SEWER USE DISCHARGE PERMIT APPLICATION

TOXIC REDUCTION AND CONTROL
2 GRIFFIN WAY
CHELSEA, MASSACHUSETTS 02150-3334

CONTENTS

Permit Number: _____

Applicant Name: _____

Facility Address: _____

_____

_____

MASSACHUSETTS WATER RESOURCES AUTHORITY
TOXIC REDUCTION AND CONTROL
2 GRIFFIN WAY
CHELSEA, MASSACHUSETTS 02150-3334

SEWER USE DISCHARGE PERMIT APPLICATION

SECTION A - GENERAL INFORMATION

1. Business Name of Applicant: _____
2. Mailing Address: _____

_____

3. Facility Address (If Different from Mailing Address): _____

_____

4. Facility Representative to Contact Concerning Information Provided Herein.
   Name: _____ Title: _____
   Telephone No.: _____

5. Name and Title of Authorized Representative:
   Name: _____ Title: _____

6. Name of Person to Receive Permit (If Different from Above):
   Name: _____ Title: _____

7. Check One: ❒ Existing Discharge ❒ Proposed Discharge
   If proposed discharge, anticipated date of initial discharge: _____

Note to Authorized Representative: In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and M.G.L. c.21 and 27, information and data provided in this questionaire which identified the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 C.F.R. part 2 and 360 C.M.R.§ 10.011. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

I have personally examined and am familiar with the information submitted in this document and attachments. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

_____ _____

Date Signature of Authorized Representative

Definition of Authorized Representative

(a) Responsible corporate officer, if the permittee is a corporation. For the purpose of this requirement, a responsible corporate officer means a president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for the permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(b) General partner or proprietor if the permittee is a partnership or sole proprietorship respectively.

(c) Duly authorized representative of the individual designated in (a) or (b) of this section if:

i) the authorization is made in writing by the individual described in (a) or (b);
ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company;
iii) the written authorization is submitted to the MWRA

If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the permittee, a new authorization satisfying the requirements of this section must be submitted to the MWRA prior to or together with the next report required of the permittee.

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Check all operations which are present at your facility:

- ☐ Electroplating*
- ☐ Metal Finishing*
- ☐ Machine Shop
- ☐ Foundry
- ☐ Battery Manufacturing
- ☐ Porcelain Enameling
- ☐ Electronics Manufacturing
- ☐ Printed Circuit Board Manufacturing
- ☐ Organic Chemical Manufacturing
- ☐ Inorganic Chemical Manufacturing
- ☐ Pharmaceutical Manufacturing
- ☐ Steam/Electric Power Manufacturing
- ☐ Timber Products
- ☐ Leather Tanning
- ☐ Photographic Developing*
- ☐ Printing*
- ☐ Food or Beverage Processing
- ☐ Medical Care
- ☐ Laboratory
- ☐ Painting/Finishing
- ☐ Repair Shop/Garage
- ☐ Equipment Cleaning/Washing
- ☐ Military
- ☐ Residential
- ☐ Office Units/Retail Shops _____
- ☐ Other _____

* The enclosed addendum for this process must be completed.

1a. Provide a brief description of the operation(s) checked above. _____
_____
_____

2. List applicable North American Industry Classification Systems (NAICS) code(s) for all processes in descending order of importance.
_____ _____ _____ _____

3. List chemicals and raw materials used in manufacturing processes or supporting operations that could contribute to wastewaters discharged to the sanitary sewer system. List only those present in quantities of 5 gallons/5 pounds or greater.

Chemical/Material	Quantity used per year	Chemical/Material	Quantity used per year
_____	_____	_____	_____
_____	_____	_____	_____

4. Has your company prepared a Toxic Chemical Release Inventory reporting form (Form R) in response to the Superfund Amendment and Reauthorization Act (SARA) section 313?
_____Yes _____No

SECTION C - PLANT OPERATIONAL CHARACTERISTICS

1. Production Information:

   a. Total production hours per work day _____

   b. Production shift schedule:

First shift	start_____	stop_____
Second shift	start_____	stop_____
Third shift	start_____	stop_____

   c. Production days per week _____

   d. Average annual work days per year _____

   e. Number of employees _____

2. If the operation is subject to seasonal variation, please describe:

3. Does the operation shut down for vacation, maintenance, or other reasons?

   Yes_____ No_____

   If yes, indicate period when shut down occurs:

4. Does the facility implement any of the following management plans?

   _____Spill Prevention Control and Countermeasure Plan

   _____Source Reduction Plan

   _____Toxic Organic Management Plan

   _____Toxicity Reduction Evaluation

SECTION D - WATER USAGE

1. Water Sources:

   Name the water sources for your facility. Include the amount contributed from each source in 100 cubic feet (ft^3) or gallons from the beginning of July to the end of June. Indicate the year. (100 ft^3 = 748 gallons)

Source	Name	Annual Water Use 7/1/____ - 6/30____
Municipal (Town or City)	_____	_____ 100 ft^3
Private Water Company	_____	_____100 ft^3
Surface Water (Lake, Pond)	_____	_____gallons
On Site Well	_____	_____gallons
Other Source	_____	_____gallons

Total: _____

2. Has incoming water been analyzed within the past year?
   If so, attach a copy of the results.

3. Is any water used in product manufacturing or lost through evaporation?
   If so, describe and provide amount(s).

4. Describe any sewer discharge produced from clean water purification or conditioning systems. Include amount(s).

SECTION E - SANITARY SEWER CONNECTION

1. List all plant sewer connections from your facility to the street sewer. If more than 3 are connections exist, attach the additional connection information on another sheet.

Connection	Location of Sewer Connection or Discharge Point (Name of street, buildings, etc.)
1	_____
2	_____
3	_____

2. Provide in the space below or attach a drawing of the industrial complex showing locations of sewer connections referenced above. Assign connection numbers using the numbers provided. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

SECTION F - WASTEWATER DISCHARGE

1. Complete tables A and B. Quantities should be expressed in gallons. Sanitary wastewater may be estimated based on 25 gallons per person per day (gpd). Check all applicable spaces and total the gallons per day column.

A. CONTINUOUS DISCHARGES

Type	Gallons per day	Estimated	Measured	Pretreatment	Discharge Location: Sanitary Sewer Connection from E-1 (1 2 3)	Discharge Location: Other:	Discharge Location: Storm Drain	Discharge Location: Surface
Sanitary Wastewater [1]								
Process Wastewater [2]								
Process Wastewater [3]								
Contaminated Cooling Water								
Uncontaminated Cooling Water								
Boiler/Tower Blowdown								
Air Pollution Control Wastewater								
Other:								
TOTAL								

[1] Wastewater including human and domestic waste from such sources as lavatories, showers and kitchens.
[2] Process wastewater not regulated by National Categorical Pretreatment Standards.
[3] Process wastewater regulated by National Categorical Pretreatment Standards.

For a list of industries subject to National Categorical Pretreatment Standards refer to the Code of Federal Regulations, 40 CFR 403, Appendix C.40 CFR 400-471 contains a complete list of regulations governing National Categorical Pretreatment Standards.

1a. How is wastewater flow measured?

If unmeasured, is there a reason for not installing a measuring device?

B. BATCH INTERMITTENT AND SEASONAL DISCHARGES

				Discharge Location	
Type	Frequency (check one)	Gallons per Discharge	Pretreatment	Sanitary Sewer Connection from E-1	Storm Drain	Surface Water
	Daily Weekly Monthly Yearly			1 2 3 other:		
Process Wastewater [2]	_____ _____ _____ _____ _____	_____		_ _ _ _____	____	____
Process Wastewater [3]	_____ _____ _____ _____ _____	_____		_ _ _ _____	____	____
Cooling System	_____ _____ _____ _____ _____	_____		_ _ _ _____	____	____
Plant Washdown	_____ _____ _____ _____ _____	_____		_ _ _ _____	____	____
Equipment Washdown	_____ _____ _____ _____ _____	_____		_ _ _ _____	____	____
Boiler/Tower Blowdown	_____ _____ _____ _____ _____	_____		_ _ _ _____	____	____
Spent Chemical Solutions	_____ _____ _____ _____ _____	_____		_ _ _ _____	____	____
Backwash	_____ _____ _____ _____ _____	_____		_ _ _ _____	____	____

Other:

[2] Process wastewater not regulated by National Categorical Pretreatment Standards.
[3] Process wastewater regulated by National Categorical Pretreatment Standards.

Are all discharges accounted for in Tables A and B? Yes____ No ____

If not, please explain:

SECTION G - WASTEWATER PRETREATMENT

Wastewater treatment performed before sewer system discharge

1. Is there any form of pretreatment practiced at your facility? Yes____ No____
   (Refer to list below)

2. Complete the following table.
   Identify any treated wastestream.

   In the spaces provided in the pretreatment column, fill in the number corresponding to the applicable treatment method(s).

   1. Neutralization/pH adjustment
   2. Chemical precipitation
   3. Sedimentation
   4. Filtration
   5. Ion exchange
   6. Silver Recovery
   7. Screen/Grit removal
   8. Grease trap
   9. Gas/Oil separator*
   10. Other_____

Treated Wastestream	Pretreatment	Discharge Frequency		Sewer Connection from E-1			
		batch	continuous	1	2	3	other:____
_____	_____	____	_____	__	__	__	____
_____	_____	____	_____	__	__	__	____
_____	_____	____	_____	__	__	__	____

* Provide a drawing for each gas/oil separator at the facility. Describe maintenance and maintenance frequency.

3. List all the applicable Federal Categorical Pretreatment Standards established by the USEPA (Environmental Protection Agency), for your facility.

   _____ _____ _____ _____

4. Provide the Massachusetts Department of Environmental Protection (DEP) classification for your pretreatment system. Pretreatment system class_____

5. List name and DEP operator grades for certified pretreatment system operators working at your facility.

   Operator Name_____ Grade_____
   Operator Name_____ Grade_____
   Operator Name_____ Grade_____

SECTION G - WASTEWATER PRETREATMENT (continued)

6. Provide a process flow diagram for each pretreatment system. Include the location of flow meters, accessible sampling points and sewer connection(s) which receive treated wastewater. Provide sewer connection number from Section E.

SECTION H - WASTEWATER PROCESS CHANGES

1. Are any process changes planned for the next two years which would effect wastewater volume or characteristics including pretreatment modifications, variations in wastewater volume, and/or additional sewer connections? Yes____ No____

   If yes, briefly describe these changes and their effects on the wastewater volume and characteristics.

SECTION I - NON-DISCHARGED WASTE

1. Are any waste liquids or sludge removed from the facility site? Yes___ No___
   If yes, they may be best quantified as:

Waste Type	Estimated Gallons/Year
Waste Solvent	_____
Waste Product	_____
Oil	_____
Grease	_____
Pretreatment Sludge	_____
Inks/Dyes	_____
Thinner	_____
Paints	_____
Acids and Alkalis	_____
Plating Waste	_____
Photodeveloping Waste	_____
Pesticides	_____
Other_____	_____

2. Attach a copy of the most recent Hazardous Waste Manifest for each applicable waste listed above. In place of Manifests, Large Quantity Hazardous Waste Generators may submit a copy of Part III, the Waste Summary, from their DEP Annual Waste Report.

3. State the name and address of any waste hauler(s) employed by your company.

   _____ _____
   _____ _____
   _____ _____

4. Are any sludges, liquids or spill clean up materials placed with the trash for disposal? Yes___ No___

   Describe discarded waste:_____
   State name and address of hauler for this waste: _____
   _____
   _____
   _____

5. Does your facility employ the service of a commercial laundry? Yes___ No___
   State name and address of the company: _____
   _____
   _____

SECTION J - CHARACTERISTICS OF DISCHARGE

1. Identify the conventional toxic and hazardous pollutants expected to be present in your wastewater discharge.

CONVENTIONAL POLLUTANTS

pH (provide average) ___s.u. high pH___s.u. low pH___s.u.

__ Oil and grease (petroleum or mineral origin)
__ Oil and grease (animal or vegetable origin)
__ Ammonia
Total Suspended Solids (TSS) Concentration:_____ mg/l

VOLATILE COMPOUNDS

__ acrolein
__ acrylonitrile
__ benzene
__ bromoform
__ carbon tetrachloride
__ chlorobenzene
__ chlorodibromoethane
__ chloroethane
__ 2-chloroethylvinyl ether
__ chloroform
__ dichlorobromomethane
__ 1,1 - dichloroethane
__ 1,2 - dichloroethane
__ 1,1 - dichloroethylene
__ 1,2 - dichloropropane
__ 1,2 - dichloropropylene
__ ethylbenzene
__ methyl bromide
__ methyl chloride
__ methylene chloride
__ 1,1,2,2 - tetrachloroethane
__ tetrachloroethylene
__ toluene
__ 1,2 - trans - dichloroethylene
__ 1,1,1 - trichloroethane
__ 1,1,2 - trichloroethane
__ trichloroethylene
__ vinyl chloride

ACID COMPOUNDS

__ 2 - chlorophenol
__ 2,4 - dichlorophenol
__ 2,4 - dimethylphenol
__ 4,6 - dinitro-o-cresol
__ 2,4 - dinitrophenol
__ 2 - nitrophenol
__ 4 - nitrophenol
__ p-chloro-m-cresol
__ pentachlorophenol
__ phenol
__ 2,4,6 - trichlorophenol

SECTION J - CHARACTERISTICS OF DISCHARGE (continued)

BASE/NEUTRAL COMPOUNDS

__ acenaphthene
__ acenaphthylene
__ anthracene
__ benzidine
__ benzo(a) anthracene
__ benzo (a) pyrene
__ 3,4 - benzofluoranthene
__ benzo (ghi) perylene
__ benzo (k) fluoranthene
__ bis (2 - chloroethoxy) methane
__ bis (2 - chloroethyl) ether
__ bis (2 - chloroisopropyl)ether
__ bis (2 - ethylhexyl) phthalate
__ 4 - bromophenyl phenyl ether
__ butylbenzyl phthalate
__ 2 - chloronaphthalene
__ 4 - chlorophenyl phenyl ether
__ chrysene
__ dibenzo (a,h) anthracene
__ 1, 2 - dichlorobenzene
__ 1,3 - dichlorobenzene
__ 1,4 - dichlorobenzene
__ 3,3 - dichlorobenzidine
__ diethyl phthalate
__ dimethyl phthalate
__ di-n-butyl phthalate
__ 2,4 - dinitrotoluene
__ 2,6 - dinitrotoluene
__ di-n-octyl phthalate
__ 1,2 - diphenyl hydrazine
__ fluoranthene
__ fluorene
__ hexachlorobenzene
__ hexachlorobutadiene
__ hexachlorocyclopentadiene
__ hexachloroethane
__ indeno (1,2,3 - cd) pyrene
__ isophorone
__ naphthalene
__ nitrobenzene
__ N-nitrosodimethylamine
__ N-nitrosodi-n-propylamine
__ N-nitrosodiphenylamine
__ phenanthrene
__ pyrene
__ 1,2,4 - trichlorobenzene

PESTICIDES/PCBs

__ aldrin
__ alpha - BHC
__ beta - BHC
__ gamma - BHC (Lindane)
__ delta - BHC
__ chlordane
__ 4,4 - DDT
__ 4,4 - DDE
__ 4,4 - DDD
__ dieldrin
__ alpha-endosulfan
__ beta-endosulfan
__ endosulfsan sulfate
__ endrin
__ endrin aldehyde
__ heptachlor
__ heptachlor epoxide
__ PCB - 1242
__ PCB - 1254
__ PCB - 1221
__ PCB - 1232
__ PCB - 1248
__ PCB - 1260
__ PCB - 1016
__ toxaphene

METALS , CYANIDE

__ antimony (total)
__ arsenic (total)
__ beryllium (total)
__ boron (total)
__ cadmium (total)
__ chromium (total)
__ copper (total)
__ lead (total)
__ mercury (total)
__ nickel (total)
__ selenium (total)
__ silver (total)
__ thallium (total)
__ zinc (total)

__ cyanide (total)

HAZARDOUS SUBSTANCES

__ acetaldehyde
__ allyl alcohol
__ allyl chloride
__ amyl acetate
__ asbestos (fibrous)
__ aniline
__ benzonitrile
__ benzyl chloride
__ butyl acetate
__ butylamine
__ captan
__ carbaryl
__ carbofuran
__ carbon disulfide
__ chlorpyrifos
__ coumaphos
__ cresol
__ crotonaldehyde
__ cyclohexane
__ 2,4 - D (2,4 - dichlorophenoxy acetic acid)
__ diazinon
__ dicamba
__ dichlobenil
__ dichlone
__ 2,2 - dichloropropionic acid
__ dichlorvos
__ diethyl amine
__ dimethyl amine
__ dinitrobenzene
__ kelthane
__ kepone
__ malathion
__ mercaptodimethur
__ methoxychlor
__ methyl mercaptan
__ methyl methacrylate
__ methyl parathion
__ mevinphos
__ mexacarbate
__ monoethyl amine
__ monomethyl amine
__ naled
__ napthenic acid
__ nitrotoluene
__ parathion
__ phenosulfonate
__ phosgene
__ propargite
__ propylene oxide
__ pyrethrins
__ quinoline
__ resorcinol
__ strontium
__ strychnine
__ styrene
__ 2,4,5 - T(2,4,5 - trichlorophenoxy acetic acid)
__ TDE (tetrachlorodiphenylethane)
__ 2,4,5-TP[2-(2,4,5-trichlorophenoxy)propanol]

SECTION J - CHARACTERISTICS OF DISCHARGE (continued)

__ dioxin (TCDD)
__ diquat
__ disulfoton
__ diuron
__ epichlorohydrin
__ ethion
__ ethylene diamine
__ ethylene dibromide
__ formaldehyde
__ furfural
__ guthion
__ isoprene
__ isopropanolamine dodecylbenzenesulfonate
__ trichlorfon
__ triethanolamine dodecyclbenzenesulfonate
__ triethylamine
__ trimethylamine
__ uranium
__ vanadium
__ vinyl acetate
__ xylene
__ xylenol
__ zirconium

If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the Materials Safety Data Sheets (MSDS) for those products.

2. For the pollutants listed in the Section, indicate on a seperate sheet the total amount used for the past year.

3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facility to the sanitary sewer system, attach a copy of the two most recent results. Include the following with the results: the date of the analysis, name of the DEP certified laboratory performing the analysis and location(s) from which sample(s) were taken.

OTHER FILINGS:

There are circumstances when the MWRA cannot issue a permit to you until you fulfill the requirements of another agency. This page asks for information about whether you are required to file with the Massachusetts Historical Commission (MHC) or under the Massachusetts Environmental Policy Act (MEPA) and the status of your filing, if any. If you have any questions about the requirements of those agencies, please contact them for information: MHC may be reached at 617-727-8470; the MEPA office may be reached at 617-727-5830.

A. Is the activity for which you require an MWRA permit a part of a project that is likely to impact a geographic area and affect or cause a change in the historical, architectural, archeological, or cultural qualities of a property as defined by the Massachusetts Historical Commission (MHC)? *(For example, answer "no" if this application is for a permit renewal or you are not doing new construction. MHC defines "new construction" as a modification to the land or any existing structure.)* [] yes [] no *If "no," skip question B.*

B. If your answer to question A is "yes:"

(1) Have you provided the required project notification form (950 CMR 71, Appendix A) to the MHC? [] yes [] no

(2) Briefly describe the status of the project with MHC. Provide documentation (see 950 CMR 71.07) allowing the MWRA to act on this application. If you have not provided notice to the MHC, explain why you have not provided notice and when you will provide notice.

C. Is the activity for which you require an MWRA permit a part of a project that is subject to review under the Massachusetts Environmental Policy Act (MEPA)? *(For example, answer "no" if this application is for a permit renewal or not part of a larger project. The MEPA review thresholds are found in 301 CMR 11.00.*) [] yes [] no
If "no," skip question D.

D. If your answer to question C is "yes:"

(1) Have you made the required MEPA filing? [] yes [] no

(2) Briefly describe the status of the MEPA review. Provide documentation (see 301 CMR 11.10) allowing the MWRA to act on this application. If you have not filed with MEPA, explain why you have not filed and when you will file.

Addendum to the MWRA Sewer Use Permit Application for Photoprocessing and Printing Operations

This addendum must be completed by establishments engaged in photodeveloping and/or printing.

Indicate the type of process operations performed on site:

____ Photodeveloping/Finishing

____ Arts/Graphics

____ X-ray

____ Printing

____Other_____

A. Photodeveloping/Finishing Processes

1. Indicate the type of photoprocessor(s) in use:

____ Manual processor for

____negatives ____paper

2. Where are the photochemicals and rinses discharged?

____ Floor drain

____via collection tray

____ sink

____via collection tray

____ other _____

Addendum for Photoprocessing and Printing Operations

3. Complete the table below.

PHOTOPROCESSING DISCHARGE

Fixer Usage					Other Photochemicals and Rinses	
Processor Name	Location	Quantity Used Gallons per day (gpd)	Treatment	Discharge Frequency	Treatment	Discharge Frequency
____________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]
____________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]
____________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]
____________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]
____________	___________	______gpd	Type: ________ __ none	__batch __intermittent __continuous __no discharge[1]	type: ________ __none	__batch __intermittent __continuous __no discharge[1]

[1] If spent chemicals or wastewaters are not discharged, identify disposal method:

B. PRINTING

1. Indicate type of printing operations performed on site:

____ Offset
____ Letter Press
____ Serigraphy (silk screening)
____ Deep Etch Plate
____ Captive

2. Type of Plate Used:

____ Metal
____ Paper
____ Polymer

Specify the plate type used _____

3. Where are the plate developers and rinses discharged?

____ Floor drain
____ Sink
____ Other_____

4. Is the discharge treated? Yes____ No____

If it is treated, describe treatment:

Addendum to the Sewer Use Permit Application
for
Electroplating and Metal Finishing Operations

This addendum must be completed by independent circuit board manufacturers and industries engaged in electroplating or metal finishing. These industries are regulated by Federal Categorical Standard 40 CFR 413 or 40 CFR 433.

1. What was or will be the date of commencement of the electroplating/finishing processes at your facility?

   _____

2. Do you own 50% or more of the product that is plated? Yes____ No ____

3. List the base materials that are finished.

   _____ _____ _____ _____ _____ _____

4. List finishes.

   _____ _____ _____ _____ _____ _____

   _____ _____ _____ _____ _____ _____

5. Indicate metal finishing operations.

   _____ Electroplating ____ Electroless plating ____ Anodizing

   ____ Coating (chromating, phosphating and coloring) ____ Chemical etching milling

   ____ Printed Circuit Board Manufacturing

6. Indicate the auxilary processes associated with finishing operations.

___ Cleaning
___ Solvent Degreasing
___Paint Stripping
___Sand Blasting
___Welding
___Soldering
___Heat Treating
___Polishing
___Tumbling
___Electrostatic Painting
___Testing
___Calibration
___Laminating
___ Shearing
___Electric Discharge Machining
___Machining
___Impact Deformation
___Grinding
___Pressure Deformation
___Thermal Cutting
___Flame Spraying
___Brazing
___Burnishing
___Sintering
___Vacuum Metalizing
___Abrasive Jet Machining
___Electrochemical Machining
___Laser Beam Machining
___Ultrasonic Machining
___Electron Beam Machining
___Plasma Arc Machining
___Hot Dip Coating
___Salt Bath Descaling
___Vapor Plating
___Thermal Infusion
___Electropainting
___Assembly

Addendum for Electroplating and Metal Finishing Operations (continued)

7. Attach a floor plan of the process area(s) on an 8 ½ x 11" sheet.

8. Indicate the types of treatment included in your pretreatment system:

___Cyanide Treatment
Method of Cyanide Treatment:
___Ion Exchange
___Chlorination
___Electrolytic Decomposition
___Other _____

___Chromium Reduction
___Precipitation
___Flocculation
___Filtration
___Electrolytic Recovery
___Ion Exchange
___Neutralization / pH Adjustment

9. Provide the average total daily flow from the pretreatment system.

gallons per day_____

10. What is the type of device measuring final pretreated effluent flow?

____ Weir
Type of Weir:
____ V-Notch

__60° __45° __30° __22½°

___Contracted Rectangular Sharp Crested Weir (with end contractions)

___Suppressed Rectangular Sharp Crested Weir (without end contractions)

___Parshall Flume

Size___”

___Magmeter

___Venturi meter

___Other _____