Rev. 8.28.2000

INDUSTRIAL WASTE DISCHARGE DISCLOSURE DATA FOR THE DISCHARGE OF INDUSTRIAL WASTE TO TRUMBULL COUNTY'S SEWAGE DISPOSAL SYSTEM

Disclosure of data is hereby made to the County Sanitary Engineer of Trumbull County, Ohio, to continue and/or commence discharging to Trumbull County's Sewage Disposal System, industrial wastes as described herein.

1. Company Name: _____

2. Mailing Address: _____

_____ ZIP CODE: _____

3. Premise Address: _____
(If different from mailing address)

_____ ZIP CODE: _____

4. Name and Title of Signing Official: _____

_____ TELEPHONE NO. ( ) _____

5. Alternate person to contact concerning information provided herein:

Name and Title: _____

_____ TELEPHONE NO. ( ) _____

6. Check one: _____ Existing Discharge

_____ Proposed Discharge

If proposed discharge, anticipated date of discharge commencement:

_____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this disclosure which identifies 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 CFR Part 2 and Section 412 of Trumbull County's Sewer Use Resolution.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported therein, I believe that the submitted information is true, accurate and complete.

_____ _____

DATE SIGNATURE OF OFFICIAL (SEAL IF APPLICABLE)

SECTION A - PRODUCT OR SERVICE INFORMATION

1. Check major activity present at your facility:

	Electroplating/Galvanizing		Printing/Photographic
	Food or Beverage Processing		Research/Laboratory
	Machine Shop/Foundry		Retail/Wholesale Trade
	Manufacturing		Service (Specify):
	Medical Care		Warehousing
	Office(s)		Other (Specify):

2. Indicate applicable Standard Industrial Classification (SIC) Code(s) for all processes (If more than one applies, list in descending order of importance):

a.	b.	c.
d.	e.	f.

3. Give a brief description of all operations at this facility:

_____

_____

_____

4. List chemicals, raw materials, catalysts and any other materials (both liquid and solid) that are used or stored in bulk (Attach additional sheets if needed):

Material	Quantity Used Per Year (indicate units)	Material	Quantity Used Per Year (indicate units)

5. List type of product produced and rate of production:

_____

_____

_____

_____

6. List type of By-Products (if any) amounts and means of disposal:

_____

_____

_____

_____

SECTION B - PLANT OPERATIONAL CHARACTERISTICS

1. Shift Information: a. Number of shifts per work day:

1 ___ 2 ___ 3 ___

b. Work days per week:

4 ___ 5 ___ 6 ___ 7 ___

c. Average number of employees per shift:

1st _____ 2nd _____ 3rd _____

d. Shift start times:

1st _____ 2nd _____ 3rd _____

2. Is operation subject to seasonal variation: ___ Yes ___ No

If "yes", indicate:

a. Seasonal maximum waste flow _____ gallons per day during months of: _____

_____

b. Seasonal minimum waste flow _____ gallons per day during months of: _____

_____

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

____ Yes ____ No

If "yes", indicate period when shutdown occurs: _____

4. Are major processes:

___ Batch ___ Continuous ___ Both ___ % Batch ___ % Continuous

a. Average number of batches per workday: _____

SECTION C - WATER USAGE

1. Water Sources: (Check as many as are applicable)

____ County Water ____ Private Well ____ Surface Water

____ Other (Specify) _____

2. Name on the water bill:_____

3. Water Service Account Number(s): _____

4. List volumes of water billed to above account numbers for the past year. (This information is available at the Water/Sewer Accounting Department, County Administration Building, 160 High Street, N.W., Warren, Ohio, 444481, if use County water.)

_____

_____

_____

_____

_____

_____

5. List average water usage on premises:

Type	Average Water Usage (gallons per day)
a. Cooling water	
b. Boiler Feed	
c. Process	
d. Sanitary	
e. Plant & Equipment Washdown	
f. Other (specify): _____	
g. Total of a through f	

6. Describe any water treatment or conditioning process utilized: _____

_____

_____

_____

7. List average volume of discharge or water losses to:

	Estimated Average Discharge (gallons per day)
a. City Sewer	
b. Watercourse, Storm Drain, Ground	
c. Waste Haulers	
d. Septic Tank	
e. Evaporation	
f. Contained in Product	
g. Other (specify)	
h. Total of a through g*	

*Note: Must equal Line g in No. 5 above.

8. List average water usage and average wastewater discharge for SIC processes itemized in Section A: (Attach additional sheets if needed.)

Brief Process Description	SIC Number	Average Usage (gallons per day)	Estimated Average Discharge (gallons per day)
a.			
b.			
c.			

SECTION D - SEWER INFORMATION

1. Attach a scaled drawing of your plant site showing the location of all sewers. Assign a sequential reference number to each sewer starting with No. 1. Also show location of possible sampling points for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

2. By reference number, list size, descriptive location and flow of each sewer shown in item D-1. (If more than 3, attach additional information on another sheet.)

Reference Number	Sewer Size (inches)	Descriptive Location of Sewer Connection of Discharge Point	Average Flow (gallons per day)

SECTION E - WASTEWATER INFORMATION

1. Does this facility discharge any wastewater other than from restrooms, cafeterias, or non-contaminated cooling water?

___Yes If the answer to this question is "yes", complete the remainder of the disclosure form.

___No If the answer to this question is "no", please complete Section F, Items 1 & 2, you may skip the remainder of the disclosure form.

2. Please indicate the quantities discharged from the activities indicated below in units of gallons per day. (Refer to Section C, items 5, 7 and 8.) The quantities are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES Permit Number.

Discharge Quantity by Sewer Referenced in D-2

Type	1	2	3				Total (Refer to C5, 7 & 8)
Process (from C-8)							
a.							
b.							
c.							
Sanitary							
Boiler							
Cooling/Uncontaminated Water							
Plant and Equipment Washdown							
Air Pollution Control Liquid Waste							
Other (specify)							
Total (Refer to D-2)							
* NPDES Permit Number							

SECTION F - CHARACTERISTICS OF DISCHARGES

1. Check the box(es) which indicate substances contained in your wastewater.

	acids and acidic wastes		phenol-containing wastes
	alkali and caustic wastes		alcohols
	pickling wastes		ethers
	other metal cleaning and preparation wastes		aldehydes, ketones
	plating wastes		organic acids
	electroplating wastes		soaps, surfactants, detergents
	paints		petroleum oils
	pigments		fats, grease and vegetable oils
	inks		benzene and benzene derivatives
	dyes, coloring agents		chlorinated organic compounds
	organic solvents, thinners		brominated organic compounds
	latex wastes		hot wastes (104øF or higher)
	resins, monomers		radioactive wastes
	waxes		flammables
	inorganic solids (sand, gravel, etc.)		SANITARY WASTES ONLY

2. Is any form of pretreatment (see list below) practiced at this facility?
____ Yes ____ No

For all waste streams that are treated before discharge, check the appropriate boxes for types of pretreatment used at this facility:

	Sump		Ion exchange
	Septic tank		Ozonation
	Grease trap		Chlorination
	Gasoline trap		Solvent separation
	Grease or oil separation, type:		Spill protection
	Screen		Air flotation
	Grit removal		Centrifuge
	Sedimentation		Cyclone
	Flow equalization		Other chemical treatment, type
	Filtration		Other physical treatment, type
	Rainwater diversion or storage		Biological treatment, type
	Neutralization, pH correction		Other, specify
	Chemical precipitation		
	Reverse osmosis		

3. Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Present", or "Known to be Present", in your manufacturing or service activity or generated as a by-product. Some compounds are known by other names.

Item No.	Chemical Compound	Suspected Present	Known Present
1.	asbestos (fibrous)		
2.	cyanide (total)		
3.	antimony (total)		
4.	arsenic (total)		
5.	beryllium (total)		
6.	cadmium (total)		
7.	chromium (total)		
8.	copper (total)		
9.	lead (total)		
10.	mercury (total)		
11.	nickel (total)		
12.	selenium (total)		
13.	silver (total)		
14.	thallium (total)		
15.	zinc (total)		
16.	acenaphthene		
17.	acenaphthylene		
18.	acrolein		
19.	acrylonitrile		
20.	aldrin		
21.	anthracene		
22.	benzene		
23.	benzidine		
24.	benzo (a) anthracene		
25.	benzo (a) pyrene		
26.	3,4-benzofluoranthene		
27.	benzo (g,h,i) perylene		
28.	benzo (k) fluoranthene		
29.	α-BHC (alpha)		
30.	β-BHC (beta)		
31.	δ-BHC (delta)		
32.	γ-BHC (gamma)		
33.	bis (2-chloroethyl) ether		
34.	bis (2-chloroethoxy) methane		
35.	bis (2-chloroisopropyl) ether		
36.	bis (chloromethyl) ether		
37.	bis (2-ethylhexyl) phthalate		
38.	bromodichloromethane		
39.	bromoform		
40.	bromomethane		

Item No.	Chemical Compound	Suspected Present	Known Present
41.	4-bromophenyl phenyl ether		
42.	butyl benzyl phthalate		
43.	carbon tetrachloride		
44.	chlordane		
45.	4-chloro-3-methylphenol		
46.	chlorobenzene		
47.	chloroethane		
48.	2-chloroethyl vinyl ether		
49.	chloroform		
50.	chloromethane		
51.	2-chloronaphthalene		
52.	2-chlorophenol		
53.	4-chlorophenyl phenyl ether		
54.	chrysene		
55.	4,4' - DDD		
56.	4,4' - DDE		
57.	4,4' - DDT		
58.	dibenzo (a,h) anthracene		
59.	dibromochloromethane		
60.	1,2-dichlorobenzene		
61.	1,3-dichlorobenzene		
62.	1,4-dichlorobenzene		
63.	3,3'-dichlorobenzidine		
64.	1,1-dichloroethane		
65.	1,2-dichloroethane		
66.	1,1-dichloroethene		
67.	1,2-trans-dichloroethylene		
68.	2,4-dichlorophenol		
69.	1,2-dichloropropane		
70.	(cis & trans) 1,3-dichloropropene		
71.	dieldrin		
72.	diethyl phthalate		
73.	2,4-dimethylphenol		
74.	dimethyl phthalate		
75.	di-n-butyl phthalate		
76.	di-n-octyl phthalate		
77.	4,6-dinitro-o-cresol		
78.	2,4-dinitrophenol		
79.	2,4-dinitrotoluene		
80.	2,6-dinitrotoluene		
81.	1,2-diphenylhydrazine		
82.	α-endosulfan (alpha)		
83.	β-endosulfan (beta)		
84.	endosulfan sulfate		

Item No.	Chemical Compound	Suspected Present	Known Present
85.	endrin		
86.	endrin aldehyde		
87.	ethylbenzene		
88.	fluoranthene		
89.	fluorene		
90.	heptachlor		
91.	heptachlor epoxide		
92.	hexachlorobenzene		
93.	hexachlorobutadiene		
94.	hexachlorocyclopantadiene		
95.	hexachloroethane		
96.	indeno (1,2,3-cd) pyrene		
97.	isophorone		
98.	methylene chloride		
99.	naphthalene		
100.	nitrobenzene		
101.	2-nitrophenol		
102.	4-nitrophenol		
103.	N-nitrosodimethylamine		
104.	N-nitrosodi-n-propylamine		
105.	N-nitrosodiphenylamine		
106	PCB-1016		
107.	PCB-1221		
108.	PCB-1232		
109.	PCB-1242		
110.	PCB-1248		
111.	PCB-1254		
112.	PCB-1260		
113.	pentachlorophenol		
114.	phenanthrene		
115.	phenol		
116.	pyrene		
117.	2,3,7,8-tetrachlorodibenzo-p-dioxin		
118.	1,1,2,2-tetrachloroethane		
119.	tetrachloroethylene		
120.	toluene		
121.	toxaphene		
122.	1,2,4-trichlorobenzene		
123.	1,1,1-trichloroethane		
124.	1,1,2-trichloroethane		
125.	trichloroethylene		
126.	2,4,6-trichlorophenol		
127.	vinyl chloride		

4. List those chemical compounds indicated in the previous item as being discharged and provide the following information. If the concentration is not known, indicate by marking "unknown". (Attach additional sheets if needed.)

Item No.	Chemical Compound	Annual Usage (lbs.)	Discharge Concentration

5. List average concentration in milligrams per liter (mg/l) of wastewater discharge.

Parameter	Concentration (mg/l)
BOD_5	
COD	
Total Suspended Solids	
Total Kjeldahl Nitrogen as N	
Oil & Grease (Hexane Solubles)	
Phosphorus	

6. List any prohibitive discharges and concentrations if applicable, as defined in Sections 402 and 403 of Trumbull County's Sewer Use Resolution, for each discharging point. (Attach additional sheets if needed.)

POLLUTANT	REFERENCE NUMBER (Refer to D-2)			
	1	2	3	

Reference Number (Refer to E-2)	Discharge Temperature Range			Discharge pH Range		
	Low	Average	High	Low	Average	High
1						
2						
3						

SECTION G - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and <u>not</u> disposed of in the sewer system?
___ Yes ___ No

If "no", skip the remainder of Section G. If "yes", these may be best described and quantified as:

	Estimated Quantity Per Year (Indicate Units)		Estimated Quantity Per Year (Indicate Units)
Waste Solvent		Paints	
Waste Product		Acids and Alkalis	
Oil		Plating Wastes	
Grease		Pesticides	
Pretreatment Sludge		Other (Specify below):	
Inks/Dyes			
Thinner			
Heavy Metals			
Organic Compounds			

2. Does your company remove the above checked wastes from the facility?
___ Yes ___ No

3. Are any of the above checked wastes placed with trash for disposal?
___ Yes ___ No

Describe: _____

_____

_____

_____

4. Does your company practice on site disposal of the above checked wastes?
___ Yes ___ No

5. If an outside firm removes any of the above checked wastes, state the name(s) and address (es) of all waste haulers:

1._____ 2._____

_____ _____

_____ zip code:_____ _____ zip code:_____

Permit No. (if applicable):_____ Permit No. (if applicable):_____

6. Do any of your substances require "Resource Conservation and Recovery Act" permits?
___ Yes ___ No

If "yes", please specify? _____

_____

_____

_____

_____

7. Does your company keep a continuous record of wastewater pH?
___ Yes ___ No

8. Does your facility collect storm water?
___ Yes ___ No

9. Does your facility treat storm water?
___ Yes ___ No

If "yes, briefly describe the treatment method: _____

_____

_____

_____

10. Is there a Spill Prevention Control and Countermeasure Plan in effect for this plant?
___ Yes ___ No

SECTION H - WASTEWATER ANALYSES AND PRETREATMENT CERTIFICATION

1. Sampling locations (Refer to Section D, Item 1).

_____

2. Sample date(s) _____

3. Description of sampling methods:

___ Flow proportional

___ Time proportional

___ Grab sample

4. Sample collected by:

Name: _____

Address: _____

5. Samples analyzed by:

Name: _____

Address: _____

6. Is this plant subject to an existing Federal Pretreatment Standard?
___ Yes ___ No

7. Are Pretreatment Standards being met on a consistent basis?
___ Yes ___ No

_____

_____

_____

8. Are additional pretreatment facilities and/or operation and maintenance required to meet Pretreatment Standards?
___ Yes ___ No

If "yes", complete the remaining part of this item.

a. Date on which an engineer will be employed to develop a plan or system to achieve compliance with Pretreatment Standards.

_____

b. Date on which preliminary plans will be completed.

_____

c. Date on which final plans will be completed.

_____

d. Date on which contracts will be executed to install or implement required facilities and/or operational requirements.

_____

e. Date on which construction (if required) will be started.

_____

f. Date on which construction (if required) will be completed.

_____

g. Date on which Pretreatment Standard compliance will be attained.

_____