



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

- | | |
|--|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Anodizing |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Coating |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Milling |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Electrical/Electronic | <input type="checkbox"/> Transportation & Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning/Finishing | <input type="checkbox"/> Centralized Waste Treatment |
| <input type="checkbox"/> Metal Finishing | |
| <input type="checkbox"/> Printed Circuit Board | |
| <input type="checkbox"/> Electrolysis | |

B. Other Industrial Activities

- | | |
|--|---|
| <input type="checkbox"/> Bottlers | <input type="checkbox"/> Paint or Ink Formulation |
| <input type="checkbox"/> Flammables/Explosives | <input type="checkbox"/> Photographic Processing |
| <input type="checkbox"/> Food Manufacturing | <input type="checkbox"/> Plastics Processing |
| <input type="checkbox"/> Food Preparation Services | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Repair Shop/Garage |
| <input type="checkbox"/> Laundry, Cleaning | <input type="checkbox"/> Research |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Rubber Processing |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Steam/Power Generation |
| <input type="checkbox"/> Military Base | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> 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 & Equipment Wash-down							
Other (Specify)							
TOTAL							

Total should equal discharge to SAWS sewer in Table 6.

- 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.
- 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.

I. METALS

- | | | |
|--------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Antimony | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Arsenic | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Asbestos | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Beryllium | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cadmium | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Chromium | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Copper | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Cyanide | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Lead | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Mercury | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Nickel | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Selenium | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--------------|--------------------------|--------------------------|
| | Yes | No |
| 13. Silver | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Thallium | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Zinc | <input type="checkbox"/> | <input type="checkbox"/> |
- II. PHENOLS AND CRESOLS**
- | | | |
|-------------------------------|--------------------------|--------------------------|
| 16. Phenol(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Phenol, 2-chloro | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Phenol, 2, 4-dichloro | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Phenol, 2, 4, 6-trichloro | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Phenol, pentachloro | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Phenol, 2-nitro | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Phenol, 4-nitro | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Phenol, 2, 4-dinitro | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Phenol, 2, 4-dimethyl | <input type="checkbox"/> | <input type="checkbox"/> |

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-propyl
 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, tribromo
 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	<input type="checkbox"/>	<input type="checkbox"/>
110.	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>
111.	BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>
112.	BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>
113.	BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>
114.	BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>
115.	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>
116.	DDD	<input type="checkbox"/>	<input type="checkbox"/>
117.	DDE	<input type="checkbox"/>	<input type="checkbox"/>
118.	DDT	<input type="checkbox"/>	<input type="checkbox"/>
119.	Idrin	<input type="checkbox"/>	<input type="checkbox"/>
120.	Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>
121.	Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>
122.	Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>
123.	Endrin	<input type="checkbox"/>	<input type="checkbox"/>
124.	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>
125.	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>
126.	Isophorone	<input type="checkbox"/>	<input type="checkbox"/>
127.	TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>
128.	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>

**XII. CONVENTIONAL AND
NON-CONVENTIONAL POLLUTANTS**

129.	Bromide	<input type="checkbox"/>	<input type="checkbox"/>
130.	Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>
131.	Color	<input type="checkbox"/>	<input type="checkbox"/>
132.	Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>
133.	Fluoride	<input type="checkbox"/>	<input type="checkbox"/>
134.	Nitrate-Nitrite	<input type="checkbox"/>	<input type="checkbox"/>
135.	Nitrogen, Total Organic	<input type="checkbox"/>	<input type="checkbox"/>
136.	Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>
137.	Phosphorus, Total	<input type="checkbox"/>	<input type="checkbox"/>
138.	Radioactivity	<input type="checkbox"/>	<input type="checkbox"/>
139.	Sulfate	<input type="checkbox"/>	<input type="checkbox"/>
140.	Sulfide	<input type="checkbox"/>	<input type="checkbox"/>
141.	Sulfite	<input type="checkbox"/>	<input type="checkbox"/>
142.	Surfactants	<input type="checkbox"/>	<input type="checkbox"/>
143.	Aluminum, Total	<input type="checkbox"/>	<input type="checkbox"/>
144.	Barium, Total	<input type="checkbox"/>	<input type="checkbox"/>
145.	Boron, Total	<input type="checkbox"/>	<input type="checkbox"/>
146.	Cobalt, Total	<input type="checkbox"/>	<input type="checkbox"/>
147.	Iron, Total	<input type="checkbox"/>	<input type="checkbox"/>
148.	Magnesium, Total	<input type="checkbox"/>	<input type="checkbox"/>
149.	Molybdenum, Total	<input type="checkbox"/>	<input type="checkbox"/>
150.	Manganese, Total	<input type="checkbox"/>	<input type="checkbox"/>
151.	Tin, Total	<input type="checkbox"/>	<input type="checkbox"/>
152.	Titanium, Total	<input type="checkbox"/>	<input type="checkbox"/>

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.

- | | |
|--|--|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Silver recovery |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Screens (Hydro-sieve, etc.) |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Solvent separation |
| <input type="checkbox"/> Flow equalization tank | <input type="checkbox"/> Spill protection |
| <input type="checkbox"/> Grease or oil separation | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Biological treatment, type _____ |
| <input type="checkbox"/> Grit removal | <input type="checkbox"/> Rainwater diversion or storage |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Other chemical treatment type _____ |
| <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heavy Metal Sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inks/Dyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organic Compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Paints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plating Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pretreatment Sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Solvents/Thinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oil and/or Grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

- d. 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 _____