

CITY OF ABILENE

**INDUSTRIAL WASTE SURVEY
FOR NON-RESIDENTIAL USERS**

Purpose of the Industrial Waste Survey

The industrial waste survey is used to update pretreatment records approximately every three years for minor users and at a minimum of every three years for major users. Significant and categorical users will be resurveyed every three years upon permit renewal application. It gives the City of Abilene (City) a basis for identifying businesses that need to submit an industrial waste permit application.

Instructions for Completing the Industrial Waste Survey

All questions must be answered. DO NOT LEAVE BLANKS. If a question is not applicable, indicate so on the form. Questions for completing the form may be directed to the City's Industrial Waste Manager at the location and phone number provided below. The form must be returned to:

Industrial Waste Manager
City of Abilene
P.O. Box 60Abilene, Texas 79604
(325) 676-6042

Confidentiality: Some information requested may be proprietary, a trade secret, or otherwise confidential. This information must be reported, and a separate document must be filed that explains the request for confidentiality. The City will make the final determination in qualifying information as confidential. If information qualifies as confidential, it will be withheld from the public. Effluent data cannot be considered confidential and shall be available to the public without restriction.

Please attach cross-referenced documents to the survey for items requiring additional information that does not fit in the space provided.

Section A: General Information

1. Corporate Name: _____
2. Business Name: _____
3. Business Contact: _____
Title: _____ Phone: _____
Fax: _____ Email: _____
4. Authorized Representative:
Title: _____ Phone: _____
Fax: _____ Email: _____

EPA 40 CFR Part 403.12

Authorized representative means a responsible corporate officer, if the business is a corporation, a general partner or proprietor if the business is a partnership or sole proprietorship or someone designated, in writing submitted to the City, by the person previously described.

5. Physical Address: _____

6. Mailing Address: _____
(if different) _____

7. Business/Operating Hours: _____

8. Date business started operations: _____

9. How many people are employed at this business? _____

10. Days and hours of operation for this business:

Days of operation: Mon Tue Wed Thurs Fri Sat Sun

Hours of operation: _____

11. Provide a full description of any products manufactured and/or services provided.

12. Provide applicable Standard Industrial Classification (SIC) codes and/or North American Industry Classification System (NAICS) code for all processes employed by the business:

- | | |
|--------------------|--------------------|
| 1. SIC code: _____ | 3. SIC code: _____ |
| NAICS code: _____ | NAICS code: _____ |
| 2. SIC code: _____ | 4. SIC code: _____ |
| NAICS code: _____ | NAICS code: _____ |

13. Identify basic production processes generating wastewater streams and the specific steps in process generating the wastewater stream. Provide sufficient information such that a person with no prior knowledge of the operation is able to identify all basic production processes employed by the business.

14. Provide the typical water usage for this business per day: _____ gallons per day (GPD)

	Average Water Usage (GPD)	Indicate if Estimated (E) or Measured (M)	
a. Contact cooling water	_____	_____	
b. Non-contact cooling water	_____	_____	
c. Boiler feed/blowdown	_____	_____	
d. Process	_____	_____	
e. Domestic (restrooms, employee showers, etc)	_____	_____	
f. Air pollution control	_____	_____	
g. Contained in product	_____	_____	
h. Equipment/Facility washdown	_____	_____	
i. Irrigation and lawn watering	_____	_____	
j. Other (describe)	_____	_____	
TOTAL A-J	_____	_____	

15. Provide information about discharge routes of all liquid wastes:

	Average Discharge (GPD)	Indicate if Estimated (E) or Measured (M)	
<input type="checkbox"/> Sanitary sewer	_____	_____	
<input type="checkbox"/> Storm sewer	_____	_____	
<input type="checkbox"/> Surface water	_____	_____	
<input type="checkbox"/> Ground water	_____	_____	
<input type="checkbox"/> Waste Haulers	_____	_____	
<input type="checkbox"/> Evaporation	_____	_____	
<input type="checkbox"/> Other (describe)	_____	_____	

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

16. Does the business have a Spill Prevention Control and Countermeasure (SPCC) Plan?
 Yes/Attached No

Section B: Facility Operational Characteristics

1. Shift information
 2. Indicate whether the business activity is:
 Continuous through the year, or
 Seasonal - Select the months of the year during which the business activity occurs:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments: _____

Work Days:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Shifts per work day:	_____	_____	_____	_____	_____	_____	_____
Employees per shift:	1 st	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____
Shift start & end times:	1 st	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____

3. Indicate whether the facility discharge is:
 Continuous through the year, or
 Seasonal - Select the months of the year during which the business activity occurs:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments: _____

4. Provide information about operation shutdown for vacation, maintenance, or other reasons:
 Yes No

Indicate reasons and period when shutdowns occur: _____

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed): _____

6. Are any process changes or expansions planned during the next three years? Yes No
 If "Yes", attach a separate sheet to this form describing the nature of planned changes or expansions of the process, estimated date these changes will occur, and expected effects on wastewater volume and characteristics.

7. Does the business currently hold any permits from another governing body?

Yes No If "Yes", list below:

Permit Issuer:

Permitted Activity:

8. If this is a new business, will it occupy an existing building? Yes No

9. If this is an existing business, will the building be expanded within the next three years?

Yes No

10. Office space leased from: _____

Section C: Wastewater Discharge Information

1. Check mark all industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes) employed by the business or planned for employment.

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Battery Mfg. | <input type="checkbox"/> Metal Molding & Casting |
| <input type="checkbox"/> Builders Paper & Board Mill | <input type="checkbox"/> Metal Products & Machines |
| <input type="checkbox"/> Canned & Preserved Fruits & Vegetables | <input type="checkbox"/> Nonferrous Metals Forming & Metal Powders |
| <input type="checkbox"/> Carbon Black Mfg. | <input type="checkbox"/> Nonferrous Metals Mfg. |
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Commercial Hazardous Waste Combustors | <input type="checkbox"/> Paving & Roofing Materials Mfg. |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pesticide Mfg. |
| <input type="checkbox"/> Electric & Electronic Components Mfg. | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Pharmaceutical Mfg. |
| <input type="checkbox"/> Fertilizer Mfg. | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Glass Mfg. | <input type="checkbox"/> Pulp, Paper, & Paperboard |
| <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Rubber Mfg. |
| <input type="checkbox"/> Inorganic Chemical Mfg. | <input type="checkbox"/> Steam Electric Power Generation |
| <input type="checkbox"/> Iron & Steel Mfg. | <input type="checkbox"/> Timber Products Mfg. |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Transportation/Equipment Cleaning |

2. Are there any onsite wastewater treatment/pretreatment facilities? Yes No

If "Yes", please describe: _____

3. If applicable, please send a flow diagram of manufacturing process.

Applicable/Attached Not Applicable

4. Does the business have chemical storage containers or bins at the facility? Yes No

If "Yes", how many?_____ Please give a description of the location contents, size, type, frequency and method of cleaning. (Attach separate sheets as necessary)

5. Does the business have floor drains in the manufacturing or chemical storage area(s)?
 Yes No If "Yes", describe the drain location(s) and the discharge route(s):

6. Provide information about treatment devices or processes used or proposed for treating wastewater or sludge (check all that apply).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: _____
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Preparation
- Spill protection
- Sump
- Biological treatment, type: _____
- Rainwater diversion or storage
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____

7. Provide information about any chemical analyses performed on wastewater discharge(s) from the facilities. Attach a copy of the most recent data to this survey. Be sure to include the date of the analyses, name of laboratory performing the analyses, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary):

8. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be absent," known to be absent," "suspected to be present," or "known to be present" in the manufacturing or service activity or generated as a byproduct. If unable to identify the chemical constituents of products used discharged to the POTW, attach material safety data sheets for those products.

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	KNOWN OR SUSPECTED CONCENTRATION/ DAY
I. METALS & INORGANICS					
1. Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. PHENOLS & CRESOLS					
16. Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Phenol, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Phenol, 2, 4, 6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Phenol, 2, 4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. o-Cresol, 4, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. MONOCYCLIC AROMATICS (excluding PHENOLS, CRESOLS, & PHTHALATES)					
27. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Benzene, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Benzene, 1, -dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Benzene, 1, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. Benzene, 1, 2, 4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
36. Toluene, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. Toluene, 2, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. PCBs & RELATED COMPOUNDS					
38. PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
39. PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
42. PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
43. PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
44. PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
45. 2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	KNOWN OR SUSPECTED CONCENTRATION/ DAY
V. ETHERS					
46. Ether, bis(chloromethyl).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
47. Ether, bis(2-chloroethyl).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
48. Ether, bis(2-chlorosopropyl).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
49. Ether, 2-chloroethyl vinyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
50. Ether, 4-bromophenyl phenyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
51. Ether, 4-chlorophenyl phenyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
52. Bis(2-chloroethoxy)methane.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
VI. NITROSAMINES & OTHER NITROGEN- CONTAINING COMPOUNDS					
53. Nitrosamine, dimethyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
54. Nitrosamine, diphenyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
55. Nitrosamine, di-n-propyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
56. Benzidine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
57. Benzidine, 3, 3'-dichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
58. Hydrazine, 1, 2-diphenyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
59. Acrylonitrile.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
VII. HALOGENATED ALIPHATICS					
60. Methane, bromo-.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
61. Methane, chloro-.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
62. Methane, dichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
63. Methane, chlorodibromo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
64. Methane, dichlorobromo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
65. Methane, tribromo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
66. Methane, trichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
67. Methane, tetrachloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
68. Methane, trichlorofluoro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
69. Methane, dichlorodifluoro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
70. Ethane, 1, 1-dichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
71. Ethane, 1, 2-dichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
72. Ethane, 1, 1, 1-trichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
73. Ethane, 1, 1, 2-trichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
74. Ethane, 1, 1, 2, 1-tetrachloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
75. Ethane, hexachloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
76. Ethene, chloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
77. Ethene, 1, 1-dichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
78. Ethene, trans-dichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
79. Ethene, trichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
80. Ethene, tetrachloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
81. Propane, 1, 2-dichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
82. Propene, 2, 4-dichloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
83. Butadiene, hexachloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
84. Cyclopentadiene, hexachloro.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
VIII. PHTHALATE ESTERS					
85. Phthalate, di-c-methyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
86. Phthalate, di-n-ethyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
87. Phthafate, di-n-butyf.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
88. Phthalate, di-n-octyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
89. Phthalate, bis(2-ethylhexyl).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
90. Phthafate, butyl benzyf.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	KNOWN OR SUSPECTED CONCENTRATION/ DAY
IX. POLYCYCLIC AROMATIC HYDROCARBONS					
91. Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
92. Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
93. Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
94. Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
95. Benzo (b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
96. Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
97. Benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
98. Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
99. Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
100. Dibenzo (a, n) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
101. Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
102. Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
103. Indeno (1, 2, 3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
104. Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
105. Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
106. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
X. PESTICIDES					
107. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
108. Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
109. BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
110. BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
111. BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
112. BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
113. Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
114. DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
115. DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
116. DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
117. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
118. Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
119. Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
120. Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
121. Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
122. Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
123. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
124. Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
125. Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
126. TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
127. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section D: Other Wastes

1. Are any liquid wastes or sludges from this business disposed of by means other than discharge to the POTW? Yes No
 If "No", skip remainder of Section D. If "Yes," complete items 2 and 3 in Section D.

2. Check mark the items best describing the waste:

WASTES:	ESTIMATED GALLONS OR POUNDS/YEAR:
<input type="checkbox"/> Chemicals	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Groundwater remediation wastes	_____
<input type="checkbox"/> Rinse waters	_____
<input type="checkbox"/> Photo/X-ray finishing wastes	_____
<input type="checkbox"/> Acidic or alkaline wastes	_____
<input type="checkbox"/> PCBs	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pretreatment sludges	_____
<input type="checkbox"/> Inks/dyes	_____
<input type="checkbox"/> Oils and/or greases	_____
<input type="checkbox"/> Solvents	_____
<input type="checkbox"/> Laundry wastes	_____
<input type="checkbox"/> Food processing	_____
<input type="checkbox"/> Medical wastes	_____
<input type="checkbox"/> Radioactive wastes	_____
<input type="checkbox"/> Stripping compounds	_____
<input type="checkbox"/> Organic compounds	_____
<input type="checkbox"/> Plating wastes	_____
<input type="checkbox"/> Other hazardous wastes (specify)	_____
<input type="checkbox"/> Other wastes (specify)	_____

3. For the above checked wastes, does the business practice:

- | | |
|---|--|
| <input type="checkbox"/> On-site storage | <input type="checkbox"/> On-site disposal |
| <input type="checkbox"/> Off-site storage | <input type="checkbox"/> Off-site disposal |

4. Briefly describe the method(s) of storage or disposal checked above.

Section E: Safety

1. Describe the type of safety equipment required for visitors of the facility (i.e., inspectors):

Section F: Signatures

1. Certification Statement, to be completed by the Authorized Representative (as defined in Section A):

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.

Person Completing Survey:

Name (print or type):

Date:

Signature

Return this form to:

Industrial Waste Manager
City of Abilene
Environmental Laboratory
P.O. Box60
Abilene, Texas 79604