CLINTON RIVER WATER RESOURCE RECOVERY FACILITY
DRAINAGE DISTRICT

SUPPLEMENTAL INSTRUCTIONS TO COMPLETE USER SURVEY/USER PERMIT APPLICATION FORM

You should carefully read all instructions on the Clinton River Water Resource Recovery Facility Drainage District User Survey/User Permit Application Form (the "form") as well as these supplemental instructions before completing the form. You must fully answer *all* questions as directed by the instructions provided on the form and by these supplemental instructions. *Do not leave any blanks on the form.*

If you believe that a question on the form is not applicable to you, indicate that on the form by inserting "N/A" and state the specific reason you believe the question does not apply. *However, if you conclude for any reason that a particular question or request for information on the form does not apply to you and therefore does not need to be answered, you must contact the publicly owned treatment works (POTW) to discuss any such item far enough in advance of any applicable deadlines for final completion and submission of the form so that the information can still be timely provided if the POTW determines that the question or information request at issue does in fact apply to you. Your failure to do so could result in a determination by the POTW that form as submitted has not been submitted in a timely and complete manner.*

For any question that there is not enough room on the form to completely answer, attach additional sheets as needed to provide a complete and detailed (clearly labeled to identify which question is being addressed).

These supplemental instructions apply to only some of the questions on the form. The numbered supplemental instruction paragraphs below correspond to the similarly numbered items on the form. If there are no supplement instructions listed here, follow the instructions provided by the form or as otherwise directed by the POTW Superintendent.

Depending on your particular circumstances (e.g., currently discharging, not currently discharging, prior discharger) the POTW Superintendent may provide additional or different instructions to those provided below and/or on the form; and/or may require information in addition to that required by the form and these supplemental instructions.

All site plans, floor plans or other plans required for submittal by the form and/or by these supplemental instructions shall be prepared and sealed by a licensed engineer. Be sure to take that into account when planning to meet any applicable submission deadlines.

If you would like to request confidentiality for any of the information you are required to submit, you must timely submit the information accompanied by a request in writing that demonstrates to the satisfaction of the POTW Superintendent that the release of the information would divulge information, processes, or methods of production entitled to protection as your trade secrets. It is your responsibility to comply with all of the specific requirements regarding requests for confidentiality as provided by, and subject to the limitations of, Section 118 of the City's Sewer Use Ordinance (Chapter 118 Article III of the Pontiac City Code) and other applicable provisions of state and federal law. If you have any questions regarding the confidentiality

requirements, you should immediately contact the POTW Superintendent. You must submit all information requested by the POTW, even if the you request that some or all of that information be subject to applicable confidentiality provisions; failure to timely submit all requested information is a violation of the Sewer Use Ordinance

SECTION A – INSTRUCTIONS (GENERAL INFORMATION)

1) Enter the facility's official or legal name. Do not use a colloquial name.

   a) Operator Name: Provide the name, as it is legally referred to, of the person, firm, public organization, or any other entity that operates the facility described in the form. This may or may not be the same name as the facility.

   b) Indicate whether the entity that operates the facility also owns it. If the response is "no," clearly indicate the owner's name and address and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

   c) Indicate what type of business this is (corporation, partnership, etc.).

2) Provide the legal address of the facility. If there is more than one street address, list them all.

3) Provide the business mailing address where correspondence from the POTW may be sent.

4) Provide the names of all "authorized representatives" for the facility as defined by chapter 118-222 of the City's Sewer Use Ordinance.

5) Provide the name of a person who is thoroughly familiar with the information required to be provided by the form and who can be contacted by the POTW in connection therewith.

6) Indicate if this is an existing or proposed discharge and the associated date discharge began or is anticipated to begin. If there were prior discharges that have ceased as of the date of that you are completing the form, indicate the date those prior discharges began and the date they ceased. Attach additional sheets as needed to identify the nature of any prior and current discharges and the associated dates. Note: "discharge" includes "wastewater" of any kind, including but not limited to process wastes, cooling water, boiler blowdown, sanitary wastes, etc., as provided by the Sewer Use Ordinance.

SECTION B – INSTRUCTIONS (BUSINESS OPERATIONS)

1) Check off all operations in this table that occur or will occur at your facility. If you have any questions regarding how to categorize your business activity, contact the POTW for guidance. For this question B(1), just check those that apply, if any. It is not necessary to indicate N/A for those that do not apply. *(Note: Even if none of the operations in the table apply, you must still complete items B(2) through B(5) on the form.)*

2) Give a brief description of all activities, facilities, and plant processes on the premises. Attach additional sheets if necessary.

3) For all processes found on the premises, indicate the Standard Industrial Classification (SIC) Code Number, as found in the most recent Edition of Standard Industrial Classification Manual prepared by the Executive Office of the President, Office of Management and Budget. This document is available from the Government Printing Office in Washington D.C., or in San Francisco, California. *Do not use previous editions of the manual*. Copies of the manual are also available at most public libraries.

4) List the types of products produced at your facility, giving the common or brand name and the proper scientific name. Enter from your records the average and maximum amounts produced daily for each operation for the previous calendar year, and the estimated total daily production for this calendar year. Provide the current annual production of each product. Indicate what process(es) are involved with the manufacture of each product. Be sure to specify the daily units of production. Attach additional sheets if necessary.

5) List the current environmental permits this facility holds (local, state, and/or federal). Indicate current and past compliance status with any permits or other applicable environmental laws/regulations. Answer other environmental compliance-related questions that are on the form.

SECTION C – INSTRUCTIONS (WATER SUPPLY)

4) Provide daily average water usage within the facility for the past 36 months. Contact cooling water is water used for cooling purposes only that may become contaminated or polluted either through the use of water treatment chemicals (such as corrosion inhibitors or biocides) or by direct contact with process materials and/or wastewater. Non-contact cooling water is water used for cooling purposes only that has no direct contact with any raw material, intermediate product, final product, or waste, and that does not contain a detectable level of contaminants higher than that of the intake water (for example, the water discharged from uses such as air conditioning, cooling, or refrigeration, or to which the only pollutant added is heat. Sanitary water includes only water used in restrooms (see definition of “domestic waste” in Chapter 118-222 of the Sewer Use Ordinance). If sanitary flow is not metered, provide an estimate based on 15 gallons per day (GPD) for each employee. Plant and equipment washdown includes floor washdown.

SECTION D – INSTRUCTIONS (SEWER INFORMATION)

No supplemental instructions. Please refer to the instructions on the form.

SECTION E – INSTRUCTIONS (WASTEWATER DISCHARGE INFORMATION)

1) You must answer “yes” if your discharge includes *anything* other than segregated domestic waste from sinks, toilets, and employee showers (for example, if the discharge

also contains things such as cooling water, boiler blowdown, floor wash, process wastewater, etc.).

If you are currently discharging all or a portion of your wastewater to a holding tank, but may subsequently discharge that wastewater to the POTW, you should answer Section E(2), (3) and (4) as though all of the discharges to the tank were instead currently being discharged to the POTW (regarding hours of discharge, flow rates, flow diagram, etc.).

If you answer "no" to this question, skip to Section I and complete the remainder of the application from that point; *provided, however, that if you intend to commence or recommence discharge of anything other than segregated domestic waste, or if you are directed otherwise on the form by the POTW Superintendent, do not skip to Section I and complete all remaining sections of the form.*

4) A schematic flow diagram is required to be completed *even if there is currently no discharge from the premises.* Assign a sequential reference number to each process staring with number 1.To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable. An example of a schematic flow diagram is attached (Figure 1). The schematic flow diagram shall be prepared and sealed by a licensed engineer.

5) Non-categorical users should report average daily and maximum daily wastewater flows from each process, operation, or activity present at the facility. If all, or any portion of the wastewater is directed to tanks for subsequent batch discharge or to be hauled for off-site disposal, you must report the average daily and maximum daily flows that are directed to the tanks. Categorical users should skip to question 6.

6) This question applies to categorical users only. Categorical users should report average daily and maximum daily wastewater flows from every regulated, unregulated, and dilution process. A regulated waste stream is defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated waste streams are waste streams from a process that are not regulated by a categorical pretreatment standard and are not regulated by a categorical pretreatment standard and are not defined as a dilution waste stream. Dilution waste streams include sanitary wastewater, boiler blowdown, non-contact cooling water or blowdown, storm water streams, dematerialize backwash streams and process waste streams from certain industrial subcategories exempted by EPA from categorical pretreatment standards. (For further details see 40 DFR 403.6 (e).)

7) This question applies to categorical users subject to Total Toxic Organics (TTO) requirements. TTO means the sum of the masses or concentrations of specific toxic organic compounds found in the industrial user's process discharge. The individual organic compounds that make up the TTO value and the minimum reportable quantities differ according to the particular industrial category (see applicable categorical pretreatment standards, 40 CFR Parts 405-471).

8) This question, as well as questions E(9) through E(12), applies to all users (categorical and noncategorical).

SECTION F – INSTRUCTIONS (CHARACTERISTICS OF DISCHARGE)

The Sewer Use Ordinance requires all nondomestic users to sample their discharges to the POTW and to retain, preserve, and make available to the POTW for copying and inspection (for a minimum of 3 years) all related documents, reports, correspondence, and records related to those discharges, including, but not limited to, copies of results of all sampling, monitoring, measurements and analyses. For all samples, the records must include, at a minimum, the information required to be recorded by the Sewer Use Ordinance.

In addition to completing the table as required by the instructions on the form, (1) any current discharger and/or (2) any premises or facility not currently discharging but that within the past 36 months has discharged all or any portion of its wastewater to the POTW (or has discharged all or any portion of its wastewater to a tank to be hauled for off-site disposal), must also provide all sampling data and analytical results that are in the user's possession (including any data and results in the possession of any third-party contract laboratory or waste hauler) for all such wastewater discharged during the past 36 months, including the following information for each pollutant sampled:

The pollutant parameter sampled (e.g. BOD5, COD, TSS, etc.), the date sampled, the exact location of the sample, the sample time (including start time and stop time) and method of sampling or measurement (e.g., grab, composite, etc.), and the name(s) of person(s) taking the samples or measurements; sampler programming information; the sample preservation techniques or procedures used; the full chain-of-custody for each sample; the dates the analyses were performed and completed; who performed the analyses; the analytical techniques and methods used; the detection limits and/or quantification level used per parameter; quality assurance/quality control (QA/QC) procedures used and QA/QC data; and the results of the analyses.

If any of the records containing this information are no longer in the user's possession, the user shall take whatever steps are necessary to authorize the POTW to copy or inspect the records that may be in the possession of any third-party. If any of the records no longer exist, the user shall indicate the specific circumstances of their loss, destruction, or other disposition.

SECTION G – INSTRUCTIONS (TREATMENT)

5) A process flow diagram is required to be completed *even if there is currently no discharge from the premises.* The process flow diagram shall be prepared and sealed by a licensed engineer.

SECTION H – INSTRUCTIONS (FACILITY OPERATIONAL CHARACTERISTICS)

2) Indicate whether the business activity is continuous throughout the year or if it is seasonal. If the activity is seasonal, circle the months of the year during which the

discharge occurs. Make any comments you feel are required to describe the variation in operation of your business activity.

4) Indicate any shutdowns in operation which may occur during the year and indicate the reasons for shutdown.

5) Provide a listing of all primary raw materials used (or planned) in the facility's operations. Indicate amount of raw material used in daily units.

6) Provide a list of chemicals or materials used (or planned), processed, stored in bulk or are present in quantities greater than 50 gallons. Indicate the amount used, processed or stored and whether secondary containment is provided. If secondary containment is provided, indicate whether the containment meets the requirements of chapter 118-267 of the Sewer Use Ordinance. Include the location of each chemical or material in the facility. Chemical locations may be indicated on the facility drawing(s). Avoid the use of trade names of chemicals. If trade names are used, also provide the chemical compounds. Provide copies of all manufacturer's safety data sheets for all chemicals identified.

7) Facility Layout/Site Plan:
Provide drawing(s) as necessary to show the each building on the premises as well as site piping and sewer connections. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram, Section E), process and chemical storage areas, location of pretreatment equipment, floor drains, inspection manholes, public sewers, and each facility sewer line connected to the public sewers. *Number each sewer* and show existing and proposed sampling locations. An example of a Facility Layout/Site Plan is included is attached (Figure 2). A Facility Layout/Site Plan is required to be completed *even if there is currently no discharge from the premises.* The Facility Layout/Site Plan shall be prepared and sealed by a licensed engineer.

SECTION I – INSTRUCTIONS (SPILL PREVENTION)

4) Specify the procedures you have in place for immediately notifying the POTW of accidental or slug discharges, including any discharge that would violate any discharge prohibition, limitation or requirement under the Sewer Use Ordinance, and procedures for follow-up written notification within 5 days of the discharge.

Also, specify the procedures you have in place to prevent adverse impact from accidental spills, including inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site run-off, worker training, building of containment structures or equipment, measures for containing toxic organic pollutants (including solvents), and measures and equipment for emergency response.

5) Describe how the spill occurred, what was spilled, when the spill happened, where it occurred, how much was spilled, and whether or not the spill reached the sewer. Also explain what measures have been taken to limit damage if another spill occurs.

SECTION J – INSTRUCTIONS (NON-DISCHARGED WASTES)

1) For wastes not discharged to the POTW's sewer, indicate types of waste generated, amount generated, the way in which the waste is disposed (e.g. incinerated, hauled, etc.), and the location of disposal.

   If you are (1) a current discharger or (2) not currently discharging but within the past 36 months have discharged all or any portion of your wastewater to the POTW, and have had any wastes hauled away for disposal off-site, you must provide copies of all waste manifest forms for each load hauled during that 36-month period; and copies of all sampling data and analytical results for each load hauled during that 36-month period that are in your possession (or in the possession of any third-party contract laboratory or waste hauler). The sampling data and analytical results must contain the information required by Section F of these instructions. If any of the manifests or sampling/analytical records are no longer in your possession, you must take whatever steps are necessary to authorize the POTW to copy or inspect the records that may be in the possession of any third-party. If any of the records no longer exist, you must indicate the specific circumstances of their loss, destruction, or other disposition.

2) Onsite disposal system could be a septic system, lagoon, holding pond (evaporative-type), etc.

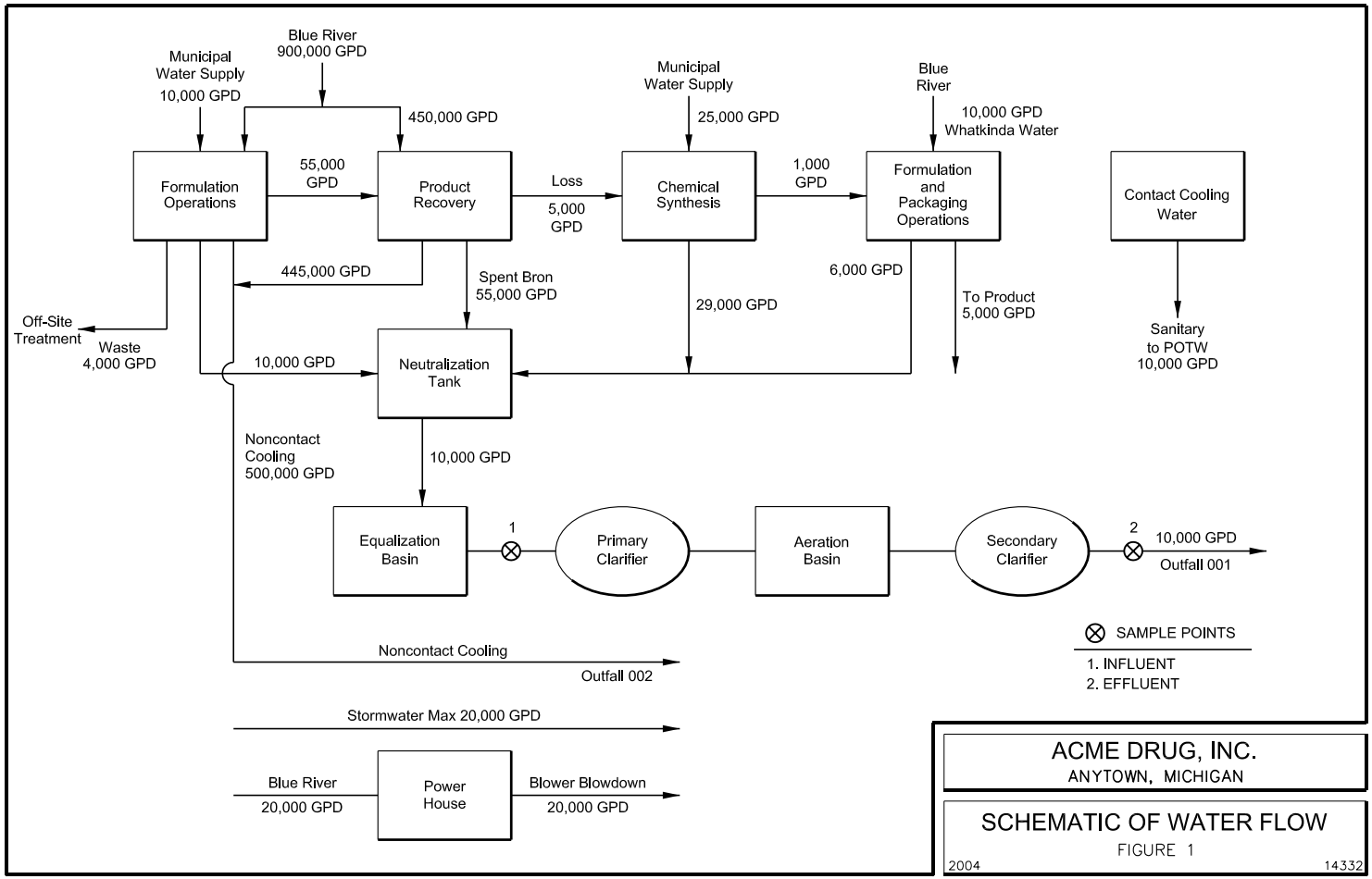
5) Types of permits could be: air, hazardous waste, underground injection, solid wastes, National Pollutant Discharge Elimination System NPDES (for discharge to surface water), etc.

SECTION K – INSTRUCTIONS (AUTHORIZED SIGNATURES)

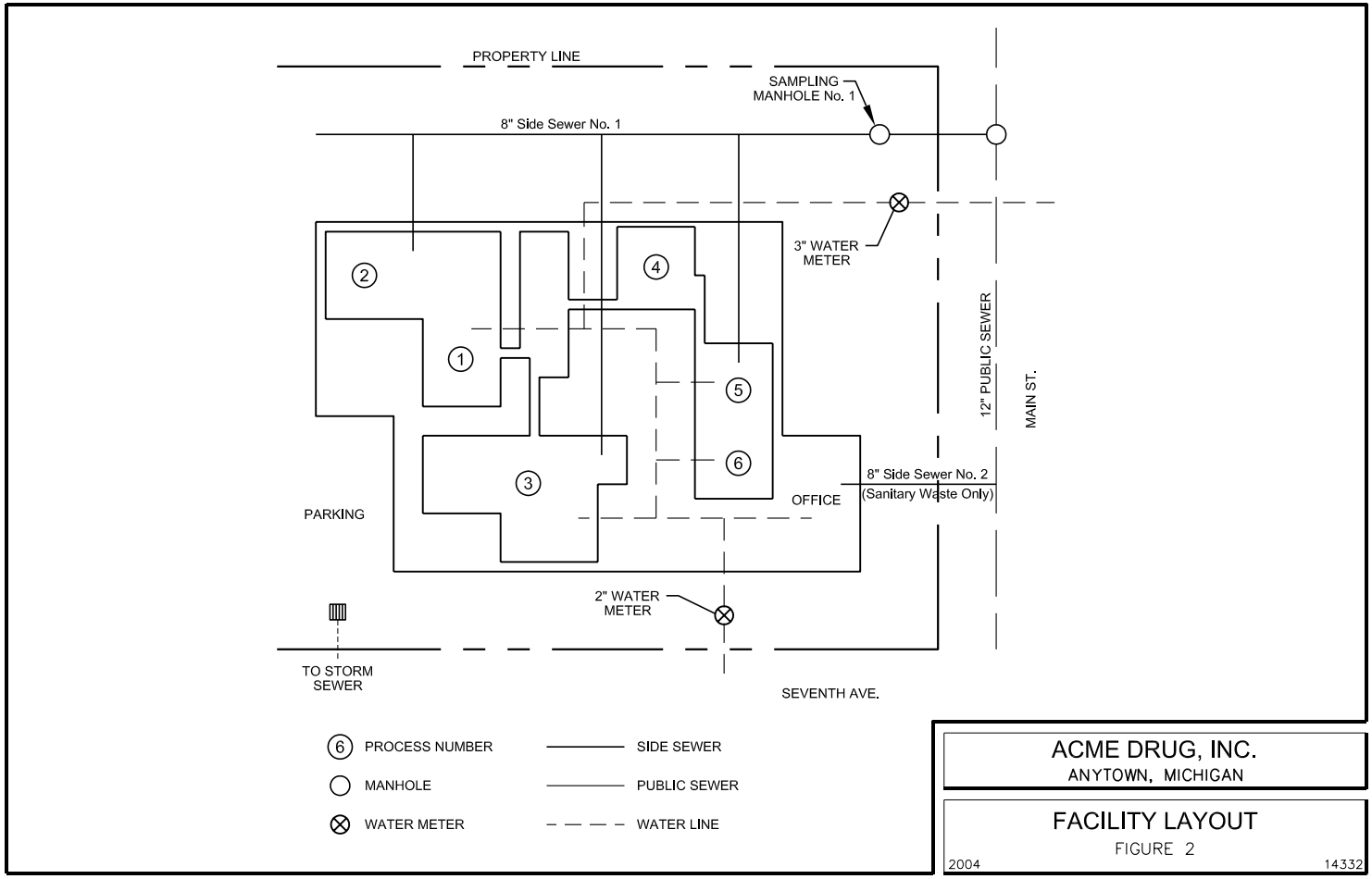
1) If there were prior discharges that have ceased as of the date that you are completing the form, indicate whether all applicable federal, state, and local pretreatment standards and requirements were met on a consistent basis at all times during those prior discharges.

Authorized Representative Statement. This statement on the form must be signed by an "authorized representative" of your facility (one of the individuals listed in your response to Section A(4) of the form).

CLINTON RIVER WATER RESOURCE RECOVERY FACILITY



CLINTON RIVER WATER RESOURCE RECOVERY FACILITY



READ ALL INSTRUCTIONS (INCLUDING ANY SUPPLEMENTAL INSTRUCTIONS) BEFORE COMPLETING FORM

CLINTON RIVER WATER RESOURCE RECOVERY FACILITY DRAINAGE DISTRICT
User Survey/User Permit Application Form

SECTION A – GENERAL INFORMATION	
1) Facility Name	
Operator Name	
Is the operator identified above the owner of the facility?	
If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.	
Is this facility a ◯ corporation ◯ partnership ◯ proprietorship ◯ other entity	
2) Facility Address:	
Street	
City, State, Zip	
3) Business Mailing Address:	
Street	
City, State, Zip	
4) Designated signatory authorized representative of the facility (attach similar information for each authorized representative, if more than one):	
Name	
Title	
Address	
City, State, Zip	
Phone Number	
5) Designated Facility Contact:	
Name	
Title	
Phone Number	
6) Check one	◯ Permit renewal; existing permit expires on: _____ ◯ Existing discharge; date discharge began: _____ ◯ Proposed discharge; anticipated date of discharge: _____ ◯ Prior discharge, now ceased; date discharge began: _____ date discharge ceased: _____

SECTION B – BUSINESS ACTIVITY

1) If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

☐ Aluminum Forming	☐ Metal Finishing
☐ Asbestos Manufacturing	☐ Metal Molding & Casting
☐ Battery Manufacturing	☐ Metal Products & Machinery
☐ Canned and Preserved Fruits & Vegetables	☐ Mineral Mining & Processing
☐ Canned and Preserved Seafood Processing	☐Nonferrous Metals Forming & Metal Powders
☐ Carbon Black Manufacturing	☐ Nonferrous Metals Manufacturing
☐ Cement Manufacturing	☐ Oil & Gas Extraction
☐ Centralized Waste Treatment	☐ Ore Mining & Dressing
☐ Coal Mining	☐ Organic Chemicals, Plastics, and Synthetic Fibers
☐ Coil Coating	☐ Paint Formulating
☐ Concentrated Animal Feeding Operations	☐ Paving and Roofing Manufacturing
☐ Copper Forming	☐ Pesticide Chemicals
☐ Dairy Products Processing	☐ Petroleum Refining
☐ Electric and Electronic Components	☐ Pharmaceutical Manufacturing
☐ Electroplating	☐ Phosphate Manufacturing
☐ Explosives Manufacturing	☐ Photographic
☐ Ferroalloy Manufacturing	☐ Plastics Molding & Forming
☐ Fertilizer Manufacturing	☐ Porcelain Enameling
☐ Glass Manufacturing	☐ Pulp, Paper, and Paperboard Manufacturing
☐ Grain Mills	☐ Rubber
☐ Gum and Wood Chemicals	☐ Soap and Detergent Manufacturing
☐ Hospital	☐ Steam Electric
☐ Ink Formulating	☐ Sugar Processing
☐ Inorganic Chemicals	☐ Textile Mills
☐ Iron and Steel	☐ Timber Products
☐ Landfills	☐ Transportation Equipment Cleaning
☐ Leather Tanning and Finishing	☐ Waste Combustors
☐ Meat Products	

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users."

2) Give a brief description of activities, facilities, and plant processes on the premises (attach additional sheets if necessary).

3) Indicate applicable Standard Industrial Classification (SIC) codes for all processes (if more than one applies, list in descending order of importance.)

4) Product Volume

		Past Calendar Year		Estimate This Calendar Year	
Product	Annual Production (# of Units)	Amounts Per Day Average	Amounts Per Day Maximum	Amounts Per Day Average	Amounts Per Day Maximum

5) Environmental Permits/Compliance: List the current environmental permits this facility holds (local, state, and/or federal). Has this facility been fined or cited from any regulatory agency for previous or current company operations? If so, please provide details on the nature of the violation(s) and how it was resolved. If the operations at this facility have been relocated from a separate location, please provide the environmental compliance history from that facility.

6) Industrial Pretreatment Survey for Per- and polyfluoroalkyl substances (PFAS) Identification ***complete only if you are in one of the following 8 categories, all others skip to Section C – Water Supply***

- Electroplaters of metals or plastics, metal finishers, circuit board manufacturers – Complete Section 1
- Paper and packaging manufacturers – Complete Section 2
- Leather, Textile, Fabric and/or Carpet Treaters, Laundry, Dry Cleaners, Leather Tanneries – Complete Section 3
- Manufacturers of parts with polytetraflurorethylene (PTFE) coatings such as bearings, wires, etc. – Complete Section 4
- Landfills with leachate discharges – Complete Section 5
- Centralized Waste Treaters – Complete Section 6
- Industry sites with soil or groundwater contamination including those where aqueous film forming foam (AFFF) was used (e.g. fires, firefighter training, equipment testing) – Complete Section 7
- Industries using PFAS in other processes or operations – Complete Section 8

Section 1 - Electroplaters/metal finishers/circuit board manufacturers

PFAS-containing chemicals, specifically those containing perfluoroctane sulfonate (PFOS) were used by electroplaters as a demister/defoamer/surfactant to control air emissions of hexavalent chromium beginning in the mid-1990s. While hard chrome and decorative chrome platers using hexavalent chrome are the most likely sources, PFAS have also been found in wetting agents and other plating chemicals involving other metals and plastics. Even if used many years ago, PFAS-containing chemicals may persist in plating tanks, etch tanks, sumps, air emission control systems and secondary containment pits.
Some chemicals identified as PFOS-free may still contain PFAS. We are still learning about the behavior of these chemicals, and there are concerns that chemical changes may occur in plating and etch baths. Platers in Michigan and Minnesota were found to have PFOS contamination in their wastewater years after they discontinued use of PFOS-containing chemicals.

i. What types of plating are currently performed at your facility?

ii. What types of plating were previously performed at your facility? Please summarize the plating activities over the last 20 years if possible.

iii. Are or were demisters/defoamers/surfactants used to control air emissions or as wetting agents for any plating or etch tanks? If so, what are the names of the chemicals and amounts and concentrations used? Please provide the SDS/MSDS sheets for these chemicals.

iv. Are any other chemicals used in the plating processes known to contain PFAS or PFOS? If so, what are the names of the chemicals and amounts and concentrations used? Please provide the SDS/MSDS sheets for these chemicals and a schematic or flow diagram that shows where each chemical is used.

v. Are there any other fluorinated chemicals used (look for “fluoro” in the SDS/MSDS chemical listing or product name, e.g., “fluorinated surfactant(s)” or “organic fluorosulfonate”)? If so, what are the names of the chemicals and amounts and concentrations used? Please provide the SDS/MSDS sheets for these chemicals and a description of where they are used in your process.

Section 2 – Paper and Packaging Manufacturers

Paper and packaging manufacturers: Some paper and packaging manufacturers use PFAS coatings or treatments for oil and moisture repellency.

i. Do you currently, or have you in the past, treated paper or packaging for oil- and/or water-repellency? In answering this question, please review your activities over the last 20 years if possible. Discuss the treatments used, time periods, percentage products treated, types of products treated or number of lines.

ii. Do any chemicals used to coat or treat the paper/packaging contain PFAS (look for “fluoro” in the SDS/MSDS chemical listing or product name, e.g.,“fluorinated surfactant(s)” or “organic fluorosulfonate” ? If so, what are/were the names of the chemicals and amounts and concentrations used? Please provide the SDS/MSDS sheets for these chemicals.

iii. Are there any other fluorinated chemicals used (look for “fluoro” in the SDS/MSDS chemical listing or product name, e.g., “fluorinated surfactant(s)” or “organic fluorosulfonate”) in your process? If so, what are the names of the chemicals and amounts and concentrations used? Please provide the SDS/MSDS sheets for these chemicals.

iv. Do you use recycled paper in your process? What is the source of the recycled paper and what percentage of recycled paper is used in the final product?

Section 3 – Leather, Textile, Fabric and/or Carpet Treaters, Laundry, Dry Cleaners, Leather Tanneries

Factory-applied repellents for stain, oil- and/or water have been known to contain PFAS. Applications include protective coatings on leather, clothing or outerwear, umbrellas, tents, sails, architectural materials, carpets, and upholstery.

i. Do you currently or have you in the past applied treatment to leather, fabrics, textiles or carpet for stain, oil- and/or water-repellency? In answering this question, please review your activities over the last 20 years if possible. Discuss the treatments used, time periods, percentage products treated, type products treated or number of lines.

ii. Do any of the chemicals used for treating contain PFAS (look for “fluoro” in the SDS/MSDS chemical listing or product name, e.g., “fluorinated surfactant(s)” or “organic fluorosulfonate”)? If so, what are the names of the chemicals and amounts and concentrations used? Please provide the SDS/MSDS sheets for these chemicals.

iii. Are there any other fluorinated chemicals used in the treatments (look for “fluoro” in the SDS/MSDS chemical listing or product name, e.g., “fluorinated surfactant(s)” or “organic fluorosulfonate”)? If so, what are the names of the chemicals and amounts and concentrations used? Please provide the SDS/MSDS sheets for these chemicals.

Section 4 – Manufacturers of parts with polytetrafluororethylene (PTFE) coatings

A PFAS containing chemical, perfluorooctanoic acid (PFOA), is used in the process of making PTFE, which is a form of Teflon. Our understanding is incomplete, but PFOA contamination in New York, New Hampshire, and Vermont appears to have been caused by a company that placed a non-stick coating on parts such as bearings and wires.

i. Do you currently or have you in the past coated parts with PTFE or similar non-stick coatings? Describe all waste streams from the process.

ii. What are the names of the chemicals used and/or created in the coating process? Please provide the amounts and concentrations used? Please provide the SDS/MSDS sheets for chemicals used. In answering this question, please review your manufacturing operations over the last 20 years if possible.

iii. What chemical byproducts are generated in the coating process?

iv. Are there any other PFAS or fluorinated chemicals used (look for “fluoro” in the SDS/MSDS chemical listing or product name, e.g., “fluorinated surfactant(s)” or “organic fluorosulfonate”) or generated? If so, what are the names of the chemicals and amounts and concentrations used or generated? Please provide the SDS/MSDS sheets for these chemicals.

Section 5 – Landfills that Discharge Leachate

Most landfill leachate will have some PFAS due to disposal of consumer products, but we are currently interested in landfills that have received PFAS-laden industrial wastes such as sludge from metal finishers, leather tanneries and/or similar sources.

i. Is your landfill still accepting wastes for disposal? If not, when was it closed?

ii. Do you currently or have you in the past accepted industrial wastes? Approximately what percentage of your wastes would be considered industrial?

iii. Were wastes from any of the following manufacturing operations accepted: Sludge from electroplaters/metal finishers, waste from coated/treated paper manufacturers, treated leather/fabric wastes, tannery wastes, wastes from PFAS chemical manufacturers, wastes from manufacturers using non-stick coatings, municipal biosolids known to be impacted by PFAS, any other known sources of PFAS? Please provide types and estimated amounts or percentage wastes received.

iv. Have you analyzed your leachate for PFAS? If so, please provide the results.

Section 6 – Centralized Waste Treaters (CWTs)

CWTs accepting certain wastes may be sources of PFAS depending on the types of wastewater they receive for treatment.

i. Do you currently or have you in the past accepted wastewater for treatment from electroplaters, metal finishers, coated/treated paper or packaging manufacturers, treated leather/fabrics manufacturers, leather tanneries, chemical manufacturers involved in PFAS production, manufacturers applying non-stick coatings such as PFTE or Teflon, firefighting foam from training facilities, spills or equipment testing, groundwater remediation of the aforementioned types of industries, storm water from the aforementioned types of industries and/or any other known sources of PFAS?

ii. Have you analyzed your wastewater for PFAS? If so, please provide the results.

Section 7 – Industry sites with soil or groundwater contamination including those where aqueous film forming foam (AFFF) was used:

If your industry or facility has soil or groundwater contamination due to releases of industrial wastes or the use of AFFF (Class B) firefighting foam due to fires or firefighter training that discharges or infiltrates into the sanitary sewers may be a concern.

i. Do you currently have contamination of soil or groundwater due to releases from electroplating/metal finishing processes, the coating/treatment of paper or packaging products, textile, leather or fabric treating, leather tanning operations, the manufacturing of PTFE coatings or other PFAS sources? Please describe below.

ii. Has your facility had a fire in which AFFF (Class B) foam was utilized, or has firefighter training occurred on your site using AFFF foam? Please describe below.

iii. Have you analyzed your groundwater for PFAS? If so, please provide the results.

iv. Do you have a groundwater cleanup or investigation? Please describe.

Section 8 – Industries using PFAS in other processes and operations.

If you are aware of the use of chemicals containing PFAS in your processes or operations please answer the questions below.

i. What are the names of the chemicals containing PFAS? Please provide the amounts and concentrations used? Please provide the SDS/MSDS sheets for the PFAS containing chemicals. In answering this question, please review your manufacturing operations over the last 20 years if possible.

ii. Are there any other fluorinated chemicals used (look for “fluoro” in the SDS/MSDS chemical listing or product name, e.g., “fluorinated surfactant(s)” or “organic fluorosulfonate”)? If so, what are the names of the chemicals and amounts and concentrations used? Please provide the SDS/MSDS sheets for these chemicals.

SECTION C – WATER SUPPLY	
1) Water Sources: (Check as many as are applicable:	☐ Private Well ☐ Surface Water ☐ Municipal Water Utility (Specify City): _____ ☐ Other (Specify): _____
2) Name on the water bill:	
Name:	
Street:	
City, State, Zip:	
3) Water Service Account Number:	

4) List average water usage on premises for past 36 months: (New facilities may estimate)

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
A. Contact Cooling Water		
B. Non-Contact Cooling Water		
C. Boiler Feed		
D. Process		
E. Sanitary		
F. Air Pollution Control		
G. Contained in Product		
H. Plant and Equipment Washdown		
I. Irrigation and Lawn Watering		
J. Other		
TOTAL OF A-J		

SECTION D – SEWER INFORMATION	
1a) For Existing Business:	Is the building presently connected to the public sewer system? ○ Yes: Sanitary sewer account number: _____ ○ No: Have you applied for a sanitary hookup? ○ Yes ○ No
1b) For New Business:	Will you be occupying an existing vacant building? ○ Yes ○ No Have you applied for a building permit if a new facility will be constructed? ○ Yes ○ No Will you be connected to the public sewer system? ○ Yes ○ No

2) List size, descriptive location, and flow of each facility sewer which connects to the public sewer system. (If more than three, attach additional information on another sheet.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E – WASTEWATER DISCHARGE INFORMATION	
1) Does (or will) this facility discharge any wastewater other than segregated domestic waste from restrooms to the public sewer?	○ Yes: If the answer to this questions is "yes" complete the remainder of the application. ○ No: If the answer to this question is "no", skip to Section I, except as otherwise provided by the Supplemental Instructions or as provided by the POTW Superintendent here:
2) Provide the following information on flow rate. (New facilities may estimate)	
a) Hours/Day Discharged (e.g., 8 hours/day):	M _____ T _____ W _____ T _____ F _____ Sat _____ Sun_____
b) Hours of Discharge (e.g., 9 am to 5 pm):	M _____ T _____ W _____ T _____ F _____ Sat _____ Sun_____

c) Peak hourly flow rate (GPD)	
d) Maximum daily flow rate (GPD)	
e) Annual daily average (GPD)	
f) Monthly average (GPD)	

g) Does the daily or monthly flow rates vary by season? If so, provide this additional flow information.

3) If batch discharge occurs or will occur, indicate: (New facilities may estimate)	a) Number of batch discharges _____ per day. b) Average discharge per batch _____ gallons. c) Time of batch discharges: _____ (days of week) at _____ (hours of day). d) Flow rate _____ gallons per minute. e) Percent of total discharge 0.00%.

4) Schematic Flow Diagram – For each major activity in which wastewater is (or will be) generated, draw a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the public sewer. Use these numbers when showing this unit in the building layout in Section H. All site plans, floor plans, or other plans required to be submitted as part of this application shall be prepared and sealed by a licensed engineer. An example (Figure 1) is included in the attached supplemental instructions.

(Use additional sheets if necessary)

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5) **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	Flow Metered? Y/N

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

6) **For Categorical Users:** Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	Flow Metered? Y/N
No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	Flow Metered? Y/N
No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	Flow Metered? Y/N

7) **For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:**
(Provide the following TTO information.)

a) Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards by EPA?
◉ Yes ○ No

b) Has a baseline monitoring report (BMR) been submitted which contains TTO information?
○ Yes ○ No

c) Has a toxic organics management plan (TOMP) been developed?
○ Yes (Please attach a copy) ○ No

8) Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:

Flow Metering	○ Yes	○ No	○ N/A
Sampling Equipment	○ Yes	○ No	○ N/A

Planned:

Flow Metering	○ Yes	○ No	○ N/A
Sampling Equipment	○ Yes	○ No	○ N/A

If you answered yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9) Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

○ Yes ○ No, (skip next question)

10) Briefly describe these changes and their effects on the wastewater volume and characteristics:
(Attach additional sheets if necessary)

11) Are any materials or water reclamation systems in use or planned?
Yes No (skip question 12)

12) Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process. (All site plans, floor plans, or other plans required to be submitted as part of this application shall be prepared and sealed by a licensed engineer.) (Attach additional sheets if necessary)

SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. Attach copies of each laboratory analytical report referenced. DO NOT LEAVE BLANKS. For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in the proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

CLINTON RIVER WATER RESOURCE RECOVERY FACILITY

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analysis		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzidine								
Benzene								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Herachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Herachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis (2-chloroethyl) ether								
Bis (2-chloroisopropyl) ether								
17 Bis (cloro methyl) ether								
2-chloroethyl vinyl ether								
4-bromophenyl phenyl ether								
2-chloronaphthalene								
2,4,6-Trichlorophenol								
Parachlorometa cresol								
p-chloro-m-creso								
Chloroform								
2-Chlorophenol								
4-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzene								
1,1-Dichloroethylene								
1,2-Trans-dichloroethylene								

CLINTON RIVER WATER RESOURCE RECOVERY FACILITY

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analysis		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2,4-Dichloropheno								
1,2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene								
2,4-Dimethylpehnol								
2-Methylphenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4 Chlorophenyl phenyl ether								
Bis (2-Chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2-Nitrophenol								
4-Nitrophebol								
2,4-Dinitrophenol								
4,6-Dinitro-o-eresol								
N-Nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol*								
Bis (2-ethylhexyl) phthalate								

CLINTON RIVER WATER RESOURCE RECOVERY FACILITY

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analysis		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo (a) anthracene								
Benzo (a) pyrene								
3, 4-benzofluoranthene								
Benzo (k) fluroanthane								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo (ghi) perylen								
Fluorene								
Phenanthrene								
Dibenzo (a, h) anthracene								
Indeno (1, 2, 3-cd) pyrene								
Pyrene								
Trichloroethylene								
Vinyl Chloride								
Aldrin								
Dieldrin								
Chlordane								
4,4’ DDT								
4,4’ DDE								
4,4’ DDD								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								

CLINTON RIVER WATER RESOURCE RECOVERY FACILITY

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analysis		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
(TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD_5*								
COD*								
Total Suspended Solids*								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
Ammonia-N*								
Oil and Grease*								
Kjeldahl-N*								
Nitrate-N								
Nitrite-N								
Organic-N								
Orthophosphate P								
Phosphorus*								
Sodium								
Specific Conductivity								
Sulfate (SO4)								
Sulfide (S)								
* Specific pollutant parameters regulated by the City of Pontiac Sewer Use Ordinance								

CLINTON RIVER WATER RESOURCE RECOVERY FACILITY

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analysis		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Sulfite (SO3)								
Antimony								
Arsenic*								
Barium								
Beryllium								
Cadmium*								
Chromium (T)*								
Hexavalent, Chromium								
Cobalt*								
Copper*								
Cyanide*								
Lead*								
Mercury*								
Molybdenum*								
Nickel*								
Selenium*								
Silver*								
Thallium								
Zinc*								
* Specific pollutant parameters regulated by the City of Pontiac Sewer Use Ordinance								

SECTION G – TREATMENT

1) Is any form of wastewater treatment (see list below) practiced at this facility? ◯ Yes ◯ No

2) Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

◯ Yes, describe: _____

◯ No

3) Treatment devices or processes used or proposed 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
- ☐ Gasoline Trap
- ☐ Grinding filter
- ☐ Grit removal
- ☐ Ion exchange
- ☐ Neutralization, pH correction
- ☐ Ozenation
- ☐ Reverse osmosis
- ☐ Water reclamation
- ☐ 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: _____

4) Description: Describe the process wastestreams, pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

5) Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions. All site plans, floor plans, or other plans required to be submitted as part of this application shall be prepared and sealed by a licensed engineer.

6) Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the public sewer. Please include estimated completion dates.	
7) Do you have a treatment operator? ◯ Yes ◯ No (if yes,) Name: _____ Title: _____ Phone: _____ Full time: _____ (specify hours) Part time: _____ (specify hours)	
8) Do you have a manual on the correct operation of your treatment equipment?	◯ Yes ◯ No
9) Do you have a written maintenance schedule for your treatment equipment?	◯ Yes ◯ No

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS							
1) Shift Information Work Days	☐ Mon	☐ Tues	☐ Wed	☐ Thur	☐ Fri	☐ Sat	☐ Sun
Shifts per work day:							
Employees per shift: 1st							
2nd							
3rd							

Shift start and end times: 1st Shift							
2nd Shift							
3rd Shift							
Pretreatment System Operations (if applicable): 1st Shift							
2nd Shift							
3rd Shift							

2) Indicate whether the business activity is:

- ○ Continuous through the year, or
- ○ Seasonal – check the months of the year during which business activity occurs:

☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D

Comments: _____

_____

3) Indicate whether the facility discharge is:

- ○ Continuous through the year, or
- ○ Seasonal – check the months of the year during which facility discharge occurs:

☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D

Comments: _____

_____

4) Does the operation shut down for vacation, maintenance or other reasons?

- ○ Yes, indicate reasons and period when shutdown occurs:

_____

- ○ No

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

6) List chemicals and other materials (either liquid or solid) which are used, processed, or stored in bulk or are present in quantities greater than 50 gallons. (Attach additional sheets if necessary.) Include copies of Manufacturer's Safety Data Sheets for all chemicals identified:

Chemicals or Materials	Quantity used, processed, stored (*indicate units*)	Secondary containment used (*y, n, n/a)*	Locations

7) Facility layout/site plan:

Provide drawings of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), process and chemical storage areas, floor drains, location of pretreatment equipment, inspection manholes, sampling locations, public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

All site plans, floor plans, or other plans required to be submitted as part of this application shall be prepared and sealed by a licensed engineer. An example is included (Figure 2) in the attached supplemental instructions.

SECTION I – SPILL PREVENTION	
1) Do you have chemical storage containers, bins, or ponds at your facility?	◯ Yes ◯ No
If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.	
2) Do you have floor drains in your manufacturing or chemical storage area(s)?	◯ Yes ◯ No
If yes, where do they discharge?	
3) If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply)	☐ An on-site disposal system ☐ Public sewer system (e.g. through a floor drain) ☐ Storm drain ☐ To ground ☐ Other, specify: ☐ Not applicable, no possible discharge to any of the above routes
4) Do you have an Accidental Spill Prevention Plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?	◯ Yes (Please enclose a copy with the application) ◯ No ◯ N/A. Not applicable since there are no floor drains and/or the facility discharges only domestic wastes.
5) Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.	

SECTION J – NON-DISCHARGED WASTES

1) Are any waste liquids or sludges generated and not disposed of in the public sewer system?	◯ Yes, please describe below ◯ No, skip the remainder of Section J.

Waste Generated	Quantity per year	Disposal Method

2) Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

3) If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

4) If an outside firm removes any of the above checked-wastes, state the name(s) and address(es) of all waste haulers:

_____ _____

_____ _____

_____ _____

Permit # (if applicable) _____ Permit # (if applicable) _____

5) Have you been issued any federal, state, or local environmental permits?	◯ Yes ◯ No If yes, please list the permit(s):

SECTION K – AUTHORIZED SIGNATURES	
Compliance Certification	
1) Are all applicable federal, state, or local pretreatment standards and requirements being met on a consistent basis?	○ Yes ○ No ○ Not discharging yet
2) If no: a) What additional operations and maintenance procedures are being considered to bring the facility into compliance? List additional treatment technology or practice being considered in order to bring the facility into compliance.	
b) Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.	
Milestone Activity	Completion Date

Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, such 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(s) and imprisonment for known violations.

Name(s) Title(s)

Signature(s) Date Phone

Submit