



**SECTION C – PROCESS INFORMATION**

**PROCESS #1 – Primary**

1. Brief description of the primary manufacturing or service activity at the physical address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. SIC Code(s) of Primary Activity: \_\_\_\_\_
3. Is this or any other process wastewater subject to Federal Categorical wastewater standards in 40 CFR?  Yes  No  
If YES, please list the 40 CFR Part(s) and Subpart(s): \_\_\_\_\_
4. Principal Raw Materials Used: \_\_\_\_\_ Maximum used per day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Principal Products Produced: \_\_\_\_\_ Maximum quantity produced per day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Waste Generation:  Continuous  Intermittent  Batch – average batches per day: \_\_\_\_\_
7. Days of the week this process is in operation: M Tu W Th F Sat Sun (check all that apply)
8. Shifts and start times this process is in operation: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**PROCESS #2 – Secondary/Additional** (If more than two major processes, please include any addition information on a separate sheet)

1. Brief description of any additional manufacturing or service activities at the physical address:  
\_\_\_\_\_  
\_\_\_\_\_
2. SIC Code(s) of Additional Activities: \_\_\_\_\_
3. Is this or any other process wastewater subject to Federal Categorical wastewater standards in 40 CFR?  Yes  No  
If YES, please list the 40 CFR Part(s) and Subpart(s): \_\_\_\_\_
4. Principal Raw Materials Used: \_\_\_\_\_ Maximum used per day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Principal Products Produced: \_\_\_\_\_ Maximum quantity produced per day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Waste Generation:  Continuous  Intermittent  Batch – average batches per day: \_\_\_\_\_
7. Days of the week this process is in operation: M Tu W Th F Sat Sun (check all that apply)
8. Shifts and start times this process is in operation: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**SECTION D – PLANT OPERATIONS AND CHARACTERISTICS**

1. Are your processes subject to seasonal variation?  Yes  No  
If yes, explain and indicate the months of peak operation and processes: \_\_\_\_\_  
\_\_\_\_\_
2. Shift information:  
a. Average number of employees per shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Total \_\_\_\_\_  
b. Are your processes subject to shift variation?  Yes  No  
If yes, explain and indicate the shifts of peak operation and processes: \_\_\_\_\_  
\_\_\_\_\_
3. Describe any water recycling or material reclaiming processes utilized: \_\_\_\_\_  
\_\_\_\_\_
4. Is a spill prevention plan / slug discharge control plan prepared and in use?  Yes (attach a copy)  No

**SECTION E - WATER CONSUMPTION**

1. Raw water source(s)  Municipal water treatment facility  Rural water district  
 Private contract  Private well  
 Surface water  Other \_\_\_\_\_
2. List past 12 months of water usage from water bills:  
a. 1st 6-month period of 20\_\_\_\_\_, \_\_\_\_\_ cubic ft x 7.48 = \_\_\_\_\_ gallons  
b. 2nd 6-month period of 20\_\_\_\_\_, \_\_\_\_\_ cubic ft x 7.48 = \_\_\_\_\_ gallons  
c. Name of other source(s) \_\_\_\_\_ Volume from other source(s) \_\_\_\_\_ gallons per day
3. List estimated water consumption within the plant (gallons/day):
- | Type                           | Avg. volume | Max. volume | Separate meter?          |                          |
|--------------------------------|-------------|-------------|--------------------------|--------------------------|
|                                |             |             | Yes                      | No                       |
| a. Process #1 (from Section C) | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Process #2 (from Section C) | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Process #3 (from Section C) | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cooling water               | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Boiler feed                 | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sanitary                    | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Plant / Equip. washdown     | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Irrigation / lawn watering  | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Other _____                 | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Total of a - h              | _____       | _____       | <input type="checkbox"/> | <input type="checkbox"/> |

4. Describe any water treatment or conditioning processes utilized: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION F – SEWER INFORMATION**

1. Attach a scaled drawing of your plant site on a 24" X 36" sheet showing the location of all sewers. Also, show location of possible sampling points for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.
2. List plant sewers shown in F-1, include size and flow. Assign sequential reference number to each sewer starting with No. 1 (if more than 3, attach additional connection information on another sheet).

Sewer Ref. No.	Sewer Size (inches)	Descriptive Location of Sewer Connection or Discharge Point	Avg. Flow GPD	Max. Flow GPD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION G – WASTEWATER INFORMATION**

1. List estimated volume of water discharged (gallons/day), quantity by sewer referenced in F-2. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES Outfall Number and NPDES Permit Number.

	Sewer #1		Sewer #2		Discharge meter?	
	Avg. Volume	Max. Volume	Avg. Volume	Max. Volume	Yes	No
a. Process #1 (Section C)	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Process #2 (Section C)	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Process #3 (Section C)	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooling water	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. Boiler feed	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. Sanitary	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. Plant/Equip. Washdown	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
h. Regeneration Waste (refer to E-4)	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (Specify)	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
j. Total of a-i	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
NPDES Outfall/Permit No.	_____				<input type="checkbox"/>	<input type="checkbox"/>

2. Is any form of wastewater pretreatment utilized at this facility?  Yes  No  
 If "yes", attach a brief description and Flow Diagram of the process.
3. Is any wastewater hauled to Des Moines WRF via tanker?  Yes (volume: \_\_\_\_\_)  No
4. Attach a copy to this application of the most recent wastewater analyses performed on the wastewater discharges from your facilities (unless those samples were by WRA). Be sure to include the date and location(s) of the sample(s) taken, and name of the laboratory performing the analysis (attach sketches, plans, etc., as necessary).

5. Priority Pollutant Information: Please indicate by placing an "X" in the box preceding each listed chemical if the chemical is suspected or known to be present in your manufacturing or service activity or generated as a byproduct. Some compounds are known by other names. Please check with your supplier to determine the specific compounds found in your supplies. If the chemical compound is not known, list the product name and the name and address of the supplier in the spaces provided following this table.

- |     |                          |  |     |                          |  |
|-----|--------------------------|--|-----|--------------------------|--|
| 1.  | <input type="checkbox"/> | Acenaphthene                                     | 45. | <input type="checkbox"/> | 1,2-Dichlorobenzene                              |
| 2.  | <input type="checkbox"/> | Acenaphthylene                                   | 46. | <input type="checkbox"/> | 1,3-Dichlorobenzene                              |
| 3.  | <input type="checkbox"/> | Acrolein   | 47. | <input type="checkbox"/> | 1,4-Dichlorobenzene                              |
| 4.  | <input type="checkbox"/> | Acrylonitrile                                    | 48. | <input type="checkbox"/> | 3,3-Dichlorobenzidine                            |
| 5.  | <input type="checkbox"/> | Aldrin   | 49. | <input type="checkbox"/> | Dichlorobromomethane                             |
| 6.  | <input type="checkbox"/> | Alpha-BHC  | 50. | <input type="checkbox"/> | 1,1-Dichloroethane                               |
| 7.  | <input type="checkbox"/> | Alpha-endosulfan                                 | 51. | <input type="checkbox"/> | 1,2-Dichloroethane                               |
| 8.  | <input type="checkbox"/> | Anthracene                                       | 52. | <input type="checkbox"/> | 1,1-Dichloroethylene                             |
| 9.  | <input type="checkbox"/> | 1,2-Benzanthracene (benzo(a)anthracene)          | 53. | <input type="checkbox"/> | 2,4-Dichlorophenol                               |
| 10. | <input type="checkbox"/> | Benzene  | 54. | <input type="checkbox"/> | 1,2-Dichloropropane                              |
| 11. | <input type="checkbox"/> | Benzidine  | 55. | <input type="checkbox"/> | 1,3-Dichloropropylene (1,3-dichloropropene)      |
| 12. | <input type="checkbox"/> | Benzo(a)pyrene (3,4-benzopyrene)                 | 56. | <input type="checkbox"/> | Dieldrin   |
| 13. | <input type="checkbox"/> | 3,4-Benzofluoranthene (benzo(b)fluoranthene)     | 57. | <input type="checkbox"/> | Diethyl phthalate                                |
| 14. | <input type="checkbox"/> | 11,12-Benzofluoranthene (benzo(k)fluoranthene)   | 58. | <input type="checkbox"/> | Dimethyl phthalate                               |
| 15. | <input type="checkbox"/> | 1,12-Benzoperylene (benzo(ghi)perylene)          | 59. | <input type="checkbox"/> | 2,4-Dimethylphenol                               |
| 16. | <input type="checkbox"/> | Beta-BHC   | 60. | <input type="checkbox"/> | Di-n-butyl phthalate                             |
| 17. | <input type="checkbox"/> | Beta-endosulfan                                  | 61. | <input type="checkbox"/> | 4,6-Dinitro-o-cresol                             |
| 18. | <input type="checkbox"/> | Bis (2-chloroethyl) ether                        | 62. | <input type="checkbox"/> | 2,4-Dinitrophenol                                |
| 19. | <input type="checkbox"/> | Bis (2-chloroisopropyl) ether                    | 63. | <input type="checkbox"/> | 2,4-Dinitrotoluene                               |
| 20. | <input type="checkbox"/> | Bis (2-ethylhexyl) phthalate                     | 64. | <input type="checkbox"/> | 2,6-Dinitrotoluene                               |
| 21. | <input type="checkbox"/> | Bis (2-chloroethoxy) methane                     | 65. | <input type="checkbox"/> | Di-n-octyl phthalate                             |
| 22. | <input type="checkbox"/> | Bromoform (tribromomethane)                      | 66. | <input type="checkbox"/> | 1,2-Diphenylhydrazine                            |
| 23. | <input type="checkbox"/> | 4-Bromophenyl phenyl ether                       | 67. | <input type="checkbox"/> | Endosulfan sulfate                               |
| 24. | <input type="checkbox"/> | Butyl benzyl phthalate                           | 68. | <input type="checkbox"/> | Endrin   |
| 25. | <input type="checkbox"/> | Carbon tetrachloride (tetrachloromethane)        | 69. | <input type="checkbox"/> | Endrin aldehyde                                  |
| 26. | <input type="checkbox"/> | Chlordane (technical mixture and metabolites)    | 70. | <input type="checkbox"/> | Ethylbenzene                                     |
| 27. | <input type="checkbox"/> | Chlorobenzene                                    | 71. | <input type="checkbox"/> | Fluoranthene                                     |
| 28. | <input type="checkbox"/> | Chlorodibromomethane                             | 72. | <input type="checkbox"/> | Fluorene   |
| 29. | <input type="checkbox"/> | Chloroethane                                     | 73. | <input type="checkbox"/> | Gamma-BHC  |
| 30. | <input type="checkbox"/> | 2-Chloroethyl vinyl ether (mixed)                | 74. | <input type="checkbox"/> | Heptachlor                                       |
| 31. | <input type="checkbox"/> | Chloroform (trichloromethane)                    | 75. | <input type="checkbox"/> | Heptachlor epoxide (BHC-hexachlorocyclohexane)   |
| 32. | <input type="checkbox"/> | 2-Chloronaphthalene                              | 76. | <input type="checkbox"/> | Hexachlorobutadiene                              |
| 33. | <input type="checkbox"/> | 2-Chlorophenol                                   | 77. | <input type="checkbox"/> | Hexachlorocyclopentadiene                        |
| 34. | <input type="checkbox"/> | 4-Chlorophenyl phenyl ether                      | 78. | <input type="checkbox"/> | Hexachloroethane                                 |
| 35. | <input type="checkbox"/> | Chrysene   | 79. | <input type="checkbox"/> | Hexacholobenzene                                 |
| 36. | <input type="checkbox"/> | 4,4-DDD (p,p-TDE)                                | 80. | <input type="checkbox"/> | Indeno(1,2,3-cd) pyrene (2,3-o-phenylene pyrene) |
| 37. | <input type="checkbox"/> | 4,4-DDE (p,p-DDX)                                | 81. | <input type="checkbox"/> | Isophorone                                       |
| 38. | <input type="checkbox"/> | 4,4-DDT  | 82. | <input type="checkbox"/> | Methyl bromide (bromomethane)                    |
| 39. | <input type="checkbox"/> | Delta-BHC  | 83. | <input type="checkbox"/> | Methyl chloride (chloromethane)                  |
| 40. | <input type="checkbox"/> | 1,2,5,6-Dibenzathracene (dibenzo(a,h)anthracene) | 84. | <input type="checkbox"/> | Methylene chloride (dichloromethane)             |
| 41. | <input type="checkbox"/> | Naphthalene                                      | 85. | <input type="checkbox"/> | 1,2-Trans-dichloroethylene                       |
| 42. | <input type="checkbox"/> | Nitrobenzene                                     | 86. | <input type="checkbox"/> | 1,2,4-Trichlorobenzene                           |
| 43. | <input type="checkbox"/> | 2-Nitrophenol                                    | 87. | <input type="checkbox"/> | 1,1,1-Trichloroethane                            |
| 44. | <input type="checkbox"/> | 4-Nitrophenol                                    | 88. | <input type="checkbox"/> | 1,1,2-Trichloroethane                            |

