ ]  [ ]  [ ]

 Other (specify) [ ]  [ ]  [ ]  [ ]

*Please submit the most recent receipts and/or waste manifests with this application.*

 3. On-Site Storage: Yes [ ]  No [ ]  Method: Drum [ ]  Roll-off Container [ ]  Tank [ ]

 Other (specify):

 b. Typical duration of storage: Days

 c. Typical volume of waste stored: Pounds Gallons

1. Is storage site

- Self-contained [ ]

 - Waste segregated [ ]

 - protected from a reaction [ ]

 Explain:

 4. On-Site Disposal: [ ]  Yes [ ]  No

 Disposal Method: Reclamation [ ]  Land Disposal [ ]  Incineration [ ]  Other [ ]

**SECTION G. OTHER WASTES (Cont’d)**

 5. Off-Site Disposal: [ ] Yes [ ]  No

 Off-Site facility receiving waste

 Name of Facility

 Facility Operator

 Facility Location

 Address

 City/State Zip Phone

 6. Waste hauled off-site by: [ ]  Industry [ ]  Waste-hauler [ ]  Other

 *\*Wastehauler information*

 Company name / Contact person

 Address

 City/State Zip Phone

 Vehicle License Number:

 Environmental Protection Agency

 Registration No.:

 TCEQ Registration No.:

 SAWS Industrial Waste Transportation

 Permit No.:

 *\*List as many as necessary*

**SECTION H. LIST OTHER ENVIRONMENTAL CONTROL PERMITS**

 Including any NPDES/TPDES permits held for any discharge to storm drain or surface course:

|  |  |  |  |
| --- | --- | --- | --- |
| Permit no. | Facility Name (if different from applicant) | Outfall description / no. | Discharge permit type (e.g. storm water, air, hazardous waste, etc.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION I. PRETREATMENT AND POLLUTION PREVENTION (P2)**

1. Describe any wastewater treatment equipment or processes in use:

 2. Describe any additional pretreatment facilities and/or processes under consideration. Include a specific time schedule for completion:

 3. Pollution Prevention (P2)

 Describe any pollution prevention activities that have taken place during the past five (5) to ten (10) years such as:

 a) Closed Loop system

 b) Chemical Substitutions

 c) Water Conservation

 d) Process Changes

 e) Recycling

 f) Better Industrial Housekeeping

 g) Secure Chemical Storage Areas

 h) Floor Drains Closed Off

 i) Retaining Walls Built to Catch Spills, etc.

 j) Other Pollution Prevention P2 Activities

4. Do you dispose of any chemicals, solvents, sludges, or hazardous materials as a result of your processes?

 [ ]  Yes [ ]  No

 If so, provide a description of each material, giving the composition, annual quantity, and means of disposal.

 5. If a private hauler is used to haul sludges/residuals, provide name and EPA Identification Number.

6. Where is the ultimate disposal site for sludges/residuals?

 7. Do you have copies of manifests for waste hauled off site? [ ]  Yes [ ]  No

 8. Do you have a spill prevention, containment and control plan (SPCC) for your facility? [ ]  Yes [ ]  No

 9. Do you have a solvent management plan for your facility? [ ]  Yes [ ]  No

 10. Do you have a certified operator for your pretreatment facility? [ ] Yes [ ]  No

 If yes: Name

 Address

 Certification Number