

VICTOR VALLEY WASTEWATER RECLAMATION AUTHORITY
20111 SHAY ROAD
VICTORVILLE, CALIFORNIA 92394

APPLICATION FOR CLASS I and II WASTEWATER DISCHARGE PERMIT^{1*}
AND BASELINE MONITORING REPORT

This form must be filled out completely, signed, dated, and returned to VVWRA at the above address along with all required attachments within 30 days of receipt. Attach additional sheets as necessary. If you have questions regarding completion of this form, please call the VVWRA Industrial Pre Treatment Department at (760) 246-8638.

SECTION A – GENERAL INFORMATION

Anticipated Opening Date: _____

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

A.2. Street address of facility (Check if same) _____

Zip Code _____ Telephone Number () _____

A.3. Person authorized to represent above named firm in official dealings with the VVWRA:

Name _____ Title _____
Telephone Number () _____

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

Name _____ Title _____
Telephone Number () _____

This is to be signed by an authorized representative^{2*} of your firm after completion of this form and review of the information by the signing official.

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 Representative _____

Name _____

* See notes on Page 10

Title _____

A.5. Type of business (e.g. auto repair, machine shop, electroplating, warehousing, painting, meat packaging, food processing, etc.):

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) for your facilities:

A.8. If your facility employs processes in any of the industrial categories or business activities listed below and any of the processes result in a discharge to the sewer system, place a check beside the category or activity (check all that apply).

a. Industrial/Manufacturing Categories

<input type="checkbox"/>	Adhesives	<input type="checkbox"/>	Explosives Manufacturing
<input type="checkbox"/>	Aluminum Forming*	<input type="checkbox"/>	Ferroalloy Manufacturing
<input type="checkbox"/>	Anodizing*	<input type="checkbox"/>	Fertilizer Manufacturing
<input type="checkbox"/>	Asbestos Manufacturing	<input type="checkbox"/>	Foundries*
<input type="checkbox"/>	Battery Manufacturing or Reclaiming*	<input type="checkbox"/>	Glass Manufacturing
<input type="checkbox"/>	Builder's Paper and Board Mills*	<input type="checkbox"/>	Grain Milling
<input type="checkbox"/>	Can making *	<input type="checkbox"/>	Gum & Wood Chemicals Manufacturing
<input type="checkbox"/>	Canned and Preserved Fruits and Vegetables Processing	<input type="checkbox"/>	Hazardous Waste Treatment
<input type="checkbox"/>	Canned and Preserved Seafood Processing	<input type="checkbox"/>	Industrial Laundry
<input type="checkbox"/>	Carbon Black Manufacturing	<input type="checkbox"/>	Ink Formulating
<input type="checkbox"/>	Cement Manufacturing	<input type="checkbox"/>	Inorganic Chemicals Manufacturing *
<input type="checkbox"/>	Coal Mining	<input type="checkbox"/>	Iron & Steel Manufacturing *
<input type="checkbox"/>	Coil Coating *	<input type="checkbox"/>	Leather Tanning & Finishing *
<input type="checkbox"/>	Copper Forming *	<input type="checkbox"/>	Machinery Manufacturing and Rebuilding
<input type="checkbox"/>	Dairy Products Processing	<input type="checkbox"/>	Meat Products Processing
<input type="checkbox"/>	Drum Reconditioning	<input type="checkbox"/>	Mechanical Products
<input type="checkbox"/>	Electrical & Electronic Components *	<input type="checkbox"/>	Metal Coating (chromating, phosphating, coloring, passivating)*

<input type="checkbox"/>	Electro-less Plating *	<input type="checkbox"/>	Metal Etching or Chemical Milling *
<input type="checkbox"/>	Electroplating *	<input type="checkbox"/>	Metal Molding and Casting *
<input type="checkbox"/>	Mineral Mining and Processing	<input type="checkbox"/>	Plastics Molding & Forming
<input type="checkbox"/>	Nonferrous Metals Forming and Metal Powders*	<input type="checkbox"/>	Porcelain Enameling *
<input type="checkbox"/>	Nonferrous Metals Manufacturing*	<input type="checkbox"/>	Printed Circuit Board Manufacturing *
<input type="checkbox"/>	Oil & Gas Extraction	<input type="checkbox"/>	Pulp, Paper, & Paperboard *
<input type="checkbox"/>	Ore Mining & Dressing	<input type="checkbox"/>	Rubber Manufacturing
<input type="checkbox"/>	Organic Chemicals *	<input type="checkbox"/>	Soap & Detergent Manufacturing
<input type="checkbox"/>	Paint Formulating	<input type="checkbox"/>	Solvent Recycling
<input type="checkbox"/>	Paving and Roofing Tars and Asphalt *	<input type="checkbox"/>	Steam Electric Power Generation *
<input type="checkbox"/>	Pesticide Chemicals Manufacturing *	<input type="checkbox"/>	Sugar Processing
<input type="checkbox"/>	Petroleum Refining *	<input type="checkbox"/>	Textile Mills
<input type="checkbox"/>	Pharmaceuticals Manufacturing *	<input type="checkbox"/>	Timber Products Processing *
<input type="checkbox"/>	Phosphate Manufacturing	<input type="checkbox"/>	Transportation Equipment Cleaning
<input type="checkbox"/>	Photographic Supplies	<input type="checkbox"/>	Used oil Reclamation & Refining
<input type="checkbox"/>	Plastics & Synthetic Fiber		

b. Other Business Activities

<input type="checkbox"/>	Beverage bottling	<input type="checkbox"/>	Photographic Processing
<input type="checkbox"/>	Commercial Laundry	<input type="checkbox"/>	Printing & Publishing
<input type="checkbox"/>	Dentistry	<input type="checkbox"/>	Radiator Repair
<input type="checkbox"/>	Feed Lot	<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Food/Edible Products Processing	<input type="checkbox"/>	Vehicle Maintenance and Repair
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Vehicle Washing
<input type="checkbox"/>	Non-Commercial Laundry	<input type="checkbox"/>	X-Ray Processing

* May be subject to Federal Categorical Pretreatment Standards

For all operations subject to Federal Categorical Pretreatment Standards, describe regulating processes producing wastewater and identify the Federal Categorical Standards applicable to each (for example, Federal Categorical Standards applicable to existing Metal Finishing operations are identified in 40 CFR 433.15):

A.9. Current normal opening days and hours:

Shift	Days (circle)	Hours From AM/PM	To AM/PM	Avg. No. of Employees
1	S M T W T H F S			
2	S M T W T H F S			
3	S M T W T H F S			
4	S M T W T H F S			
5	S M T W T H F S			
6	S M T W T H F S			

Note: Information for Items A.10 through A.14 must be complete for each product line. Attach additional sheets as necessary.

A.10 Principal Product(s) produced: _____

A.11. Raw materials and process additives used: _____

A.12. Production Process:

Batch Continuous Both % batch _____ % continuous _____

A.13. Is production subject to seasonal variation? Yes No

A.14. Are any process changes or expansions planned during the next three years? Yes No

If yes, describe the nature of planned changes or expansions on a separate sheet.

A.15 Environmental Control Permits held by your facility:

Permit Number	For	Agency Issuing Permit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B – WASTEWATER DISCHARGE INFORMATION

B.1. Water consumption and types of wastes generated (estimated or measured). If measured, write the letter “M” after entry:

	Water Uses and Potential Sources of Wastewater (Check all that apply)	Water Consumption Gallons per Day	Waste Discharge Gallons per Day	Where Wastes are Discharged** (Circle all that apply)
1	<input type="checkbox"/> Irrigation	_____	_____	A B C D E F G
2	<input type="checkbox"/> Domestic Wastes, Restroom	_____	_____	A B C D E F G
3	<input type="checkbox"/> Storm Water Runoff to Sewer	_____	_____	A B C D E F G
4	<input type="checkbox"/> Air Conditioner, Condenser or Chiller Condensate	_____	_____	A B C D E F G
5	<input type="checkbox"/> Process Cooling Water, Non-Contact	_____	_____	A B C D E F G
6	<input type="checkbox"/> Boiler	_____	_____	A B C D E F G
7	<input type="checkbox"/> Process Cooling Water, Contact	_____	_____	A B C D E F G
8	<input type="checkbox"/> Water Softener and/or De-ionizer	_____	_____	A B C D E F G
9	<input type="checkbox"/> Compressor Condensate	_____	_____	A B C D E F G
10	<input type="checkbox"/> Manufacturing Processes	_____	_____	A B C D E F G
11	<input type="checkbox"/> Food Processing	_____	_____	A B C D E F G
12	<input type="checkbox"/> Vehicle Washing	_____	_____	A B C D E F G
13	<input type="checkbox"/> Laundry	_____	_____	A B C D E F G
14	<input type="checkbox"/> Photo Processing	_____	_____	A B C D E F G
15	<input type="checkbox"/> Cleaning Raw Materials	_____	_____	A B C D E F G
16	<input type="checkbox"/> Equipment and/or Parts Cleaning	_____	_____	A B C D E F G
17	<input type="checkbox"/> Floor Wash-down	_____	_____	A B C D E F G
18	<input type="checkbox"/> Air Pollution Control Unit	_____	_____	A B C D E F G
19	<input type="checkbox"/> Other _____	_____	_____	A B C D E F G

TOTAL WATER CONSUMED _____ GPD

TOTAL WATER GENERATED (2-19)	_____	GPD
TOTAL NONDOMESTIC WASTES GENERATED (6-19)	_____	GPD
TOTAL PROCESS WASTES GENERATED (7-19)	_____	GPD

* Typically estimated at fifteen gallons per day for each employee.

- ** A – Sanitary sewer
 B – Storm drain or channel
 C – Street
 D – Ground
 E – Evaporation
 F – Waste hauler(s)
 G – Septic tank

*** Do not include recycled water.

B.2. If waste haulers are used, provide name of waste haulers: _____

- B.3. a. What is the total number of sewer floor drains at your facility? _____
 b. What is the total number of other process sewer connections at your facility? _____
 c. How many sewer floor drains are located outdoors? _____

B.4. Non-domestic wastewater discharge flow pattern:

Wastewater Source	Wastewater Discharge					Total
	_____	_____	_____	_____	_____	
Sampling Point	_____	_____	_____	_____	_____	
Volume (gal) *	_____	_____	_____	_____	_____	_____
Average Flow (GPD) **	_____	_____	_____	_____	_____	_____
Max Flow (GPD) **	_____	_____	_____	_____	_____	_____
Duration, Hours	_____	_____	_____	_____	_____	_____
Frequency	_____	_____	_____	_____	_____	_____
Usual Time of Day	_____	_____	_____	_____	_____	_____

- * If batch discharge
- ** If continuous discharge

B.5. Attach site plans and /or floor plans of facilities * showing location of:

- a. Process plumbing
- b. Water meter(s)
- c. Sewer Lines
- d. Sewer connection(s), as listed in B.7.
- e. Sampling manholes and flow meters as listed in B.8.
- f. Process areas and major equipment locations
- g. Floor drains
- h. Appurtenances (including non-reclaimable waste line, if applicable)

B.6. Attach 8-½ inch by 11 inch Schematic Process Flow Block Diagram * showing water sources, water usage quantities, processes, sources of wastewater, wastewater discharge quantities, and discharge points.

B.7. Describe plant sewer connection(s) and flow:

Reference Number From Site Plan	Sewer Pipe Size	Location of Sewer Connection	Type of Discharge		Estimated Maximum Flow (GPD)
			Domestic	Non-domestic	
_____	_____	_____	_____ %	_____ %	_____
_____	_____	_____	_____ %	_____ %	_____
_____	_____	_____	_____ %	_____ %	_____

B.8. List sampling manholes or vaults and wastewater flow meters:

Reference Number From Site Plan	Existing/ Proposed	Location	Percentage of Each Type of Wastewater (use code from B.1.)	Flow Rate (GPD)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B.9. Attach water consumption records for previous 12 months for you facility.

B.10. Attach totalized wastewater discharge flow records for previous 12 months for your facility (if wastewater flowmeter(s) installed).

*If this space is checked, plans and Block Diagram must be certified by a Civil Engineer registered in the State of California.

SECTION C – WASTEWATER QUALITY INFORMATION

C.1. Is non-domestic wastewater discharged by your facility treated prior to discharge? Yes No

If yes, indicate the pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate):

- Air Flootation*
- Biological Treatment*
- Centrifuge*
- Chemical Precipitation*
- Chlorination*
- Clairfier, size _____ gallons, No. compartments _____
- Cyclone
- Filtration*
- Flow Equalization, capacity _____ gallons
- Grease or Oil Separation, type _____
- Grease Trap, size _____ gallons, or _____ pounds
- Grit Removal*
- Iron Exchange*
- Neutraliation, pH Correction*
- Ozonation*
- Rainwater Diversion or Storage
- Reverse Osmosis*
- Screen
- Septic Tank, size _____ gallons
- Solvent Separation*
- Sump, size _____
- Other Chemical Treatment*
- Other Physical Treatment*
- Other*

* On a separate sheet, provide detailed process information, including: pollutant loads, flow rates, design capacities, dimensions and operating procedures.

C.2. a. If any wastewater analyses have been performed on the wastewater discharge(s) from facilities, attach a copy of the most recent laboratory analysis report to this survey/application. Be sure to include the date of the analysis, name of laboratory who performed the analysis, and sampling location(s).

b. All current Class I and II Industrial Users are required to submit monitoring data in accordance with permit requirements. Use **Attachment A** to summarize the analytical results for all regulated

pollutants. DO NOT LEAVE BLANKS. For all other (non-regulated) pollutants, indicate whether the pollutant is know to be absent, suspected absent, suspected to be present, or know to be present.

All new Class I and II Industrial Users are required to use **Attachment A** to indicate what pollutants will be present or are suspected to be present in proposed waste-streams.

C.3. Is your facility meeting all VVWRA limitations and all applicable Feral Categorical Standards on a regular basis? Yes No

If no, attach a report indicating additional operation and maintenance or pretreatment equipment required to meet all standards and limitations and include a time schedule showing the shortest time period in which your facility can achieve full compliance with all applicable standards. The final completion date in the schedule shall not be later than the compliance date established for any applicable Federal Categorical Standard. Industries subject to Federal Categorical Standards must submit Schedule Compliance Reports and a Final Compliance Report in accordance with 40 CFR 304.12 (c) and (d).

C.4. All changes subject to Federal Categorical Standard who have not already submitted a Basline Monitoring Report (BMR) to VVWRA must submit wastewater analysis results for all constituents regulated by applicable Federal Categorical Standards as determined by a State Certified Analytical laboratory using approved analytical methods and sampling procedures in accordance with 40 CFR 136 and 40 CFR 403,12 (b)(5).

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 yes, complete items D.2 and D.3.
If no, go on to Section E.

D.2. These Wastes may be best described as

Estimated Gallons or Pound per Year

<input type="checkbox"/>	Acids and Alkalis	_____
<input type="checkbox"/>	Heavy Metal Sludge	_____
<input type="checkbox"/>	Inks/Dyes	_____
<input type="checkbox"/>	Fats, 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"/>	Solvents/Thinners	_____

	Other Hazardous Waste (specify)	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	Other Wastes (specify)	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

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

- Onsite Storage
 Offsite Storage
 Onsite Disposal
 Offsite Disposal

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

SECTION E – ONSITE CHEMICAL STORAGE AND USE

E.1. Complete Items “a.” through “i.” for all chemicals in current or past use in significant quantities. Make additional copies of this sheet if necessary.

- a. Chemical Name: _____
- b. Common/Trade Name: _____
- c. Method of storage:
 Underground Tank
 Aboveground Tank
 Barrels
 Other (specify) _____
- d. Quantity Stored: _____
- e. Is storage area contained?
 Yes
 No
- f. Method of Waste Disposal:
 Sewered
 Hauled
 Onsite
- g. Is waste treated prior to disposal?
 Yes
 No
 If yes, describe: _____
- h. Is waste stored prior to disposal?
 Yes
 No

i. Is waste storage are contained? Yes No

a. Chemical Name: _____

b. Common/Trade Name: _____

c. Method of storage: Underground Tank Aboveground Tank
 Barrels Other (specify) _____

d. Quantity Stored: _____

e. Is storage area contained? Yes No

f. Method of Waste Disposal: Sewered Hauled Onsite

g. Is waste treated prior to disposal? Yes No
If yes, describe: _____

h. Is waste stored prior to disposal? Yes No

i. Is waste storage are contained? Yes No

E.2. If your facility has floor drains or sewer connections in or near chemical storage areas, attach a copy of Slug Discharge Control Plan. Guidance for Preparing a Slug Discharge Control Plan may be obtained form the VVWRA Industrial Waste Department at (760) 246-8638.

E.3. If your company uses solvents, attach a copy of solvent Management Plan. Guidance for Preparing a Solvent Management Plan may be obtained from the VVWRA Industrial Waste Department at (760) 246-8638.

NOTES:

1 In accordance with Title 40 of the Code of Federal Regulations Part 403.14 and Section 8.4.14 of VVWRA Ordinance No. 001, information and data provided in this application 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 and Section 8.4.14 of VVWRA Ordinance No. 001. Should a Wastewater Discharge Permit be required for your facility, the information in this application will be used to issue the permit.

2 An Authorized Representative of an Industrial User may be: (1) A responsible corporate officer, if the User submitting required reports is a corporation; (2) A general partner or proprietor if the User submitting the

required reports is a partnership or sole proprietorship respectively; (3) The person in responsible charge, if the User is a governmental agency; (4) An individual with the same authority as stated in 1, 2, and 3 if the individual is responsible for the overall operation of the facility from which the discharge originates. If authorization under item 4 of this definition is no longer accurate because a different individual or position has responsibility for the authorization satisfying the requirements of item 4 of this definition must be submitted to VVWRA prior to or together with any reports to be signed by an authorized representative.

A responsible corporate officer may be: (a) A president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, (b) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

class1permit

ATTACHMENT A
CHARACTERIZATION OF WASTEWATER DISCHARGE
CLASS I PERMIT APPLICATION

	Known Absent	Suspected Absent	Known Present	Suspected Present	Number of Analyses	Average Concentration mg/l	Maximum Concentration mg/l	VVWRA Discharge Limit* mg/l
Antimony	---	---	---	---	---	---	---	---
Arsenic	---	---	---	---	---	---	---	1.2
Barium	---	---	---	---	---	---	---	---
Beryllium	---	---	---	---	---	---	---	---
Cadmium	---	---	---	---	---	---	---	0.5
Chromium (Total)	---	---	---	---	---	---	---	3.3
Cobalt	---	---	---	---	---	---	---	---
Copper	---	---	---	---	---	---	---	0.3
Cyanide	---	---	---	---	---	---	---	1.0
Iron	---	---	---	---	---	---	---	---
Lead	---	---	---	---	---	---	---	2.0
Manganese	---	---	---	---	---	---	---	---
Mercury	---	---	---	---	---	---	---	0.02
Nickel	---	---	---	---	---	---	---	0.5
Selenium	---	---	---	---	---	---	---	---
Silver	---	---	---	---	---	---	---	3.4
Thallium	---	---	---	---	---	---	---	---
Zinc	---	---	---	---	---	---	---	1.5
Biochemical Oxygen Demand (BOD)	---	---	---	---	---	---	---	---
Total Suspended Solids (TSS)	---	---	---	---	---	---	---	---
Chloride	---	---	---	---	---	---	---	TB ¹
Sodium	---	---	---	---	---	---	---	TB ¹
Sulfate	---	---	---	---	---	---	---	TB ¹
Sulfide, dissolved	---	---	---	---	---	---	---	0.5
Total Filterable Residue or Total Dissolved Solids (TFR or TDS)	---	---	---	---	---	---	---	TB ¹
Oil & Grease (Total) ²	---	---	---	---	---	---	---	300.0
Oil & Grease (Petroleum/ Mineral) ³	---	---	---	---	---	---	---	100.0
Phenolic Compounds	---	---	---	---	---	---	---	0.5
Purgeable Halocarbons and Aromatics ⁴	---	---	---	---	---	---	---	1.0
Benzene	---	---	---	---	---	---	---	0.13
Dissolved Organic Halides ⁵	---	---	---	---	---	---	---	ND ⁶

- | | |
|--|--|
| 1. To be determined by VVWRA on a case-by-case basis | 4. EPA Methods 601 and 602 or EPA Method 624 |
| 2. EPA Method 413.1 or Standard Methods 5520B | 5. Standard Methods 5320 |
| 3. Standard Methods 5520F | 6. Non Detectable |

* Federal Categorical Limits are specified in 40 CFR 405 through 471.

ATTACHMENT A
CHARACTERIZATION OF WASTEWATER DISCHARGE
CLASS I PERMIT APPLICATION
(Continued)

	Known Absent	Suspected Absent	Known Present	Suspected Present	Number of Analyses	Average Concentration mg/l	Maximum Concentration mg/l	
PCB-1221 (Arochlor 1221)	_____	_____	_____	_____	_____	_____	_____	Prohibited
PCB-1232 (Arochlor 1232)	_____	_____	_____	_____	_____	_____	_____	Prohibited
PCB-1248 (Arochlor 1248)	_____	_____	_____	_____	_____	_____	_____	Prohibited
PCB-1260 (Arochlor 1260)	_____	_____	_____	_____	_____	_____	_____	Prohibited
PCB-1016 (Arochlor 1016)	_____	_____	_____	_____	_____	_____	_____	Prohibited
Toxaphene	_____	_____	_____	_____	_____	_____	_____	Prohibited
2,3,7,8-Tetrachlorodi- benzo-p-dioxin (TCDD)	_____	_____	_____	_____	_____	_____	_____	Prohibited
Asbestos	_____	_____	_____	_____	_____	_____	_____	
Boron	_____	_____	_____	_____	_____	_____	_____	
Chemical Oxygen Demand (COD)	_____	_____	_____	_____	_____	_____	_____	
Chlorine	_____	_____	_____	_____	_____	_____	_____	
Fluoride	_____	_____	_____	_____	_____	_____	_____	
Hardness (Total, as CaCO ₃)	_____	_____	_____	_____	_____	_____	_____	
Magnesium	_____	_____	_____	_____	_____	_____	_____	
Total Organic Carbon (TOC)	_____	_____	_____	_____	_____	_____	_____	
Ammonia Nitrogen	_____	_____	_____	_____	_____	_____	_____	
Kjeldahl Nitrogen	_____	_____	_____	_____	_____	_____	_____	
Nitrate Nitrogen	_____	_____	_____	_____	_____	_____	_____	
Nitrite Nitrogen	_____	_____	_____	_____	_____	_____	_____	
Organic Nitrogen	_____	_____	_____	_____	_____	_____	_____	
Total Inorganic Nitrogen	_____	_____	_____	_____	_____	_____	_____	
Phosphorus	_____	_____	_____	_____	_____	_____	_____	
Alkyl Phenol Ethoxylates (Ethoxylated Alkyl Phenols)	_____	_____	_____	_____	_____	_____	_____	Prohibited
pH	Range _____ to _____							Minimum 5.0 Maximum 11.0

ATTACHMENT B

CHECK LIST FOR ATTACHMENTS CLASS I PERMIT APPLICATION

<u>Reference Section</u>	<u>Attachment</u>	<u>Attached</u>
1. A.10.- A.13.	Additional Product Line Information (if necessary)	()
2. A.14.	Planned Process Changes	()
3. B.5.	Site Plans/Floor Plans, including:	()
	Process Plumbing	()
	Water Meter(s)	()
	Sewer Lines	()
	Sewer Connection(s)	()
	Sampling Manhole(s) and Flow Meter(s)	()
	Process Area and Major Equipment Locations	()
	Floor Drains	()
	Appurtenances	()
4. B.6.	Schematic Process Flow Block Diagram	()
5. B.9.	Water Consumption Records for Previous 12 Months (if available)	()
6. B.10.	Totalized Wastewater Discharge Flow Records for Previous 12 Months (if available)	()
7. C.1.	Detailed Information on Pretreatment Devices/Processes (if necessary)	()
8. C.2.a.	Laboratory Analysis Reports for Wastewater	()
9. C.2.b.	Attachment A	()
10. C.3.	Compliance Plan and Time Schedule (if necessary)	()
11. C.4.	Baseline Monitoring Report (if applicable)	()
12. E.2.	Slug Discharge Control Plan (if applicable)	()
13. E.3.	Solvent Management Plan (if applicable)	()