In accordance with the Massachusetts Water Resources Authority (MWRA) Sewer Use Rules and Regulations 360 C.M.R. 10.052 and 10.062, users must complete and file a Sewer Use Discharge Permit Application. The Application must be filed with the MWRA and the municipality in which the sewer user's discharge is located. Please read the following instructions before completing the form.

1. Answer all questions carefully.

2. The application is designed to apply to a wide range of users. It consists of a "standard application", sections A-G which every user must complete. In addition, several "inserts" have been provided for a variety of different operations. You must submit an insert for every operation that is present at your facility.

3. For the questions which do not apply, please write "N/A" or "not applicable" in the space provided.

4. If more space is needed, attach additional pages.

5. If you have previously submitted information required by this application and that information is unchanged, you must resubmit the information. If there are only minor changes, you may resubmit the information, and on a separate sheet indicate the changes that have occurred, with page references for each change.

6. The form must be signed and dated by an authorized representative of the user to be valid.

7. Submit the original completed form to the MWRA and a copy to the Municipality where the discharge is located. Keep a copy for your own records.

8. You must submit a completed application no later than sixty (60) days before your current permit expires in order for your current permit to remain in effect pending a decision on your new application.

MWRA ADDRESS:
2 Griffin Way
Chelsea, MA 02150-3334
Attention: TRAC

MUNICIPAL ADDRESS:
See Attached List
MASSACHUSETTS WATER RESOURCES AUTHORITY
SEWER USE DISCHARGE PERMIT APPLICATION
COLLEGES AND UNIVERSITIES

SECTION A - GENERAL INFORMATION

1. Name of Applicant: ____________________________________________________________

2. Mailing Address: ____________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Facility Address: ____________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Facility Representative to Contact Concerning Information Provided Herein.
   Name: __________________________ Title: ____________________________
   Telephone: ______________________

5. Name and Title of Authorized Representative:
   Name: __________________________ Title: ____________________________
   Telephone: ______________________

6. Name of Person to Receive Permit (If Different from Above).
   Name: __________________________ Title: ____________________________
   Telephone: ______________________

7. Check One: Existing Discharge ______ Proposed Discharge ____________

   If proposed discharge, anticipated date of initial discharge: ____________________
The MWRA has adopted the EPA's definition of an Authorized Representative. 40 CFR 403.12 (l):

**Authorized Representative**

Authorized representatives include those persons with the following responsibilities:

a) Responsible corporate officer, if the industrial user submitting the reports is a corporation. For the purpose of this requirement, a responsible corporate officer means 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 the manager of one or more manufacturing, productions, or operation facilities employing more that 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

b) General partner or proprietor if the industrial user submitting the reports is a partnership or sole proprietorship respectively.

c) Duly authorized representative of the individual designated in (a) or (b) of this section if:
   i) the authorization is made in writing by the individual described in (a) or (b);
   ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company;
   iii) the written authorization is submitted to the MWRA

If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of this section must be submitted to the MWRA prior to or together with any reports to be signed by an authorized representative.

__________________________________________  ________________________________________
Date                      Signature of Authorized Representative
2. Check all operations/processes that are present at the facility:
   For each operation/process that is present, please complete the insert that corresponds to the operation/process:

   ____ Commercial Photography (SIC # 7335)
   ____ Photofinishing Laboratories (SIC # 7384)
   ____ Doctors of Medicine; Offices, Clinics (includes Radiologists (SIC # 8011)
   ____ Dentists; Offices and Clinics (SIC # 8021)
   ____ Health Practitioners, General Offices (SIC # 8049)
   ____ Veterinary Services for Livestock (SIC # 0741)
   ____ Veterinary Services for Animal Specialties (SIC # 0742)
   ____ Commercial Art and Graphic Design (SIC # 7336)
   ____ Testing Laboratories (X-ray inspection services, industrial) (SIC # 8734)
   ____ Laundry

   ____ Educational Facility (check all below that are included in the facility):

       ____ Photography Lab
       ____ Health Center
       ____ Graphic Design and Commercial Art Labs
       ____ Labs (chemistry, biology, research, etc.)
       ____ Dentist/Doctor Office
       ____ Maintenance Shop (Automotive/Equipment)
       ____ Other(s), please specify below:
       ____ Infirmary
SECTION C - OVERALL OPERATIONAL CHARACTERISTICS

1. Operating Information: If usage is variable, please comment:
   (for example, main operation is between September and May or open 24 hours)
   a. Total operating hours per work day ______
   b. Operating shift schedule:
      first shift start______ stop______
      second shift start______ stop______
      third shift start______ stop______
   c. Operating days per week ______
   d. Average annual work days per year ______
   e. Number of employees ______

SECTION D - WATER USAGE

1. Water Sources:

   Name the water sources for your facility. Include the amount contributed from each source in 100 cubic feet (ft³) from the beginning of July to the end of June. Indicate the year. (100 ft³ = 748 gallons)

<table>
<thead>
<tr>
<th>Source</th>
<th>Name</th>
<th>Annual Water Use 7/1/___ -6/30/___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal (Town or City)</td>
<td></td>
<td>100 ft³</td>
</tr>
<tr>
<td>Private Water Company</td>
<td></td>
<td>100 ft³</td>
</tr>
<tr>
<td>Surface Water (Lake of Pond)</td>
<td></td>
<td>gallons</td>
</tr>
<tr>
<td>On Site Well</td>
<td></td>
<td>gallons</td>
</tr>
<tr>
<td>Other Source</td>
<td></td>
<td>gallons</td>
</tr>
</tbody>
</table>

   TOTAL:                                     

2. Has incoming water been analyzed within the past year? This information can be helpful in determining sources of pollutants in the discharge that cannot be accounted for in the raw materials. yes ______ no ______

   If yes, attach a copy of the results.
SECTION E - CHEMICAL USAGE

1. Submit copies of any reports that indicate chemical usage of chemicals covered under the Superfund Amendment and Reauthorization Act (SARA) Title III including the quantities used per year.

Examples of reports that should be submitted, if they exist for your facility, include:

- Biannual DEP Report
- Inventories with Local Fire Departments
- SARA Title III Report
- Other Reports/Inventories which would illustrate chemical usage on premises

Please list the reports that you have submitted:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
SECTION F - SANITARY SEWER CONNECTION(S)

1. Attach a map of the campus or facility showing all buildings and include a key which describes the operations conducted in each building. In the buildings where process (as opposed to sanitary) wastewater discharges, label alphabetically, the connections to which the processes discharge. Also label the nearest downstream manhole with the same letter. If there are more than 26 connections, begin the series with AA, BB, etc. Indicate if both process and sanitary wastewater discharge through a common connection. Name all surrounding streets and buildings, and any other pertinent physical structures that may facilitate field orientation.
SECTION G - NON-DISCHARGED WASTE

1. Are any waste liquids or sludges removed from the facility site?   yes______  no______
   If yes, attach a copy of the Biennial Report for Hazardous Waste required by DEP.

2. How is liquid, sludge and clean-up hazardous and non-hazardous waste removed from facility?

3. Does the facility implement any of the following management plans?

   _____ Chemical Hygiene Plan (OSHA)

   _____ Other Waste Management Policies
   Please attach a table of contents for each waste management policy checked. You are required to keep copies of each plan on site so that they may be reviewed by the MWRA on request.

4. State the name and address of any waste hauler(s) contracted by your facility.

   __________________________  __________________________
   __________________________  __________________________
   __________________________  __________________________

5. Are any sludges, liquids or spill clean up materials placed with the trash for disposal?   yes_____  no_____ 
   Describe discarded waste:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   State name and address of hauler for this waste:
   __________________________
   __________________________
6. Does your facility employ the service of a commercial laundry? yes______ no______

State the name and address of the company:

___________________________
___________________________
___________________________

7. Does your facility have it's own laundry on the premises? yes_____ no______
For each photodeveloping process, please provide the following information. Please refer to the key which explains how the information should be provided. If more space is needed, please photocopy this table and attach:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF PROCESS</td>
<td>HOURS OF OPERATION</td>
<td>HOURS OF DISCHARGE (USE N/D IF NO DISCHARGE)</td>
<td>BUILDING</td>
<td>CONNECTION (FROM MAP ON PAGE 6)</td>
<td>FLOW</td>
<td>PT</td>
</tr>
</tbody>
</table>

**KEY:**

**Column 1 - Process**

Enter the codes provided below:

- **C-41** Color Film Developing
- **RA-4** Color Paper Processing
- **EP-2** Color Paper Processing
- **R-3** Prints from Color Slides
- **K-14** Color Transparency Proc
- **E-6** Color Transparency Proc
- **MICRO** Microfilm Processing
- **MICRO REV** Microfilm Reverse Proc.
- **B&W FILM** Black & White Film Proc.
- **X-RAY** X-Ray Processing
- **PLEASE WRITE IN ANY "OTHER"**

**Column 2 - Hours of Operation**

Enter the time of day (ie. 8:00AM - 4:00PM) that each operation is running. Please remember to use AM and PM.

**Column 3 - Hours of Discharge**

Enter the time of day (ie. 2:00PM - 3:00PM) that each operation is discharging to the sewer. If it is the same as column 2, write "same". If it is an intermittent discharge, write "I" and the hours in which there is intermittent discharge (ie. I - 1:30PM - 4:30PM)
Column 4 - Building
Write the name of the building that the operation is located in, as you named the building in Section F.

Column 5 - Connection
Identify the connections by the letters you used to mark the connections on the map in Section F.

Column 6 - Flow
Use the following ranges to identify the daily flow rate:

<table>
<thead>
<tr>
<th>Flow Rate</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 10 gallons per day (gpd)</td>
<td>501-1000 gpd</td>
</tr>
<tr>
<td>10-50 gpd</td>
<td>1001-5000 gpd</td>
</tr>
<tr>
<td>51-100 gpd</td>
<td>If &gt; 5000 gpd, specify how much</td>
</tr>
<tr>
<td>101-500 gpd</td>
<td></td>
</tr>
</tbody>
</table>

Column 7 - PT
Enter the codes provided below to identify all types of pretreatment used for each process:

SR  Silver Recovery Cartridges
ESR Electrolytic Silver Recovery
IE  Ion Exchange (Conventional Regeneration)
E/D Evaporation/Distillation
CP  Chemical Precipitation
pHC Chemical Addition pH Neutralization
pHL Limestone Chip pH Neutralization
NT  No Pretreatment
O   Other

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. For each process, indicate the characteristic of the wastewater that is discharged. (for example: rinsewater, fixer, developer)
3. How was each flow determined in the above table (column 6)?

4. Attach Maintenance Schedules for each pretreatment system identified in column 7.

5. Are there any process changes planned for the next five years which would effect wastewater volume or characteristics  yes______ no______

   If yes, please describe:

6. Attach Material Safety Data Sheets (MSDS) for chemicals used in all processes identified in column 1.

7. Attach analytical results for pH and silver for wastewater samples collected of each process discharge to the sewer after pretreatment.
1. Indicate the types and quantities of labs that are present in the facility. Include only laboratories that discharge or have the potential to discharge process wastewater to the sanitary sewer.

_____ Research
_____ Chemistry
_____ Biology
_____ Biochemistry (include both General and Advanced)
_____ Medical/Chemical
_____ Engineering (plastics, chemical, mechanical, etc.)
_____ Other, please explain

2. Indicate below types and numbers of laboratories that are present in each building. Along with the type of pretreatment.

<table>
<thead>
<tr>
<th>TYPE OF LAB</th>
<th>BUILDING NUMBER/NAME</th>
<th># OF LABS</th>
<th>ROOM NUMBER</th>
<th>PRETREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

List of various forms pretreatment

1. Neutralization/pH adjustment
2. Chemical precipitation
3. Ion exchange
4. Silver Recovery
5. Filtration
6. Sedimentation
7. Other, please explain:

3. Are limestone chip tanks (LCT) installed at the lab sinks. (This question can be answered in a variety of ways. For example, certain buildings may have LCT at each sink, while other buildings may have selectively chosen sinks that have LCT).
4. Please explain below or attach the facility's policy on storing and disposing of hazardous waste generated at the facility.

5. Does any laboratory equipment require cooling water? If yes, please answer the following for each piece of equipment:

   - Locations of equipment (which lab)
   - Type of equipment
   - Cooling water recirculated or discharged
   - Where does it discharge? (Sewer, Stormdrain, Other)
   - Flow and frequency of discharge
1. Are any cooling systems/towers present in the facility?

   _____ yes   _____ no

   If yes, please list each cooling system/tower and the building in which it is located. Also answer the following questions as it pertains to each cooling system/tower:

   - volume of water used (capacity of system/tower)
   - tonnage of equipment
   - location of equipment
   - Bleed volumes and frequencies
   - Discharge points
   - chemicals used (include MSDS)
1. Are there any boilers present in the facility? (NOTE: The MWRA is interested in boilers other than what would be found in a household).

_____ yes     _____ no

If yes, how many? ________________

List all the buildings in which boilers are present.

2. What are the use(s) of the boilers present in the facility?

_____ Hot water
_____ Steam
_____ Other, please explain __________________________

3. What type(s) of boilers are present in the facility?

_____ Low pressure
_____ High pressure
_____ Firetube boiler
_____ Watertube boiler
_____ Other, please explain __________________________

4. Is there any treatment of boiler feed water?

_____ Softening

If yes, what method?

_____ Demineralization

If yes, what method?

5. Is the boiler feed water (make-up) metered?

What is the daily average used? __________

Is condensate returned to the system? At what percent? __________
5. (continued) Is there any regeneration of the water softening system in-house? ____________

What is frequency of regeneration? _______________

What is the volume of brine discharged to sewer?
________________________________________________

Where is the discharge plant located?
___________________________________________

5. Is there any regeneration of the demineralization system in-house? Is it on service?

6. Is there any pretreatment of the boiler blowdown prior to discharge to the sewer? If yes, please describe below:
1. What are the hours of operation of the laundry facility? _________________________________

2. In what building is the laundry located? _____________________________________________

3. Please list the chemicals used in the laundering operation. (Please include MSDS for each chemical/detergent used)
   ____________________________________  _____________________________________
   ____________________________________  _____________________________________
   ____________________________________  _____________________________________

4. Is there any form of pretreatment, prior to discharge to sewer? (pH adjustment, lint screen, others?)
   pH Adjustment ______________________
   lint screen _______________________
   Other (explain) ____________________
   Please provide a brief description of the pretreatment process below:

5. What is average daily flow of wastewater discharged? ______________ gpd

6. How was the wastewater flow determined? Estimated ________ or Measured __________
   By what method was the water measured? __________________

7. What is average temperature of wastewater? ___________
1. Does the facility have a maintenance repair shop for automobiles and/or equipment?
   _____yes  _____no
   If yes, how many? _____

2. Check all operations/processes that are conducted in the repair shops:
   _____Machine Shop
   _____General Automobile Maintenance/Repair
   _____Engine/Transmission Repair
   _____Radiator Repair
   _____Steam Cleaning/High Pressure-High Temperature Washing
   _____Car/Truck Washing
   _____Paint/Body Shop
   _____Other

3. In what buildings are the repair shops located?

4. Check the chemicals used in the repair shops and its discharge location.

<table>
<thead>
<tr>
<th>CHEMICALS</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sewer  Storm drain Hauled as Hazardous Waste</td>
</tr>
<tr>
<td>Hydraulic fluids</td>
<td></td>
</tr>
<tr>
<td>Lubricating oils</td>
<td></td>
</tr>
<tr>
<td>Quenching oils</td>
<td></td>
</tr>
<tr>
<td>Cutting oils</td>
<td></td>
</tr>
<tr>
<td>Coolants</td>
<td></td>
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<tr>
<td>Solvents</td>
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<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

5. Are there any vapor degreasers, rectifiers, compressors or similar equipment in use?
   _____yes  _____no
   If yes, do any of them require cooling water? _____yes  _____no
   Is any noncontact cooling water discharged to the sewer? _____yes  _____no
   If yes, what is the volume discharged per day? ________________________
   If water is not used for cooling equipment, describe the cooling practices.
5. Is there any pretreatment of wastewater? _____yes _____no

Check the various types of pretreatment that are used:

1. _____Neutralization/pH adjustment 6. _____Silver Recovery
2. _____Chemical precipitation 7. _____Screen/Grit Removal
3. _____Sedimentation 8. _____Grease Trap
4. _____Filtration 9. _____Gas\Oil Separator
5. _____Ion Exchange 10. _____Other _________________________

6. Is there a routine washdown of the work area? _____yes _____no

If yes, what is the frequency? ______________

What is the volume discharged? ______________

Is there any pretreatment? ______________ (explain) _________________________

7. Are any degreasing operations performed? _____yes _____no

If yes, please check the type of degreasing performed:

_____Caustic soak _____Vapor degreasing
_____Safety Kleen _____Bake-off oven
_____Jet Spray _____Steam cleaner
_____Solvent degreasing
_____Other _____________________

8. Are there any floor drains in the shop? _____yes _____no

Where do they discharge? ________________________________

9. If any chemicals are stored in the shop, please list describe the spill containment measures that are followed.
1. Are there any incoming water treatment systems in the facility?  _____yes          _____no

   If yes, what type?  _____Reverse Osmosis
                       _____De-ionized
                       _____Other

2. Please list the location and type of incoming water treatment systems that are present in the facility.

<table>
<thead>
<tr>
<th>Location/Building</th>
<th>Type of Water Treatment System</th>
<th>Is there a discharge?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

3. Are there any discharges to the sewer from the maintenance of the incoming water treatment systems?  _____yes  _____no

   Identify the type of streams that are discharged:

   _____ incoming reject water
   _____ d/i regeneration water
   _____ filter backwash
   _____ Other

4. For each stream listed in question #2 that is discharged to the sewer, please provide the following information: (a separate page may be attached, if necessary)

   - frequency of discharge
   - duration of discharge
   - total volume of discharge
   - location of each discharge

5. Is water kept in a holding tank and drawn-off as needed?  _____yes          _____no

6. Is the water produced on an as-needed basis?  _____yes          _____no

7. Is the treated water metered?  _____yes          _____no

8. If there are no reject streams from the incoming water treatment systems, explain the maintenance practices of the water treatment systems.
1. Are any printing operations performed in the facility?  _____yes     _____no
   If yes, what type?  _____off-set
                       _____letterpress
                       _____other, please explain ____________________

2. Are there any auxiliary operations associated with the printing operations?  _____yes      _____no
   If yes, what type?  _____film processing
                       _____plate developing
                       _____silkscreening
                       _____other

3. Please list the buildings in which printing operations occur:

4. If there are photodeveloping operations, please complete INSERT 1.

5. If there are silkscreening operations, please complete INSERT 9.

6. If plate developing is done, what type of plates are used?

7. Please list the chemicals used in the printing operations. Please also attach the MSDS for each.

8. Is developer washed off and discharged to the sewer?  _____yes     _____no
   If yes, what is the volume and frequency of the discharge?
   ______________________________________________________________________
   If no, how is developer removed from the plates?
   ______________________________________________________________________

9. If rags are used to clean the plates, how are the rags disposed of?
   _____Hauled as hazardous waste
   _____Rubbish disposal
   _____Laundered
   _____Other
   If the rags are laundered, list the name & address of the company:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
1. Are any graphic art/silkscreening operations performed in the facility?  _____yes  _____no

2. Please list the buildings in which graphic art/silkscreening operations occur:

3. Please attach MSDS for all chemicals used in the graphic art/silkscreening operations.

4. What type of photo sensitive coating is used for silkscreening?
   _____Paper
   _____Liquid
   If liquid, what volume? _______________________
   Is the liquid discharged to the sewer?  _____yes  _____no
   At what frequency and volume is the liquid discharged?
   _______________________________________________________

5. What type of developer is used? ______________________________________
   If the developer is discharged to the sewer, what is the volume and frequency of the discharge?
   _______________________________________________________

6. How is the screen cleaned after printing? If a solvent is used, please explain the solvent's destination (hauled, sewered, etc.)

7. Are the screens reused or thrown away? If they are thrown away, please describe the disposal practices.

8. Please list any equipment that discharges noncontact cooling water to the sewer, the volume discharged and the frequency of the discharge:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Volume, gpd</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. What types of paints and/or inks are used?

- [ ] oil-based
- [ ] water-based
- [ ] other

10. Is there any discharge to the sewer via routine area washdown, spills, etc.? _____ yes     _____ no

   If yes, please describe the discharge, its volume, and frequency of the discharge:

<table>
<thead>
<tr>
<th>Type of Discharge</th>
<th>Volume, gpd</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

11. Please explain the procedures followed to ensure that dumping and/or spilling of chemicals to the sewer does not occur.
1. Are any pottery, ceramics and/or jewelry making operations performed in the facility?

   If yes, please indicate which operations are performed:
   
   _____Pottery
   _____Ceramics
   _____Jewelry Making

2. Please attach MSDS for all chemicals used in the pottery, ceramics and jewelry making operations.

3. Please list the buildings in which pottery, ceramics and/or jewelry making operations occur:

<table>
<thead>
<tr>
<th>Building</th>
<th>Operation</th>
<th>Does the Operation Discharge to Sewer?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

4. In reference to Question #3, please explain what is discharged to the sewer, the volume of the discharge and its frequency of discharge.

5. Is any hazardous waste generated from these operations? _____yes    _____no

   If yes, please describe the type of wastes and collection procedures followed.

6. Are any electroplating or metalfinishing operations performed? _____yes    _____no

   If yes, please complete INSERT 11.

7. Please explain the procedures followed to ensure that dumping and/or spilling of chemicals to the sewer does not occur.
1. Are electroplating or metal-finishing operations performed in the facility? _____yes  _____no

2. Please list the buildings in which electroplating and/or metal-finishing operations take place.

3. Please attach MSDS for chemicals used in the electroplating/metal-finishing operations.

4. What was or will be the date of commencement of the electroplating/finishing processes at your facility? ____________________________

5. List the base materials that are finished:

________________________________________________________

6. List finishes:

________________________________________________________

7. Indicate the metal-finishing operations conducted:

     _____Electroplating     _____Electroless Plating
     _____Anodizing         _____Coating (chromating, phosphating & coloring)
     _____Chemical etching milling  _____Printed Circuit Board Manufacturing

8. Indicate the auxiliary processes associated with the finishing operations:

     _____cleaning  _____solvent degreasing  _____welding
     _____soldering  _____polishing          _____polishing
     _____tumbling  _____painting           _____machining
     _____grinding  _____hot dip coating     _____other

     Please explain other:

9. Is there a wastewater discharge from these processes? _____yes  _____no

     If no, please explain what happens to the spent baths, rinses, etc.
10. Is the wastewater treated? _____yes     _____no

11. Indicate the types of treatment included in the pretreatment system:

_____chromium reduction     _____precipitation
_____flocculation         _____filtration
_____electrolytic recovery     _____ion exchange
_____neutralization/pH adjustment     _____cyanide treatment
_____other  _______________________

12. What is the average daily flow from the pretreatment system? _______________ gpd

13. Is a flow measuring device installed at the end of the treatment system? _____yes     _____no

   If yes, what type of measuring device is installed?

_____weir     _____parshall flume
_____magmeter       _____venturi meter
_____other,  _______________________