FOR MSD USE ONLY

Account Number: _____

TA: _____

TS: _____

Reviewer: _____

Date: _____

Category
SIU
NSCIU
CIU
NONTOX
TOXIC
SURCH
NOPROC
MULTI
SPEC

METROPOLITAN ST. LOUIS SEWER DISTRICT
DIVISION OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

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 questionnaire, 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. Should a discharge permit be required for your facility, the information in this questionnaire will be used to develop the permit.

SECTION A - GENERAL INFORMATION

1. Company Name: _____

2. Mailing Address: _____

    City: _____ State: _____ Zip Code _____

3. Premise Address: _____

    City: _____ State: _____ Zip Code _____

4. Person Authorized to Sign Reporting Documents (see note after Section I):

    Name: _____

    Title: _____ Phone Number _____

5. Check One: ◯ Existing Discharge   ◯ Proposed Discharge

    If proposed, indicate discharge start date: _____

6. Shift Information:

    a. Number of shifts per work day: _____ and work days per week: _____

    b. Average number of employees per shift: 1st _____   2nd _____   3rd _____   Total: _____

    c. Shift start times: 1st _____   2nd _____   3rd _____

    HH:MM AM/PM   HH:MM AM/PM   HH:MM AM/PM

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

PRIMARY ACTIVITY	SIC NUMBER
a.	
b.	
c.	
d.	
e.	
f.	

SECTION B - PRODUCT OR SERVICE INFORMATION (Continued)

2. Are primary activities generally batch or continuous processes ?   ◯ batch   ◯ continuous

3. Principal raw materials used: _____

4. Principal products produced: _____

5. Check all activities which are conducted at your premise in addition to the primary activities described in B.1 above Indicate the SIC number, if known. Do not check activities which are already included in B.1.

ACTIVITY (with related 40 CFR Part)	SIC NO.	ACTIVITY (with related 40 CFR Part)	SIC NO.
☐ a. Adhesive and Sealants Mfg.		☐ nn. Nonferrous Metals Mfg. (421)	
☐ b. Aluminum Forming (467)		☐ oo. Oil and Gas Extraction (435)	
☐ c. Asbestos Mfg. (427)		☐ pp. Ore Mining and Dressing (440)	
☐ d. Battery Mfg. (461)		☐ qq. Organic Chem/Plastics/Synthetic Fibers Mfg (414)	
☐ e. Carbon Black Mfg. (458)		☐ rr. Paint Formulating (446)	
☐ f. Cement Mfg. (411)		☐ ss. Painting, Finishing or Paint Stripping	
☐ g. Centralized (non-Haz.) Waste Treatment (437)		☐ tt. Parts Washing	
☐ h. Coal Mining (434)		☐ uu. Paving and Roofing Mat'ls (Tars & Asphalt) (443)	
☐ i. Coil Coating (465)		☐ vv. Pesticide Chem Mfg/Formulating/Packaging (455)	
☐ j. Concentrated Animal Feeding Operations (412)		☐ ww. Petroleum Refining (419)	
☐ k. Concentrated Aquatic Animal Production (451)		☐ xx. Pharmaceutical Mfg. (439)	
☐ l. Copper Forming (468)		☐ yy. Phosphate Mfg. (422)	
☐ m. Dairy Products Processing (405)		☐ zz. Photographic Processing (459)	
☐ n. Drum Reconditioning		☐ aaa. Plastic Molding and Forming (463)	
☐ o. Electrical and Electronic Components (469)		☐ bbb. Porcelain Enameling (466)	
☐ p. Electroplating (413)		☐ ccc. Printing and Publishing	
☐ q. Explosives Mfg. (457)		☐ ddd. Pulp, Paper and Paperboard Mfg. (430)	
☐ r. Ferroalloy Mfg. (424)		☐ eee. Q.C. Laboratory	
☐ s. Fertilizer Mfg. (418)		☐ fff. R & D Laboratory	
☐ t. Food Preparation		☐ ggg. Radioactive Materials Processing	
☐ u. Fruit and Vegetable Processing (407)		☐ hhh. Repair Shop, Garage	
☐ v. General Offices		☐ iii. Rubber and Rubber Products Mfg. (428)	
☐ w. Glass Mfg. (426)		☐ jjj. Seafood Processing (408)	
☐ x. Grain Milling (406)		☐ kkk. Soap and Detergent Mfg. (417)	
☐ y. Gum and Wood Chemical Mfg. (454)		☐ lll. Solvent Recycling	
☐ z. Haz. Waste Treatment, Storage or Disposal		☐ mmm. Steam Electric Power Generation (423)	
☐ aa. Health Care or Hospital (460)		☐ nnn. Sugar Processing (409)	
☐ bb. Industrial Laundry		☐ ooo. Textile Mills (410)	
☐ cc. Ink Formulating (447)		☐ ppp. Timber Products Mfg. (429)	
☐ dd. Inorganic Chemicals Mfg. (415)		☐ qqq. Transportation Equipment Cleaning (442)	
☐ ee. Iron and Steel Mfg. (420)		☐ rrr. Transportation Services	
☐ ff. Leather Tanning and Finishing (425)		☐ sss. Used Oil Reclamation	
☐ gg. Machine Shop		☐ ttt. Vehicle/Equipment Washing	
☐ hh. Machinery Mfg. or Rebuilding (438)		☐ uuu. Warehousing	
☐ ii. Meat Processing (432)		☐ vvv. Waste Combustors (444)	
☐ jj. Metal Finishing (433)		☐ www. Waste Recycling	
☐ kk. Metal Molding and Casting (464)		☐ xxx. Others (Describe) _____	
☐ ll. Mineral Mining and Processing (436)		☐ yyy. Others (Describe) _____	
☐ mm. Nonferrous Metals Forming/Metal Powders (471)		☐ zzz. Others (Describe) _____	

6. Are your activities subject to seasonal variation? If "Yes," explain and indicate the month(s) of peak activity:

◯ Yes   ◯ No   _____

Company Name: _____

Premise Address: _____

SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
    - ☐ City of St. Louis Water Div.
    - ☐ Missouri American Water Co.
    - ☐ Other municipal source _____
    - ☐ Hauled by contractor
    - ☐ Surface water
    - ☐ Private well
    - ☐ Other (describe) _____

2. Water Bill Addressee: _____

3. Water Service Account Numbers: _____

4. List past twelve months water usage from:

    ☐ Water Bills ☐ Other Sources

				Water Bills	Other Sources
1st 3 mo period	_____	through	_____	_____ Ccf	_____ Ccf
2nd 3 mo period	_____	through	_____	_____ Ccf	_____ Ccf
3rd 3 mo period	_____	through	_____	_____ Ccf	_____ Ccf
4th 3 mo period	_____	through	_____	_____ Ccf	_____ Ccf

    Water Bills and Other Sources Total: _____ Ccf = _____ GPD-calendar = _____ GPD-work

5. Describe any treatment or conditioning process performed on the raw water before use (list regeneration/reject water volume in 6h below):

    _____

6. Identify all water uses within your facility:

Water Uses	Estimated Average Daily Use (Gal per workday)
a. Sanitary	_____
b. Irrigation & lawn watering	_____
c. Non-contact cooling water	_____
d. Contact cooling water	_____
e. Process water	_____
f. Plant & equipment washdown	_____
g. Boiler	_____
h. Regeneration/reject water	_____
i. Other uses _____	_____
_____	_____
j. Total of USES (6a through 6i):	_____

    (6a through 6i must equal total at item 4)

7. Identify all water losses and wastewater discharges from your facility:

Water Uses	Estimated Average Daily Loss/Discharge (Gal per workday)
a. Municipal sewer	_____
b. Watercourse, storm drain, surface	_____
c. Haulers	_____
d. Evaporation	_____
e. Contained in product	_____
f. Total of LOSSES & DISCHARGES:	_____

    (7a through 7e must equal total at 6j)

8. For each activity you listed in Sections B.1 and B.5, list the average water usage and average wastewater discharge per workday. Attach additional sheets, if needed. (Total Avg. Water Use must equal total for 6e)

Item No	Activity	Type of Discharge			Avg. Water Use (GPD)	Avg. Discharge to Mun Sewer (GPD)	Date when activity first commenced at this facility
		Cont	Batch	None			
_____	_____	○	○	○	_____	_____	_____
_____	_____	○	○	○	_____	_____	_____
_____	_____	○	○	○	_____	_____	_____
_____	_____	○	○	○	_____	_____	_____
_____	_____	○	○	○	_____	_____	_____
_____	_____	○	○	○	_____	_____	_____
				Total:	_____	_____	

Company Name: _____

Premise Address: _____

SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise, which shows (for permit renewals, highlight any changes since last application):
    a. All buildings, structures, alleys, streets and other pertinent features.
    b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
    c. A sampling point for each connection to the public sewer.
    d. A sampling point for each discharge from a federally regulated categorical process.
    e. A sampling point for each discharge to a separate storm sewer or watercourse.

2. List each sampling point identified in 1c, d and e above <u>and</u> each connection for which there is no sampling point. Assign a sequential reference number to each location, starting with No. 1. Attach additional sheets, if needed.

Reference Number	Sewer Size (inches)	Description of sewer sampling point or connection. (Vent, manhole, valve, other appurtenance. Indicate size & location)	Upstream to other point?		Total avg flow per workday(GPD)
			Yes / No	List Ref. No.	
1	_____	_____	◯ ◯	_____	_____
2	_____	_____	◯ ◯	_____	_____
3	_____	_____	◯ ◯	_____	_____
4	_____	_____	◯ ◯	_____	_____
5	_____	_____	◯ ◯	_____	_____
6	_____	_____	◯ ◯	_____	_____
7	_____	_____	◯ ◯	_____	_____

Grand Total Average Flow per Workday: _____

SECTION E - WASTEWATER INFORMATION

1. For each point listed in Section D.2 above, list the wastewater discharge corresponding to <u>each</u> water usage listed in Section C.6. Attach additional sheets, if needed.

Type of Wastewater	Discharge Quantity (GPD-workday) for each sampling point or connection listed in D.2							Facility Total (See instr.)
	1	2	3	4	5	6	7	
	upstream to __	upstream to __	upstream to __	upstream to __	upstream to __	upstream to __	upstream to __	
a. Sanitary	_____	_____	_____	_____	_____	_____	_____	_____
c. Non-contact cooling water	_____	_____	_____	_____	_____	_____	_____	_____
d. Contact cooling water	_____	_____	_____	_____	_____	_____	_____	_____
e. Process (From C.8)	_____	_____	_____	_____	_____	_____	_____	_____
____ _____	_____	_____	_____	_____	_____	_____	_____	_____
____ _____	_____	_____	_____	_____	_____	_____	_____	_____
____ _____	_____	_____	_____	_____	_____	_____	_____	_____
____ _____	_____	_____	_____	_____	_____	_____	_____	_____
____ _____	_____	_____	_____	_____	_____	_____	_____	_____
f. Plant & equipment washdown	_____	_____	_____	_____	_____	_____	_____	_____
g. Boiler blowdown	_____	_____	_____	_____	_____	_____	_____	_____
h. Regeneration/reject water	_____	_____	_____	_____	_____	_____	_____	_____
i. Other _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Totals (Same as D.2):	_____	_____	_____	_____	_____	_____	_____	_____

2. If any of the above points discharge to a watercourse or to a separate storm sewer, complete the following:

    NPDES Outfall Number _____ _____ _____ _____ _____ _____ _____

    NPDES Permit Number _____ _____ _____ _____ _____ _____ _____

3. Do any of the above sampling points also convey stormwater from your premise ?

    _____ _____ _____ _____ _____ _____ _____

4. Do you pretreat any of the wastes discharged through any of the above points ?

    _____ _____ _____ _____ _____ _____ _____

SECTION E - WASTEWATER INFORMATION (Continued)

5. Describe the type of wastewater pretreatment you employ prior to each point for which you marked "Yes" in E.4

Ref. No.	Pretreatment System Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Does your facility have a written:

    a.   Spill control plan ?   ○ Yes ○ No   c.   Solvent management plan ?   ○ Yes ○ No

    b.   Waste minimization plan ?   ○ Yes ○ No   d.   Slug discharge control plan ?   ○ Yes ○ No

7. If any wastewater analyses have been performed on the wastewater discharges from your facility attach copies of the most recent data. Be sure to specify the locations from which the samples were collected. Attach sketches, plans, drawings, etc. as necessary. Permit renewal applications, only, may skip this item.

8. Priority Pollutant Information: Check one of the four boxes by each listed chemical to indicate whether it is:
    "Suspected Absent", "Known Absent", "Suspected Present" or "Known Present" ON YOUR PREMISE.
Any chemical which is used in your manufacturing or service activity or is generated as a product or as a by-product should be marked "Known Present." Some pollutants are known by other names. Refer to the instruction booklet for synonyms for those pollutants which have an asterisk (*):

SA = "Suspected Absent"   KA = "Known Absent"   SP = "Suspected Present"   KP = "Known Present"

Item No	PRIORITY POLLUTANT	SA	KA	SP	KP	Item No	PRIORITY POLLUTANT	SA	KA	SP	KP
1.	asbestos (fibrous)	○	○	○	○	36.	Reserved				
2.	cyanide (total)	○	○	○	○	37.	bis (2-ethylhexyl) phthalate	○	○	○	○
3.	antimony (total)	○	○	○	○	38.	bromodichloromethane *	○	○	○	○
4.	arsenic (total)	○	○	○	○	39.	bromoform *	○	○	○	○
5.	beryllium (total)	○	○	○	○	40.	bromomethane *	○	○	○	○
6.	cadmium (total)	○	○	○	○	41.	4-bromophenylphenyl ether	○	○	○	○
7.	chromium (total)	○	○	○	○	42.	butylbenzyl phthalate	○	○	○	○
8.	copper (total)	○	○	○	○	43.	carbon tetrachlroride *	○	○	○	○
9.	lead (total)	○	○	○	○	44.	chlordane	○	○	○	○
10.	mercury (total)	○	○	○	○	45.	4-chloro-3-methylphenol *	○	○	○	○
11.	nickel (total)	○	○	○	○	46.	chlorobenzene	○	○	○	○
12.	selenium (total)	○	○	○	○	47.	chloroethane *	○	○	○	○
13.	silver (total)	○	○	○	○	48.	2-chloroethylvinyl ether	○	○	○	○
14.	thallium (total)	○	○	○	○	49.	chloroform *	○	○	○	○
15.	zinc (total)	○	○	○	○	50.	chloromethane *	○	○	○	○
16.	acenaphthene	○	○	○	○	51.	2-chloronaphthalene	○	○	○	○
17.	acenaphthylene	○	○	○	○	52.	2-chlorophenol *	○	○	○	○
18.	acrolein	○	○	○	○	53.	4-chlorophenylphenyl ether	○	○	○	○
19.	acrylonitrile	○	○	○	○	54.	chrysene *	○	○	○	○
20.	aldrin	○	○	○	○	55.	4, 4'-DDD *	○	○	○	○
21.	anthracene	○	○	○	○	56.	4, 4'-DDE *	○	○	○	○
22.	benzene	○	○	○	○	57.	4, 4'-DDT *	○	○	○	○
23.	benzidine	○	○	○	○	58.	dibenzo (a,h) anthracene *	○	○	○	○
24.	benzo (a) anthracene *	○	○	○	○	59.	dibromochloromethane	○	○	○	○
25.	benzo (a) pyrene	○	○	○	○	60.	1, 2-dichlorobenzene *	○	○	○	○
26.	benzo (b) fluoranthene	○	○	○	○	61.	1, 3-dichlorobenzene *	○	○	○	○
27.	benzo (g,h,i) perylene *	○	○	○	○	62.	1, 4-dichlorobenzene *	○	○	○	○
28.	benzo (k) fluoranthene *	○	○	○	○	63.	3, 3'-dichlorobenzidine	○	○	○	○
29.	alpha-BHC	○	○	○	○	64.	Reserved				
30.	beta-BHC	○	○	○	○	65.	1, 1-dichloroethane *	○	○	○	○
31.	delta-BHC	○	○	○	○	66.	1, 2-dichloroethane *	○	○	○	○
32.	gamma-BHC *	○	○	○	○	67.	1, 1-dichloroethene *	○	○	○	○
33.	bis (2-chloroethyl) ether *	○	○	○	○	68.	trans-1, 2-dichloroethene *	○	○	○	○
34.	bis (2-chloroethoxy) methane *	○	○	○	○	69.	2, 4-dichlorophenol	○	○	○	○
35.	bis (2-chloroisopropyl) ether *	○	○	○	○	70.	1, 2-dichloropropane *	○	○	○	○

SECTION E - WASTEWATER INFORMATION (Continued)

Priority Pollutant Information (Continued)

SA = "Suspected Absent"   KA = "Known Absent"   SP = "Suspected Present"   KP = "Known Present"

Item No	PRIORITY POLLUTANT	SA	KA	SP	KP	Item No	PRIORITY POLLUTANT	SA	KA	SP	KP
71.	(cis and trans) 1, 3-dichloropropene *	○	○	○	○	100.	naphthalene	○	○	○	○
72.	dieldrin	○	○	○	○	101.	nitrobenzene	○	○	○	○
73.	diethylphthalate *	○	○	○	○	102.	2-nitrophenol	○	○	○	○
74.	2, 4-dimethylphenol *	○	○	○	○	103.	4-nitrophenol *	○	○	○	○
75.	dimethyl phthalate	○	○	○	○	104.	N-nitrosodimethylamine *	○	○	○	○
76.	di-n-butyl phthalate	○	○	○	○	105.	N-nitrosodi-n-propylamine *	○	○	○	○
77.	di-n-octyl phthalate *	○	○	○	○	106.	N-nitrosodiphenylamine	○	○	○	○
78.	4, 6-dinitro-2-methylphenol *	○	○	○	○	107.	PCB-1016 *	○	○	○	○
79.	2, 4-dinitrophenol	○	○	○	○	108.	PCB-1221 *	○	○	○	○
80.	2, 4-dinitrotoluene	○	○	○	○	109.	PCB-1232 *	○	○	○	○
81.	2, 6-dinitrotoluene	○	○	○	○	110.	PCB-1242 *	○	○	○	○
82.	1, 2-diphenylhydrazine *	○	○	○	○	111.	PCB-1248 *	○	○	○	○
83.	endosulfan I *	○	○	○	○	112.	PCB-1254 *	○	○	○	○
84.	endosulfan II *	○	○	○	○	113.	PCB-1260 *	○	○	○	○
85.	endosulfan sulfate	○	○	○	○	114.	pentachlorophenol	○	○	○	○
86.	endrin	○	○	○	○	115.	phenanthrene	○	○	○	○
87.	endrin aldehyde	○	○	○	○	116.	phenol	○	○	○	○
88.	ethylbenzene	○	○	○	○	117.	pyrene	○	○	○	○
89.	fluoranthene	○	○	○	○	118.	2, 3, 7, 8-tetrachlorodibenzo-p-dioxin *	○	○	○	○
90.	fluorene *	○	○	○	○	119.	1, 1, 2, 2-tetrachloroethane *	○	○	○	○
91.	heptachlor	○	○	○	○	120.	tetrachloroethene *	○	○	○	○
92.	heptachlor epoxide	○	○	○	○	121.	toluene *	○	○	○	○
93.	hexachlorobenzene *	○	○	○	○	122.	toxaphene	○	○	○	○
94.	hexachlorobutadiene	○	○	○	○	123.	1, 2, 4-trichlorobenzene	○	○	○	○
95.	hexachlorocyclopentadiene *	○	○	○	○	124.	1, 1, 1-trichloroethane *	○	○	○	○
96.	hexachloroethane *	○	○	○	○	125.	1, 1, 2-trichloroethane *	○	○	○	○
97.	indeno (1, 2, 3-cd) pyrene *	○	○	○	○	126.	trichloroethene *	○	○	○	○
98.	isophorone *	○	○	○	○	127.	Reserved				
99.	methylene chloride *	○	○	○	○	128.	2, 4, 6-trichlorophenol	○	○	○	○
						129.	vinyl chloride *	○	○	○	○

9. For priority pollutants in E.8, which are indicated "Known Present" or "Suspected Present", list and provide the following information for each: (Attach additional sheets, if needed.)

Item No.	PRIORITY POLLUTANT	HOW USED (for KP) or WHY SUSPECTED (for SP)	ANNUAL USAGE for KP(lbs)	LOSS TO SEWER for KP(lbs)

SECTION F - STORM WATER INFORMATION

1. List any industrial storm water (NPDES/MO State Operating) permits issued to this premise. Do not include NPDES permits listed in Section E.2.

MDNR _____   MDNR _____

SECTION G - NON-SEWERED WASTES

1. Do you generate any liquid wastes or sludges, as described in item 2 below, which are <u>not</u> disposed in the sewer system?

    ◯ Yes   ◯ No

    If "Yes" complete items 2 and 3 below. Note: Be sure to include wastewaters listed in Section C.7.c.
    If "No" skip remainder of this section.

2. Information on non-sewered waste:

Type of Waste	Estimated Quantity Disposed per year	Units	Store On-Site	Dispose On-Site	Dispose Off-Site
☐ Acids and/or Alkalies	_____	_____	☐	☐	☐
☐ Equipment Oils and/or Grease	_____	_____	☐	☐	☐
☐ Infectious Waste	_____	_____	☐	☐	☐
☐ Inks/ Dyes	_____	_____	☐	☐	☐
☐ Kitchen/Food Service Grease	_____	_____	☐	☐	☐
☐ Organic Compounds	_____	_____	☐	☐	☐
☐ Paints or Paint Sludges	_____	_____	☐	☐	☐
☐ Pesticides	_____	_____	☐	☐	☐
☐ Pretreatment Sludges	_____	_____	☐	☐	☐
☐ Radioactive Waste	_____	_____	☐	☐	☐
☐ Solvents/Thinners	_____	_____	☐	☐	☐
☐ Other _____	_____	_____	☐	☐	☐
☐ Other _____	_____	_____	☐	☐	☐
☐ Other _____	_____	_____	☐	☐	☐

3. List your USEPA and/or MDNR Hazardous Waste generator numbers:

    USEPA _____   MDNR _____

SECTION H - INDUSTRIAL WASTE SURCHARGE INFORMATION

1. Provide the following analytical information for each sampling point or each connection to the public sewer only if your water <u>usage</u> exceeds 80 Ccf per month (1,995 Gal per calendar day). Representative samples of the wastewater in each sewer must be collected and analyzed for the listed parameters. Report the daily average concentrations in mg/l for each point. Permit renewal applications, only, may skip this section regardless of water usage volume.

Parameter	Sewer Reference Numbers (Refer to Section D.2) If more than 7, attach additional sheets						
	1	2	3	4	5	6	7
Date Sampled	_____	_____	_____	_____	_____	_____	_____
Sample Start Time (eg. HH:MM PM)	_____	_____	_____	_____	_____	_____	_____
Sample End Time (eg. HH:MM PM)	_____	_____	_____	_____	_____	_____	_____
Type of Sample	_____	_____	_____	_____	_____	_____	_____
Flow (GPD)	_____	_____	_____	_____	_____	_____	_____
Biochemical Oxygen Demand (5 day)	_____	_____	_____	_____	_____	_____	_____
Chemical Oxygen Demand	_____	_____	_____	_____	_____	_____	_____
Total Suspended Solids	_____	_____	_____	_____	_____	_____	_____
Collected By (Name of organization):							
Analyzed By (Name of organization):							

Company Name:	_____
Premise Address:	_____

SECTION I - CERTIFICATION AND SIGNATURE

1. The following individual may be contacted regarding the information contained in this questionnaire:

    Name of Contact Person: _____

    Title: _____   Phone Number _____

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

    Name of Signing Official: _____

    Title: _____   Phone Number _____

    Signature: _____   Date: _____

This certification, along with any other reporting documents, must be signed by an individual described as follows: a responsible corporate officer if the user is a corporation; a general partner if the user is a partnership; the proprietor if the user is a sole proprietorship; a duly authorized representative of the individual just described, if that individual submits a written authorization which specifies a person or position within the company, having responsibility for the overall operation of the facility from which the discharge originates, such as a plant manager, or overall responsibility for environmental matters at the company.

List attachments included with this questionnaire:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____