



# WESTERN VIRGINIA WATER AUTHORITY

## SIGNIFICANT DISCHARGER APPLICATION FOR NONRESIDENTIAL ESTABLISHMENTS

### GENERAL INSTRUCTIONS:

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

Please complete the attached form and submit to the following address:

**Western Virginia Water Authority  
Water Pollution Control Plant  
1502 Brownlee Ave., SE  
Roanoke, Virginia 24014**

If you should have any questions, please contact the following person:  
**Cassandra Altice, Environmental Programs Engineer**  
Phone Number: (540) 283-8272  
[cassandra.altice@westernvawater.org](mailto:cassandra.altice@westernvawater.org)

### **SIGNATORY REQUIREMENT**

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

-----  
**Name Authorized Representative**

-----  
**Official Title**

-----  
**Signature**

-----  
**Date**

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# WESTERN VIRGINIA WATER AUTHORITY

## 1. GENERAL INFORMATION:

A. Establishment Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State Virginia Zip-Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State Virginia 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): \_\_\_\_\_

Email address: \_\_\_\_\_

C. **Alternate person** to contact concerning information herein:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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:

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

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F. Federal Standard Industrial Classification (SIC) Number(s) and NAICS Code (s):

SIC: \_\_\_\_\_

NAICS: \_\_\_\_\_

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

			Avg. GPD	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 wash down		<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"/>
<b>Total gallons:</b>					

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

			Avg. GPD	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"/>
<b>Total gallons:</b>					

I. Applicant is requesting a maximum daily permit authorized flow of:  
 \_\_\_\_\_ gpd

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J. Does the Business Establishment have an Accidental Spill/Slug Control Plan prepared?

Yes  No

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

2. 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

Hours of Operation \_\_\_\_\_ to \_\_\_\_\_

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

Yes       No

H. 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.

**3. Wastewater Information:**

A. The Business Establishment employs processes in the following industrial categories or business activities listed below:

<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

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<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

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B. If analyses have been performed on the wastewater discharge(s) from the Business Establishment, please include a copy of the most recent data/results to this questionnaire. Include the dates of sampling and analysis, along with a descriptive explanation of sampling location(s).

#### 4. 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 waste stream(s). These are to be filled out for each proposed waste stream. Attach additional sheets if necessary (one set for each waste stream).

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
1	Bromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Chlorine, Total 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	<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	<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 SO <sub>4</sub> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Sulfite (as SO <sub>3</sub> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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"/>	
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"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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 (MSDS).

Other waste substances: \_\_\_\_\_  
 \_\_\_\_\_

**A. Priority Pollutant Information:**

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

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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
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):**

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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:**

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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"/>	

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**5. Ethers**

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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-chloropheny 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:**

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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**

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
61	Methane, bromo-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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,1,1,2,2-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"/>	
78	Ethene, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
77	Ethane, chloro	<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"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
85	Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 8. Phthalate Esters

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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-ethylehexyl)	<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

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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	Benzo (b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
97	Benzo (k) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
101	Dibenzo (a,n) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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"/>	

**10. Pesticides**

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
112	BHC ( gamma or 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"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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 epoxide	<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"/>	

**11. Hazardous Substances Information:**

	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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"/>	
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- phenoxy 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-Dichloropropionic 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	Epichlorohydrin	<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	Ethylenedibramide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
37	Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	Furfural	<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 dodecylbenzene 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"/>	
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"/>	

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	Parameter	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration
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"/>	
68	2,4,5-T (2,4,5-Trichloro-phenoxy acetic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69	TDE (Tetrachloro-dyphenylethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70	2,4,5-TP [2-(2,4,5 Trichlorophenoxy) (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.

**5. OTHER WASTES:**

A. Are liquid wastes or sludge from the 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:

		Approximate Gals. Or Pounds per Day
<input type="checkbox"/>	Acids & Alkalis (Bases)	
<input type="checkbox"/>	Heavy Metal Sludge	

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		Approximate Gals. Or Pounds per Day
<input type="checkbox"/>	Inks and/or 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 Waste	
<input type="checkbox"/>	Pretreatment Sludge	
<input type="checkbox"/>	Solvents/Thinners	
<input type="checkbox"/>	Other Hazardous 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

Describe the method(s) of storage or disposal:

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

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