



Wastewater Discharge Permit Application

For YCUA Use Only	Inspector _____		
COMPANY NAME: _____	CITY: _____		
Date received: _____	Amount Paid: \$ _____	Receipt # _____	Permit #: _____

In accordance with the Municipal Code, no Significant Industrial User (SIU) shall connect, discharge, cause, allow, or permit any discharge, into the Sanitary Sewer System except in accordance with a Wastewater Discharge Permit issued by the Director. The Ypsilanti Community Utilities Authority determines a SIU to be a non-domestic user that meets one or more of the following criteria:

- All industrial users subject to Categorical Pretreatment Standards under 40 CFR Part 403.6 and 40 CFR Chapter 1 Subchapter N.
- Any other industrial user that discharges an average of 25,000 gallons per day or more of process wastewater to the YCUA Wastewater Treatment Plant (excluding sanitary, non-contact cooling, and boiler blowdown water).
- Contributes a process wastestream (excluding sanitary, non-contact cooling, and boiler blowdown water) that makes up five percent or more of the average dry weather hydraulic or organic capacity of the YCUA Wastewater Treatment Plant.
- Designated as a SIU by the YCUA Industrial Pretreatment Program Administrators on the basis that the industrial user has a reasonable potential to adversely affect the YCUA Wastewater Treatment Plant operation or for violating any pretreatment standard or requirement (in accordance with 40 CFR 403.8(f)(6)).

An electronic version of this application is available at www.ycua.org.

A completed permit application is required to be submitted to the Ypsilanti Community Utilities Authority (YCUA) by all Significant Industrial Users. Upon receipt of a completed application, the YCUA will invoice the applicant a permit processing fee. The permit processing fee must be paid prior to a discharge permit being issued. Please be advised that the YCUA may take up to 90 days to process and issue a discharge permit.

The completed permit application shall be mailed to the following:

**Attn: Industrial Pretreatment Supervisor
Ypsilanti Community Utilities Authority
2777 State Road
Ypsilanti, MI 48198-9112.**

Please contact the YCUA Compliance Department at (734) 484-4600 ext. 123 with any questions regarding the application.

A. COMPANY INFORMATION

Company Name: _____ Web site: _____

Doing Business As (dba) (if different from above): _____

Business/Mailing Address: _____ ZIP: _____

Discharge Address: _____ ZIP: _____

Telephone (Main): _____ Fax Number: _____

Date Current Operation began: _____ Date Pretreatment Operation began: _____

Assessor's Parcel Number (APN): _____

Total Land Area: _____ sq. ft.

Size of Facility (Please estimate sizes of areas that comprise the facility):

Date construction of the facility began: _____

Manufacturing / Assembly Area: _____ sq ft

Wastewater Treatment Area: _____ sq ft

Total Floor Area: _____ sq ft

SIGNATORY REQUIRMENTS

All applications, reports, or information submitted to the Ypsilanti Community Utilities Authority must contain the following certification statement and be signed as required in Sections a, b, c, or d below:

“ 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.”

- a. By a responsible corporate officer, if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph, 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 operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second quarter 1990 dollars), if authority to sign documents has been assigned or delegated to the manger in accordance with corporate procedures.
- b. By a general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship respectively.
- c. The principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State, or local governmental entity, or their agents.
- d. By a duly authorized representative of the individual designated in paragraph a, b, or c of this section if:
 - (i) the authorization is made in writing by the individual described in paragraph a, b, or c;
 - (ii) the authorization specifies wither 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 a well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - (iii) The written authorization is submitted to YCUA.
- e. If an authorization under paragraph (d) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for the environmental matters for the company, a new authorization satisfying the requirements of paragraph d of this section must be submitted to YCUA prior to or together with an reports to be signed by an authorized representative.

Designated Signatory Authority (a representative meeting the criteria as described in paragraph a, b, or c of this section)

1) Name: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

Additional Signatory Authority

1) Name: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

Authorization of additional signatory authority made by:

Name: _____ Title: _____

Date: _____ Signature: _____

Designated Facility Contact

2) Name: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

3) Alternate Contact on site: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

NATURE OF BUSINESS

Description of business activity, products, or services: _____

Description of fabrication or manufacturing processes: _____

List applicable Standard Industrial Classification or North American Industry Classification System Code(s):

1. _____

2. . _____

3. . _____

4. . _____

PERSONNEL SCHEDULE

	Office		First Shift		Second Shift		Third Shift	
	Number	Hours	Number	Hours	Number	Hours	Number	Hours
WEEKDAYS								
SATURDAYS								
SUNDAYS								

B. WATER USAGE AND DISCHARGE

Data over the past year should be used for all available flows. Engineering estimates may be substituted for new companies with no actual flow data and for waste streams that are not flow metered. The Average influent total should be within 10% of the total of Discharge, Evaporation, and Non-Discharging Flows. Differences of more than 10% must be explained.

INFLUENT FLOWS

(Identify all sources of water to your facility. Attach water bills for last year.)

<u>Water Account Number or Well Number</u>	<u>Primary Use</u>	<u>Flow in Gallons per Day (GPD)</u>	
		Ave.	Max.
Trucked influent (DI or other)			

Total Influent Flow: _____

DISCHARGE FLOWS

(Average Wastewater Discharged to the Sanitary Sewer in GPD for last year)

Describe all process wastewater generating activities below (attach additional sheets if necessary).

Indicate whether each discharge is continuous during operation or if it is collected and discharged on a batch basis. Process wastewater is generated by any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, by-product, or waste product.

	Ave.	Max.
Process #1 Description: _____	_____	_____
Process #2 Description: _____	_____	_____
Process #3 Description: _____	_____	_____
Process #4 Description: _____	_____	_____
Process #5 Description: _____	_____	_____
Process #6 Description: _____	_____	_____

Process #7 Description: _____

Process #8 Description: _____

Process #9 Description: _____

Process #10 Description: _____

Total Process Wastewater Flow (GPD) _____

Sanitary Usage (Use 15 gallons per day per employee unless metered) _____

Cooling Tower Blowdown _____

Boiler Blowdown _____

Reverse Osmosis Reject Water _____

Laundry Facility _____

Restaurant/Kitchen/Cafeteria _____

Recreational Facilities (e.g. swimming pools, water rides, etc.) _____

Other _____

Total Non-Process Wastewater Flow (GPD) _____

Total Discharge to the Sanitary Sewer (Process + Non-Process) _____

EVAPORATIVE LOSS

Ave.

Max

#1 _____

#2 _____

#3 _____

Total Evaporative Loss (GPD) _____

NON-DISCHARGING WATER USES

Ave

Max

Irrigation/Landscaping _____

Trucked or Hauled Off-site _____

Other _____

C. WASTEWATER CHARACTERISTICS

(From the following list of wastewater characteristics, check those that apply to the wastewater generated in this facility **prior** to pretreatment.) **Please check all that apply.**

- | | |
|---|--|
| <p>_____ Flammable</p> <p>_____ Toxic Substances</p> <p>_____ Acidic, pH < 5.0</p> <p>_____ Caustic, pH > 11.0</p> <p>_____ Heavy Metals</p> <p>_____ Solvents</p> <p>_____ Solid or Viscous Matter</p> <p>_____ Petroleum Products</p> | <p>_____ Particles Larger Than 3/4"</p> <p>_____ Suspended Solids</p> <p>_____ High Biological Oxygen Demand (BOD)</p> <p>_____ Ammonia</p> <p>_____ Grease/Oil/Fats</p> <p>_____ Temperature > 150 degrees F</p> <p>_____ Other (specify)</p> <p>_____</p> |
|---|--|

D. ENVIRONMENTAL CONTROL PERMITS

List all other environmental control permits issued to this facility.

<u>Name of Permit</u>	<u>Permit No.</u>
_____ EPA – Generator I.D. Number	_____
_____ County of Washtenaw/Wayne – Environmental Health Permit	_____
_____ State of Michigan – Hazardous Waste Generator Permit	_____
_____ MDEQ Air Quality Division – Permit to Operate	_____
_____ MDEQ NPDES permit	_____
_____ Local Hazardous Materials Storage Permit (Fire Dept.)	_____
_____ Radioactive Materials License	_____
_____ Biohazard Waste Generation Registration	_____
_____ Other:	_____
_____	_____

E. BUILDING AND PLUMBING LAYOUT, FLOW DIAGRAMS

- (1) **Plumbing Layout:** On a separate sheet, draw to scale the building and plumbing layout of your facility (or provide blueprint showing same). Identify the location of sewer lines, wastewater process connections, water meters, storm drains, and any sampling points. **The proposed sampling point for evaluating wastewater compliance shall be clearly identified on this submittal.** Identify street locations, and N↑ on all drawings.

- (2) **Pretreatment System:** On a separate sheet, sketch your pretreatment system(s), if applicable. Show the routing of process waters from each wastewater-generating process to the treatment system that will address it. For example: high-pH rinses to pH-adjust, heavy metals wastestream to precipitation system, or kitchen wastes to a grease interceptor. Provide a list of treatment chemistry used. Show the flow of treated water from the treatment system to the sanitary sewer. Indicate all monitoring equipment, pH recorders, flow meters, ORP meters, sample points, etc.

- (3) **Block Flow Diagram:** On a separate sheet, draw a simple block diagram showing the flow of water, materials, and chemicals from start to final discharge point for each activity that generates wastewater. Identify all unit processes (blocks) and number these to correspond to numbers identifying processes on the building and plumbing layout.

G. SAMPLING AND MONITORING

After pretreatment (if used), can wastewater streams be sampled prior to mixing with other waste streams? YES NO Not Applicable

If "NO" please explain: _____

All significant industrial users must provide the YCUA with an adequate monitoring point for sample collection purposes. The monitoring point must provide YCUA the ability to collect samples representative of your facility's discharge. Provide a written physical description (manhole, lift station, stilling well, etc.) of the proposed sampling/monitoring location including at least two (2) distances with direction from fixed objects (walls, equipment, fences, etc.) where samples will be collected from.

Describe the wastewater discharge monitoring practices for your facility. Include the type of analytical tests and/or methods to be used, the frequency of testing, and the name of the person(s) who will perform the tests. Attach analytical data if available. Enclose a copy of any logs, check lists, forms, etc., which are maintained.

List sampling and monitoring equipment in place at your facility:

H. FLOW MEASUREMENT

All permittees must collect flow proportioned composite samples unless it is demonstrated that time proportioned composite samples are representative of your facility's discharge. A composite sample is defined by the YCUA as a sample that is collected over time, formed either by continuous sampling or by mixing discrete samples. The sample may be composited either as a time or flow proportional composite sample. A time proportional composite sample is composed of discrete sample aliquots collected in one container at constant time intervals providing representative samples irrespective of stream flow. A flow proportional composite sample is collected either as a constant sample volume at time intervals proportional to stream flow, or collected by increasing the volume of each aliquot as the flow increases while maintaining a constant time interval between the aliquots.

Your facility must submit the requirements of item A, B, or C with the completed application.

- A) Information on your facility's discharge that demonstrates time proportioned composite samples are representative of your facility's discharge. The submittal must indicate on which of the following bases you are requesting an exemption from the flow proportioned composite sampling requirement:
1. The wastewater discharge flow rate is consistent - facility must provide discharge information to substantiate claim.
 2. The wastewater is discharged on a batch basis and is homogenously mixed prior to discharge – facility must thoroughly explain batch discharge and mixing process.
 3. The wastewater flow rate although variable throughout a day, contains a consistent pollutant concentration – information must be submitted to substantiate claim.

4. Other conditions that generate a time proportioned composite sample representative of your facility's discharge.

B) A written action plan for implementing flow proportioned composite sampling. This requires the installation of a flow-metering device at the established compliance point. The flow meter must be equipped with an analog output for connecting a 4 – 20mA sampler interface module.

1. Type of flow classification – open or closed channel: Open channel is defined as a channel where liquid flows with a free surface. Closed channel is defined as completely filled pressure conduit.

2. Description of proposed flow measurement technology: description shall include the type of flow measurement device that is or will be installed, i.e. magnetic flow meter, venture flow meter, parshall flume, etc.

3. Specification of the measuring range and accuracy of flow measurement technology.

4. Manufacture's suggested calibration frequency. Please be advised that all facilities implementing flow proportioned composite sampling will be required to have their flow measurement device calibrated per manufactures specifications.

5. Sampling Requirement - the transmitter for the flow measurement device must include 6-pin military connector that reaches an appropriate distance for locating an automatic sampler. Indicate which of the following signal specifications your transmitter will utilize (please be advised that not all flow meters meet these specifications):

a) Analog Signal: 4-20 mA. Facility must provide YCUA with a sampler interface module that converts analog signal to pulse.

b) Pulse Signal: requires a 25 millisecond or greater isolated contact closure with 5-15 VDC pulse.

C) Current YCUA significant industrial users with approved flow proportional composite sampling plans shall provide the following information:

1. Type of flow classification (open or closed channel) - Open channel is defined as a channel where liquid flows with a free surface. Closed channel is defined as completely filled pressure conduit:

2. Type of flow measurement technology installed (magnetic flow meter, venture flow meter, parshall flume, etc.):

3. Specification of the measuring range and accuracy of flow measurement technology:

4. Manufacture's suggested calibration frequency: _____

5. Date of last calibration: _____

6. Calibration was performed by: _____

7. Flow meter output (volume per pulse): _____

J. SLUG DISCHARGE MANAGEMENT PLAN

All permittees are required to develop and submit a current Slug Discharge Management Plan to the YCUA. The Slug Discharge Management Plan may part of an integrated plan provided it contains all the minimum requirements of 40 CFR 403.8(f)(2)(v) A-D. The submitted plan must include the YCUA and the Michigan Department of Environmental Quality's (MDEQ) Pollution Emergency Alerting System (PEAS) in the notification process.

The Slug Discharge Management Plan can be developed in either of two ways:

1. Develop a Slug Discharge Management Plan Control Plan that contains at minimum all the requirements of 40 CFR 403.8 (f) (2) (v) A-D
2. Develop an integrated plan that includes at minimum all the requirements of a Slug Discharge Management Plan set forth in 40 CFR 403.8 (f) (2) (v) A-D.

The YCUA additionally requires that the submitted plan be reviewed and re-submitted every two years. Significant industrial users must notify the YCUA immediately if any changes occur at your facility that affect the Slug Discharge Management Plan or spill/slugin potential.

If your facility does not have a Slug Discharge Management Plan or an integrated plan meeting the minimum requirements of 40 CFR 403.8 (f) (2) (v) A-D, one will be required to be submitted to the YCUA within 90 days of receiving an industrial user permit. The YCUA requires completion of the following section for applicants not submitting a plan meeting the requirements described above:

Describe your facility's procedures for assuring that concentrated or prohibited chemicals do not spill or leak into the wastewater. (e.g. segregation controls, hard plumbing, etc.) Provide extra sheets if necessary.

Do you maintain a spill log? Yes: _____ No: _____

Please be advised notification of the POTW in the event of a spill, bypass or an upset is required by law. Your facility shall contact YCUA at 734-484-4600 in the event of a spill, bypass, or upset.

Describe your facility's Employee Training Program for Chemical Handling:

Describe your facility's Emergency Response Procedures in the event of a spill: _____

Describe your facility's disposal procedures for miscellaneous floor water: _____

K. QUANTITIES OF CHEMICALS STORED & USED

Complete the following section for all chemicals stored and used in the facility. Indicate chemical usage in pounds or gallons per month. If an alternate inventory is maintained it can be submitted as a supplement to this section.

<u>Stored</u>	<u>Used</u>	Acids	<u>Stored</u>	<u>Used</u>	Solvents
_____	_____	Hydrochloric (Muriatic)	_____	_____	Acetone
_____	_____	Hydrofluoric	_____	_____	Alcohols
_____	_____	Nitric	_____	_____	Chlorinated Hydrocarbons
_____	_____	Sulfuric	_____	_____	Ketones
_____	_____	Other (specify)	_____	_____	Petroleum Solvents
_____	_____	_____	_____	_____	Toluene
_____	_____	_____	_____	_____	Xylene
_____	_____	Alkalis	_____	_____	Other (specify)
_____	_____	Ammonia	_____	_____	_____
_____	_____	Calcium Hydroxide (Lime)	_____	_____	Organic Compounds
_____	_____	Sodium Hydroxide	_____	_____	Aldehydes
_____	_____	(Caustic Soda)	_____	_____	Algaecides
_____	_____	Magnesium Hydroxide	_____	_____	Formaldehydes
_____	_____	Other (specify)	_____	_____	Herbicides
_____	_____	_____	_____	_____	Pesticides
_____	_____	_____	_____	_____	Phenols
_____	_____	Metals & Compounds	_____	_____	Surfactants
_____	_____	Antimony	_____	_____	Other (specify)
_____	_____	Barium	_____	_____	_____
_____	_____	Beryllium	_____	_____	_____
_____	_____	Cadmium	_____	_____	Misc. Chemicals
_____	_____	Chromium	_____	_____	Boron
_____	_____	Copper	_____	_____	Chlorine
_____	_____	Lead	_____	_____	Cyanides
_____	_____	Manganese	_____	_____	Dyes
_____	_____	Mercury	_____	_____	Fluorides
_____	_____	Nickel	_____	_____	Peroxides
_____	_____	Selenium	_____	_____	Sulfides
_____	_____	Silver	_____	_____	Other (specify)
_____	_____	Zinc	_____	_____	_____
_____	_____	Other (specify)	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TRADE CHEMICALS

List other chemicals stored or used, including over-the-counter chemicals (e.g. Jasco paint stripper, pesticides, motor oil, etc.) in pounds or gallons per month for which chemical compositions are unknown or proprietary. Include an MSDS for each item listed where possible. Please indicate units of measure.

Stored	Used	Trade Name	Distributor (Name & Address)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

L. TOXIC SUBSTANCES/POLLUTANTS (EPA Priority Pollutants)

From the following list of compounds, check all those, which are either used in your facility, generated in your facility, or are stored on the premises.

Priority Pollutant – Volatile Compounds

- | | | |
|--|---|--|
| <input type="checkbox"/> Acrolein | <input type="checkbox"/> Chloroform | <input type="checkbox"/> Ethylbenzene |
| <input type="checkbox"/> Acrylonitrile | <input type="checkbox"/> Chloromethane | <input type="checkbox"/> Methylene chloride |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Dibromochloromethane | <input type="checkbox"/> 1,1,2,2-Tetrachloroethane |
| <input type="checkbox"/> Bromodichloromethane | <input type="checkbox"/> 1,1-Dichloroethane | <input type="checkbox"/> 1,1,2,2-Tetrachloroethene |
| <input type="checkbox"/> Bromoform | <input type="checkbox"/> 1,2-Dichloroethane | <input type="checkbox"/> Toluene |
| <input type="checkbox"/> Bromomethane | <input type="checkbox"/> 1,1-Dichloroethene | <input type="checkbox"/> 1,1,1-Trichloroethane |
| <input type="checkbox"/> Carbon tetrachloride | <input type="checkbox"/> trans-1,2-Dichloroethylene | <input type="checkbox"/> Trichloroethene |
| <input type="checkbox"/> Chlorobenzene | <input type="checkbox"/> 1,2-dichloropropane | <input type="checkbox"/> Trichlorofluoromethane |
| <input type="checkbox"/> Chloroethane | <input type="checkbox"/> 1,3-Dichloropropene | <input type="checkbox"/> Vinyl chloride |
| <input type="checkbox"/> 2-Chloroethyl vinyl ether | | |

Priority Pollutant - Extractable Compounds

Acid Extractable

- p-Chloro-m-cresol
- 2-Chlorophenol
- 2,4-Dichlorophenol
- 2,4-Dimethylphenol
- 4,6-Dinitro-o-cresol
- 2,4-Dinitrophenol
- 2-Nitrophenol
- 4-Nitrophenol
- Pentachlorophenol
- Phenol
- 2,4,6-Trichlorophenol

Base / Neutral Extractable

- Acenaphthene
- Acenaphthylene
- Anthracene
- Benzidine
- Benzo(a)anthracene
- Benzo(e)fluoranthene
- Benzo(k)fluoranthene
- Benzo(ghi)perylene
- Benzo(a)pyrene
- Bis(2-chloroethoxy)methane
- Bis(2-chloroethyl)ether
- Bis(2-chloroisopropyl)ether
- Bis(2-ethylhexyl)phthalate
- 4-Bromophenyl phenyl ether
- Butyl benzyl phthalate

Priority Pollutant - Extractable Compounds

Base / Neutral Extractable Cont.

- | | |
|--|--|
| <input type="checkbox"/> 2-Chloronaphthalene | <input type="checkbox"/> Hexachlorobenzene |
| <input type="checkbox"/> 4-Chlorophenyl phenyl ether | <input type="checkbox"/> Hexachlorobutadiene |
| <input type="checkbox"/> Chrysene | <input type="checkbox"/> Hexachlorocyclopentadiene |
| <input type="checkbox"/> Dibenzo(a,h) anthracene | <input type="checkbox"/> Hexachloroethane |
| <input type="checkbox"/> Di-n-butyl phthalate | <input type="checkbox"/> Indeno(1,2,3-c,d) pyrene |
| <input type="checkbox"/> 1,2-Dichlorobenzene | <input type="checkbox"/> Isophorone |
| <input type="checkbox"/> 1,3-Dichlorobenzene | <input type="checkbox"/> Napthalene |
| <input type="checkbox"/> 1,4 Dichlorobenzene | <input type="checkbox"/> Nitrobenzene |
| <input type="checkbox"/> 3,3'-Dichlorobenzidine | <input type="checkbox"/> N-Nitrosodimethylamine |
| <input type="checkbox"/> Diethylphthalate | <input type="checkbox"/> N-Nitrosodiphenylamine |
| <input type="checkbox"/> Dimethyl phthalate | <input type="checkbox"/> N-Nitroso-din-propylamine |
| <input type="checkbox"/> 2,4-Dinitrotoluene | <input type="checkbox"/> Phenathrene |
| <input type="checkbox"/> 2,6-Dinitrotoluene | <input type="checkbox"/> Pyrene |
| <input type="checkbox"/> Di-n-octyl phthalate | <input type="checkbox"/> 1,2,4-Trichlorobenzene |
| <input type="checkbox"/> Fluoranthene | <input type="checkbox"/> 2,3,7,8- Tetrachlorodibenzo p-dioxin (2,3,7,8-TCDD) |
| <input type="checkbox"/> Fluorene | |

Priority Pollutant / TTO Pesticides and PCB's

- | | | |
|---|--|--|
| <input type="checkbox"/> 4,4'-DDD | <input type="checkbox"/> Chlordane | <input type="checkbox"/> Toxaphene |
| <input type="checkbox"/> 4,4'-DDE | <input type="checkbox"/> BHC-delta | <input type="checkbox"/> Arochlor 1016 |
| <input type="checkbox"/> 4,4'-DDT | <input type="checkbox"/> Dieldrin | <input type="checkbox"/> Arochlor 1221 |
| <input type="checkbox"/> Aldrin | <input type="checkbox"/> Endrin | <input type="checkbox"/> Arochlor 1232 |
| <input type="checkbox"/> BHC-alpha | <input type="checkbox"/> Endrin aldehyde | <input type="checkbox"/> Arochlor 1242 |
| <input type="checkbox"/> Endosulfan-alpha | <input type="checkbox"/> Fluoranthene | <input type="checkbox"/> Arochlor 1248 |
| <input type="checkbox"/> BHC-beta | <input type="checkbox"/> BHC-gamma (Lindane) | <input type="checkbox"/> Arochlor 1254 |
| <input type="checkbox"/> Endosulfan-beta | <input type="checkbox"/> Heptachlor | <input type="checkbox"/> Arochlor 1260 |
| | <input type="checkbox"/> Heptachlor Epoxide | |

Indicate the location and use of any compounds that are checked:

M. CERTIFICATION STATEMENT

Municipal Code requires that permit applications, and any other reports required by the Director shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit, or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

"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 or imprisonment for knowing violations."

CERTIFIED BY:

<i>Name (please print)</i>	<i>Email</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>	<i>Phone</i>

PREPARED BY:

<i>Name (please print)</i>	<i>Email</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>	<i>Phone</i>