



**Division of Water Quality (DWQ)
 UPDES Program**

UPDES Industrial Permit Application

Part I. General Information (40 CFR 122.21(j)(1) and (9))

Permit Status: Renewal New Permit

UPDES Permit No.: _____ New Permit; UPDES Permit # Not Available

Facility Name: _____

Facility Location: _____

City _____ State _____ Zip _____

Facility Mailing Address: _____

City _____ State _____ Zip _____

Facility Contact: _____ **Title:** _____

Phone Number: _____ **Email Address:** _____

Name of Signatory: _____ **Title:** _____

Is the applicant the facility owner, operator or both? (check only one response.)

Owner Operator Both

Indicate below any existing environmental permits. (Check all that apply and type the corresponding permit number for each.)

RCRA (hazardous waste) UIC (underground injection control) PSD (air emissions)

 Nonattainment program (CAA) NESHAPs (CAA) Dredge or fill (CWA Section 404)

Other (specify) _____

Nature of Business CFR (40 CFR 122.21(f)(8))

Describe the nature of your business



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Part II. Facility Information

Design and Actual Flow Rates

Provide design and actual flow rates in designated spaces.

Design Flow Rate	
	mgd

Annual Average Flow Rates (Actual)					
Five Years Ago		Four Years Ago		Three Years Ago	
	mgd		mgd		mgd
Two Years Ago		Last Year		Current Year	
	mgd		mgd		mgd

Maximum Daily Flow Rates (Actual)					
Five Years Ago		Four Years Ago		Three Years Ago	
	mgd		mgd		mgd
Two Years Ago		Last Year		Current Year	
	mgd		mgd		mgd

Describe the treatment for each outfall*

	Outfall Number		Outfall Number		Outfall Number	
Level of Treatment						
Primary	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	
Equivalent to secondary	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	

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Part II. Facility Information *continued*

Describe the treatment for each outfall* *continued*

	Outfall #		Outfall #		Outfall #	
Secondary	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	
Advanced	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	
Other (specify)	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	

* The data can be entered in the section above or an excel spreadsheet. Attached additional sheets if needed.

Production

Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure



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Part II. Facility Information *continued*

BLUEPRINT: Attach a line drawing that shows the water flow through your facility with a water balance.

Blueprint Attached

MAP: Attach a USGS topographic map or aerial photo extending one mile beyond the property boundaries of the site, the facility or activity boundaries, any treatment area(s), outfall(s), major drainage patterns, and the receiving surface waters stated above.

Map Attached

Are improvements to the facility scheduled?

YES If YES, explain below.

NO If NO, Skip to Part III

Briefly list and describe the schedule improvements.

1.	
2.	
3.	
4.	

Provide scheduled or actual dates of completion for improvements.

Scheduled or Actual Dates of Completion for Improvements

Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.					
2.					
3.					
4.					

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Part III. Sampling Information

Provide all parameter sampling data with analytical results, reporting limit and any laboratory flags on an Excel spreadsheet. *An Excel Spreadsheet will be provided upon request.*

Has WET testing been conducted during the last 5 years? YES NO

Indicate the acute and chronic WET tests (PASS or FAIL) results for the past 5 years. If no WET testing for the quarter, then leave blank (e.g., for semi-annual or annual testing or missed testing events).

Year	Outfall No. _____		Outfall No. _____		Outfall No. _____		Outfall No. _____		Outfall No. _____		Outfall No. _____	
	Acute		Chronic		Acute		Chronic		Acute		Chronic	
	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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Describe any cause(s) of toxicity:

Were the above WET analysis submitted to Utah DWQ? YES NO



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Part IV. Compliance Information

Has the facility had and parameter exceedances over the past five years? YES NO

If Yes, provide the below information:

Parameter	Exceedance	Month/Year	Cause



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Part IV. Compliance Information *continued*

Facility monitoring data.

Please provide the past **five years** of all parameters required to be monitored in the UPDES permit. The data can be entered in the section below or an excel spreadsheet. Attached additional sheets if needed.

Month	Year	Parameter	Min	Max	Avg	MDL/RL*

*MDL/RL is the analysis method detection limit or reporting limit located on the laboratory analysis report.



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Part V. Outfalls and Receiving Water(s)

Provide the latitude and longitude to the nearest second for each dewatering outfall. The specified location should be after all treatment and before release to the receiving water. Provide the name of the initial receiving water. If the initial receiving water is unnamed, please also indicate the closed named drainage the receiving water flows into (i.e. unnamed tributary of City Creek). Attach additional sheets if necessary for more outfalls.

Each outfall to a different receiving water segment is subject to additional application fees and annual fees.

Outfall No.	Average daily flow rate	Latitude	Longitude	Receiving Surface Waters (Name)
	mgd	O ' "	O ' "	
	mgd	O ' "	O ' "	
	mgd	O ' "	O ' "	

Do any of the outfalls described above have a season or periodic discharges?

YES NO

If so, provide the following information for each applicable outfall.

	Outfall No.	Outfall No.	Outfall No.
Number of times per year discharges occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs			

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Part VI. Effluent and Intake Characteristics

**Table A.
Conventional and Non-Conventional Pollutants**

Are you requesting a waiver for one or more pollutants listed Table A for any of your outfalls?
 YES NO

If yes, indicate the applicable outfalls below. Attach the waiver request and other required information to the application.

Outfall Number		Outfall Number		Outfall Number	
----------------	--	----------------	--	----------------	--

Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application?
 YES NO; a waiver has been requested for all pollutants at all outfalls

**Table B.
Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants**

Do any of the facility's processes that contribute waste water fall into one or more of the primary industry categories listed in Appendix A?
 YES NO Not applicable

Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?
 YES NO

List the applicable primary industry categories and check the boxes indicating the required Gas Chromatography/Mass Spectrometry (GS/MS) Fraction(s) identified in Appendix A.

Primary Industry Category	Required Gas Chromatography/Mass Spectrometry (GS/MS) Fraction(s)
	<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide
	<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide
	<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide

Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions?
 YES NO

Have you checked "Believe Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required?
 YES NO

Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believe Present" in your discharge?
 YES NO

Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge?
 YES NO



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Part VI. Effluent and Intake Characteristics *continued*

**Table C.
 Certain Conventional and Non-Conventional Pollutants**

Have you indicated whether pollutants are “Believed Present” or “Believed Absent” for all pollutants listed on Table C for all outfalls?
 YES NO

Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an Effluent Limitation Guidelines and/or (2) quantitative data or an explanation for those pollutants for which you have indicated “Believe Present”?
 YES NO

**Table D.
 Certain Hazardous Substances and Asbestos**

Have you indicated whether pollutants are “Believed Present” or “Believed Absent” for all pollutants listed on Table D for all outfalls?
 YES NO

Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available?
 YES NO

**Table E.
 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)**

Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed below:
 2,4,5-trichlorophenoxy acetic acid (2,4,5-T)
 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP)
 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloro-propionate (Erbon)
 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel)
 2,4,5,-trichlorophenol (TCP)
 hexachlorophene (HCP).
 Or do you know of have reason to believe that TCDD is or may be present in the effluent?
 YES, Complete Table E NO, Skip to Part VII

Have you completed Table E by reporting qualitative data for TCDD?
 YES NO

Were any of the analyses reported in this section performed by a contract laboratory or consulting firm?
 YES NO, Skip to Part VII

Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm			
Laboratory address			
Phone Number			
Pollutant(s) analyzed			



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Part VII. Used or Manufactured Toxics

Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct?

YES NO, Skip to Part VIII

List the pollutants below.

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |



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Part IX. Biosolids Information

Was the Biosolids Annual Report submitted? YES NO

Attach a Biosolids Management Plan with application

Serve Connections?

Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used and disposed of:

Practice	Dry Metric Tons per 365-day Period
Amount generated at the facility	
Amount treated at the facility	
Amount used (i.e., received from offsite) at the facility	
Amount disposed of at the facility	

Treatment Provided at Your Facility

Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge

- | | |
|--|---|
| <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) | <input type="checkbox"/> Thickening (concentration) |
| <input type="checkbox"/> Stabilization | <input type="checkbox"/> Anaerobic digestion |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Conditioning |
| <input type="checkbox"/> Disinfection | <input type="checkbox"/> Dewatering (e.g. centrifugation, sludge drying beds, sludge lagoons) |
| <input type="checkbox"/> Heat drying | <input type="checkbox"/> Thermal reduction |
| <input type="checkbox"/> Methane or biogas capture and recovery | |

Sewage Sludge Disposal Method

Land Application of Bulk Sewage Sludge

Is sewage sludge from your facility applied to the land? YES NO If No, Skip to next section

Total dry metric tons per 365-day period of sewage sludge applied to all land sites: _____

Surface Disposal

Is sewage sludge from your facility placed on a surface disposal site? YES NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: _____

Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YES NO If No, complete the below information

Surface disposal site *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____



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Part IX. Bisolids Information *continued*

Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

YES NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: _____

Do you own or operate all sewage sludge incinerators in which sewage sludge from facility is fired?

YES NO If No, complete the below information

Incinerator location *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____

Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed on a municipal solid waste landfill?

YES NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period: _____

Do you own or operate the municipal solid waste landfill in which sewage sludge is disposed?

YES NO If No, complete the below information

Municipal Solid Waste Landfill *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____



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Part X. Reuse Information

Is wastewater applied to land?

YES NO If YES, complete the below information.

Land Application Site and Discharge Data			
Location	Size	Average Daily Volume Applied	How often
	acres	gpd	<input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Seasonal land application.

Indicate months of seasonal land application

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

Where is the Reuse water distributed

- Residential irrigation
- Urban uses
 - Non-residential landscape irrigation
 - Golf course irrigation
 - Toilet flushing
 - Fire protection
- Irrigation of food crops (direct contact with edible part) – spray irrigation
- Irrigation of food crops (*Non direct contact with edible part*) – no spray irrigation
- Irrigation
 - Sod farms
 - Silviculture
 - Limited access highway rights of way
 - Other areas where human access is restrict or unlikely to occur
- Irrigation of animal feed crops other than pasture for milking animals
- Impoundment of wastewater where direct human contact is not allowed or is unlikely to occur
- Cooling water
- Soil compaction or duct control in construction areas
- Other

Attached an updated Reuse Project Plan

An updated Reuse Project Plan is required during every permit renewal.



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Part X. Antidegradation Review

The objective of antidegradation rules and policies is to protect existing high quality waters and set forth a process for determining where and how much degradation is allowable for socially and/or economically important reasons. In accordance with Utah Administrative Code (UAC R317-2-3), an antidegradation review (ADR) is a permit requirement for any project that will increase the level of pollutants in waters of the state. The rule outlines requirements for both Level I and Level II ADRs, as well as public comment procedures. This review form is intended to assist the applicant and Division of Water Quality (DWQ) staff in complying with the rule but is not a substitute for the complete rule in R317-2-3.5. Additional details can be found in the *Utah Antidegradation Implementation Guidance* and relevant sections of the guidance are cited in this review form.

ADRs should be among the first steps of an application for a UPDES permit because the review helps establish treatment expectations. The level of effort and amount of information required for the ADR depends on the nature of the project and the characteristics of the receiving water. To avoid unnecessary delays in permit issuance, DWQ recommends that the process be initiated at least one year prior to the date a final approved permit is required.

DWQ will determine if the project will impair beneficial uses (Level I ADR) using information provided by the applicant and whether a Level II ADR is required. The applicant is responsible for conducting the Level II ADR. For the permit to be approved, the Level II ADR must document that all feasible measures have been undertaken to minimize pollution for socially, environmentally or economically beneficial projects resulting in an increase in pollution to waters of the state.

For permit requiring a Level II ADR, this antidegradation form must be completed and approved by DWQ before any UPDES permit can be issued. Typically, the ADR form is completed in an iterative manner in consultation with DWQ. The applicant should first complete the statement of social, environmental and economic importance (SEEI) in Section C and determine the parameters of concern (POC) in Section D. Once the POCs' are agreed upon by DWQ, the alternatives analysis and selection of preferred alternative Section E can be conducted based on minimizing degradation resulting from discharge of the POCs. Once the applicant and DWQ agree upon the preferred alternative, the review is considered complete, and the form is submitted to DWQ.

What are the designated uses of the receiving water (R317-2-6)?

- Domestic Water Supply
- Recreation
- Aquatic Life
- Agricultural Water Supply
- Great Salt Lake

Antidegradation Category 1, 2 or 3 of receiving water (R317-2-3.2, -3.3, and -3.4):



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Part X. Antidegradation Review *continued*

Effluent flow reviewed: *typically, this should be the maximum daily discharge at the design capacity of the facility. Exceptions should be noted.*

What is the application for? (Check all that apply)

- A UPDES permit for a new facility, project, or outfall.
- A UPDES permit renewal with an expansion or modification of an existing wastewater treatment works.
- A UPDES permit renewal requiring limits for a pollutant not covered by the previous permit and/or an increase to existing permit limits.
- A UPDES permit renewal with no changes in facility operations.

Section B. Is a Level II ADR required?

This section of the form is intended to help applicants determine if a Level II ADR is required for specific permitted activities. In addition, the Executive Secretary may require a Level II ADR for an activity with the potential for major impact on the quality of waters of the state (R317-2-3.5a.1).

B1. The UPDES permit is new or is being renewed and the proposed effluent concentration and loading limits are higher than the concentration and loading limits in the previous permit and any previous antidegradation review(s).

- YES – (Proceed to B3 of the Form)
- NO – No Level II ADR is required and there is no need to proceed further with the review questions.
Continue to the Certification Statement and Signature page.

B2. Will any pollutants use assimilative capacity of the receiving water, i.e. do the pollutant concentrations in the effluent exceed those in the receiving waters at critical conditions? For most pollutants, effluent concentrations that are higher than the ambient concentrations require an antidegradation review? For a few pollutants such as dissolved oxygen, and antidegradation review is required if the effluent concentrations are less than the ambient concentrations in the receiving water. (Section 3.3.3 of Implementation Guidance)

- YES – (Proceed to B4 of the Form)
- NO – No Level II ADR is required and there is no need to proceed further with the review questions.
Continue to the Certification Statement and Signature page.



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

B3. Are water quality impacts of the proposed project temporary and limited (Section 3.3.4 of Implementation Guidance)? Proposed projects that will have temporary and limited effects on water quality can be exempted from a Level II ADR.

- YES – Identify the reason used to justify this determination if B4.1 and proceed to Section G. No Level II ADR is required.
- NO – A Level II ADR is required (Proceed to Section C)

B3.1 Complete this question only if the applicant is requesting a Level II review exclusion for temporary and limited projects (See R317-2-3.5(b)(3) and R317-2-3.5(b)(4)). For projects requesting a temporary and limited exclusion please indicate the factor(s) used to justify this determination (check all that apply and provide details as appropriate) (Section 3.3.4 of Implementation Guidance):

- Water quality impacts will be temporary and related exclusively to sediment or turbidity and fish spawning will not be impaired.

Factors to be considered in determining whether water quality impacts will be temporary and limited:

- a) The length of time during which water quality will be lowered:
- b) The perfect change in ambient concentrations of pollutants:
- c) Pollutants affected:
- d) Likelihood for long-term water quality benefits:
- e) Potential for any residual long-term influences on existing uses:
- f) Impairment of fish spawning, survival and development of aquatic fauna excluding fish removal efforts:

Additional justification, as needed:



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

Level II ADR

Section C, D, E, and F of the form constitute the Level II ADR Review. The applicant must provide as much detail as necessary for DWQ to perform the antidegradation review. Questions are provided for the convenience of applicants; however, for more complex permits it may be more effective to provide the required information in a separate report. Applicants that prefer a separate report should record the report name here and proceed to Section G of the form.

Option Report Name: _____

Section C. Is the degradation from the project socially and economically necessary to accommodate important social or economic development in the area in which the waters are located? *The applicant must provide as much detail as necessary for DWQ to concur that the project is socially and economically necessary when answering the questions in the section. More information is available in Section 6.2 of the Implementation Guidance.*

C1. Describe the social and economic benefits that would be realized through the proposed project, including the number and nature of jobs created and anticipated tax revenues.

C2. Describe any environmental benefits to be realized through implementation of the proposed project.

C3. Describe any social and economic losses that may result from the project, including impacts to recreation or commercial development.

C4. Summarize any supporting information from the affected communities on preserving assimilative capacity to support future growth and development.



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

C5. Please describe any structures or equipment associated with the project that will be placed within or adjacent to the receiving water.

C6. Will the discharge potentially impact a drinking water source, e.g., Class 1C waters? Depending upon the locations of the discharge and its proximity to downstream drinking water diversions, additional treatment or more stringent effluent limits or additional monitoring, beyond that which may otherwise be required to meet minimum technology standards or in stream water quality standards, may be required by the Director in order to adequately protect public health and the environment (R317-2-3.5 d.).

- YES
- NO

Section D. Identify and rank (from increasing to decreasing potential threat to designated uses) the parameters of concern. Parameters of concern are parameters in the effluent at concentrations greater than ambient concentrations in the receiving water. The applicant is responsible for identifying parameter concentrations in the effluent and DWQ will provide parameter concentrations for the receiving water. More information is available in Section 3.3.3 of the Implementation Guidance.

Parameters of Concern:			
Rank	Pollutant	Ambient Concentration	Effluent Concentration
1.			
2.			
3.			
4.			
5.			

UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

Pollutants Evaluated that are not Considered Parameters of Concern:			
Pollutant	Ambient Concentration	Effluent Concentration	Justification
1.			
2.			
3.			
4.			
5.			

Section E. Alternative Analysis Requirements of Level II Antidegradation Review. *Level II ADRs require the applicant to determine whether there are feasible less-degrading alternatives to the proposed project. More information is available in Section 5.5 and 5.6 of the Implementation Guidance.*

E1. The UPDES permit is being renewed without any changes to flow or concentrations. Alternative treatment and discharge options including changes to operations and maintenance were considered and compared to the current processes. NO economically feasible treatment or discharge alternatives were identified that were not previously considered for any previous antidegradation review(s).

- YES – (Proceed to Section F)
- NO or Does Not Apply (Proceed to E2)

E2. Attach as an appendix to this form a report that describes that following factors for all alternative treatment options (see 1) a technical descriptions of the treatment process, including construction costs and continued operation and maintenance expenses, 2) the mass and concentration of discharge constituents, and 3) a description of the reliability of the system, including the frequency where recurring operation and maintenance may lead to temporary increases in discharged pollutants. Most of this information is typically available from a Facility Plan, if available.

Report Name: _____

E3. Describe the proposed method and cost of the baseline treatment alternative. The baseline treatment alternative is the minimum treatment required to meet water quality based effluent limits (WQBEL) as determined by the preliminary or final wasteload analysis (WLC) and any secondary or categorical effluent limits.



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

E4. Were any of the following alternatives feasible and affordable?

Alternative	Feasible	Reason Not Feasible/Affordable
Pollutant Trading	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Water Recycling/Reuse	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Land Application	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Connection to Other Facilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Upgrade to Existing Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Total Containment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Improved O&M of Existing Systems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Seasonal or Controlled Discharge	<input type="checkbox"/> YES <input type="checkbox"/> NO	
New Construction	<input type="checkbox"/> YES <input type="checkbox"/> NO	
No Discharge	<input type="checkbox"/> YES <input type="checkbox"/> NO	

E5. From the applicant's perspective, what is the preferred treatment option?



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

E6. Is the preferred option also the least polluting feasible alternative?

YES NO

If No, what were less degrading feasible alternative(s)?

If No, provide a summary of the justification for not selecting the least polluting feasible alternative and if appropriate, provide a more detailed justification as an attachment.

Section F. Optional Information

F1. Does the applicant want to conduct optional public review(s) in addition to the mandatory public review? Level II ADRs are public noticed for a thirty day comment period. More information is available in Section 3.7.1 of the Implementation Guidance.

YES NO

F2. Does the project include an optional mitigation plan to compensate for the proposed water quality degradation?

YES NO

Report Name: _____



UPDES Industrial Permit Application

Part XI. Certification Statement and Signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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 of knowing violations.

Charles Every
 PRINT Signatory

[Signature]
 Signature

G.M.
 Title

11/24/20
 Date

Authority

The Division of Water Quality may request addition information.

Important: The UPDES Permit Application will not be considered complete unless you answer every question. If an item does not apply to you, enter "Not Applicable" to show that you considered the question.

The UPDES Permit Application, must be signed as follows:

- 1) For a corporation, a responsible corporate officer shall sign the NOT, a responsible corporate officer means:
 - a. 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
 - b. The manager of one or more manufacturing, production, or operating facilities, if
 - i. The manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations;
 - ii. The manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and
 - iii. Authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- 2) For a partnership of sole proprietorship, the general partner or the proprietor, respectively; or
- 3) For a municipality, state or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of any agency means;
 - a. The chief executive officer of the agency; or
 - b. A senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

Where to File the UPDES Permit Application form:

Please submit the original form with a signature in ink to the below address. Remember to retain a copy for your records.

UPDES sent by mail:

**Division of Water Quality
 195 North 1950 West
 PO Box 144870
 Salt Lake City, UT 84114-4870**

OFFICE USE ONLY

Date received: ____ / ____ / ____ Received by: _____ Document No: _____

via: Email Fax Webportal Mail Hand Delivery



UPDES Industrial Permit Application

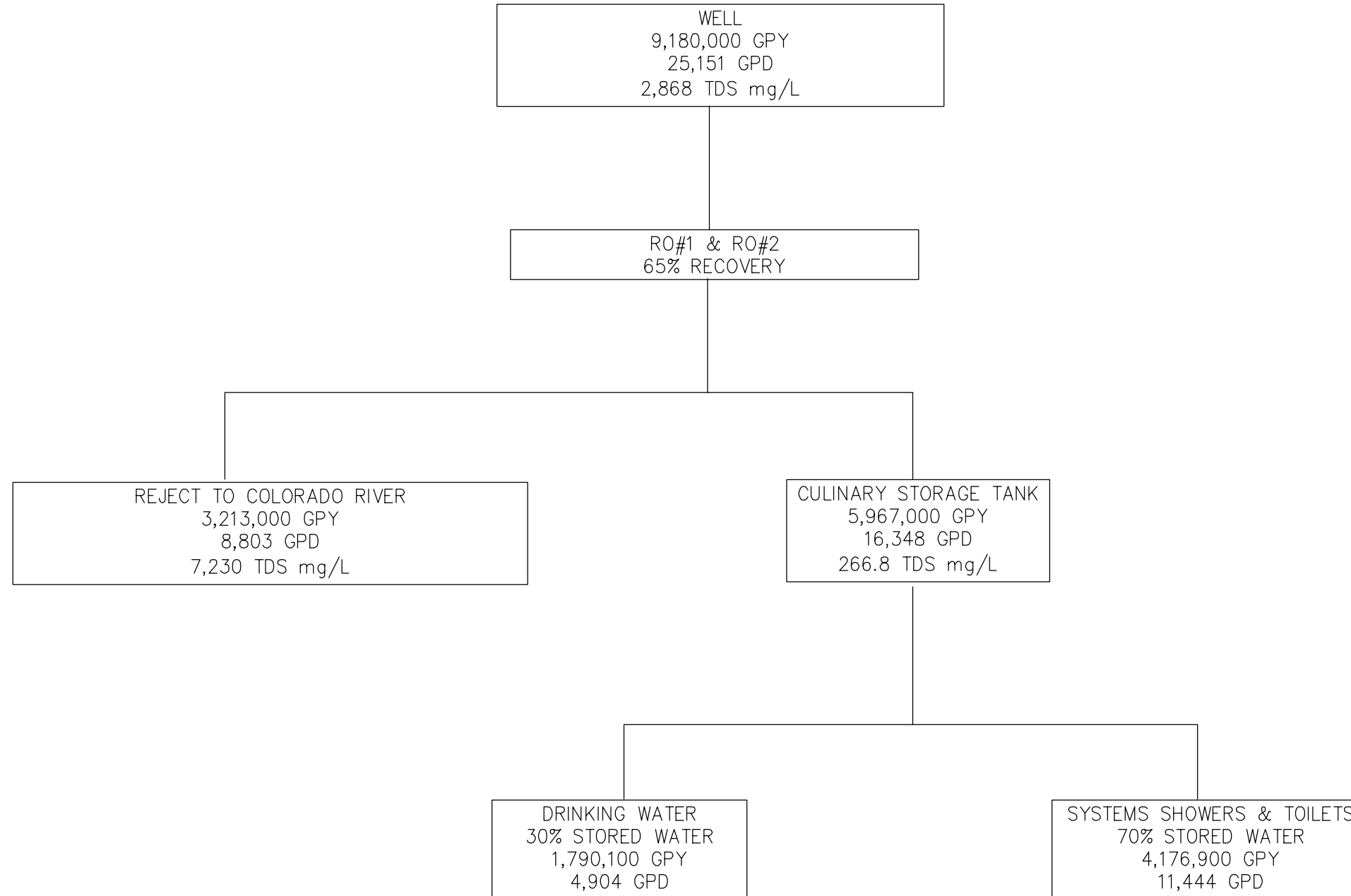
**Appendix A. Testing Requirements for Organic Toxic Pollutants
Industry Categories***

Industry Category		Volatile	Gas Chromatography/Mass Spectrometry (GS/MS) Fraction(s)†		Pesticide
			Acid	Base/Neutral	
1.	Adhesives and sealants	X	X	X	□
2.	Aluminum forming	X	X	X	□
3.	Auto and other laundries	X	X	X	X
4.	Battery manufacturing	X	□	X	□
5.	Coal mining	□	□	□	□
6.	Coil coating	X	X	X	□
7.	Copper forming	X	X	X	□
8.	Electric and electronic compounds	X	X	X	X
9.	Electroplating	X	X	X	□
10.	Explosives manufacturing	□	X	X	□
11.	Foundries	X	X	X	□
12.	Gum and wood chemicals (all subparts except D and F)	X	X	□	□
13.	Gum and wood chemicals, Subpart D (tall oil rosin)	X	X	X	□
14.	Gum and wood chemicals, Subpart F (rosin-based derivatives)	X	X	X	□
15.	Inorganic chemicals manufacturing	X	X	X	□
16.	Iron and steel manufacturing	X	X	X	□
17.	Leather tanning and finishing	X	X	X	□
18.	Mechanical products manufacturing	X	X	X	□
19.	Nonferrous metals manufacturing	X	X	X	X
20.	Ore mining, Subpart B (base and precious metals)	□	X	□	□
21.	Organic chemicals manufacturing	X	X	X	X
22.	Paint and ink formulation	X	X	X	□
23.	Pesticides	X	X	X	X
24.	Petroleum refining	X	□	□	□
25.	Pharmaceutical preparations	X	X	X	□
26.	Photographic equipment and supplies	X	X	X	□
27.	Plastic and synthetic materials manufacturing	X	X	X	X
28.	Plastic processing	X	□	□	□
29.	Printing and publishing	X	X	X	X
30.	Pulp and paperboard mills	X	X	X	X
31.	Rubber processing	X	X	X	□
32.	Soap and detergent manufacturing	X	X	X	□
33.	Steam electric power plants	X	X	□	□
34.	Textile mills (except Subpart C, Greige Mills)	X	X	X	□
35.	Timber products processing	X	X	X	X

Key

- * See note at conclusion of 40 CFR 122, Appendix D (1983) for explanation of effect of suspensions on testing requirements for primary industry categories
- † The pollutants in each fraction are listed in Table B
- X Testing is required
- Testing is not required

SCENARIO 2 65% RECOVERY

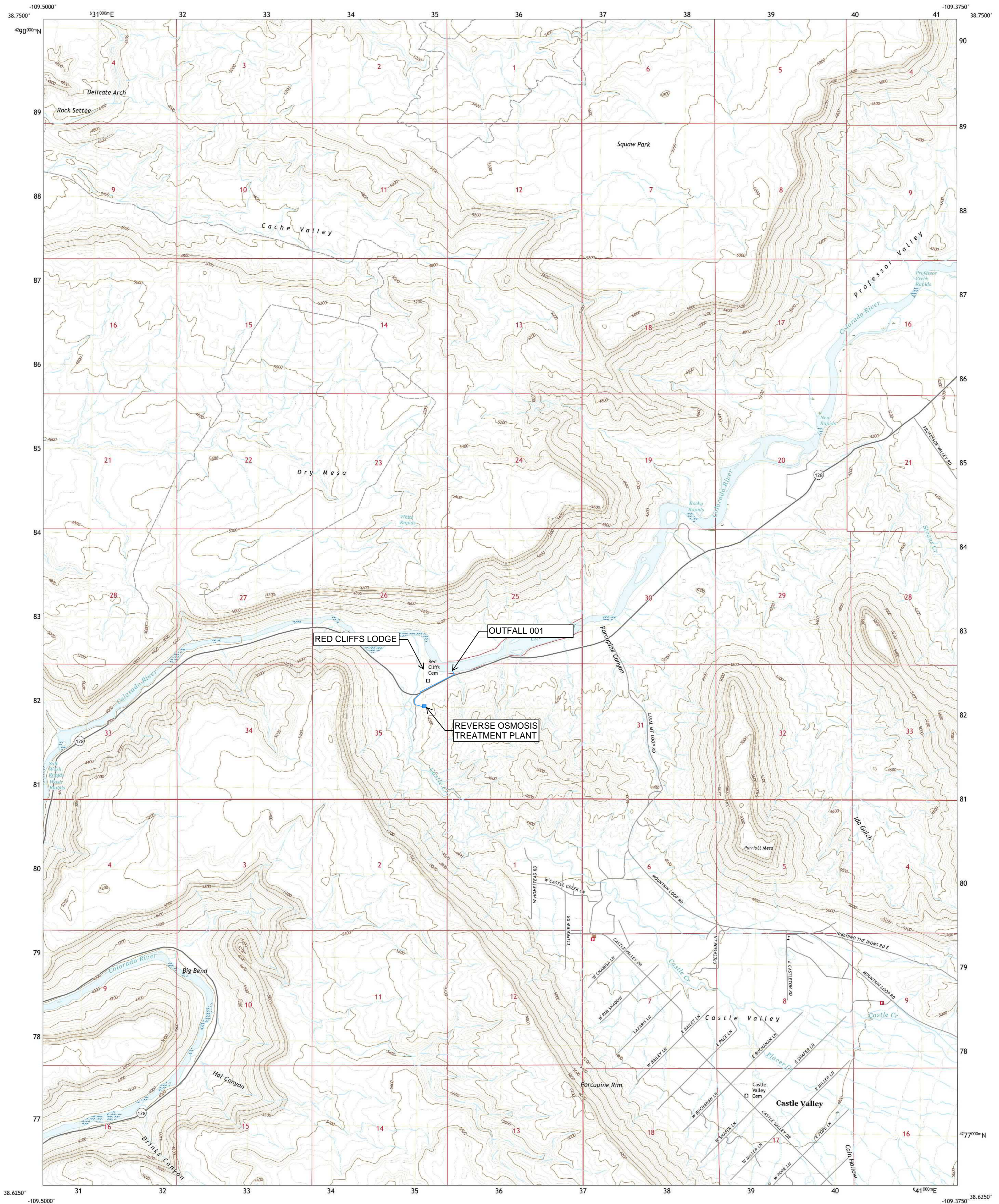


TOTAL SYSTEM USE: 5,967,000 GPY

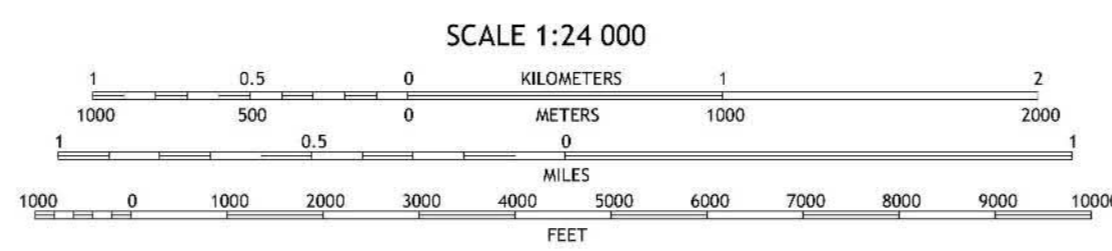
TOTAL REJECTED: 3,213,000 GPY



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Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1000-meter grid/Universal Transverse Mercator, Zone 12S
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.
Imagery.....NAIP, July 2016 - October 2016
Roads.....U.S. Census Bureau, 2016
Names.....GNS, 1979 - 2019
Hydrography.....National Hydrography Dataset, 1989 - 2019
Contours.....National Elevation Dataset, 2000
Boundaries.....Multiple sources; see metadata file 2017 - 2018
Public Land Survey System.....BLM, 2019
Wetlands.....FWS National Wetlands Inventory 1980 - 1986



1	2	3
4	5	6
7	8	9

1 Mollie Hogans
2 Cisco SW
3 Dewey
4 The Windows Section
5 Fisher Towers
6 Moab
7 Hill Creek
8 Warner Lake



Division of Water Quality (DWQ) UPDES Program

UPDES Industrial Permit Application

UPDES Permit No.		Facility Name		Outfall Number	
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Table A. Conventional and Non-Conventional Pollutants¹										
	Pollutant	Waiver Requested (if applicable)	Units (specify)		Effluent				Intake (optional)	
					Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
<input type="checkbox"/>	Check here if you have applied to Utah DWQ for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1.	Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
			Mass	<input type="checkbox"/>						
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
			Mass	<input type="checkbox"/>						
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
			Mass	<input type="checkbox"/>						
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
			Mass	<input type="checkbox"/>						
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
			Mass	<input type="checkbox"/>						
6.	Flow	<input type="checkbox"/>	Rate	<input type="checkbox"/>						
7.	Temperature (winter)	<input type="checkbox"/>	Fahrenheit	<input type="checkbox"/>						
	Temperature (summer)	<input type="checkbox"/>	Fahrenheit	<input type="checkbox"/>						
8.	pH (minimum)	<input type="checkbox"/>	Standard units	SU						
	pH (maximum)	<input type="checkbox"/>	Standard units	SU						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required 40 CFR chapter I, subchapter N or O.

Division of Water Quality (DWQ) UPDES Program

UPDES Industrial Permit Application

UPDES Permit No.		Facility Name		Outfall Number	
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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 1. Toxic Metals, Cyanide, and Total Phenols												
1.	Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
2.	Arsenic, Total (7440-38-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
3.	Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
4.	Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
5.	Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
6.	Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
7.	Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required 40 CFR chapter I, subchapter N or O.

Concentrations of metals are believed to be small enough that they do not pose a health threat.

Division of Water Quality (DWQ) UPDES Program

UPDES Industrial Permit Application

UPDES Permit No.		Facility Name		Outfall Number	
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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹												
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 1. Toxic Metals, Cyanide, and Total Phenols <i>continued</i>												
8.	Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
9.	Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
10.	Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
11.	Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
12.	Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
13.	Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
14.	Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
15.	Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required 40 CFR chapter I, subchapter N or O.

Concentrations of metals are believed to be small enough that they do not pose a health threat.

UPDES Industrial Permit Application

UPDES Permit No.		Facility Name		Outfall Number	
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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 2. Organic Toxic Pollutants (GC/MS Fraction – Volatile Compounds)												
1.	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
2.	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
3.	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
4.	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
5.	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
6.	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
7.	Chlorodibrompmethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
8.	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required 40 CFR chapter I, subchapter N or O.

UPDES Industrial Permit Application

UPDES Permit No.		Facility Name		Outfall Number	
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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 2. Organic Toxic Pollutants (GC/MS Fraction – Volatile Compounds) <i>continued</i>												
9.	2-chloroethylvinyl ether (110-75-80)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
10.	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
11.	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
12.	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
13.	1,2-dichloroethane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
14.	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
15.	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
16.	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						

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UPDES Industrial Permit Application

UPDES Permit No.		Facility Name		Outfall Number	
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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses

Section 2. Organic Toxic Pollutants (GC/MS Fraction – Volatile Compounds) *continued*

17.	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
18.	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
19.	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
20.	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
21.	1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
22.	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
23.	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
24.	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required 40 CFR chapter I, subchapter N or O.

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 2. Organic Toxic Pollutants (GC/MS Fraction – Volatile Compounds) <i>continued</i>												
25.	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
26.	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
27.	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						
28.	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
					Mass	<input type="checkbox"/>						

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Continue to Section 3

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹												
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 3. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Acid Compounds)												
1.	2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.	2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
6.	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
7.	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
8.	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses

Section 3. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Acid Compounds) *continued*

9.	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
10.	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
11.	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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Continue to Section 4

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹											
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
Section 4. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Base/Neutral Compounds)											
1.	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.	Benzidine (92-97-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
6.	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
7.	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
8.	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹											
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
Section 4. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Base/Neutral Compounds) <i>continued</i>											
9.	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
10.	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
11.	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
12.	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
13.	Bis (2-ethylhexyl) phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
14.	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
15.	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
16.	2-chlorophthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹											
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
Section 4. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Base/Neutral Compounds) <i>continued</i>											
17.	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
18.	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
19.	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
20.	1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
21.	1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
22.	1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
23.	3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
24.	Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹											
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
Section 4. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Base/Neutral Compounds) <i>continued</i>											
25.	Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
26.	Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
27.	2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
28.	2,6-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
29.	Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
30.	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
31.	Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
32.	Fluorene (86-37-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants¹												
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 4. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Base/Neutral Compounds) <i>continued</i>												
33.	Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
34.	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
35.	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
36.	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
37.	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
38.	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
39.	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
40.	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses

Section 4. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Base/Neutral Compounds) *continued*

41.	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
42.	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
43.	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
44.	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
45.	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
46.	1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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Continue to Section 5

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹											
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
Section 5. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Pesticides) <i>continued</i>											
1.	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.	α -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.	β -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.	γ -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.	δ -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
6.	Chlorodane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
7.	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
8.	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 5. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Pesticides) <i>continued</i>												
9.	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
10.	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
11.	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
12.	β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
13.	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
14.	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
15.	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
16.	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses

Section 5. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Pesticides) *continued*

17.	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
18.	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
19.	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
20.	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
21.	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
22.	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
23.	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
24.	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants ¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses	
Section 5. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry (GS/MS) Fraction – Pesticides) <i>continued</i>												
25.	Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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Table C. Certain Conventional and Non-Conventional Pollutants ¹										
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
<input type="checkbox"/>	Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need not complete the "Presence or Absence" column of Table C for <i>each pollutant</i> .									
<input type="checkbox"/>	Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need not complete the "Presence or Absence" column of Table C for <i>each pollutant</i> .									
1.	Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
2.	Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
3.	Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
4.	E.coli	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
5.	Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
6.	Nitrate	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
7.	Nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
8.	Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					

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Table C. Certain Conventional and Non-Conventional Pollutants¹ <i>continued</i>											
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
9.	Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
10.	Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
11.	Sulfate (as SO ₄) (14808-798-)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
12.	Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
13.	Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
14.	Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
15.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
16.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
17.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						

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Table C. Certain Conventional and Non-Conventional Pollutants¹ <i>continued</i>											
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
18.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
19.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
20.	Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
21.	Molybdenum, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
22.	Manganese, total (7439-95-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
23.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
24.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						

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Table C. Certain Conventional and Non-Conventional Pollutants¹ <i>continued</i>										
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
25.	Radioactivity									
	Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
	Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
	Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
	Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					

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Table D. Certain Hazardous Substances and Asbestos¹					
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>		

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Table D. Certain Hazardous Substances and Asbestos¹ <i>continued</i>					
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	24-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>		
24.	Dichlone	<input type="checkbox"/>	<input type="checkbox"/>		
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input type="checkbox"/>		
26.	Dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>		
27.	Diethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
28.	Dimethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
29.	Dinitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>		
30.	Diquat	<input type="checkbox"/>	<input type="checkbox"/>		
31.	Disulfoton	<input type="checkbox"/>	<input type="checkbox"/>		
32.	Diuron	<input type="checkbox"/>	<input type="checkbox"/>		
33.	Epichlorohydrin	<input type="checkbox"/>	<input type="checkbox"/>		
34.	Ethion	<input type="checkbox"/>	<input type="checkbox"/>		
35.	Ethylene diamine	<input type="checkbox"/>	<input type="checkbox"/>		
36.	Ethylene dibromide	<input type="checkbox"/>	<input type="checkbox"/>		
37.	Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
38.	Furfural	<input type="checkbox"/>	<input type="checkbox"/>		

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Table D. Certain Hazardous Substances and Asbestos¹ continued					
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input type="checkbox"/>		

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Table D. Certain Hazardous Substances and Asbestos¹ continued					
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input type="checkbox"/>		

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Table D. Certain Hazardous Substances and Asbestos ¹ <i>continued</i>					
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
76.	Vandium	<input type="checkbox"/>	<input type="checkbox"/>		
77.	Vinyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input type="checkbox"/>		
80.	Zioconium	<input type="checkbox"/>	<input type="checkbox"/>		

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Hazardous Substances		
1. Acetaldehyde	54. Benzoyl chloride	207. Phosgene
2. Acetic acid	55. Benzyl chloride	208. Phosphoric acid
3. Acetic anhydride	56. Beryllium chloride	209. Phosphorus
4. Acetone cyanohydrin	57. Beryllium fluoride	210. Phosphorus oxychloride
5. Acetyl bromide	58. Beryllium nitrate	211. Phosphorus pentasulfide
6. Acetyl chloride	59. Butylacetate	212. Phosphorus trichloride
7. Acrolein	60. n-butylphthalate	213. Polychlorinated biphenyls (PCB)
8. Acrylonitrile	61. Butylamine	214. Potassium arsenate
9. Adipic acid	62. Butyric acid	215. Potassium arsenite
10. Aldrin	63. Cadmium acetate	216. Potassium bichromate
11. Allyl alcohol	64. Cadmium bromide	217. Potassium chromate
12. Allyl chloride	65. Cadmium chloride	218. Potassium cyanide
13. Aluminum sulfate	66. Calcium arsenate	219. Potassium hydroxide
14. Ammonia	67. Calcium arsenite	220. Potassium permanganate
15. Ammonium acetate	68. Calcium carbide	221. Propargite
16. Ammonium benzoate	69. Calcium chromate	222. Propionic acid
17. Ammonium bicarbonate	70. Calcium cyanide	223. Propionic anhydride
18. Ammonium bichromate	71. Calcium dodecylbenzenesulfonate	224. Propylene oxide
19. Ammonium bifluoride	72. Calcium hypochlorite	225. Pyrethrins
20. Ammonium bisulfite	73. Captan	226. Quinoline
21. Ammonium carbamate	74. Carbaryl	227. Resorcinol
22. Ammonium carbonate	75. Carbofuran	228. Selenium oxide
23. Ammonium chloride	76. Carbon disulfide	229. Silver nitrate
24. Ammonium chromate	77. Carbon tetrachloride	230. Sodium
25. Ammonium citrate	78. Chlordane	231. Sodium arsenate
26. Ammonium fluoroborate	79. Chlorine	232. Sodium arsenite
27. Ammonium fluoride	80. Chlorobenzene	233. Sodium bichromate
28. Ammonium hydroxide	81. Chloroform	234. Sodium bifluoride
29. Ammonium oxalate	82. Chloropyrifos	235. Sodium bisulfite
30. Ammonium silicofluoride	83. Chlorosulfonic acid	236. Sodium chromate
31. Ammonium sulfamate	84. Chromic acetate	237. Sodium cyanide
32. Ammonium sulfide	85. Chromic acid	238. Sodium dodecylbenzenesulfonate
33. Ammonium sulfite	86. Chromic sulfate	239. Sodium fluoride
34. Ammonium tartrate	87. Chromous chloride	240. Sodium hydrosulfide
35. Ammonium thiocyanate	88. Cobaltous bromide	241. Sodium hydroxide
36. Ammonium thiosulfate	89. Cobaltous formate	242. Sodium hypochlorite
37. Amyl acetate	90. Cobaltous sulfamate	243. Sodium methylate
38. Aniline	91. Coumaphos	244. Sodium nitrite
39. Antimony pentachloride	92. Cresol	245. Sodium phosphate (dibasic)
40. Antimony potassium tartrate	93. Crotonaldehyde	246. Sodium phosphate (tribasic)
41. Antimony tribromide	94. Cupric acetate	247. Sodium selenite
42. Antimony trichloride	95. Cupric acetoarsenite	248. Strontium chromate
43. Antimony trifluoride	96. Cupric chloride	249. Strychnine
44. Antimony trioxide	97. Cupric nitrate	250. Styrene
45. Arsenic disulfide	98. Cupric oxalate	251. Sulfuric acid
46. Arsenic pentoxide	99. Cupric sulfate	252. Sulfur monochloride
47. Arsenic trichloride	100. Cupric sulfate ammoniated	253. 2,4,5-T acid (2,4,5-trichlorophenoxyacetic acid)
48. Arsenic trioxide	101. Cupric tartrate	254. 2,4,5-T amines (2,4,5-trichlorophenoxy acetic acid amines)
49. Arsenic trisulfide	102. Cyanogen chloride	
50. Barium cyanide	103. Cyclohexane	
51. Benzene	104. 2,4-D acid (2,4-dichlorophenoxyacetic acid)	
52. Benzoic acid		
53. Benzointrile		
	105. 2,4-D esters (2,4-dichlorophenoxyacetic acid esters)	
	106. DDT	
	107. Diazinon	
	108. Dicamba	
	109. Dichlobenil	
	110. Dichlone	
	111. Dichlorobenzene	
	112. Dichloropropane	
	113. Dichloropropene	
	114. Dichloropropene-dichloropropane mix	
	115. 2,2-dichloropropionic acid	
	116. Dichlorvos	
	117. Dieldrin	
	118. Diethylamine	
	119. Dimethylamine	
	120. Dinitrobenzene	
	121. Dinitrophenol	
	122. Dinitrotoluene	
	123. Diquat	
	124. Disulfoton	
	125. Diuron	
	126. Dodecylbenzenesulfonic acid	
	127. Endosulfan	
	128. Endrin	
	129. Epichlorohydrin	
	130. Ethion	
	131. Ethylbenzene	
	132. Ethylenediamine	
	133. Ethylene dibromide	
	134. Ethylene dichloride	
	135. Ethylene diaminetetracetic acid (EDTA)	
	136. Ferric ammonium citrate	
	137. Ferric ammonium oxalate	
	138. Ferric chloride	
	139. Ferric fluoride	
	140. Ferric nitrate	
	141. Ferric sulfate	
	142. Ferrous ammonium sulfate	
	143. Ferrous chloride	
	144. Ferrous sulfate	
	145. Formaldehyde	
	146. Formic acid	
	147. Fumaric acid	
	148. Furfural	
	149. Guthion	
	150. Heptachlor	
	151. Hexachlorocyclopentadiene	
	152. Hydrochloric acid	
	153. Hydrofluoric acid	
	154. Hydrogen cyanide	
	155. Hydrogen sulfide	
	156. Isoprene	
	157. Isopropanolamine	
	dodecylbenzenesulfonate	
	158. Kelthane	
	159. Kepone	
	160. Lead acetate	
	161. Lead arsenate	
	162. Lead chloride	
	163. Lead fluoborate	
	164. Lead fluorite	
	165. Lead iodide	
	166. Lead nitrate	
	167. Lead stearate	
	168. Lead sulfate	
	169. Lead sulfide	
	170. Lead thiocyanate	
	171. Lindane	
	172. Lithium chromate	
	173. Malathion	
	174. Maleic acid	
	175. Maleic anhydride	
	176. Mercaptodimethur	
	177. Mercuric cyanide	
	178. Mercuric nitrate	
	179. Mercuric sulfate	
	180. Mercuric thiocyanate	
	181. Mercurous nitrate	
	182. Methoxychlor	
	183. Methyl mercaptan	
	184. Methyl methacrylate	
	185. Methyl parathion	
	186. Mevinphos	
	187. Mexacarbate	
	188. Monoethylamine	
	189. Monomethylamine	
	190. Naled	
	191. Naphthalene	
	192. Naphthene acid	
	193. Nickel ammonium sulfate	
	194. Nickel chloride	
	195. Nickel hydroxide	
	196. Nickel nitrate	
	197. Nickel sulfate	
	198. Nitric acid	
	199. Nitrobenzene	
	200. Nitrogen dioxide	
	201. Nitrophenol	
	202. Nitrotoluene	
	203. Paraformaldehyde	
	204. Parathion	
	205. Pentachlorophenol	
	206. Phenol	
	255. 2,4,5-T esters (2,4,5-trichlorophenoxy acetic acid esters)	
	256. 2,4,5-T salts (2,4,5-trichlorophenoxy acetic acid salts)	
	257. 2,4,5-TP acid (2,4,5-trichlorophenoxy propanoic acid)	
	258. 2,4,5-TP acid esters (2,4,5-trichlorophenoxy propanoic acid esters)	
	259. TDE (tetrachlorodiphenyl ethane)	
	260. Tetraethyl lead	
	261. Tetraethyl pyrophosphate	
	262. Thallium sulfate	
	263. Toluene	
	264. Toxaphene	
	265. Trichlorofon	
	266. Trichloroethylene	
	267. Trichlorophenol	
	268. Triethanolamine	
	dodecylbenzenesulfonate	
	269. Triethylamine	
	270. Trimethylamine	
	271. Uranyl acetate	
	272. Uranyl nitrate	
	273. Vanadium pentoxide	
	274. Vanadyl sulfate	
	275. Vinyl acetate	
	276. Vinylidene chloride	
	277. Xylene	
	278. Xylenol	
	279. Zinc acetate	
	280. Zinc ammonium chloride	
	281. Zinc borate	
	282. Zinc bromide	
	283. Zinc carbonate	
	284. Zinc chloride	
	285. Zinc cyanide	
	286. Zinc fluoride	
	287. Zinc formate	
	288. Zinc hydrosulfite	
	289. Zinc nitrate	
	290. Zinc phenolsulfonate	
	291. Zinc phosphide	
	292. Zinc silicofluoride	
	293. Zinc sulfate	
	294. Zirconium nitrate	
	295. Zirconium potassium fluoride	
	296. Zirconium sulfate	
	297. Zirconium tetrachloride	

**Division of Water Quality (DWQ)
UPDES Program**

UPDES Industrial Permit Application

UPDES Permit No.		Facility Name		Outfall Number	
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Table E. 2,3,7,8 Tetrachlorodibenzo P Dioxin (2,3,7,8 TCDD)					
	Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
			Believed Present	Believed Absent	
1.	2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	