



**APPLICATION
WASTEWATER DISCHARGE PERMIT
INDUSTRIAL FACILITIES ONLY**

Section A – General Information

1. Company Name _____ d/b/a _____
Address _____ Mailing Address (if different) _____
City _____ State _____ Zip Code _____
Tel _____ Fax _____ Email _____
2. Corporate (Parent Company) Offices _____
Address _____ City _____
State _____ Zip _____ Telephone _____
3. Person authorized to represent this firm in official dealings with the City of Apopka
Name _____ Title _____
Tel _____ Ext _____
4. Corporate or Alternate Contact
Name _____ Title _____
Telephone _____ Ext _____
5. Identify type of business or manufacturing conducted (electro-plating, warehousing, metal finishing, printing, meatpacking, food processing, etc.).

Note to signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data 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. Should a discharge permit be required for your facility, the information in this application will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry if those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date

Signature of Official
(Seal if applicable)

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

7. Standard Industrial Classification Number(s) (SIC Code) or (NAICS) for your facilities

8. This facility generates the following types of wastes (check all that apply)

	<u>Average gallons per day</u>		
a. <input type="checkbox"/> Domestic Wastes	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
b. <input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
c. <input type="checkbox"/> Boiler/Tower blow down	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
d. <input type="checkbox"/> Cooling water (contact)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
e. <input type="checkbox"/> Process	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
f. <input type="checkbox"/> Equipment/Facility wash down	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
g. <input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
h. <input type="checkbox"/> Storm Water runoff to sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
i. <input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
Total lines a – i	_____		

Section B – Discharges

1. Wastes are discharged to (check all that apply)

	<u>Average gallons per day</u>		
<input type="checkbox"/> Sanitary Sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Waste hauler	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

Provide name, address and phone number of waste hauler(s) used.

Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

☐ Yes ☐ No

Note: If your facility did not check one or more of the items listed in A.9.4 through A.9.9 above then you do not need to complete any further sections of the application. If any items A.9.4 through A.9.9 are checked, complete the remainder of the application.

Section C – Facility Operations

No. of shifts / 24 – hour day _____ No. of employees per shift _____

Starting times of each shift: 1st _____ 2nd _____ 3rd _____

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

Principal product(s) produced _____

Raw materials and process additives used _____

1. Production process effluent is: ☐ Batch ☐ Continuous ☐ Both

% Batch _____ % Continuous _____ Number of batches per 24 – hour day _____

Is production subject to seasonal variations? ☐ Yes ☐ No

If yes, briefly describe seasonal productions, shutdowns, variations, etc.

Are any process changes or expansions planned during the next three years? ☐ Yes ☐ No

If yes, explanation here or attach a separate sheet describing the nature of planned changes or expansions.

Section D – Wastewater Discharge Information

If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of the processes generate wastewater or waste sludge place a check beside the category or business activity (check all that apply)

☐ Adhesives
☐ Aluminum Forming
☐ Auto & Laundries
☐ Battery Manufacturing
☐ Coal Mining
☐ Coil Coating
☐ Copper Forming
☐ Electric and Electronic Components
☐ Electroplating
☐ Explosives Manufacturing
☐ Pesticides
☐ Petroleum Refining
☐ Pharmaceuticals
☐ Photographic Supplies
☐ Plastic & Synthetic Materials
☐ Plastics Processing

☐ Foundries
☐ Gum & Wood Chemicals
☐ Inorganic Chemicals
☐ Iron & Steel
☐ Leather Tanning & Finishing
☐ Mechanical Products
☐ Nonferrous Metals
☐ Ore Mining
☐ Organic Chemicals
☐ Paint & Ink
☐ Printing and Publishing
☐ Pump & Paper
☐ Rubber
☐ Soaps & Detergents
☐ Steam Electric
☐ Textile Mills

☐ Porcelain Enamel

☐ Timber

1. Other Businesses

☐ Beverage Bottler

☐ Food/Edible Products Processor

☐ Dairy Products

☐ Slaughter/Meat Packing/Rendering

2. Pretreatment devices or processes used for treating wastewater or sludge (check all that apply)

☐ Air Floatation

☐ Reverse Osmosis

☐ Centrifuge

☐ Screen

☐ Chemical Precipitation

☐ Sedimentation

☐ Chlorination

☐ Septic Tank

☐ Cyclone

☐ Solvent Separation

☐ Filtration

☐ Spill Protection

☐ Grease or Oil Separation, type _____

☐ Sump

☐ Grease Trap

☐ Biological Treatment, type _____

☐ Grit Removal

☐ Rainwater diversion or storage _____

☐ Ion Exchange

☐ Other Chemical Treatment, type _____

☐ Neutralization, pH correction

☐ Other Physical Treatment, type _____

☐ Ozonation

☐ Other , type _____

☐ No Pretreatment provided

NOTE: Wastewater analyses that have been performed on the wastewater discharge(s) from your facilities require that you attach a copy of the most recent data to this application. Be sure to include the date of analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc.)

3. Are there any liquid wastes or sludge(s) from this facilities disposed of by means other than discharge to the sewer system? ☐ Yes ☐ No

If “no” skip the remainder of this section, if “yes” complete the section below

4. These wastes may best be described as:

Estimated gallons or pounds per year

☐ Acids and Alkali's

☐ Heavy Metal Sludge

☐ Inks/Dyes

☐ Oil and/or Grease

☐ Organic Compounds

☐ Paints

☐ Pesticides

☐ Plating Wastes

☐ Pretreatment Sludge

☐ Solvents/Thinners

☐ Other Hazardous Wastes

☐ Other Wastes (specify)

5. For the above wastes, does your company practice

☐ On-site Storage

☐ Off-site Storage

☐ On-site Disposal

☐ Off-site Disposal

Describe the method(s) of storage or disposal checked above _____

Note: All chemicals, waste drums must have secondary containment unless approved otherwise by the Industrial Pretreatment section.

Section E – Priority Pollutant Information

Please indicate by placing an “x” in the appropriate box by each listed chemical whether it is “Known Present”, “Suspected Present”, “Known Absent”, “Suspected Absent”, and “Known or Suspected Concentration per day”, in your manufacturing or service activity or generated as a by – product.

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration per day in mg/L or, Pounds, Gallons
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenols and Cresols					
Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, 2-Chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, 2,4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pentachloro m-Cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P-chloro o-Cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monocyclic Aromatics (excluding Phenols, Cresols, and Phthalates)					
Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration(s) per day in mg/L or Pounds, Gallons
Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene, 1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toluene, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toluene, 2,6-finitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PCBs & Related Compounds					
PCB - 1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PCB - 1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PCB - 1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PCB - 1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PCB - 1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PCB - 1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PCB - 1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 - Chloro-naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ethers					
Ether, bis (chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ether, bis (2-chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ether, bis (2-chloro-isopropyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ether, 2-chloro-ethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ether, 4-bromo-phenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ether, 4-chloro-phenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bis (chloroethoxy Methane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nitrosamines and other nitrogen-containing compounds					
Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene, 1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration(s) per day in mg/L or Pounds, Gallons
Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Halogenated Aliphatics					
Methane, bromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane-dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane, thrichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methane, dichlorodifluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethane, 1,1,1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethane, 1,1,2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethene, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethene, Trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethene, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethene, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Propane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Propene, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phthalate Esters					
Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration(s) per day in mg/L or Pounds, Gallons
Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phthalate, Bis (2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phthalate, Butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polycyclic Aromatic Hydrocarbons					
Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (ghi) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dibenzo (a,n) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pesticides					
Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BHC Delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration(s) per day in mg/L or Pounds, Gallons
Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the Material Safety Data Sheets for such products.

Additional Information or Comments: Please attach additional sheets if necessary.

Storm Water Runoff/Drains
