



INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

Application is hereby made to the Charlotte-Mecklenburg Utilities for discharge of wastewaters to the City of Charlotte sewer system in accordance with the provisions of the Sewer Use Ordinance, Chapter 23 of the Charlotte City Code, and the administrative operating policies of the Charlotte-Mecklenburg Utilities.

Applicant:

Location of Facility:

The current and most recently completed WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS, dated _____, shall be considered and made a part of this application and any Permit issued as a result.

Attached hereto and considered a part of this application are site plans and/or sketches showing the location of all connections from this facility to the City of Charlotte sewer system.

CERTIFICATION

I, _____ (print name), 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, accurate and complete. I am an authorized representative of the user and am authorized to execute this certification on behalf of the user. I am aware that there are significant penalties for submitting false information in violation of this certification, including the possibility of fines and/or imprisonment.

Date

Signature of Official
(Seal if applicable)

Title

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The information provided on this questionnaire serves two functions:

1. The information is used to determine if your facility is in need of a Significant Industrial User (SIU) Permit for the discharge of wastewater to the sanitary sewer system.
2. If a SIU Permit is required, this survey shall serve as the application for an SIU Permit and the information will be used to issue the permit.

PLEASE CHECK ONE (definitions of these conditions may be found in the application guidance):

- ☐ New Permit for Proposed Discharge
Anticipated Date of initial process wastewater discharge: _____
- ☐ Existing Unpermitted Discharge
- ☐ Permit Renewal for Existing SIU Permit, existing non-SIU permit, or other written permission from POTW.
Does this application request a greater amount of wastewater discharge [flow], a greater amount of pollutant discharge or a discharge of different pollutants than specified in the last wastewater permit application for this facility, or any other significant changes? ☐ Yes ☐ No

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403.14, information and data provided in this questionnaire which identifies the content, volume, 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.

This is to be signed by an authorized representative of your firm, as defined in 40 CFR Part 403.12 (l) and The City of Charlotte SUO section 23-77 after adequate completion of this form and review of the information by the signing representative.

I, _____ (print name), 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 submitted is, to the best of my knowledge and belief, accurate and complete. I am an authorized representative of the user and am authorized to execute this certification on behalf of the user. I am aware that there are significant penalties for submitting false information in violation of this certification, including the possibility of fines and/or imprisonment.

Check one of the following: I also certify that I qualify for signatory authority, as set forth in 40 CFR Part 403.12 (l) and The City of Charlotte SUO Section 23-77 based upon the following criteria (see Application Guidance for further explanation of the criteria). **Refer to The City of Charlotte SUO section 23-77 to determine which criteria best fits your representative.**

☐ 1. a. ☐ 1. b. ☐ 2. ☐ 3.

Date

Signature of Representative
(Seal, if applicable)

Title

Please return this survey to:

Charlotte-Mecklenburg Utilities – System Protection Section 4222 Westmont Drive Charlotte, NC 28217

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SECTION A – GENERAL INFORMATION

1. Company name, physical/mailling address, telephone number, fax number:

Company name	
Physical address	
Mailing address (if different)	
Telephone number	
Fax number	

2. Address of production of manufacturing facility, telephone number, fax number, and website if applicable:

Physical address	
Mailing address (if different)	
Telephone number	
Fax number	
Website	

3. Primary Contact - Name, title, telephone number and email of person authorized to represent this firm in official dealings with the Publicly Owned Treatment Works (POTW) and; please indicate if this person is located at the site of the production/manufacturing facility:

Name	
Title	
Phone numbers (office, cell, fax)	
Email	
Work location	

4. Alternate Contact - Name, title, telephone number and email of alternate person authorized to represent this firm in official dealings with the Publicly Owned Treatment Works (POTW) and; please indicate if this person is located at the site of the production/manufacturing facility:

Name	
Title	
Phone numbers (office, cell, fax)	
Email	
Work location	

5. On-site Contact - Name, title and telephone number of an on-site contact (if none of the above are on-site) available to answer questions regarding statements made on this survey as well as conduct a walkthrough of the facility:

Name	
Title	
Phone numbers (office, cell, fax)	
Email	

6. Identify the general type of manufacturing, production and/or service(s) conducted at the site (i.e. electroplating, printing, painting, food processing, warehousing, meat packing, machine shop, etc.). Greater detail to be provided below.

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7. Provide a detailed narrative description of the manufacturing/production process(es) and/or service activities identified in question A. 6. above and conducted at the facility identified in question A. 2.

8. Are any process changes or expansions planned during the next five years? ☐ Yes ☐ No

If yes, describe the nature of the planned changes or expansions. As needed, answer questions based on current conditions as well as conditions after the changes or expansion.

9. List the Standard Industrial Classification Number(s) (SIC #) or North American Industry Classification System (NAICS) codes for your facility. If more than one code is listed, indicate the percentage of production.

SIC/NAICS code			
Percentage of production			

10. In what month and year were the Facility's operation(s) at this location (as specified in A. 7. above) established and under what name?

Facility Name	Month	Year

11. Has your facility undergone a change in licensed ownership since the date noted in question A. 10?
☐ Yes ☐ No

If yes, please list the date(s) of all ownership changes.

Facility Name	Month	Year

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SECTION B– FLOW DIAGRAMS/SCHEMATICS AND SITE LAYOUT

The following diagrams and/or flow schematics are required as part of this application. The diagrams or flow schematics can be separate or combined, can be hand drawn and do not necessarily have to be drawn to scale. Submit each diagram on 8 ½ x 11 inch paper, if possible. If a larger size is needed, the diagram(s) should be no larger than 11 x 17 inches. **Examples are included in application guidance.**

PLANT SITE LAYOUT (REQUIRED)

The site layout locates each activity included in the schematic flow diagrams in a geographical setting. At a minimum the site layout should include the following:

Building Outlines, Property Lines

Water lines and meters

Sewer Lines (including floor drains) and all connections to sewer, label lines as process and/or domestic

Storm Drains

Production Areas, Office Areas and Warehouse Areas

Process wastewater lines leaving the facility

Sewer taps

Cooling Towers, Boilers

Storage tanks

Chemical Storage Areas

Waste Storage Areas

Pretreatment Areas

Compliance Sampling and Flow Measurement Locations (potential locations for non-permitted industries)

Single location where all industrial wastewater discharge can be monitored (for non-permitted industries, describe potential locations)

Please note on site layout if generated wastewater requires pumping to reach sewer system

WASTEWATER PRETREATMENT SYSTEM FLOW DIAGRAM (IF APPLICABLE)

At a minimum, this schematic flow diagram should include the following:

Flow schematic showing order of treatment units

Include all treatment process tanks

Identify the chemicals/additives in each tank/vessel

Identify tank volumes

Identify wastewater flows going into pretreatment, especially if some treated separately

Each treatment process and waste stream should be labelled, named, or have a unique identifying number

Piping and control Features

Compliance sampling point

PRODUCTION/PROCESS SCHEMATIC FLOW DIAGRAM (REQUIRED)

The schematic flow diagram is a simple line drawing that illustrates the nature and flow of your plant's processes, placing particular emphasis on the processes that generate wastewater. It also includes any associated wastewater pre-treatment processes/systems. At a minimum, the schematic flow diagram should include the following:

Each plant process that generates wastewater

Include all process steps and tanks (with volumes)

Identify the chemicals/raw materials used in each step/tank/vessel

Each process and waste stream should be labelled, named, or have a unique identifying number

Include operation names used in any applicable categorical process

Each process step related to the manufacturing/process but that does not actually contact the process (for example, water circulated through jackets or piping in a process operation where the water is kept from contacting the item/object)

Discharge points for each process/waste stream (including non-monitored industrial wastewater)

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SECTION C – FACILITY OPERATION CHARACTERISTICS

Shift Production Information

List Shifts/Day. Complete the following information about the shifts worked at the facility.

☐ Shifts are based on 8 hours ☐ Shifts are based on 12 hours ☐ Other

Office/Administrative Staff

<u>Work Day</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# Employees							
Start/End Time							

Production Staff

<u>Work Day</u>		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List Shifts/Day								
# Employees	1 st Shift							
# Employees	2 nd Shift							
# Employees	3 rd Shift							
Start/End Time								
Start/End Time								
Start/End Time								

Shift Activities

WORK DAY	SHIFT	DESCRIPTION OF SHIFT ACTIVITIES
Monday	1 st Shift	
	2 nd Shift	
	3 rd Shift	
Tuesday	1 st Shift	
	2 nd Shift	
	3 rd Shift	
Wednesday	1 st Shift	
	2 nd Shift	
	3 rd Shift	
Thursday	1 st Shift	
	2 nd Shift	
	3 rd Shift	
Friday	1 st Shift	
	2 nd Shift	
	3 rd Shift	
Saturday	1 st Shift	
	2 nd Shift	
	3 rd Shift	
Sunday	1 st Shift	
	2 nd Shift	
	3 rd Shift	

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SECTION D – PROCESS INFORMATION

NOTE: The following information must be completed for each product line. Please make copies of this page if necessary.

Information revealed in this section may be held confidential and proprietary under 40 CFR 403.14 at the request of the Industrial User and the approval of the POTW. **The request for confidentiality must be made at the time of the initial submission of the application.** Should such a request be made and accepted in compliance with The City of Charlotte SUO section 23-94, these page(s) will be removed before review by any non-regulatory personnel.

1. Principal product(s) produced:

2. Raw materials and process additives used:

3. The production process is ☐ Batch ☐ Continuous
If batch, please enter the average number of batches per 24 hours.

If both, please enter %
 %] Batch %] Continuous

4. Maximum and average production rate of this particular product line (please specify units being reported):

Average Production Rate	Maximum Production Rate	Units

5. Hours of operation for this product line: _____ to _____

6. Hours of discharge for this product line: _____ to _____

7. Is production subject to seasonal variation? ☐ Yes ☐ No

If yes, briefly describe the seasonal production cycles:

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SECTION E – WATER USE AND WASTEWATER DISCHARGE INFORMATION

1. Please indicate source(s) of water used at your facility:

Source Type	Check One	If yes...
Well	☐ Yes ☐ No	How many are there? How many are currently in use?
City	☐ Yes ☐ No	
Surface Water	☐ Yes ☐ No	
Other	☐ Yes ☐ No	

2. Does this facility provide any treatment to the incoming water to improve the water quality prior to its use in the process, (i.e. deionization, reverse osmosis, ultra filtration, etc.)? ☐ Yes ☐ No

Treatment Process	Chemicals Used	Volume of Wastewater Generated	Where Wastewater is discharged

3. This facility uses water for the following: (Please record "n/a" if the application/use does not apply to the operations at your facility.)

Type of Application /Use	Detailed Description of Applicable Operation(s) and/or Equipment	Volume Used (gallons/day)	[E]stimated or [M]easured
Process			☐ E ☐ M
Air-Pollution Control Unit (Please specify if used for general air conditioning or process related pollutants)			☐ E ☐ M
Backwash Water			☐ E ☐ M
Boilers (Please specify if live and/or dry steam is used.)			☐ E ☐ M
Contact Cooling/Warming Water			☐ E ☐ M
Equipment Washdown			☐ E ☐ M
In-Product			☐ E ☐ M
Lab			☐ E ☐ M
Maintenance Shop			☐ E ☐ M
Non-Contact Cooling/Warming Water (e.g. water circulated through jackets or piping; process where the water is kept from contacting the item/object)			☐ E ☐ M
Pump Sealant Water			☐ E ☐ M
Cafeteria/Kitchen/Breakroom			☐ E ☐ M
Domestic (e.g. restroom(s) estimate = 30 GPR/person)			☐ E ☐ M
Other, please describe			☐ E ☐ M
Total			

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4. The facility generates wastewater from the following areas and that water is discharged where: [i.e. monitoring point (pipe 001, sample point, "process" versus "non-process," "process only" versus "combined"), sanitary sewer, storm water, waste haulers, lost through evaporation, ground, surface water, etc]. If the source of wastewater discharged does not exist at your facility record "n/a". If there is no discharge from the applicable source, record "no discharge".

Source of Wastewater	Wastewater is Discharged To Where	Pretreated?	Volume Used (gallons/day)	Estimated (E) or Measured (M)
Process		☐ yes ☐ no		☐ E ☐ M
Air-Pollution Control		☐ yes ☐ no		☐ E ☐ M
Backwash Water		☐ yes ☐ no		☐ E ☐ M
Boiler Blowdown		☐ yes ☐ no		☐ E ☐ M
Cafeteria/Breakroom		☐ yes ☐ no		☐ E ☐ M
Contact Cooling/Warming Water		☐ yes ☐ no		☐ E ☐ M
Cooling Tower Bleed Off		☐ yes ☐ no		☐ E ☐ M
Equipment Washdown		☐ yes ☐ no		☐ E ☐ M
Facility Washdown		☐ yes ☐ no		☐ E ☐ M
Lab		☐ yes ☐ no		☐ E ☐ M
Maintenance Shop		☐ yes ☐ no		☐ E ☐ M
Non-Contact Cooling/Warming Water		☐ yes ☐ no		☐ E ☐ M
Off Spec/Out of Date/ Customer Returned Product		☐ yes ☐ no		☐ E ☐ M
Pump Sealant Water		☐ yes ☐ no		☐ E ☐ M
Groundwater/Remediated Groundwater		☐ yes ☐ no		☐ E ☐ M
Storm Water Runoff		☐ yes ☐ no		☐ E ☐ M
Tank Bottoms		☐ yes ☐ no		☐ E ☐ M
Domestic		☐ yes ☐ no		☐ E ☐ M
Other, please specify		☐ yes ☐ no		☐ E ☐ M

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5. Describe existing wastewater flow measuring methods and/or equipment. For new industries, describe the proposed method or equipment used to measure wastewater flow.

6. List procedures employed to ensure the accuracy of flow measurement method/equipment (i.e. frequency of cleaning, calibration method, etc.). **Please attach a copy of most recent calibration certificate.**

Cleaning Frequency	
Company/contractor responsible for calibration	
Date of last calibration	

7. Indicate the meter's flow volume, pulse frequency and reporting units:

Flow volume	
Pulse frequency	
Reporting units	

8. **New Industries:** Identify the daily maximum flow limit requested. Please explain any differences between the requested flow limit and actual flows listed in E. 4.

Requested Daily Maximum Flow, gpd	
Requested Monthly Average Flow, gpd	
Explanation	

Existing Industries: If you desire a limit increase for any parameter (including flow), please specify the parameter, current limit, proposed limit and an explanation for the increase.

Parameter	Current Limit	Proposed Limit	Explanation

9. Describe the sampling method and associated equipment utilized at the facility.

Sampling equipment/method:	
Sampling personnel:	
Training/credentials of sampling personnel:	

10. Does your facility have any plans to protect the POTW and/or sanitary sewer in the event of accidental spills, slugs, or other inappropriate discharges (i.e. Spill Prevention Control and Countermeasure Plan, Spill/Slug Control Plan, Toxic Organic Management Plan)? ☐ Yes ☐ No

If yes, please identify/list plans and describe measures in place to prevent direct introduction of a spill into the sewer. Note: the POTW may request copies of the identified plans.

Measures to protect POTW and/or sanitary sewer	Plan name, page number(s)

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11. Do any of your plans include notification to the POTW in the event of a spill, bypass or pretreatment facility upset? ☐ Yes ☐ No

If yes, identify plan(s) and page #.

Notification Method	Plan name, page number(s)

12. Do you have any storage tank(s) at your facility? ☐ Yes ☐ No

If yes, complete the chart provided below. Please indicate the location of the tank(s) (inside/outside, above ground or underground), tank volume, contents of each tank and whether or not the tank has any spill prevention or containment devices (such as dikes). Please attach additional pages if necessary.

Tank ID	[I]nside or [O]utside	[A]bove or [B]elow Ground	Volume (in gallons)	Contents	A [P]rocess; [W]astewater treatment; [G]roundwater remediation;	Spill Containment Devices

13. Please attach a list of the boiler treatment additives as well as MSD sheets and dosage rates for each.

14. Please attach a list of the cooling tower treatment additives as well as MSD sheets and dosage rates for each.

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15. Is the wastewater generated by this facility treated prior to discharge to the POTW? ☐ Yes ☐ No
 If yes, please complete the chart below. If a particular pretreatment unit only treats part of the wastewater, indicate this below and in the diagram required by Section B.

Pretreatment Unit	[Y]es [N]o	Additional Information	Chemicals Used
Activated Carbon			
Air Stripping			
Biological Treatment		☐ Activated Sludge ☐ Rotating Biological Contactor (RBC) ☐ Trickling Filter ☐ Sequencing Batch Reactor (SBR) ☐ Other _____	
Chemical Precipitation			
Chlorination, or other disinfection (UV, ozonation)			
Cyanide Destruction			
Defoaming Agents			
Dissolved Air Floatation (DAF)		list all individual units of DAF here ☐ equalization ☐ pH adjustment ☐ chemical precipitation ☐ Other _____	
Flow equalization			
Grease and Oil Removal for employee cafeteria, kitchen, breakroom, etc.		☐ Grease Trap, Size _____ ☐ Oil Water Separator, Size _____ ☐ Other _____	
Grease and Oil Removal for food manufacturing process wastewater		☐ Grease Trap, Size _____ ☐ Oil Water Separator, Size _____ ☐ Other _____	
Grease and Oil Removal for non-food manufacturing process wastewater		☐ Grease Trap, Size _____ ☐ Oil Water Separator, Size _____ ☐ Other _____	
Heat Reclamation/Exchange			
Ion Exchange (for wastewater treatment)			
Neutralization, pH adjustment			
Other Treatment			
Reverse Osmosis (for wastewater treatment)			
Septic Tank			
Silver Recovery			
Solids Separation, Clarification, Dewatering, Removal, etc.		☐ Belt Press ☐ Clarification ☐ Filter Press ☐ Flocculation ☐ Microfiltration ☐ Nanofiltration ☐ Sedimentation ☐ Ultrafiltration ☐ Other _____ ☐ Centrifugation ☐ Cyclone ☐ Filtration ☐ Grit Removal ☐ Screening ☐ Septic Tank	
Solvent Separation			

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16. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, please attach to this survey a copy of the lab report, chain of custodies and location of where the samples were taken for the most recent sampling date. **Do not attach analyses performed by the POTW or analytical data already delivered to the POTW however, please provide the date(s) of the last sampling event.**

Questions 17 – 22 pertain to categorical users ONLY, non-categorical users may skip to Section F

17. Check any products listed below that are manufactured or activities that are performed at this facility:

- | | |
|--|--|
| ☐]40 CFR 467 Aluminum Forming | ☐]40 CFR 432 Meat Products |
| ☐]40 CFR 427 Asbestos Manufacturing | ☐]40 CFR 433 Metal Finishing |
| ☐]40 CFR 461 Battery Manufacturing | ☐]40 CFR 464 Metal Molding & Casting |
| ☐]40 CFR 431 Builders Paper & Board Mills | ☐]40 CFR 436 Mineral Mining & Processing |
| ☐]40 CFR 407 Canned & Preserved Fruits & Veg. | ☐]40 CFR 471 Nonferrous Metal, Form & Powders |
| ☐]40 CFR 408 Canned & Preserved Seafood | ☐]40 CFR 421 Nonferrous Metals Manufacturing |
| ☐]40 CFR 458 Carbon Black Manufacturing | ☐]40 CFR 414 OCPSF |
| ☐]40 CFR 411 Cement Manufacturing | ☐]40 CFR 435 Oil & Gas Extraction |
| ☐]40 CFR 437 Centralized Waste Treatment | ☐]40 CFR 440 Ore Mining & Dressing |
| ☐]40 CFR 434 Coal Mining | ☐]40 CFR 446 Paint Formulating |
| ☐]40 CFR 465 Coil Coating | ☐]40 CFR 443 Paving & Roofing Materials Mfg. |
| ☐]40 CFR 468 Copper Forming | ☐]40 CFR 455 Pesticide Manufacturing |
| ☐]40 CFR 405 Dairy Products Processing | ☐]40 CFR 419 Petroleum Refining |
| ☐]40 CFR 469 Electrical, Electronic Components | ☐]40 CFR 439 Pharmaceutical Manufacturing |
| ☐]40 CFR 413 Electroplating | ☐]40 CFR 422 Phosphate Manufacturing |
| ☐]40 CFR 457 Explosives Manufacturing | ☐]40 CFR 459 Photographic Supplies |
| ☐]40 CFR 412 Feedlots | ☐]40 CFR 463 Plastics Molding & Forming |
| ☐]40 CFR 424 Ferroalloy Manufacturing | ☐]40 CFR 466 Porcelain Enameling |
| ☐]40 CFR 418 Fertilizer Manufacturing | ☐]40 CFR 430 Pulp, Paper, & Paperboard |
| ☐]40 CFR 464 Foundries, Metal Mold & Casting | ☐]40 CFR 428 Rubber Manufacturing |
| ☐]40 CFR 426 Glass Manufacturing | ☐]40 CFR 417 Soap & Detergent Manufacturing |
| ☐]40 CFR 406 Grain Mills | ☐]40 CFR 423 Steam Electric Power Generation |
| ☐]40 CFR 454 Gum & Wood Chemical Manufacturing | |
| ☐]40 CFR 460 Hospitals | ☐]40 CFR 409 Sugar Processing |
| ☐]40 CFR 447 Ink Formulating | ☐]40 CFR 410 Textile Mills |
| ☐]40 CFR 415 Inorganic Chemical Manufacturing | ☐]40 CFR 429 Timber Products Processing |
| ☐]40 CFR 420 Iron & Steel Manufacturing | ☐]40 CFR 442 Transportation Equipment Cleaning |
| ☐]40 CFR 425 Leather Tanning & Finishing | ☐] OTHER _____ |

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18. Is there a discharge from any of the above checked categorical operations to the POTW? ☐ Yes ☐ No

If yes, list subpart and specific operations if applicable.

Process operation name	40 CFR, subpart, operations, etc.	40 CFR New Source Date	Date of process initial start-up	Date(s) of major changes

19. When was the latest major upgrade, update, refit or reinstallation of your production line(s)?

20. If the response to question 18 was yes, when was the last Baseline Monitoring Report (BMR) completed and delivered to the POTW?

21. Does the information contained in the aforementioned BMR still accurately reflect current operations at your facility? ☐ Yes ☐ No

If no, you will need to complete a new BMR or similar report or make any necessary modifications to the existing BMR and forward said information to the POTW.

22. List all dilution streams such as boiler blowdown, cooling tower bleed off, non-contact cooling/warming water, and storm water runoff, that flow through the current or proposed monitoring point.

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SECTION F – OFFSITE WASTE DISPOSAL

- Are any liquid wastes or sludges (i.e. acids, alkalies, heavy metal sludges, inks, dyes, oil, grease, organic compounds, paints, pesticides, plating wastes, pretreatment sludges, solvents, thinners, waste product, etc.) from this firm disposed of by means other than discharge to the sewer system? ☐ Yes ☐ No

If yes , please complete the following:

Nature of hauled Waste and date Last hauled	Waste hauler's name, EPA ID# and address	Treatment Facility's Name, EPA ID# and address	Disposal facility's Name, EPA ID# and address	Est. Gallons or Pounds per Year hauled off

- Is this facility a small quantity, large quantity, or conditionally exempt Hazardous Waste Generator?
☐ Small Quantity ☐ Large Quantity ☐ Conditionally Exempt ☐ Not Applicable

List the facility's EPA Hazardous Waste Generator ID#:

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SECTION G – OTHER PERMITS AND WASTE REDUCTION INFORMATION

1. List all environmental control permits currently managed for or by this facility. Examples: air, National Pollutant Discharge Elimination System (NPDES), Industrial User Permits (IUP), Resources Conservation and Recovery Act (RCRA), groundwater, storm water, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Permit Type	Permit Number	Issuing Agency

2. With regard to the parent company and all subsidiaries, list all environmental permits applied for in the United States where issuance was denied OR the permit was terminated prior to the expiration date. Examples: air, NPDES, IUP, RCRA, groundwater storm water, general, non-discharge, and septic tank. Be prepared to provide the POTW with copies of identified permits and related records.

Permit Type	Issuing Agency and Contact Information	Date	Facility Name and Location	Reason for Denial/Termination

3. Has a Pollution Prevention or other waste minimization Audit conducted by the North Carolina Division of Pollution Prevention and Environmental Assistance, or other organization been performed at your facility?
☐ Yes ☐ No

If yes, list organization and date audit was conducted.

4. Does your company have a pollution prevention/waste minimization/recycling/reuse program established?
☐ Yes ☐ No

If yes, please attach a copy of your program plan.

5. Does your facility complete a Toxic Release Inventory? ☐ Yes ☐ No

If yes, attach copy of most recent report.

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6. Please check "current", "projected" or "N/A" for all codes below relating to your facility's wastewater discharge.

<u>N/A</u>	<u>Current</u>	<u>Projected</u>	<u>Code</u>	<u>Description</u>
[]	[]	[]	W13	Improved maintenance scheduling, record keeping, or procedures
[]	[]	[]	W14	Changed production schedule to minimize equipment and feedstock changeovers
[]	[]	[]	W19	Other changes in operating practices (<u>please explain</u>) _____
[]	[]	[]	W21	Instituted procedures to insure that materials do not stay in inventory beyond shelf life
[]	[]	[]	W22	Began to test outdated material – continue to use if still effective
[]	[]	[]	W23	Eliminated shelf-life requirements for stable materials
[]	[]	[]	W24	Instituted better labeling procedures
[]	[]	[]	W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
[]	[]	[]	W29	Other changes in inventory control (<u>please explain</u>) _____
[]	[]	[]	W31	Improved storage or stacking procedures
[]	[]	[]	W32	Improved procedures for loading, unloading and transfer operations
[]	[]	[]	W33	Installed overflow alarms, and/or automatic shutoff valves
[]	[]	[]	W34	Installed secondary containment
[]	[]	[]	W35	Installed vapor recovery systems
[]	[]	[]	W36	Implemented inspections or monitoring program of potential spill or leak sources
[]	[]	[]	W39	Other spill and leak prevention (<u>please explain</u>) _____
[]	[]	[]	W41	Increased purity of raw materials
[]	[]	[]	W42	Substituted raw materials
[]	[]	[]	W49	Other raw materials modifications (<u>please explain</u>) _____
[]	[]	[]	W51	Instituted recirculation within a process
[]	[]	[]	W52	Modified equipment, layout, and/or piping
[]	[]	[]	W53	Use of different process catalyst
[]	[]	[]	W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
[]	[]	[]	W55	Change from small volume containers to bulk containers to minimize discarding of empty containers
[]	[]	[]	W58	Other process modifications (<u>please explain</u>) _____
[]	[]	[]	W59	Modified stripping/cleaning equipment
[]	[]	[]	W60	Changed to mechanical stripping/cleaning devices (from solvents or other materials)
[]	[]	[]	W61	Changed to aqueous cleaners (from solvents or other materials)

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

<u>N/A</u>	<u>Current</u>	<u>Projected</u>	<u>Code</u>	<u>Description</u>
[]	[]	[]	W62	Reduced the number of solvents used to make waste more amendable to recycling
[]	[]	[]	W63	Modified containment procedures for cleaning units
[]	[]	[]	W64	Improved draining procedures
[]	[]	[]	W66	Modified or installed rinse systems
[]	[]	[]	W67	Improved rinse equipment design
[]	[]	[]	W68	Improved rinse equipment operation
[]	[]	[]	W71	Other cleaning and degreasing operation (please explain) _____
[]	[]	[]	W72	Modified spray systems or equipment
[]	[]	[]	W73	Substituted coating materials used
[]	[]	[]	W74	Improved application techniques
[]	[]	[]	W75	Changed from spray to other system
[]	[]	[]	W78	Other surface preparation and finishing (please explain) _____
[]	[]	[]	W81	Changed product specifications
[]	[]	[]	W82	Modified design or composition of product
[]	[]	[]	W83	Modified packaging
[]	[]	[]	W89	Other product modifications (please explain) _____
[]	[]	[]	W99	Other (please explain) _____

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

SECTION H – PRIORITY, CONVENTIONAL, NON-CONVENTIONAL AND OTHER POLLUTANT INFORMATION

All chemicals require that TWO columns are checked. For all chemicals “Present at Facility” please specify the quantity present.

Chemical Name	Chemical Abstract Number [CAS#]	Present at Facility	Quantity Present	Absent at Facility	Present in Discharge to POTW	Absent in Discharge to POTW	Concentration in Discharge, (mg/l)
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Acid Extractable Organic Compounds

2-Chlorophenol	95-57-8						
2,4-Dichlorophenol	120-83-2						
2,4-Dimethylphenol	105-67-9						
2,4-Dinitrophenol	51-28-5						
2-Methyl-4,6-dinitrophenol	534-52-1						
4-Chloro-3-methylphenol	59-50-7						
2-Nitrophenol	88-75-5						
4-Nitrophenol	100-02-7						
Pentachlorophenol	87-86-5						
Phenol	108-95-2						
2,4,6-Trichlorophenol	88-06-2						

Base Neutral Organic Compounds

1,2,4-Trichlorobenzene	120-82-1						
1,2-Dichlorobenzene	95-50-1						
1,2-Diphenylhydrazine	122-66-7						
1,3-Dichlorobenzene	541-73-1						
1,4-Dichlorobenzene	106-46-7						
2,4-Dinitrotoluene	121-14-2						
2,6-Dinitrotoluene	606-20-2						
2-Chloronaphthalene	91-58-7						
3,3-Dichlorobenzidine	91-94-1						
4-Bromophenyl phenyl ether	101-55-3						
4-Chlorophenyl phenyl ether	7005-72-3						
Acenaphthene	83-32-9						
Acenaphthylene	208-96-8						
Anthracene	120-12-7						
Benzidine	92-87-5						
Benzo (a) anthracene	56-55-3						
Benzo (a) pyrene	50-32-8						
Benzo (b) fluoranthene	205-99-2						
Benzo (ghi) perylene	191-24-2						
Benzo (k) fluoranthene	207-08-9						
Bis (2-chloroethoxy) methane	111-91-1						
Bis (2-chloroethyl) ether	111-44-4						
Bis (2-chloroisopropyl) ether	102-60-1						
Bis (2-ethylhexyl) phthalate [DEHP]	117-81-7						
Butyl benzyl phthalate [BBP]	85-68-7						
Chrysene	218-01-9						

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

All chemicals require that TWO columns are checked. For all chemicals "Present at Facility" please specify the quantity present.

Chemical Name	Chemical Abstract Number [CAS#]	Present at Facility	Quantity Present	Absent at Facility	Present in Discharge to POTW	Absent in Discharge to POTW	Concentration in Discharge, (mg/l)
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Base Neutral Organic Compounds (continued)

Di-n-butyl phthalate [DBP]	84-74-2						
Di-n-octyl phthalate [DOP]	117-84-0						
Dibenzo (a,h) anthracene	53-70-3						
Diethyl phthalate [DEP]	84-66-2						
Dimethyl phthalate [DMP]	131-11-3						
Fluoranthene	206-44-0						
Fluorene	86-73-7						
Hexachlorobenzene	118-74-1						
Hexachlorobutadiene	87-68-3						
Hexachlorocyclopentadiene	77-47-4						
Hexachloroethane	67-72-1						
Indeno (1,2,3-cd) pyrene	193-39-5						
Isophorone	78-59-1						
N-nitroso-di-n-propylamine	621-64-7						
N-nitrosodimethylamine	62-75-9						
N-nitrosodiphenylamine	86-30-6						
Naphthalene	91-20-3						
Nitrobenzene	98-95-3						
Phenanthrene	85-01-8						
Pyrene	129-00-0						

Metals

Aluminum							
Antimony	7440-36-0						
Arsenic	7440-38-2						
Beryllium	7440-41-7						
Cadmium	7440-43-9						
Chromium	7440-47-3						
Copper	7440-50-8						
Lead	7439-92-1						
Mercury	7439-97-6						
Molybdenum	7439-98-7						
Nickel	7440-02-0						
Selenium	7782-49-2						
Silver	7440-22-4						
Thallium	7440-28-0						
Zinc	7440-66-6						

Other Inorganic Pollutants

Barium	7440-39-3						
Chloride							
Cyanide	57-12-5						
Fluoride							

INDUSTRIAL USER WASTEWATER SURVEY AND DISCHARGE PERMIT APPLICATION

All chemicals require that TWO columns are checked. For all chemicals "Present at Facility" please specify the quantity present.

Chemical Name	Chemical Abstract Number [CAS#]	Present at Facility	Quantity Present	Absent at Facility	Present in Discharge to POTW	Absent in Discharge to POTW	Concentration in Discharge, (mg/l)
Purgeable Volatile Organic Compounds [VOCs]							
1,1,1-Trichloroethane	71-55-6						
1,1,2,2-Tetrachloroethane	79-34-5						
1,1,2-Trichloroethane	79-00-5						
1,1-Dichloroethane	75-34-3						
1,1-Dichloroethylene	75-35-4						
1,2-Dichloroethane	107-06-2						
1,2-Dichloropropane	78-87-5						
2-Chloroethyl vinyl ether	110-75-8						
Acrolein	107-02-8						
Acrylonitrile	107-13-1						
Benzene	71-43-2						
Bromodichloromethane	75-27-4						
Bromoform	75-25-2						
Bromomethane	74-83-9						
Carbon tetrachloride	56-23-5						
Chlorobenzene	108-90-7						
Chloroethane	75-00-3						
Chloroform	67-66-3						
Chloromethane	74-87-3						
Cis 1,3-Dichloropropene							
Dibromochloromethane	594-18-3						
Ethylbenzene	100-41-4						
Methylene chloride	75-09-2						
Tetrachloroethylene	127-18-4						
Toluene	108-88-3						
trans 1,3-Dichloropropene							
trans-1,2-Dichloroethylene	156-60-5						
Trichloroethylene	79-01-6						
Trichlorofluoromethane							
Vinyl chloride	75-01-4						
Other Pollutants of Concern							
Xylene							
BOD							
TSS							
Ammonia							
Total Phosphorus							
Total Nitrogen							
Oil & Grease							
range of pH							
Gasoline/diesel							
Fuel oil							
Dyes/colorants							