



Service Application

All commercial, industrial, retail and/or multi-family projects (including apartments, mobile home parks, duplexes, etc.) are required to complete the service application if there is a change in ownership, change in operation, a new lease, or modifications to the facilities. The completed application should be mailed or hand delivered to the District Development Office.

Part A: Service Application submittals *must* include all of the following information in order to begin the review process. Incomplete submittals will not be accepted.

- Attach the completed Water Questionnaire. The Federal Safe Drinking Water Act requires approved backflow prevention devices on all irrigation, fire line and commercial services.
- Attach the completed Water Customer Data/Fixture Value Sheet to determine the proper meter size.
- Attach the completed Wastewater Questionnaire. The Federal Clean Water Act requires industrial contributors to provide pretreatment under certain uses.
- Attach a site plan which shows the location and size of the existing (or proposed) water and sewer service lines into the building, property boundaries, dimensions, and streets.
- Attach a plan or sketch that shows the interior plumbing detail including pipe sizes, connections and fixtures.
- Restaurant facilities must provide a plan approval certificate/letter from the Tri-County Health Department.

Is the property currently served by the District? Yes, *skip Part B.* No, *complete Part B.*

Part B: Any requests for new services must include the following information at the time of submittal. The information can be obtained from the City of Commerce City and/or Adams County. Additional information is available at <http://www.co.adams.co.us/overlay>.

- Proof that the project is in the District or attach a petition to be included in the District.
- Current zoning for the entire project.
- If the project is a portion of a larger improvement district, include a description of the next phases of development.

Are you using an existing service line for a remodel or upgrading a structure? If so, the service line, meter, meter setting and meter pit must be restored to meet current District Engineering Standards.

Date

Applicant's Name (Print)

Signature

Contact Street Address

City, State, Zip



SOUTH ADAMS COUNTY WATER & SANITATION DISTRICT
Backflow Prevention Program
Water Questionnaire
Page 1 of 1

Business Name _____

Address _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax # _____

Subdivision _____ Lot No. _____

Tract _____ Block # _____

Type of Occupancy: Multi-Family Commercial Retail Industrial _____

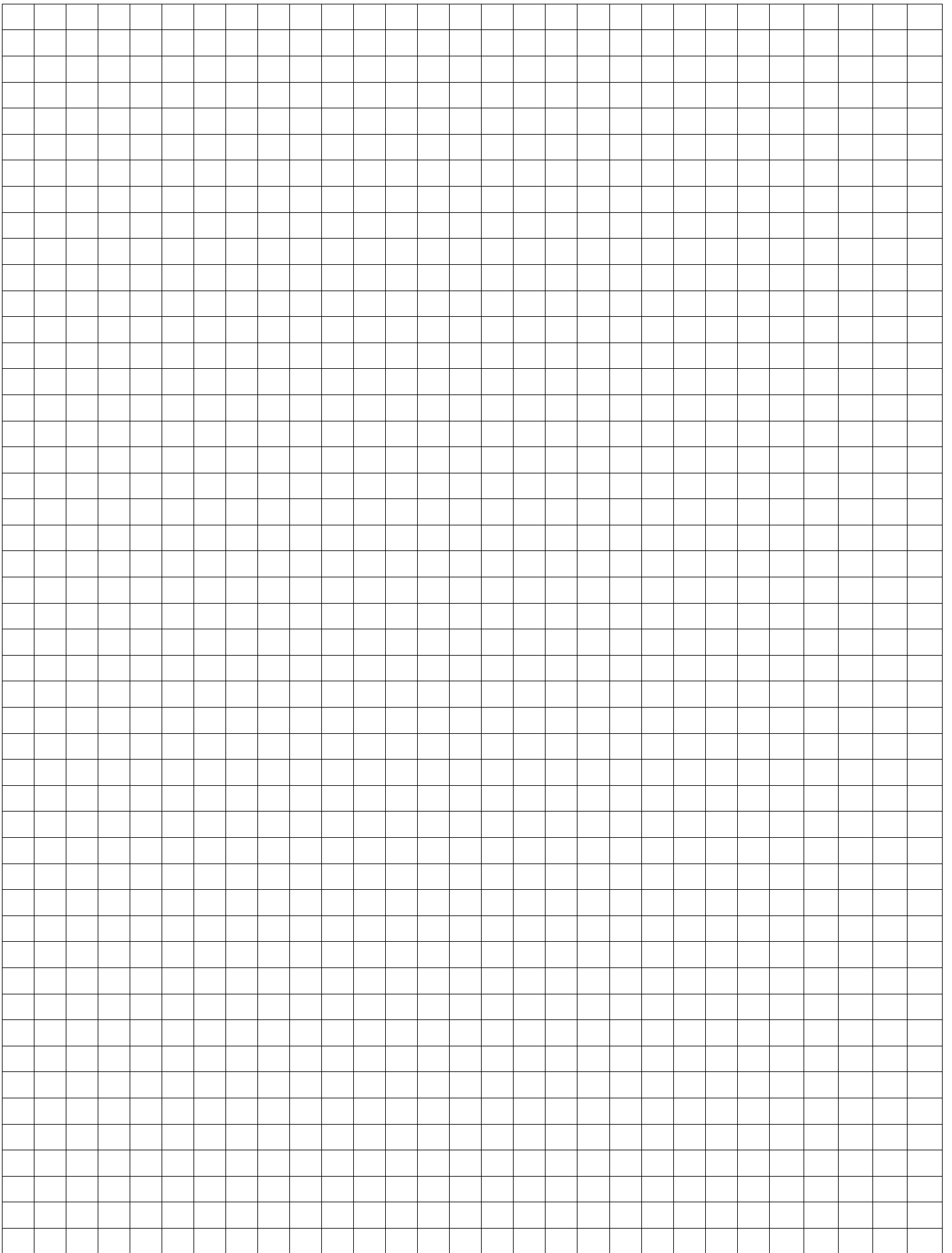
Description of Facilities/Project:

Please check the appropriate box if the completed and/or existing facility **includes** the following:

- | | |
|---|--|
| <input type="checkbox"/> Pumps | <input type="checkbox"/> Tanks, Vats |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Chemical Mixing |
| <input type="checkbox"/> Lawn Irrigation system | <input type="checkbox"/> Boiler System |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Pressure Washers | <input type="checkbox"/> Auxiliary Water Supply |
| <input type="checkbox"/> Cooling Systems
<i>(water cooled equipment, etc.)</i> | <input type="checkbox"/> More than one business will occupy
this facility |

District regulations require that plumbing drawings be submitted along with this completed questionnaire. If professional drawings are not available, a hand drawn site plan will be acceptable provided it includes size and location of water main, connections to water service, sinks and any processes using water - please use graph paper. In addition, all properties served by the District are subject to a cross-connection control inspection. Upon the results of the cross-connection inspection, the contractor/owner will be required to install the appropriate backflow device(s) as required by the District.

Plumbing drawings or hand drawn site plans attached to this completed water questionnaire.





SOUTH ADAMS COUNTY WATER & SANITATION DISTRICT
Sizing Water Service Lines and Meters
Water Customer Data/Fixture Value Sheet
Page 1 of 2

Business Name _____

Address _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax # _____

Subdivision _____ Lot No. _____

Tract _____ Block # _____

Type of Occupancy _____

Fixture	Connection	Fixture Value 35 psi	X	No. of Fixtures	=	Fixture Value
Bathtub		8	x	_____	=	_____
Bedpan Washers		10		_____	=	_____
Combo Sink & Tray		3	x	_____	=	_____
Dental Unit		2	x	_____	=	_____
Dental Lavatory		2	x	_____	=	_____
Drinking Fountain		2	x	_____	=	_____
Kitchen Sink	1/2" connection	2.2	x	_____	=	_____
	3/4" connection	7	x	_____	=	_____
Lavatory	3/8" connection	1.5	x	_____	=	_____
	1/2" connection	4	x	_____	=	_____
Laundry Tray	1/2" connection	3	x	_____	=	_____
	3/4" connection	7	x	_____	=	_____
Shower Head (Shower Only)		2.5	x	_____	=	_____
Service Sink	1/2" connection	3	x	_____	=	_____
	3/4" connection	7	x	_____	=	_____
Urinal Pedestal	Flush Valve	35	x	_____	=	_____
	Wall Flush Valve	16	x	_____	=	_____
	Trough (2' Unit)	12	x	_____	=	_____
Wash Sink (Each set of faucets)		4	x	_____	=	_____
Water Closet	Flush Valve	35	x	_____	=	_____

FIXTURE VALUE TOTAL (PAGE 1)



SOUTH ADAMS COUNTY WATER & SANITATION DISTRICT
Sizing Water Service Lines and Meters
Water Customer Data/Fixture Value Sheet
Page 2 of 2

Business Name _____

Fixture	Connection	Fixture Value 35 psi	X	No. of Fixtures	=	Fixture Value
Water Closet	Tank Type	4	x	_____	=	_____
Dishwasher	1/2" connection	2	x	_____	=	_____
	3/4" connection	10	x	_____	=	_____
Washing Machine	1/2" connection	6	x	_____	=	_____
	3/4" connection	12	x	_____	=	_____
	1" connection	25	x	_____	=	_____
Hose Connection (Wash Down) 1/2"		5	x	_____	=	_____
Hose (50' Wash Down)						
	5/8" connection	9	x	_____	=	_____
	3/4" connection	12	x	_____	=	_____

FIXTURE VALUE TOTAL (PAGE 2)

plus **FIXTURE VALUE TOTAL (PAGE 1)**

COMBINED FIXTURE VALUE TOTAL

ADDITIONAL INFORMATION

IRRIGATION

Square feet of irrigated area _____

of trees on drip system _____

of shrubs on drip system _____

of perennials on drip system _____

SWIMMING POOLS

Dimensions/Depth _____

Rate of fill/GPM's _____

CAR WASH

of Wash Bays _____

Gallons per Minute per Bay _____

**South Adams County Water and Sanitation District
Wastewater Questionnaire**

This questionnaire must be approved by the Industrial Pretreatment Coordinator before the District will issue the wastewater connection permit.

A complete set of the District's Industrial Pretreatment Program Rules and Regulations may be obtained from the Industrial Pretreatment Coordinator.

DIRECTIONS: All non-residential users of the South Adams County Water and Sanitation District wastewater treatment system are required to submit a completed wastewater questionnaire. Information given in the questionnaire will be used to establish if a wastewater discharge permit is required. The user is required to report in writing any changes in the information contained in the questionnaire or changes in numerical values outside of the ranges stated in the questionnaire within 30 days of occurrence.

Return the completed and signed questionnaire to:

Industrial Pretreatment Coordinator
South Adams County Water and Sanitation District
PO Box 597
Commerce City, Colorado 80037-597

Telephone: 303-289-5769

Section - A - GENERAL INFORMATION (Please Print)

Account Number: _____--_____--_____

A-1 Business Name: _____

Mailing Address: _____

_____ Zip _____

Telephone: (_____) _____

A-2 Facility Address (if different from mailing address):

Telephone: (_____) _____

A-3 Person(s) to contact concerning this questionnaire:

Name: _____ Name: _____

Title: _____ Title: _____

Telephone: _____ Telephone: _____

A-4 If multi-unit building, how many units do you have? _____, which unit are you? _____

Section - B - PRODUCT/SERVICE INFORMATION

B-1 Check all activities which will be at your facility:

- | | |
|--|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Plant Washdown |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Professional Service |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Vehicle Equipment Wash |
| <input type="checkbox"/> Material Transfer | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Office | <input type="checkbox"/> Wholesale Trade |

B-2 Briefly describe the operations, processes, services performed and the products produced at your facility:

B-3 List basic materials used in the operation at your facility:

B-4 If your facility expects to employ processes in any of the nationally regulated industrial categories or business activities listed below, place a check beside the category or business activity (check all that apply).

- | | |
|--|--|
| 1 <input type="checkbox"/> Adhesives | 28 <input type="checkbox"/> Meat Processing |
| 2 <input type="checkbox"/> Aluminum Forming | 29 <input type="checkbox"/> Mechanical Products |
| 3 <input type="checkbox"/> Asbestos Manufacturing | 30 <input type="checkbox"/> Metal Finishing |
| 4 <input type="checkbox"/> Auto & Other Laundries | 31 <input type="checkbox"/> Metal Molding & Casting (Foundries) |
| 5 <input type="checkbox"/> Battery Mfg | 32 <input type="checkbox"/> Nonferrous Metals Mfg |
| 6 <input type="checkbox"/> Builders paper & Board Mills | 33 <input type="checkbox"/> Nonferrous Metals Forming & Powders |
| 7 <input type="checkbox"/> Carbon Black Mfg | 34 <input type="checkbox"/> Ore Mining |
| 8 <input type="checkbox"/> Cement Mfg | 35 <input type="checkbox"/> Organic Chemicals |
| 9 <input type="checkbox"/> Coal Mining | 36 <input type="checkbox"/> Paint & Ink Formulation |
| 10 <input type="checkbox"/> Coil Coating | 37 <input type="checkbox"/> Paving & Roofing Materials (Tars & Asphalts) |
| 11 <input type="checkbox"/> Copper Forming | 38 <input type="checkbox"/> Pesticide Chemicals |
| 12 <input type="checkbox"/> Dairy Products Processing | 39 <input type="checkbox"/> Petroleum Refining |
| 13 <input type="checkbox"/> Electric & Electronic Components | 40 <input type="checkbox"/> Pharmaceutical Mfg. |
| 14 <input type="checkbox"/> Electroplating | 41 <input type="checkbox"/> Phosphate Mfg. |
| 15 <input type="checkbox"/> Explosives Mfg | 42 <input type="checkbox"/> Plastics Molding & Forming |
| 16 <input type="checkbox"/> Feedlots | 43 <input type="checkbox"/> Porcelain Enameling |
| 17 <input type="checkbox"/> Ferro alloy Mfg. | 44 <input type="checkbox"/> Printing & Publishing |
| 18 <input type="checkbox"/> Fertilizer Mfg | 45 <input type="checkbox"/> Pulp, Paper & Paperboard Mfg |
| 19 <input type="checkbox"/> Fruit & Vegetable Processing Mfg | 46 <input type="checkbox"/> Rubber Manufacturing |
| 20 <input type="checkbox"/> Foundries | 47 <input type="checkbox"/> Seafood Processing |
| 21 <input type="checkbox"/> Glass Manufacturing | 48 <input type="checkbox"/> Soaps & Detergent |
| 22 <input type="checkbox"/> Grain Mills | 49 <input type="checkbox"/> Steam Electric Power Plants |
| 23 <input type="checkbox"/> Gum & Wood Chemicals | 50 <input type="checkbox"/> Sugar Processing |
| 24 <input type="checkbox"/> Ink Formulation | 51 <input type="checkbox"/> Textile Mills |
| 25 <input type="checkbox"/> Inorganic Chemicals | 52 <input type="checkbox"/> Timber Products Processing |
| 26 <input type="checkbox"/> Iron & Steel | 53 <input type="checkbox"/> Transportation and Equipment Cleaning |
| 27 <input type="checkbox"/> Leather Tanning & Finishing | 54 <input type="checkbox"/> Centralized Waste Treatment |

List the Standard Industrial Classification (SIC) and/or the North American Industrial Classification

System (NAICS) code numbers for all processes at your facility:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Section - C - WATER USE

C-1 List water sources and approximate range of water usage (check all that apply).

- South Adams County Water & Sanitation District _____ to _____ Gal. per day
- Private well(s) _____ to _____ Gal. per day
- Other (specify) _____ to _____ Gal. per day

C-2 List the approximate range of water consumption *leaving* your facility. (Check all that apply):

			Estimate/Measured	
<input type="checkbox"/> Sanitary Sewer	_____ to _____ Gal. per day		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm Drain	_____ to _____ Gal. per day		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contained in Product	_____ to _____ Gal. per day		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____ to _____ Gal. per day		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waste Hauler*	_____ to _____ Gal. per day		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leach Field	_____ to _____ Gal. per day		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-Site Sludge Storage/Disposal	_____ to _____ Gal. per day		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify)	_____ to _____ Gal. per day		<input type="checkbox"/>	<input type="checkbox"/>

*Provide name and address of waste hauler(s) if used:

Section - D - WASTEWATER GENERATION

D-1 List the approximate range of wastewater generation that will be discharged into the sanitary sewer (check all that apply):

		Estimated/Measured	
<input type="checkbox"/>	Domestic Wastes _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Non-Contact, Cooling Water _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Contact, Cooling Water _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Boiler/Tower Blow down _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>

Process (specify flow for each process and for each regulated category checked in question B.4.)
Specify Category:

<input type="checkbox"/>	A _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	B _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	C _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rinse & Washdown _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (specify): _____ to _____ Gal. per day	<input type="checkbox"/>	<input type="checkbox"/>

D-2 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? Yes No
If yes, attach a copy of the plan to this questionnaire.

Section - E - FACILITY OPERATION

E-1 Indicate shifts normally worked each day:

Shift	Sun	Mon	Tues	Wed	Thur	Fri	Sat
1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E-2

	1st Shift	2nd Shift	3rd Shift
Start Time:	_____	_____	_____
End Time:	_____	_____	_____
Average No. of Employees (Range):	_____ to _____	_____ to _____	_____ to _____

NOTE: THE FOLLOWING INFORMATION IN THIS SECTION MUST BE COMPLETED FOR

EACH PRODUCT LINE.

E-3 Principal product produced:

E-4 Raw materials and process additives used:

E-5 Is discharge from this process during the work shift: Batch Continuous Both

Indicate average number of batches per workday: _____

Indicate % batch: _____

Indicate % Continuous: _____

E-6 Is operation expected to be subject to seasonal variation? Yes No

If yes, indicate months of peak operation: _____

Indicate period(s) of shutdown: _____

E-7 Are any process changes or expansions planned during the next three years? Yes No

If yes, give a brief explanation describing the nature of planned changes or expansions.

Section - F - WASTEWATER INFORMATION

F-1 Indicate pretreatment devices or processes that will be used for treating wastewater or sludge (Check as many as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> No Pretreatment provided | <input type="checkbox"/> Chemical Precipitation |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Cyclone |
| <input type="checkbox"/> Sand Trap | <input type="checkbox"/> Filtration |
| <input type="checkbox"/> Oil Separation | <input type="checkbox"/> Grit Removal |
| <input type="checkbox"/> Solvent Separation | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Neutralization, pH Correction | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Air Flotation | |
| <input type="checkbox"/> Biological (specify): | |
| <input type="checkbox"/> Other (specify): | |

F-2 Indicate the constituents that are or could be present in the wastewater discharge:

- | | |
|--|--|
| <input type="checkbox"/> High pH (caustics, etc.) | <input type="checkbox"/> Insoluble Substances Heavier than Specific Gravity of 2.65. |
| <input type="checkbox"/> Low pH (acids) | <input type="checkbox"/> Large Particles that would be Retained on a No. 8 Standard |
| <input type="checkbox"/> Hydrogen Sulfide | <input type="checkbox"/> Sieve or Particles Greater than 2" in Any Dimension. |
| <input type="checkbox"/> Sulfur Dioxide | <input type="checkbox"/> Toxic Gases |
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Chlorine Demand Greater than 15 mg/l. |
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Phenols |
| <input type="checkbox"/> Bromine | <input type="checkbox"/> Toxic or Irritating Substances |
| <input type="checkbox"/> Iodine | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Other Disinfectants | <input type="checkbox"/> PCB'S |
| <input type="checkbox"/> Explosive Substances | <input type="checkbox"/> Radioactive Substances |
| <input type="checkbox"/> Flammable Substances | <input type="checkbox"/> Salt Brines |
| <input type="checkbox"/> High Temperature Wastes (above 140 ^o F.) | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Grease or Oil | |
| <input type="checkbox"/> Dissolved Metals such as Arsenic, Beryllium, Cadmium, Chromium, Copper, Iron, Lead, Manganese, Mercury, Nickel, Selenium, Silver and Zinc | |
| <input type="checkbox"/> Cyanide | <input type="checkbox"/> Surfactants (detergents) |

F-3 EPA Priority Pollutant Information:

Please indicate by placing an "X" in the appropriate box by each listed chemical used in your

facility or generated as a byproduct whether the chemical is **discharged (D)** to the District's sanitary sewer system or is **used but not discharged (ND)** to the District's sanitary sewer system. Some compounds are known by other names. Refer to MSDS sheets for additional information.

I. METAL & IN-ORGANICS

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

II. PHENOLS & CRESOLS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
16 Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	22 Phenol, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>
17 Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	23 Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>
18 Phenol 2, 4- dichloro	<input type="checkbox"/>	<input type="checkbox"/>	24 Phenol, 2, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>
19 Phenol, 2 trichloro	<input type="checkbox"/>	<input type="checkbox"/>	25 m-cresol p-chloro	<input type="checkbox"/>	<input type="checkbox"/>
20 Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	26 o-cresol, 4, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>
21 Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>			

III. MONOCYCLIC AROMATICS EXCLUDING (PHENOLS, CRESOLS & PHTHALATES)

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
27 Benzene	<input type="checkbox"/>	<input type="checkbox"/>	33 Benzene Hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
28 Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	34 Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>
29 Benzene, 1, 2- dichloro	<input type="checkbox"/>	<input type="checkbox"/>	35 Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>
30 Benzene, 1, 3- dichloro	<input type="checkbox"/>	<input type="checkbox"/>	36 Toluene	<input type="checkbox"/>	<input type="checkbox"/>
31 Benzene, 1, 4- dichloro	<input type="checkbox"/>	<input type="checkbox"/>	37 Toluene, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>
32 Benzene, 1, 2, 4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	38 Toluene, 2, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>

IV. PCB'S & RELATED COMPOUNDS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
-------------------	-----	------	-------------------	-----	------

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

V. ETHERS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
47 Ether, bis (chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	51 Ether, 4-bromophenyl	<input type="checkbox"/>	<input type="checkbox"/>
48 Ether, bis (chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>	52 Ether, 4-chlorophenyl	<input type="checkbox"/>	<input type="checkbox"/>
49 Ether, bis (2-chlorosopropyl)	<input type="checkbox"/>	<input type="checkbox"/>	53 Bis (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>
50 Ether, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>			

VI. NITROSAMINES & OTHER NITROGEN CONTAINING COMPOUNDS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
54 Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	58 Benzidine, 3, 3'-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
55 Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	59 Hydrazine, 1, 2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>
56 Nitrosamin, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	60 Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>
57 Benzidine	<input type="checkbox"/>	<input type="checkbox"/>			

VII. Halogenated Aliphatics

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
61 Methane, brome	<input type="checkbox"/>	<input type="checkbox"/>	74 Ethane, 1, 1, 2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>
62 Methane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	75 Ethane 1, 1, 2, 1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>
63 Methane, di chloro	<input type="checkbox"/>	<input type="checkbox"/>	76 Ethene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
64 Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	77 Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>
65 Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	78 Ethane, 1, 1- dichloro	<input type="checkbox"/>	<input type="checkbox"/>
66 Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	79 Ethane, trans- dichloro	<input type="checkbox"/>	<input type="checkbox"/>
67 Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	80 Ethane trichloro	<input type="checkbox"/>	<input type="checkbox"/>
68 Methane, tetra chloro	<input type="checkbox"/>	<input type="checkbox"/>	81 Ethane, tetra chloro	<input type="checkbox"/>	<input type="checkbox"/>
69 Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	82 Propane 1, 2 - dichloro	<input type="checkbox"/>	<input type="checkbox"/>
70 Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	83 Propane, 2, 4- dichloro	<input type="checkbox"/>	<input type="checkbox"/>
71 Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	84 Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
72 Ethane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	85 Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
73 Ethane, 1, 1, 1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>			

VIII. Phthalate Esters

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
-------------------	-----	------	-------------------	-----	------

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

IX. Polycyclic Aromatic Hydrocarbons

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

X. PESTICIDES

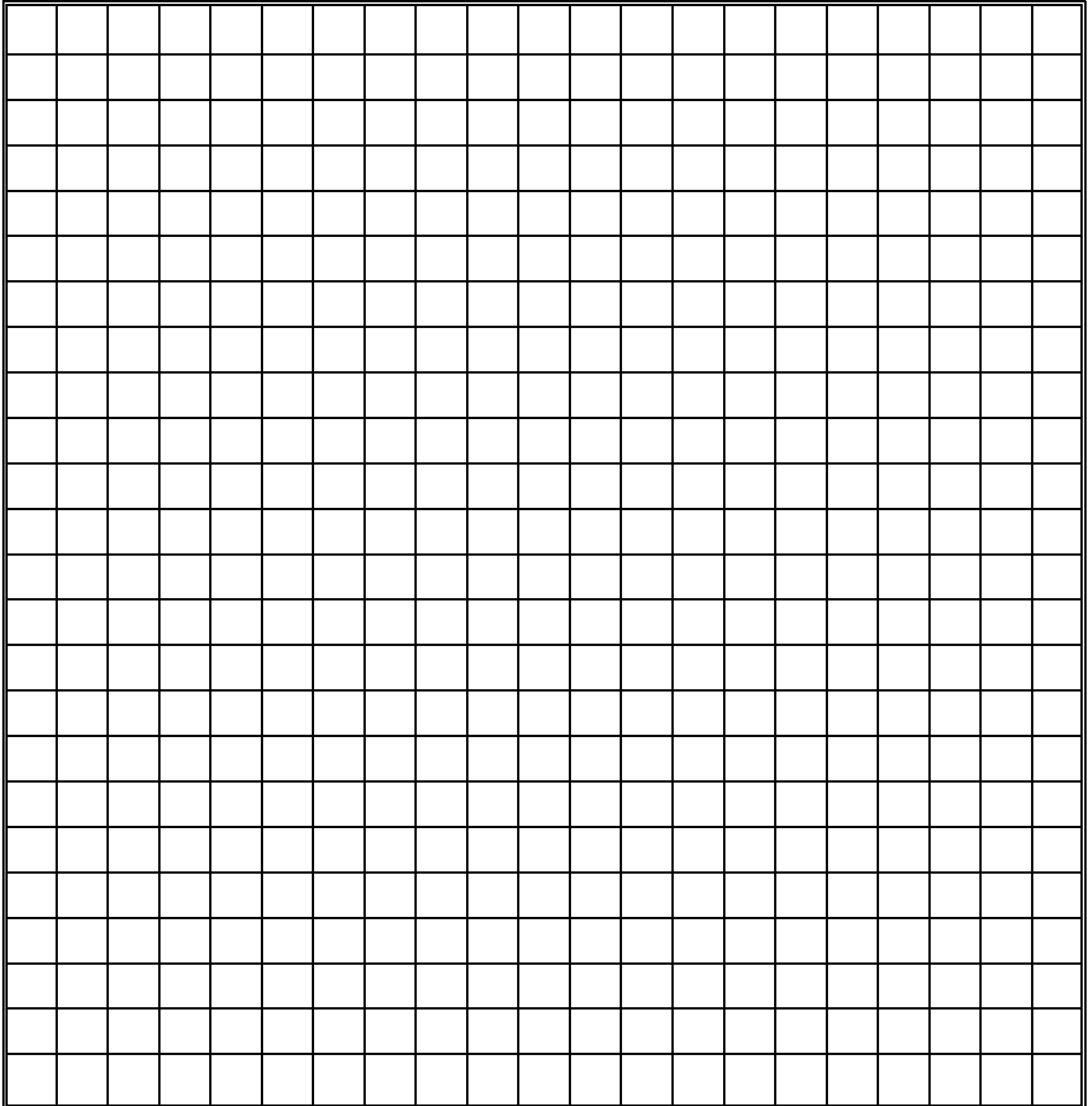
Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)		
108	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	119	Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>
109	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	120	Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>
110	BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	121	Endosulfan (Sulfate)	<input type="checkbox"/>	<input type="checkbox"/>
111	BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	122	Endrin	<input type="checkbox"/>	<input type="checkbox"/>
112	BHC (Gamma)	<input type="checkbox"/>	<input type="checkbox"/>	123	Endrin Aldehyde	<input type="checkbox"/>	<input type="checkbox"/>
113	BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	124	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>
114	Chlorodane	<input type="checkbox"/>	<input type="checkbox"/>	125	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>
115	DDD	<input type="checkbox"/>	<input type="checkbox"/>	126	Isophrone	<input type="checkbox"/>	<input type="checkbox"/>
116	DDE	<input type="checkbox"/>	<input type="checkbox"/>	127	TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>
117	DDT	<input type="checkbox"/>	<input type="checkbox"/>	128	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>
118	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>				

F-4 List those chemicals compounds indicated in the previous question as being discharged and provide the following information. If the concentration is not known, indicated by marking "unknown".

Item #	Chemical Compound	Known or Suspected Concentration at end of Process Stream or Mass Discharge (mg/l or lb/day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F-5 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

F-6 Please draw on the graph below (to scale if possible) showing locations of wastewater sources, washdown drains, internal collector sewers and service connection(s) to the District's sewer. Indicate sewer pipe diameters, manholes and other possible sampling points. For reference and field orientation, please include buildings, streets, north and other pertinent features.



SECTION – G – CONFIDENTIALITY

In accordance with 40 CFR part 2, any information submitted to EPA pursuant to these regulations may be claimed as confidential by the submitter. Any such claim must be asserted at the time of submission in the manner prescribed on the application form or instructions, or, in the case of other submissions, by stamping the words “confidential business information” on each page containing such information. If no claim is made at the time of submission, EPA may make the information available to the public without further notice. If a claim is asserted, the information will be treated in accordance with the procedures in 40 CFR part 2 (Public Information).

Information and data provided to the Control Authority pursuant to this part which is effluent data shall be available to the public without restriction (40 CFR 403.14).

SECTION – H - CERTIFICATION

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 (40 CFR 403.6(a) (2) (ii)).

THIS IS TO BE SIGNED BY AN AUTHORIZED OFFICIAL OF YOUR FIRM AFTER COMPLETION OF THIS FORM AND REVIEW OF THE INFORMATION BY THE SIGNING OFFICIAL.

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

Seal: