SOUTH ADAMS COUNTY
WATER & SANITATION DISTRICT

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:

- ☐ Pumps
- ☐ Fire Sprinkler System
- ☐ Lawn Irrigation system
- ☐ Air Compressor
- ☐ Pressure Washers
- ☐ Cooling Systems *(water cooled equipment, etc.)*
- ☐ Tanks, Vats
- ☐ Chemical Mixing
- ☐ Boiler System
- ☐ Car Wash
- ☐ Auxiliary Water Supply
- ☐ 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.

Return to: Mark Rands, Water Systems Specialist (Direct) 720.206.0566 (Fax) 303.289.4452
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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)* | |

Rev. 3/06

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 _____

Return to: Randy Evans, Maintenance Supervisor (Direct) 720.206.0522 (Fax) 303.288.9531

Rev. 3/06

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:

- ☐ Assembly
- ☐ Food Processing
- ☐ Food Service
- ☐ Manufacturing
- ☐ Material Transfer
- ☐ Office
- ☐ Plant Washdown
- ☐ Professional Service
- ☐ Retail Trade
- ☐ Vehicle Equipment Wash
- ☐ Warehousing
- ☐ 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	☐ Adhesives	28	☐ Meat Processing
2	☐ Aluminum Forming	29	☐ Mechanical Products
3	☐ Asbestos Manufacturing	30	☐ Metal Finishing
4	☐ Auto & Other Laundries	31	☐ Metal Molding & Casting (Foundries)
5	☐ Battery Mfg	32	☐ Nonferrous Metals Mfg
6	☐ Builders paper & Board Mills	33	☐ Nonferrous Metals Forming & Powders
7	☐ Carbon Black Mfg	34	☐ Ore Mining
8	☐ Cement Mfg	35	☐ Organic Chemicals
9	☐ Coal Mining	36	☐ Paint & Ink Formulation
10	☐ Coil Coating	37	☐ Paving & Roofing Materials (Tars & Asphalts)
11	☐ Copper Forming	38	☐ Pesticide Chemicals
12	☐ Dairy Products Processing	39	☐ Petroleum Refining
13	☐ Electric & Electronic Components	40	☐ Pharmaceutical Mfg.
14	☐ Electroplating	41	☐ Phosphate Mfg.
15	☐ Explosives Mfg	42	☐ Plastics Molding & Forming
16	☐ Feedlots	43	☐ Porcelain Enameling
17	☐ Ferro alloy Mfg.	44	☐ Printing & Publishing
18	☐ Fertilizer Mfg	45	☐ Pulp, Paper & Paperboard Mfg
19	☐ Fruit & Vegetable Processing Mfg	46	☐ Rubber Manufacturing
20	☐ Foundries	47	☐ Seafood Processing
21	☐ Glass Manufacturing	48	☐ Soaps & Detergent
22	☐ Grain Mills	49	☐ Steam Electric Power Plants
23	☐ Gum & Wood Chemicals	50	☐ Sugar Processing
24	☐ Ink Formulation	51	☐ Textile Mills
25	☐ Inorganic Chemicals	52	☐ Timber Products Processing
26	☐ Iron & Steel	53	☐ Transportation and Equipment Cleaning
27	☐ Leather Tanning & Finishing	54	☐ 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	
☐ Sanitary Sewer	_____ to _____Gal. per day	☐	☐
☐ Storm Drain	_____ to _____Gal. per day	☐	☐
☐ Contained in Product	_____ to _____Gal. per day	☐	☐
☐ Evaporation	_____ to _____Gal. per day	☐	☐
☐ Waste Hauler*	_____ to _____Gal. per day	☐	☐
☐ Leach Field	_____ to _____Gal. per day	☐	☐
☐ On-Site Sludge Storage/Disposal	_____ to _____Gal. per day	☐	☐
☐ Other (specify)	_____ to _____Gal. per day	☐	☐

*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	
☐	Domestic Wastes	_____ to _____Gal. per day	☐	☐
☐	Non-Contact, Cooling Water	_____ to _____Gal. per day	☐	☐
☐	Contact, Cooling Water	_____ to _____Gal. per day	☐	☐
☐	Boiler/Tower Blow down	_____ to _____Gal. per day	☐	☐

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

A	_____	_____ to _____Gal. per day	☐	☐
B	_____	_____ to _____Gal. per day	☐	☐
C	_____	_____ to _____Gal. per day	☐	☐
☐	Rinse & Washdown	_____ to _____Gal. per day	☐	☐
☐	Other (specify):	_____ to _____Gal. per day	☐	☐

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**
1st	☐	☐	☐	☐	☐	☐	☐
2nd	☐	☐	☐	☐	☐	☐	☐
3rd	☐	☐	☐	☐	☐	☐	☐

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)

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

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

- ☐ High pH (caustics, etc.)
- ☐ Low pH (acids)
- ☐ Hydrogen Sulfide
- ☐ Sulfur Dioxide
- ☐ Nitrous Oxide
- ☐ Chlorine
- ☐ Bromine
- ☐ Iodine
- ☐ Other Disinfectants
- ☐ Explosive Substances
- ☐ Flammable Substances
- ☐ High Temperature Wastes (above 140^{O} F.)
- ☐ Grease or Oil
- ☐ Dissolved Metals such as Arsenic, Beryllium, Cadmium, Chromium, Copper, Iron, Lead, Manganese, Mercury, Nickel, Selenium, Silver and Zinc
- ☐ Cyanide
- ☐ Insoluble Substances Heavier than Specific Gravity of 2.65.
- ☐ Large Particles that would be Retained on a No. 8 Standard
- ☐ Sieve or Particles Greater than 2" in Any Dimension.
- ☐ Toxic Gases
- ☐ Chlorine Demand Greater than 15 mg/l.
- ☐ Phenols
- ☐ Toxic or Irritating Substances
- ☐ Pesticides
- ☐ PCB'S
- ☐ Radioactive Substances
- ☐ Salt Brines
- ☐ Solvents
- ☐ 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	☐	☐	9	Lead	☐	☐
2	Arsenic	☐	☐	10	Mercury	☐	☐
3	Asbestos	☐	☐	11	Nickel	☐	☐
4	Beryllium	☐	☐	12	Selenium	☐	☐
5	Cadmium	☐	☐	13	Silver	☐	☐
6	Chromium	☐	☐	14	Thallium	☐	☐
7	Copper	☐	☐	15	Zinc	☐	☐
8	Cyanide	☐	☐				

II. PHENOLS & CRESOLS

	Chemical Compound	(D)	(ND)		Chemical Compound	(D)	(ND)
16	Phenol(s)	☐	☐	22	Phenol, 4-dnitro	☐	☐
17	Phenol, 2-chloro	☐	☐	23	Phenol, 2, 4-dinitro	☐	☐
18	Phenol 2, 4- dichloro	☐	☐	24	Phenol, 2, dimethyl	☐	☐
19	Phenol, 2 trichloro	☐	☐	25	m-cresol p-chloro	☐	☐
20	Phenol, pentachloro	☐	☐	26	o-cresol, 4, 6-dinitro	☐	☐
21	Phenol, 2-nitro	☐	☐				

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

	Chemical Compound	(D)	(ND)		Chemical Compound	(D)	(ND)
27	Benzene	☐	☐	33	Benzene Hexachloro	☐	☐
28	Benzene, chloro	☐	☐	34	Benzene, ethyl	☐	☐
29	Benzene, 1, 2- dichloro	☐	☐	35	Benzene, nitro	☐	☐
30	Benzene, 1, 3- dichloro	☐	☐	36	Toluene	☐	☐
31	Benzene, 1, 4- dichloro	☐	☐	37	Toluene, 2, 4-dinitro	☐	☐
32	Benzene, 1, 2, 4-trichloro	☐	☐	38	Toluene, 2, 6-dinitro	☐	☐

IV. PCB'S & RELATED COMPOUNDS

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

39	PCB-1016	☐	☐	43	PCB-1248	☐	☐
40	PCB-1221	☐	☐	44	PCB-1254	☐	☐
41	PCB-1232	☐	☐	45	PCB-1260	☐	☐
42	PCB-1242	☐	☐	46	2-Chloronapthalene	☐	☐

V. ETHERS

	Chemical Compound	(D)	(ND)		Chemical Compound	(D)	(ND)
47	Ether, bis (chloromethyl)	☐	☐	51	Ether, 4-bromophenyl	☐	☐
48	Ether, bis (chloroethyl)	☐	☐	52	Ether, 4-chlorophenyl	☐	☐
49	Ether, bis (2-chlorosopropyl)	☐	☐	53	Bis (2-chloroethoxy) methane	☐	☐
50	Ether, 2-chloroethyl vinyl	☐	☐				

VI. NITROSAMINES & OTHER NITROGEN CONTAINING COMPOUNDS

	Chemical Compound	(D)	(ND)		Chemical Compound	(D)	(ND)
54	Nitrosamine, dimethyl	☐	☐	58	Benzidine, 3, 3'-dichloro	☐	☐
55	Nitrosamine, diphenyl	☐	☐	59	Hydrazine, 1, 2-diphenyl	☐	☐
56	Nitrosamin, di-n-propyl	☐	☐	60	Acrylonitrile	☐	☐
57	Benzidine	☐	☐				

VII. Halogenated Aliphatics

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

VIII. Phthalate Esters

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

86	Phthalate, di-c-methyl	☐	☐	89	Phthalate, di-n-octyl	☐	☐
87	Phthalate, di-n-ethyl	☐	☐	90	Phthalate, bis (2-ethylhexyl)	☐	☐
88	Phthalate, di-n-butyl	☐	☐	91	Phthalate, butyl benzyl	☐	☐

IX. Polycyclic Aromatic Hydrocarbons

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

X. PESTICIDES

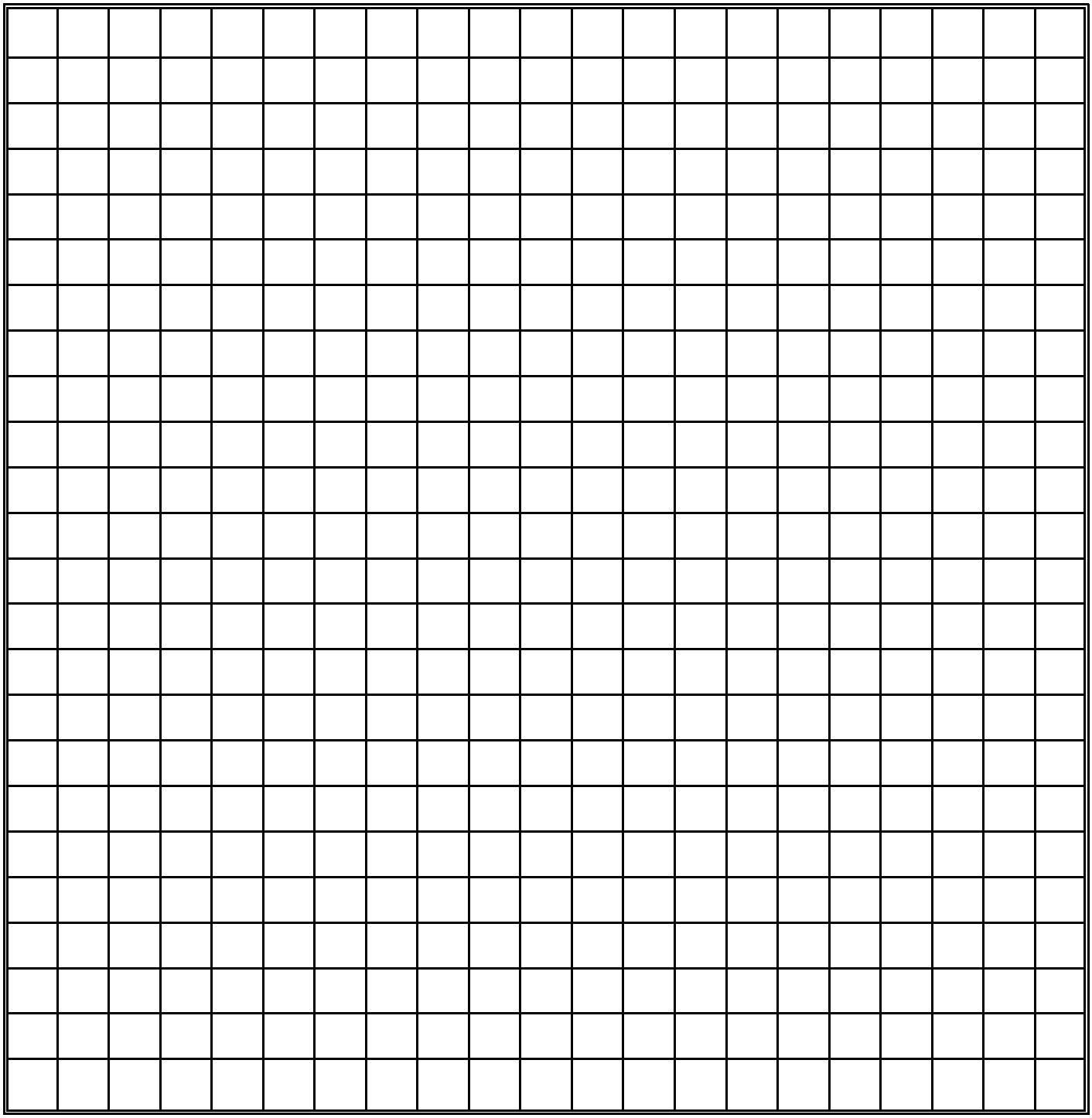
	Chemical Compound	(D)	(ND)		Chemical Compound	(D)	(ND)
108	Acrolein	☐	☐	119	Endosulfan (Alpha)	☐	☐
109	Aldrin	☐	☐	120	Endosulfan (Beta)	☐	☐
110	BHC (Alpha)	☐	☐	121	Endosulfan (Sulfate)	☐	☐
111	BHC (Beta)	☐	☐	122	Endrin	☐	☐
112	BHC (Gamma)	☐	☐	123	Endrin Aldehyde	☐	☐
113	BHC (Delta)	☐	☐	124	Heptachlor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

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: