

**JOHNSON CITY, TENNESSEE  
INDUSTRIAL WASTE QUESTIONNAIRE FOR NONRESIDENTIAL  
ESTABLISHMENTS:  
APPLICATION FOR WASTEWATER DISCHARGE PERMIT**

**Section A – General Information**

A.1. Company name, mailing address and telephone number:

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A.2. Address of production or manufacturing facility:  
(If same as above, check [  ]).

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A.3. Name, title and telephone number of Signing Official:

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Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the Signing Official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquire of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

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Date

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Signature of Official (Seal, if applicable)

A.4. Provide a brief description of manufacturing or service activity on premises:

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Principal raw materials used:

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Catalysts, Intermediates:

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A.5 Standard Industrial Classification (SIC) Codes for Principal Products or Services:

<b><u>Products or Services</u></b>	<b><u>SIC Code-4 Digits</u></b>	<b><u>Approx. Production</u></b>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

A.6. This facility generates the following type of wastes (check all that apply):

Average Gallons Per Day

- |    |                          |  |       |                          |           |                          |          |
|----|--------------------------|--|-------|--------------------------|-----------|--------------------------|----------|
| 1. | <input type="checkbox"/> | Domestic wastes<br>(Restrooms, employees<br>showers, etc.) | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 2. | <input type="checkbox"/> | Cooling water,<br>Non-contact                              | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 3. | <input type="checkbox"/> | Boiling/Tower<br>Blow-down                                 | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 4. | <input type="checkbox"/> | Cooling water,<br>contact                                  | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 5. | <input type="checkbox"/> | Process  | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 6. | <input type="checkbox"/> | Equip./Facility<br>Wash-down                               | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 7. | <input type="checkbox"/> | Air Pollution<br>Control Unit                              | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 8. | <input type="checkbox"/> | Storm water<br>Run-off                                     | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 9. | <input type="checkbox"/> | Other<br>(describe)  | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |

A.7. Wastes are discharged to (Check all that apply):

- |                          |                  |       |                          |           |                          |          |
|--------------------------|------------------|-------|--------------------------|-----------|--------------------------|----------|
| <input type="checkbox"/> | Sanitary sewer   | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| <input type="checkbox"/> | Storm sewer      | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| <input type="checkbox"/> | Surface water    | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| <input type="checkbox"/> | Ground water     | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| <input type="checkbox"/> | Waste haulers    | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| <input type="checkbox"/> | Evaporation      | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| <input type="checkbox"/> | Other (describe) | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |

Provide name, address and frequency of pick-up of waste hauler(s), if used.

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A.8. Is Spill Prevention Control and Countermeasure Plan prepared for the facility?

Yes                       No

Note: if your facility did not check one or more of the items listed in A.6.4 through A.6.9 above, then you do not need to complete any further sections in this survey/application. If any items A.6.4 through A.6.9 were checked, and complete the remainder of this survey/application.

**Section B – Facility Operation Characteristics**

B.1. Average number of employees per shift:

\_\_\_\_\_ 1<sup>st</sup>      \_\_\_\_\_ 2<sup>nd</sup>      \_\_\_\_\_ 3<sup>rd</sup>

B.2. Shift start times:

\_\_\_\_\_ 1<sup>st</sup>      \_\_\_\_\_ 2<sup>nd</sup>      \_\_\_\_\_ 3<sup>rd</sup>

B.3. Shifts normally worked each day:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1st							
2nd							
3rd							

B.4. Principal product produced:

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B.5. Production process is:

Batch                       Continuous                       Both

\_\_\_\_\_ % Batch                      \_\_\_\_\_ % Continuous

B.6. Hours of operation:

\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.       Continuous

B.7. Is production subject to seasonal variation    Yes    No  
If yes, briefly describe seasonal production cycle.

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B.8. Are any process changes or expansions planned during the next  
three years?       Yes    No

## Section C – Wastewater Information

C.1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (Check all that apply).

A. 34 Industrial Categories:

1.  Adhesives
2.  Aluminum Forming
3.  Auto and Other Laundries
4.  Battery Manufacturing
5.  Coal Mining
6.  Coil Coating
7.  Copper Forming
8.  Electric and Electronic Components
9.  Electroplating
10.  Explosive Manufacturing
11.  Foundries
12.  Gum and Wood Chemicals
13.  Inorganic Chemicals
14.  Iron and Steel
15.  Leather Tanning and Finishing
16.  Mechanical Products
17.  Nonferrous Metals
18.  Ore Mining
19.  Organic Chemicals
20.  Paint and Ink
21.  Pesticides
22.  Petroleum Refining
23.  Pharmaceuticals
24.  Photographic Supplies
25.  Plastic and Synthetic Materials
26.  Plastics Processing
27.  Porcelain Enamel
28.  Printing and Publishing
29.  Pump and Paper
30.  Rubber
31.  Soaps and Detergents
32.  Steam Electric
33.  Textile Mills
34.  Timber

B. Other Business

- Dairy Products
- Slaughter/Meat Packing/Rendering
- Food/Edible Products Processor
- Beverage Bottler

C.2. Pretreatment devices or processes used for treating wastewater or sludge  
(Check as many as appropriate):

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type \_\_\_\_\_
- Grease trap
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type \_\_\_\_\_
- Rainwater diversion or storage \_\_\_\_\_
- Other chemical treatment, type \_\_\_\_\_
- Other physical treatment, type \_\_\_\_\_
- Other, type \_\_\_\_\_
- No pretreatment provided

C.3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

C.4. Priority Pollutant Information: Please indicate by placing an "x" in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent," "Suspected to be Present," or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

	<b>CHEMICAL COMPOUND</b>	<b>KNOWN PRESENT</b>	<b>SUSPECTED PRESENT</b>	<b>KNOWN ABSENT</b>	<b>SUSPECTED ABSENT</b>	<b>KNOWN OR SUSPECTED CONCENTRATION DAY</b>
<b>I. METALS AND INORGANICS</b>						
1.	Antimony	[ ]	[ ]	[ ]	[ ]	_____
2.	Arsenic	[ ]	[ ]	[ ]	[ ]	_____
3.	Asbestos	[ ]	[ ]	[ ]	[ ]	_____
4.	Beryllium	[ ]	[ ]	[ ]	[ ]	_____
5.	Cadmium	[ ]	[ ]	[ ]	[ ]	_____
6.	Chromium	[ ]	[ ]	[ ]	[ ]	_____
7.	Copper	[ ]	[ ]	[ ]	[ ]	_____
8.	Cyanide	[ ]	[ ]	[ ]	[ ]	_____
9.	Lead	[ ]	[ ]	[ ]	[ ]	_____
10.	Mercury	[ ]	[ ]	[ ]	[ ]	_____
11.	Nickel	[ ]	[ ]	[ ]	[ ]	_____
12.	Selenium	[ ]	[ ]	[ ]	[ ]	_____
13.	Silver	[ ]	[ ]	[ ]	[ ]	_____
14.	Thallium	[ ]	[ ]	[ ]	[ ]	_____
15.	Zinc	[ ]	[ ]	[ ]	[ ]	_____
<b>II. PHENOLS AND CRESOLS</b>						
16.	Phenol(s)	[ ]	[ ]	[ ]	[ ]	_____
17.	Phenol, 2-chloro	[ ]	[ ]	[ ]	[ ]	_____
18.	Phenol, 2, 4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
19.	Phenol, 2, 4, 6-trichloro	[ ]	[ ]	[ ]	[ ]	_____
20.	Phenol, pentachloro	[ ]	[ ]	[ ]	[ ]	_____
21.	Phenol, 2-nitro	[ ]	[ ]	[ ]	[ ]	_____
22.	Phenol, 4-nitro	[ ]	[ ]	[ ]	[ ]	_____
23.	Phenol, 2, 4-dinitro	[ ]	[ ]	[ ]	[ ]	_____
24.	Phenol, 2, 4-demethyl	[ ]	[ ]	[ ]	[ ]	_____
25.	O-Cresol, p-chloro	[ ]	[ ]	[ ]	[ ]	_____
26.	O-Cresol, 4, 6-dinitro	[ ]	[ ]	[ ]	[ ]	_____

	<u>CHEMICAL COMPOUND</u>	<u>KNOWN PRESENT</u>	<u>SUSPECTED PRESENT</u>	<u>KNOWN ABSENT</u>	<u>SUSPECTED ABSENT</u>	<u>KNOWN OR SUSPECTED CONCENTRATION DAY</u>
<b>III.</b>	<b>MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS AND PHTHALATES)</b>					
27.	Benzene	[ ]	[ ]	[ ]	[ ]	_____
28.	Benzene, chloro	[ ]	[ ]	[ ]	[ ]	_____
29.	Benzene, 1, 2 dichloro	[ ]	[ ]	[ ]	[ ]	_____
30.	Benzene, 1, 3 dischloro	[ ]	[ ]	[ ]	[ ]	_____
31.	Benzene, 1, 4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
32.	Benezene, 1, 2, 4-trichloro	[ ]	[ ]	[ ]	[ ]	_____
33.	Benezene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
34.	Benezene, ethyl	[ ]	[ ]	[ ]	[ ]	_____
35.	Benezene, nitro	[ ]	[ ]	[ ]	[ ]	_____
36.	Toluene	[ ]	[ ]	[ ]	[ ]	_____
37.	Toluene, 2, 4-dinitro	[ ]	[ ]	[ ]	[ ]	_____
38.	Toluene, 2, 6-dinitro	[ ]	[ ]	[ ]	[ ]	_____
<b>IV.</b>	<b>PCB's and RELATED COMPOUNDS</b>					
39.	PCB-1016	[ ]	[ ]	[ ]	[ ]	_____
40.	PCB-1221	[ ]	[ ]	[ ]	[ ]	_____
41.	PCB-1332	[ ]	[ ]	[ ]	[ ]	_____
42.	PCB-1242	[ ]	[ ]	[ ]	[ ]	_____
43.	PCB-1248	[ ]	[ ]	[ ]	[ ]	_____
44.	PCB-1254	[ ]	[ ]	[ ]	[ ]	_____
45.	PCB-1260	[ ]	[ ]	[ ]	[ ]	_____
46.	2-Chloronaphtalene	[ ]	[ ]	[ ]	[ ]	_____

	<b>CHEMICAL COMPOUND</b>	<b>KNOWN PRESENT</b>	<b>SUSPECTED PRESENT</b>	<b>KNOWN ABSENT</b>	<b>SUSPECTED ABSENT</b>	<b>KNOWN OR SUSPECTED CONCENTRATION DAY</b>
<b>V.</b>	<b>ETHERS</b>					
47.	Ether, bis (chloromethyl)	[ ]	[ ]	[ ]	[ ]	_____
48.	Ether, bis (2-chloromethyl)	[ ]	[ ]	[ ]	[ ]	_____
49.	Ether, bis (2-chlorosopropyl)	[ ]	[ ]	[ ]	[ ]	_____
50.	Ether, 2- chloroethyl vinyl	[ ]	[ ]	[ ]	[ ]	_____
51.	Ether, 4- Bromophenyl phenyl)	[ ]	[ ]	[ ]	[ ]	_____
52.	Ether, 4- chlorophenyl phenyl	[ ]	[ ]	[ ]	[ ]	_____
53.	Bis (2-chloroethoxy) methane	[ ]	[ ]	[ ]	[ ]	_____
<b>VI.</b>	<b>NITROSAMINES AND OTHER NITROGEN- CONTAINING COMPOUNDS</b>					
54.	Nitrosamine, dimethyl	[ ]	[ ]	[ ]	[ ]	_____
55.	Nitrosamine, dipenyl	[ ]	[ ]	[ ]	[ ]	_____
56.	Nitrosamine, di-n-propyl	[ ]	[ ]	[ ]	[ ]	_____
57.	Benzldine	[ ]	[ ]	[ ]	[ ]	_____
58.	Benzldine, 3, 3'-dichloro	[ ]	[ ]	[ ]	[ ]	_____
59.	Hyddrazline, 1 2-diphenyl	[ ]	[ ]	[ ]	[ ]	_____
60.	Acrylonitrile	[ ]	[ ]	[ ]	[ ]	_____

	<b>CHEMICAL COMPOUND</b>	<b>KNOWN PRESENT</b>	<b>SUSPECTED PRESENT</b>	<b>KNOWN ABSENT</b>	<b>SUSPECTED ABSENT</b>	<b>KNOWN OR SUSPECTED CONCENTRATION DAY</b>
<b>VII</b>	<b>HALOGENATED ALIPHATICS</b>					
61.	Methane, bromo	[ ]	[ ]	[ ]	[ ]	_____
62.	Methane, chloro	[ ]	[ ]	[ ]	[ ]	_____
63.	Methane, dichloro	[ ]	[ ]	[ ]	[ ]	_____
64.	Methane, chlorodibromo	[ ]	[ ]	[ ]	[ ]	_____
65.	Methane, dichlorobromo	[ ]	[ ]	[ ]	[ ]	_____
66.	Methane, tribromo	[ ]	[ ]	[ ]	[ ]	_____
67.	Methane, trichloro	[ ]	[ ]	[ ]	[ ]	_____
68.	Methane, tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
69.	Methane, richlorofluoro	[ ]	[ ]	[ ]	[ ]	_____
70.	Methane, dichlorodifluoro	[ ]	[ ]	[ ]	[ ]	_____
71.	Ethane, 1, 1-dichloro	[ ]	[ ]	[ ]	[ ]	_____
72.	Ethane, 1, 2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
73.	Ethane, 1, 1, 1- trichloro	[ ]	[ ]	[ ]	[ ]	_____
74.	Ethane, 1, 1, 2- trichloro	[ ]	[ ]	[ ]	[ ]	_____
75.	Ethane, 1, 1, 2, 1- tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
76.	Ethane, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
77.	Ethene, chloro	[ ]	[ ]	[ ]	[ ]	_____
78.	Ethene, 1, 1-dichloro	[ ]	[ ]	[ ]	[ ]	_____
79.	Ethene, trans- dichloro	[ ]	[ ]	[ ]	[ ]	_____
80.	Ethene, trichloro	[ ]	[ ]	[ ]	[ ]	_____
81.	Ethene, tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
82.	Propane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
83.	Propane, 2, 4- dichloro	[ ]	[ ]	[ ]	[ ]	_____
84.	Butadlene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
85.	Cyclopendadlene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____

	<b><u>CHEMICAL COMPOUND</u></b>	<b><u>KNOWN PRESENT</u></b>	<b><u>SUSPECTED PRESENT</u></b>	<b><u>KNOWN ABSENT</u></b>	<b><u>SUSPECTED ABSENT</u></b>	<b><u>KNOWN OR SUSPECTED CONCENTRATION DAY</u></b>
<b>VIII</b>	<b>PHthalate ESTERS</b>					
86.	Phthalate, dl-c-methyl	[ ]	[ ]	[ ]	[ ]	_____
87.	Phthalate, dl-n-ethyl	[ ]	[ ]	[ ]	[ ]	_____
88.	Phthalate, dl-n-butyl	[ ]	[ ]	[ ]	[ ]	_____
89.	Phthalate, dl-n-octyl	[ ]	[ ]	[ ]	[ ]	_____
90.	Phthalate, bis (2-ethylhexyl)	[ ]	[ ]	[ ]	[ ]	_____
91.	Phthalate, butyl benzyl	[ ]	[ ]	[ ]	[ ]	_____

	<b><u>CHEMICAL COMPOUND</u></b>	<b><u>KNOWN PRESENT</u></b>	<b><u>SUSPECTED PRESENT</u></b>	<b><u>KNOWN ABSENT</u></b>	<b><u>SUSPECTED ABSENT</u></b>	<b><u>KNOWN OR SUSPECTED CONCENTRATION DAY</u></b>
<b>IX.</b>	<b>POLYCYCLIC AROMATIC HYDROCARBONS</b>					
92.	Acenaphthene	[ ]	[ ]	[ ]	[ ]	_____
93.	Acenaphthylene	[ ]	[ ]	[ ]	[ ]	_____
94.	Anthracene	[ ]	[ ]	[ ]	[ ]	_____
95.	Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	_____
96.	Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
97.	Benzo (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
98.	Benzo (ght) pervlene	[ ]	[ ]	[ ]	[ ]	_____
99.	Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	_____
100	Chrysene	[ ]	[ ]	[ ]	[ ]	_____
101	Dibenzo (a,n,) anthracene	[ ]	[ ]	[ ]	[ ]	_____
102	Fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
103	Fluorene	[ ]	[ ]	[ ]	[ ]	_____
104	Indeno (1,2,3-cd) pyrene	[ ]	[ ]	[ ]	[ ]	_____

	<b>CHEMICAL COMPOUND</b>	<b>KNOWN PRESENT</b>	<b>SUSPECTED PRESENT</b>	<b>KNOWN ABSENT</b>	<b>SUSPECTED ABSENT</b>	<b>KNOWN OR SUSPECTED CONCENTRATION DAY</b>
<b>IX.</b>	<b>POLYCYCLIC AROMATIC HYDROCARBONS</b>					
105	Naphthalene	[ ]	[ ]	[ ]	[ ]	_____
106	Phenanthrene	[ ]	[ ]	[ ]	[ ]	_____
107	Pyrene	[ ]	[ ]	[ ]	[ ]	_____
<b>X.</b>	<b>PESTICIDES</b>					
108	Acrolein	[ ]	[ ]	[ ]	[ ]	_____
109	Aldrin	[ ]	[ ]	[ ]	[ ]	_____
110	BHC (Alpha)	[ ]	[ ]	[ ]	[ ]	_____
111	BHC (Beta)	[ ]	[ ]	[ ]	[ ]	_____
112	BHC (Gamma) or Lindane	[ ]	[ ]	[ ]	[ ]	_____
113	BHC (Delta)	[ ]	[ ]	[ ]	[ ]	_____
114	Chlordane	[ ]	[ ]	[ ]	[ ]	_____
115	DDD	[ ]	[ ]	[ ]	[ ]	_____
116	DDE	[ ]	[ ]	[ ]	[ ]	_____
117	DDT	[ ]	[ ]	[ ]	[ ]	_____
118	Dieldrin	[ ]	[ ]	[ ]	[ ]	_____
119	Endosulfan (Alpha)	[ ]	[ ]	[ ]	[ ]	_____
120	Endosulfan (Beta)	[ ]	[ ]	[ ]	[ ]	_____
121	Endosulfan sulfate	[ ]	[ ]	[ ]	[ ]	_____
122	Endrin	[ ]	[ ]	[ ]	[ ]	_____
123	Endrin aldehyde	[ ]	[ ]	[ ]	[ ]	_____
124	Heptachlor	[ ]	[ ]	[ ]	[ ]	_____
125	Heptachlor epoxide	[ ]	[ ]	[ ]	[ ]	_____
126	Isophorone	[ ]	[ ]	[ ]	[ ]	_____
127	TCDD (or Dioxin)	[ ]	[ ]	[ ]	[ ]	_____
128	Toxaphene	[ ]	[ ]	[ ]	[ ]	_____

C.5 If you are unable to identify the chemical constituents of products you use that discharge in your wastewater, attach copies of the materials safety data sheets for such products.

**Section D – Other Wastes**

D.1. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

- Yes                       No

If "no" skip remainder of Section E.  
If "yes" complete items 2 and 3.

D.2. These wastes may be best described as

Estimated Gallons or Pounds/Year

- |   |       |
|---|-------|
| <input type="checkbox"/> Acids and Alkalies     | _____ |
| <input type="checkbox"/> Heavy Metal Sludges    | _____ |
| <input type="checkbox"/> Inks/Dyes              | _____ |
| <input type="checkbox"/> Oils and/or Grease     | _____ |
| <input type="checkbox"/> Organic Compounds      | _____ |
| <input type="checkbox"/> Paints                 | _____ |
| <input type="checkbox"/> Pesticides             | _____ |
| <input type="checkbox"/> Plating Wastes         | _____ |
| <input type="checkbox"/> Pretreatment Sludges   | _____ |
| <input type="checkbox"/> Solvents/Thinners      | _____ |
| <input type="checkbox"/> Other Hazardous        | _____ |
| <input type="checkbox"/> Wastes (specify)       | _____ |
| <input type="checkbox"/> Other Wastes (specify) | _____ |

D. 3. For the above checked wastes, does your company practice:

- On-site storage  
 Off-site storage  
 On-site disposal  
 Off-site disposal

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

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## **Section E- Plant Wastewater Collection System**

- E.1. Provide plans and/or sketches which show the location of the wastewater collection system inside plant building, outside buildings and their connection to the City sanitary sewer. Please indicate line size, manhole locations and clean-out locations.