



# WESTERN VIRGINIA WATER AUTHORITY

## SIGNIFICANT DISCHARGER APPLICATION FOR NONRESIDENTIAL ESTABLISHMENTS DISCHARGING TO THE WWA

### GENERAL INSTRUCTIONS:

For your best interest, if there is any part of this form that may be deemed proprietary information, please stamp as such so that proper steps will be taken to keep such information proprietary.

Please complete the attached form and return it to the following address:

**Western Virginia Water Authority's  
Water Pollution Control Plant  
1540 Underhill Ave., SE  
Roanoke, Virginia 24014-2697**

If you should have any questions, please contact the following person:

**Janis M. Richardson**, Pretreatment Coordinator  
Phone numbers – (540) 853-1517 or (540) 537-4351 (cell)

### SIGNATORY REQUIREMENT

I certify under penalty of law that I have personally examined and am familiar with the information in this application and all attachments and that, based on my inquiry of these persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

-----  
Name – Authorized Representative

-----  
Official Title

-----  
Signature

-----  
Date



**I. GENERAL INFORMATION:**

A. Establishment Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State VA Zip-Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

B. Authorized person to represent this establishment in official dealings with the Western Virginia Water Authority's Roanoke Regional Water Pollution Control Plant:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

C. Alternate person to contact concerning information herein:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

D. Identify the type of business activity conducted (e.g.: auto repair, machine shop, warehousing, electroplating, painting, food processing/packaging, retailing, restaurant, etc.):

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

E. Provide a brief narrative description of the manufacturing, production, or service activities provided/conducted by your business establishment:

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

F. Proper Federal Standard Industrial Classification Number (s), i.e. SIC Code(s):

\_\_\_\_\_

G. This Business Establishment generates the following types of wastes (check all that apply):



|                |  | Avg. Gals<br>per Day | Estimated                | Measured                 |
|----------------|--|----------------------|--------------------------|--------------------------|
| 1.             | <input type="checkbox"/> Domestic wastes (restrooms, employee showers, etc.) | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.             | <input type="checkbox"/> Cooling water, Non-contact                          | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.             | <input type="checkbox"/> Boiler/Tower blowdown                               | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.             | <input type="checkbox"/> Cooling water, contact                              | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.             | <input type="checkbox"/> Process water                                       | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.             | <input type="checkbox"/> Equipment/Facility washdown                         | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.             | <input type="checkbox"/> Air Pollution Control Unit                          | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.             | <input type="checkbox"/> Storm water runoff to sewer                         | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.             | <input type="checkbox"/> Other:  | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| Total gallons: |  | _____                |                          |                          |

H. This Business Establishment discharges wastes to (check all that apply):

|                |   | Avg. Gals<br>per Day | Estimated                | Measured                 |
|----------------|---|----------------------|--------------------------|--------------------------|
| 1.             | <input type="checkbox"/> Sanitary Sewer | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.             | <input type="checkbox"/> Storm Sewer    | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.             | <input type="checkbox"/> Surface water  | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.             | <input type="checkbox"/> Ground water   | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.             | <input type="checkbox"/> Waste haulers  | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.             | <input type="checkbox"/> Evaporation    | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.             | <input type="checkbox"/> Other          | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| Total gallons: |   | _____                |                          |                          |

I. Is a Spill Prevention Control Countermeasure Plan prepared for this Business Establishment?  
 Yes     No

If **yes**, then please enclose a copy of your Spill Prevention Control Countermeasure Plan when returning this form.

**II. Facility Operation Characteristics**

A. Total number of employees: \_\_\_\_\_

B. Total number of shifts: \_\_\_\_\_

C. Starting times of each shift: \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_; 2<sup>nd</sup> \_\_\_\_\_; 3<sup>rd</sup> \_\_\_\_\_; 4<sup>th</sup> \_\_\_\_\_; 5<sup>th</sup> \_\_\_\_\_



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

D. Principal product(s) produced: \_\_

E. Raw materials and process additives used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Production process is:

Batch                       Continuous                       Both

If Both, then: \_\_\_\_\_% Batch      and      \_\_\_\_\_% Continuous

G. Hours of Operation \_\_\_\_\_ to \_\_\_\_\_

H. Is the production of this product line subject to seasonal variation?

Yes       No

If yes, then briefly describe the seasonal production cycle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Are any process changes or expansions planned during the next three years?

Yes       No

If yes, then attach a separate sheet to this form describing the nature of planned changes or expansions

**NOTE: you may wish to stamp this CONFIDENTIAL.**



**III. Wastewater Information:**

A. Does your Business Establishment employ processes in any of the industrial Categories or business activities listed below? Please check:

- |  |  |
|--|--|
| <input type="checkbox"/> Organic Chemicals Plastics, & Synthetic Fiber | <input type="checkbox"/> Grain Mills                                       |
| <input type="checkbox"/> Inorganic Chemicals                           | <input type="checkbox"/> Canned & Preserved Fruits & Vegetables Processing |
| <input type="checkbox"/> Soap & Detergent Manufacturing                | <input type="checkbox"/> Canned & Preserved Seafood Processing             |
| <input type="checkbox"/> Fertilizer Manufacturing                      | <input type="checkbox"/> Sugar Processing                                  |
| <input type="checkbox"/> Petroleum Refining                            | <input type="checkbox"/> Textile Mills                                     |
| <input type="checkbox"/> Iron & Steel Manufacturing                    | <input type="checkbox"/> Cement Manufacturing                              |
| <input type="checkbox"/> Nonferrous Metals Manufacturing               | <input type="checkbox"/> Feedlots  |
| <input type="checkbox"/> Steam Electric Power Generation               | <input type="checkbox"/> Phosphate Manufacturing                           |
| <input type="checkbox"/> Ferroalloy Manufacturing                      | <input type="checkbox"/> Meat Products Processing                          |
| <input type="checkbox"/> Leather Tanning & Finishing                   | <input type="checkbox"/> Coal Mining                                       |
| <input type="checkbox"/> Glass Manufacturing                           | <input type="checkbox"/> Oil & Gas Extraction                              |
| <input type="checkbox"/> Asbestos Manufacturing                        | <input type="checkbox"/> Mineral Mining & Processing                       |
| <input type="checkbox"/> Rubber Manufacturing                          | <input type="checkbox"/> Ore Mining & Dressing                             |
| <input type="checkbox"/> Timber Products Processing                    | <input type="checkbox"/> Paving & Roofing Materials(tars and asphalt)      |
| <input type="checkbox"/> Pulp, Paper, & Paperboard Processing          | <input type="checkbox"/> Gum & Wood Chemicals Manufacturing                |
| <input type="checkbox"/> Builder's Paper & Board Mills                 | <input type="checkbox"/> Pesticide Chemicals                               |
| <input type="checkbox"/> Metal Finishing                               | <input type="checkbox"/> Explosives Manufacturing                          |
| <input type="checkbox"/> Pharmaceutical Manufacturing                  | <input type="checkbox"/> Centralized Waste Treatment                       |
| <input type="checkbox"/> Paint Formulating                             | <input type="checkbox"/> Carbon Black Manufacturing                        |
| <input type="checkbox"/> Ink Formulating                               | <input type="checkbox"/> Landfills   |
| <input type="checkbox"/> Battery Manufacturing                         | <input type="checkbox"/> Photographic                                      |
| <input type="checkbox"/> Metal Molding & Casting                       | <input type="checkbox"/> Transportation Equipment Cleaning                 |
| <input type="checkbox"/> Coil Coating                                  | <input type="checkbox"/> Hospital  |
| <input type="checkbox"/> Porcelain Enameling                           | <input type="checkbox"/> Petroleum Refining                                |
| <input type="checkbox"/> Aluminum                                      | <input type="checkbox"/> Plastics Molding & Forming                        |
| <input type="checkbox"/> Copper Forming                                | <input type="checkbox"/> Waste Combustors                                  |
| <input type="checkbox"/> Electrical & Electronic Components            |  |
| <input type="checkbox"/> Nonferrous Metals Forming                     |  |



B. If there have been analyses performed on the wastewater discharge(s) from your business establishment, then attach a copy of the most recent data/results to this questionnaire. Be sure to include the dates of sampling and analysis, along with descriptive explanation(s) of sampling location(s) (sketches or marked plans will suffice).

**IV. WASTEWATER QUALITY CHARACTERIZATION:**

Indicate by placing an X in the appropriate box by each listed parameter whether it is suspected to be **Absent**, **Known to be Absent**, **Suspected to be Present**, or **Known to be Present** in the wastestream(s). Provide chemical analyses if available (specify units). Attach additional sheets if necessary (one set for each wastestream).

| Parameter                 | Known Present            | Suspected Present        | Known Absent             | Suspected Absent         | Concentration | SIC Code |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|----------|
| 1 Bromide                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| Chlorine, Total           |                          |                          |                          |                          |               |          |
| 2 Residual                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 3 Color                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 4 Fecal Coliform          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 5 Fluoride                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 6 Nitrate-Nitrite (as N)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 7 Oil and Grease          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 8 Phosphorus, Total(as P) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 9 Radioactivity:          |                          |                          |                          |                          |               |          |
| a. Alpha, Total           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| b. Beta, Total            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| c. Radium, Total          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| d. Radium 226,            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| Total                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 10 Sulfate (as SO4)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 11 Sulfite (as SO3)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 12 Surfactants            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 13 Aluminum, Total        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 14 Barium, Total          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 15 Boron, Total           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 16 Cobalt, Total          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 17 Iron, Total            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 18 Magnesium, Total       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 19 Molybdenum, Total      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 20 Manganese, Total       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 21 Tin, Total             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 22 Titanium, Total        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 23 Algaecides             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 24 Ammonia                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |



| Parameter                           | Known Present            | Suspected Present        | Known Absent             | Suspected Absent         | Concentration | SIC Code |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|----------|
| 25 Biochemical Oxygen Demand (BOD5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 26 Calcium                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 27 Chemical Oxygen Demand (COD)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 28 Chloride                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 29 Dyes (organic)*                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 30 Dyes (inorganic)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 31 Organic Nitrogen                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 32 pH (standard units)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 33 Potassium                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 34 Sodium                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 35 Total Suspended Solids           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 36 Turbidity (Jackson Units)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 37 Others**                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |

Specify substance or compound, in space provided below. Where possible, trade names should be accompanied by a listing of chemical constituents and a Material Safety Data Sheet.

\*\* Other waste Substances: \_\_\_\_\_

**B. Priority Pollutant Information:**

**1. Metals and Inorganic (Total):**

|    |           |                          |                          |                          |                          |       |       |
|----|-----------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| 1  | Antimony  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 2  | Arsenic   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 3  | Asbestos  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 4  | Beryllium | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 5  | Cadmium   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 6  | Chromium  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 7  | Copper    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 8  | Cyanide   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 9  | Lead      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 10 | Mercury   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 11 | Nickel    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 12 | Selenium  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 13 | Silver    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 14 | Thallium  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 15 | Zinc      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |



**2. Phenols and Cresols:**

| Parameter                    | Known Present            | Suspected Present        | Known Absent             | Suspected Absent         | Concentration | SIC Code |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|----------|
| 16 Phenol(s)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 17 2-chloro                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 18 Phenol, 2, 4-dichloro     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 19 Phenol, 2, 4, 6-trichloro | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 20 Phenol, pentachloro       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 21 Phenol, 2-nitro           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 22 Phenol, 4-nitro           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 23 Phenol, 2, 4-dinitro      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 24 Phenol, 2, 4-dimethyl     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 25 m-Cresol, p-chloro        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 26 o-Cresol, 4, 6-dinitro    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |

**3. Monocyclic Aromatics (Excluding Phenols, Cresols and Phthalates):**

|                             |                          |                          |                          |                          |       |       |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| 27 Benzene                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 28 Benzene, chloro          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 29 Benzene, 1,2-dichloro    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 30 Benzene, 1,3-dichloro    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 31 Benzene, 1,4-dichloro    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 32 Benzene, 1,2,4-trichloro | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 33 Benzene, hexachloro      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 34 Benzene, ethyl           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 35 Benzene, nitro           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 36 Toluene                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 37 Toluene, 2,4-dinitro     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 38 Toluene, 2,6-dinitro     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

**4. PCBs & Related Compounds:**

|                        |                          |                          |                          |                          |       |       |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| 39 PCB-1016            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 40 PCB-1221            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 41 PCB-1232            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 42 PCB-1242            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 43 PCB-1248            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 44 PCB-1254            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 45 PCB-1260            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 46 2-Chloronaphthalene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |



**5. Ethers**

|    | Parameter                        | Known Present            | Suspected Present        | Known Absent             | Suspected Absent         | Concentration | SIC CODE |
|----|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|----------|
| 47 | Ether, bis- (chloromethyl)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 48 | Ether, bis- (2-chloroethyl)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 49 | Ether, bis-(2-chlorosopropyl)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 50 | Ether, bis-(2-chloroethyl vinyl) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 51 | Ether, 4-bromophenyl phenyl      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 52 | Ether, 4-chlorophenyl phenyl     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 53 | Bis (2-chloroethoxy) methane     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |

**6. Nitrosamines and Other Nitrogen-Containing Compounds:**

|    |                           |                          |                          |                          |                          |       |       |
|----|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| 54 | Nitrosamine, dimethyl     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 55 | Nitrosamine, diphenyl     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 56 | Nitrosamine, di-n-propyl  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 57 | Benzidine                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 58 | Benzidine, 3, 3'-dichloro | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 59 | Hydrazine, 1, 2-diphenyl  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 60 | Acrylonitrile             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

**7. Halogenated Aliphatics**

|    |                             |                          |                          |                          |                          |       |       |
|----|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| 61 | Bethane, bromo-             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 62 | Methane, chloro-            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 63 | Methane, dichloro           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 64 | Methane, chlorodibromo      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 65 | Methane, dichlorobromo      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 66 | Methane, tribromo           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 67 | Methane, trichloro          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 68 | Methane, tetrachloro        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 69 | Methane, trichlorofluoro    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 70 | Methane, dichlorofuoro      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 71 | Ethane, 1,1-dichloro        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 72 | Ethane, 1-2-dichloro        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 73 | Ethane, 1,1,1-trichloro     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 74 | Ethane, 1,1,2-trichloro     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 75 | Ethane, 1,1,2,1-tetrachloro | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 76 | Ethane, hexachloro          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 77 | Ethene, chloro              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |



|    | Parameter                   | Known Present            | Suspected Present        | Known Absent             | Suspected Absent         | Concentration | SIC CODE |
|----|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|----------|
| 78 | Ethene, 1, 1-dichloro       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 79 | Ethene, trans-dichloro      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 80 | Ethene, trichloro           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 81 | Ethene, tetrachloro         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 82 | Propane 1,2-dichloro        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 83 | Propene, 2,4-dichloro       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 84 | Butadiene, hexachloro       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 85 | Cyclopentadiene, hexachloro | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |

**8. Phthalate Esters**

|    |                             |                          |                          |                          |                          |       |       |
|----|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| 86 | Phthalate, di-c-methyl      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 87 | Phthalate, di-n-ethyl       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 88 | Phthalate, di-n-butyl       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 89 | Phthalate di-n-octyl        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 90 | Phthalate, bis (2-ylehexyl) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 91 | Phthalate, butyl benzyl     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

**9. Polycyclic Aromatic Hydrocarbons**

|     |                         |                          |                          |                          |                          |       |       |
|-----|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| 92  | Acenaphthene            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 93  | Acenaphthylene          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 94  | Anthracene              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 95  | Benzo (a) anthracene    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 96  | fluoranthene Benzo (k)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 97  | fluoranthene            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 98  | Benzo (ghi) perylene    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 99  | Benzo (a) pyrene        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 100 | Chrysene Dibenzo (a,n,) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 101 | anthracene              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 102 | Fluoranthene            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 103 | Fluorene                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 104 | Indeno (1,2,3-cd)pyrene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 105 | Naphthalene             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 106 | Phenanthrene            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 107 | Pyrene                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |



|     | Parameter                    | Known Present            | Suspected Present        | Known Absent             | Suspected Absent         | Concentration | SIC CODE |
|-----|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|----------|
| 108 | Acrolein                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 109 | Aldrin                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 110 | BHC (Alpha                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 111 | BHC (Beta<br>BHC ( gamma) or | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 112 | Lindane                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 113 | BHC (Delta)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 114 | Chlordane                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 115 | DDD                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 116 | DDE                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 117 | DDT                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 118 | Dieldrin                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 119 | Endosulfan (Alpha)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 120 | Endosulfan (Beta)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 121 | Endosufan Sulfate            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 122 | Endrin                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 123 | Endrin aldehyde              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 124 | Heptachlor                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 125 | Heptachlor eposide           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 126 | Isopharone                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 127 | TCDD (or Dioxin)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 128 | Toxaphene                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |

**C. Hazardous Substances Information:**

|    |                  |                          |                          |                          |                          |       |       |
|----|------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------|
| 1  | Acetaldehyde     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 2  | Allyl alcohol    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 3  | Allyl chloride   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 4  | Amyl acetate     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 5  | Aniline          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 6  | Benzonitrile     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 7  | Benzyl chloride  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 8  | Butyl acetate    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 9  | Butylamine       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 10 | Captan           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 11 | Carbaryl         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 12 | Carbofuran       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 13 | Carbon disulfide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 14 | Chlorpyrifos     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 15 | Coumaphos        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |



# WESTERN VIRGINIA WATER AUTHORITY

| Parameter   | Known Present            | Suspected Present        | Known Absent             | Suspected Absent         | Concentration | SIC Code |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---------------|----------|
| 16 Cresol   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 17 Crotonaldehyde                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 18 Cyclohexane                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 19 2, 4-d (2,4-dichloro-<br>ophenoxy acetic acid    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 20 Diazinon   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 21 Dicamba  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 22 Dichlobenil                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 23 Dichlone   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 24 2, 2-<br>Dichloropropionic<br>Acid               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 25 Dichlorvos                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 26 Diethylamine                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 27 Dimethylamine                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 28 . Dinitrobenzene                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 29 Diquat   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 30 Disulfoton                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 31 Diuron   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 32 Epichlorophydrin                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 33 Ethanolamine                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 34 Ethion   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 35 Ethylenediamine                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 36 Ethlyenedibramide                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 37 Formaldehyde                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 38 Furfual  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 39 Guthion  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 40 Isoprene   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 41 Isopropanolamine<br>dodecylbenzene-<br>sulfanate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 42 Kelthane   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 43 Kepone   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 44 Malathion  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 45 Mercaptodimethur                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 46 Methoxychlor                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 47 Methylmercaptan                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 48 Methylmethacrylate                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 49 Methylparathion                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 50 Mevinphos  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 51 Mexacarbate                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 52 Monoethylamine                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |
| 53 Monomethylamine                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         | _____    |



|    | <b>Parameter</b>          | <b>Known Present</b>     | <b>Suspected Present</b> | <b>Known Absent</b>      | <b>Suspected Absent</b>  | <b>Concentration</b> | <b>SIC Code</b> |
|----|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|-----------------|
| 54 | Naled                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 55 | Napthenic Acid            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 56 | Nitrotoluene              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 57 | Parathion                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 58 | Phenolsulfanate           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 59 | Phosgene                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 60 | Propargite                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 61 | Propylene oxide           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 62 | Pyrethrins                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 63 | Quinoline                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 64 | Resorcinol                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 65 | Strontium                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 66 | Strychnine                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 67 | Stryene                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
|    | 2,4,5-T (2,4,5-Trichloro- |                          |                          |                          |                          |                      |                 |
| 68 | phenoxy acetic acid       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
|    | TDE (Tetrachloro-         |                          |                          |                          |                          |                      |                 |
| 69 | dyphenylethane)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
|    | 2,4,5-TP [2-(2,4,5        |                          |                          |                          |                          |                      |                 |
|    | Trich-                    |                          |                          |                          |                          |                      |                 |
|    | lorophenoxy)              |                          |                          |                          |                          |                      |                 |
| 70 | (propanoic acid)]         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 71 | Trichlorofan              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 72 | Triethylamine             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 73 | Trimethylamine            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 74 | Uranium                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 75 | Vanadium                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 76 | Xylene                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 77 | Xylenol                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 78 | Zirconium                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |
| 79 | Other*                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                | _____           |

Material listed in 40 CFR Part 116 (Designation of Hazardous Substances) known to be present.

**V. OTHER WASTES:**

A. Are any liquid wastes or sludge's from you Business Establishment disposed of by means other than by discharge to the sanitary sewer?

Yes       No

If "yes", then complete the next two sections; if "no", then STOP here.



B. These wastes may best be described as:

|   | <b>Approximate Gals.<br/>or<br/>Pounds per Day</b> |
|---|--|
| <input type="checkbox"/> Acids & Alkali's (Bases) | _____  |
| <input type="checkbox"/> Heavy Metal Sludge's     | _____  |
| <input type="checkbox"/> Inks / Dyes              | _____  |
| <input type="checkbox"/> 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"/> Pretreatment Sludge's    | _____  |
| <input type="checkbox"/> Solvents / Thinners      | _____  |
| <input type="checkbox"/> Other Hazardous Wastes:  | _____  |
| (Specify).....                                    | _____  |
| .....   | _____  |
| .....   | _____  |
| <input type="checkbox"/> Other Wastes:            |  |
| (Specify).....                                    | _____  |
| .....   | _____  |
| .....   | _____  |

C. For the above checked wastes, does your Business Establishment practice:

- On-site storage
- Off-site storage
- On-site disposal
- Off-site disposal?

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

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