

Mountaintop Area Joint Sanitary Authority
Industrial Waste Discharge Survey / Application for Industrial Waste Discharge Permit

Section A - General Information

A.1 Company name and mailing address:

Telephone Number: _____

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

Telephone Number: _____

A.3 Name and title of person authorized to represent this firm in official dealings with the MAJSA

Telephone Number: _____
Fax Number: _____
Cell Number: _____
E-mail Address: _____

A.4 Alternate person (include title) to contact concerning information provided herein:

Telephone Number: _____
Fax Number: _____
Cell Number: _____
E-mail Address: _____

Section B - Production or Operating Characteristics

B.1 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts.

B.2

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

Industrial categories:

- | | |
|---|---|
| 1. [] Aluminum Forming | 29. [] Meat & Poultry Products |
| 2. [] Asbestos Manufacturing | 30. [] Mechanical Products |
| 3. [] Aquatic Animals Industry | 31. [] Metal Finishing |
| 4. [] Battery Manufacturing | 32. [] Metal Products & Machinery |
| 5. [] Canned & Preserved Seafood | 33. [] Metal Molding & Casting (Foundries) |
| 6. [] Carbon Black Manufacturing | 34. [] Mineral Mining & Processing |
| 7. [] Centralized Waste Treaters | 35. [] Nonferrous Metals Forming & Metal Powders |
| 8. [] Cement Manufacturing | |
| 9. [] Coal Mining | 36. [] Oil & Gas Extraction |
| 10. [] Coil Coating | 37. [] Ore Mining |
| 11. [] Concentrated Animal Feeding | 38. [] Organic Chemicals, Plastics & Synthetic Fibers |
| 12. [] Copper Forming | |
| 13. [] Dairy Product Processing | 39. [] Paint Formulationg |
| 14. [] Electric & Electroinic Components | 40. [] Paving & Roofing Materials (Tars & Asphalt) |
| 15. [] Electroplating | |
| 16. [] Explosives Manufacturing | 41. [] Pesticides |
| 17. [] Ferroalloy Manufacturing | 42. [] Petroleum Refining |
| 18. [] Fertilizer Manufacaturing | 43. [] Pharmaceuticals |
| 19. [] Fruits & Vegetable Manufacturing | 44. [] Phosphate Manufacturing |
| 20. [] Glass Manufacturing | 45. [] Photographic Supplies |
| 21. [] Grain Mills Manufacturing | 46. [] Plastic Molding & Casting (Foundries) |
| 22. [] Gum & Wood Chemicals | 47. [] Porcelain Enameling |
| 23. [] Hospital | 48. [] Pulp & Paper |
| 24. [] Ink Formulating | 49. [] Rubber |
| 25. [] Inorganic Chemicals | 50. [] Soap & Detergents |
| 26. [] Iron & Steel | 51. [] Steam Electric |
| 27. [] Landfills | 52. [] Sugar Processing |
| 28. [] Leather Tanning & Finishing | 53. [] Textile Mills |
| | 54. [] Timber |
| | 55. [] Transportation Equipment Cleaning |
| | 56. [] Waste Combusters (Commercial Incinerators combusting Hazardous Waste) |

Other business activities:

- 1 [] Slaughter/Meat Packing/Rendering
- 2 [] Food/Edible Products Processor
- 3 [] Beverage Bottler

B.3 Standard Industrial Classification Number(s) (SIC Codes) for your facility:

B.4 Total number of employees at this facility:

B.5 Normal number of operating days per week:

B.6 Normal number of operating hours per day:

B.7 Normal number of employees per shift:

Shift No. 1 _____ Shift No. 2 _____ Shift No. 3 _____

B.8 Starting times of each shift:

Shift No. 1 _____ am _____ pm Shift No. 2 _____ am _____ pm Shift No. 3 _____ am _____ pm

B.9 Indicate shifts normally worked each day by checking appropriate box:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shift No. 1	[]	[]	[]	[]	[]	[]	[]
Shift No. 2	[]	[]	[]	[]	[]	[]	[]
Shift No. 3	[]	[]	[]	[]	[]	[]	[]

B.10 Is facility currently operating at full production? Yes [] No []

If no, indicate percentage of full production that current production represents: _____ %

B.11 Is there a regularly scheduled shutdown period for maintenance or vacations? Yes [] No []

If yes, list dates of shutdown: _____

B.12 Is the level of production or service activity subject to seasonal variation?

If yes, indicate your normal period of:

Full Production: _____ Limited Production: _____
No Production: _____

B.13 List principal raw materials used AND amount used per year:

_____	_____	(tons or pounds per year)
_____	_____	(tons or pounds per year)
_____	_____	(tons or pounds per year)
_____	_____	(tons or pounds per year)

B.14 List major products manufactured AND amount produced per year:

_____	_____
_____	_____
_____	_____
_____	_____

B.15 Is production process: Batch [] Continuous? [] Both []

If both, indicate: _____ % Batch and _____ % Continuous

B.16 Are there any plans to modify production processes or expand the existing facility during the next three years? Yes [] No []

If yes, please describe the nature of planned changes or expansions:

Section C - Water Supply Information

C.1 Identify ALL sources of water supply used and estimate usage:

	Average Gallons Per Day
Public water: Yes [] No []	_____
Private wells: Yes [] No []	_____
River water: Yes [] No []	_____
Other (describe): _____	_____

C.2 Are water recirculation and/or recycling practices utilized at your facility? Yes [] No []

C.3 Are water conservation practices utilized at our facility? Yes [] No []

C.4 Identify ALL water uses at your facility, the estimated average daily water consumption for each use (if known) and the estimated percentage of the total water consumption that each use represents:

	Average Gallons Per Day				
[] Domestic wastes (restrooms, drinking water, etc.)	_____	[]	Estimated	[]	Measured
[] Cooling water (non-contact)	_____	[]	Estimated	[]	Measured
[] Cooling water (contact)	_____	[]	Estimated	[]	Measured
[] Boiler feed water	_____	[]	Estimated	[]	Measured
[] Process water	_____	[]	Estimated	[]	Measured
[] Contained in product	_____	[]	Estimated	[]	Measured
[] Air conditioning	_____	[]	Estimated	[]	Measured
[] Other (describe)	_____	[]	Estimated	[]	Measured
Total daily water use		_____			

Section D - Wastewater Discharge Information

D.1 Indicate ALL types of wastewater generated at your facility AND whether or not this type of wastewater is discharged to the public sewer system and the estimated quantity per type:

	Average Gallons Per Day	Discharge to Public Sewer?	
[] Domestic wastes (restrooms, drinking water, etc.)	_____	[] Yes	[] No
[] Cooling water (non-contact)	_____	[] Yes	[] No
[] Cooling water (contact)	_____	[] Yes	[] No
[] Boiler feed water	_____	[] Yes	[] No
[] Process water	_____	[] Yes	[] No
[] Contained in product	_____	[] Yes	[] No
[] Air conditioning	_____	[] Yes	[] No
[] Other (describe)	_____	[] Yes	[] No
Total wastewater generated		_____	

If your facility does not discharge ALL of its wastewater or liquid wastes to the public sewer system, indicate the other method or methods of wastewater disposal that are currently used by your facility and the quantity of the discharge:

		Average Gallons Per Day				
<input type="checkbox"/>	Storm sewer	_____	<input type="checkbox"/>	Estimated	<input type="checkbox"/>	Measured
<input type="checkbox"/>	Surface water	_____	<input type="checkbox"/>	Estimated	<input type="checkbox"/>	Measured
<input type="checkbox"/>	NPDES Permit No.	_____				
<input type="checkbox"/>	Ground water	_____	<input type="checkbox"/>	Estimated	<input type="checkbox"/>	Measured
<input type="checkbox"/>	Waste haulers	_____	<input type="checkbox"/>	Estimated	<input type="checkbox"/>	Measured
<input type="checkbox"/>	Evaporation	_____	<input type="checkbox"/>	Estimated	<input type="checkbox"/>	Measured
<input type="checkbox"/>	Other (describe)	_____	<input type="checkbox"/>	Estimated	<input type="checkbox"/>	Measured

Provide the name and address of waste hauler(s), if used:

D.2 Indicate all substances that may be found in your facilities discharge(s) to the public sewer system:

<input type="checkbox"/>	Acids/acidic wastes	<input type="checkbox"/>	Phenol/phenolic wastes
<input type="checkbox"/>	Caustic/alkali wastes	<input type="checkbox"/>	Alcohols
<input type="checkbox"/>	Metal pickling wastes	<input type="checkbox"/>	Ethers
<input type="checkbox"/>	Other metal preparation wastes	<input type="checkbox"/>	Aldehydes/ketones
<input type="checkbox"/>	Plating wastes	<input type="checkbox"/>	Soaps/surfactants/detergents
<input type="checkbox"/>	Electroplating wastes	<input type="checkbox"/>	Organic acids
<input type="checkbox"/>	Paints/inks	<input type="checkbox"/>	Petroleum oil derivatives
<input type="checkbox"/>	Pigments/dyes	<input type="checkbox"/>	Radioactive wastes
<input type="checkbox"/>	Chlorinated organic wastes	<input type="checkbox"/>	Brominated organic wastes
<input type="checkbox"/>	Organic solvents/thinners	<input type="checkbox"/>	Benzene/benzene derivatives
<input type="checkbox"/>	Lates wastes	<input type="checkbox"/>	Resins/monomers
<input type="checkbox"/>	Flammable substances	<input type="checkbox"/>	Waxes
<input type="checkbox"/>	Hot wastes (>104 deg. F)	<input type="checkbox"/>	Oils/fats/grease
<input type="checkbox"/>	Spent lime slurries	<input type="checkbox"/>	Inorganic solids
<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>	Sanitary Sewage ONLY

D.3 Attach a line diagram which illustrates the flow of water and wastewater through your facility. The line drawing should show the route taken by water in your facility from the source of water supply to the point of discharge. Show all sources of water supply (i.e., wells, intakes or public supply) and operations contributing wastewater, including process and production areas, sanitary flows, cooling water and stormwater runoff (if applicable).

The water balance should be based on the average monthly flows for the maximum monthly production period. Indicate all significant losses of water to products, atmosphere, discharges to surface waters and discharges to the public sewer system or other treatment facilities. Actual water consumption and/or wastewater flows should be used whenever available. Where such data are not available, your best estimate should be used.

D.4 Attach a site plan of your facility which delineates the property boundaries, adjacent streets, buildings and access roads. At a minimum, the site plan shall clearly indicate the following:

1. Description of activities or functions carried out in various areas of the facility, such as, production or manufacturing buildings, offices, garages/vehicle maintenance areas, loading and unloading areas, warehouses, chemical storage areas.

2. Location of ALL sewers and manholes on the facility grounds and EACH connection to the public sewer system.
3. Location of storm sewers, catch basins, water supply lines, flow meter installations, wastewater pretreatment facilities.

D.5 Indicate all pretreatment devices or processes used for treating wastewater or sludge (check all that apply):

<input type="checkbox"/> Air flotation	<input type="checkbox"/> Neutralization/pH correction
<input type="checkbox"/> Centrifuge	<input type="checkbox"/> Ozonation
<input type="checkbox"/> Chemical precipitation	<input type="checkbox"/> Rainwater diversion/storage
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Reverse osmosis
<input type="checkbox"/> Cyclone	<input type="checkbox"/> Screen
<input type="checkbox"/> Filtration	<input type="checkbox"/> Sedimentation
<input type="checkbox"/> Flow equalization	<input type="checkbox"/> Septic tank
<input type="checkbox"/> Grease or oil separation	<input type="checkbox"/> Solvent separation
<input type="checkbox"/> Grease trap	<input type="checkbox"/> Spill protection
<input type="checkbox"/> Grit removal	<input type="checkbox"/> Sump
<input type="checkbox"/> Ion removal	<input type="checkbox"/> No pretreatment provided
<input type="checkbox"/> Biological treatment (describe): _____	
<input type="checkbox"/> Other chemical treatment (describe): _____	
<input type="checkbox"/> Other physical treatment (describe): _____	
<input type="checkbox"/> Other (describe): _____	

D.6 Is it possible for an accidental discharge or spill of any of the following substances to enter the public sewer system from a storage or processing area (e.g. via floor drains):

Flammable, explosive, corrosive, low pH, high temperature, etc. Solutions and/or materials:

Yes No

Material(s) that may cause an obstruction of flow in the sewers?

Yes No

Conventional pollutants (e.g., BOD, solids, oil/grease, etc.) in an unusual quantity or strength?

Yes No

Toxic or hazardous substances (e.g, any priority pollutants listed in Section F)?

Yes No

If any of the above answers were "Yes", list those materials:

D.7 Does your facility have a Preparedness, Prevention and Contingency (PPC) Plan or related plan, such as a Pollution Incident Prevention (PIP) Plan or a Spill Prevention Control and Countermeasure (SPCC) Plan approved by the Pennsylvania Department of Environmental Protection or the U.S. Environmental Protection Agency? Yes No

If "Yes", attach a copy of the plan.

Note: If you checked only Domestic Wastes and/or Cooling Water (non-contact) in Section D.1, **proceed** to the last page of the survey, Section F-Certification, and sign the Certification Statement. If any other items were checked, you **must** complete the remainder of this survey/application.

Section E - Priority Pollutant/Hazardous Material Information

E.1 Attach a copy of the required pollutant analysis of your wastewater discharge (See Permit Application Instructions). The analysis shall indicate the date the sample was collected, the date of the analysis, the name of the laboratory that performed the analysis, and the location(s) from which the samples were collected (include a sketch or pan, if necessary).

E.2 Does your facility use and/or generate any hazardous waste materials as defined by the Resource Conservation and Recovery Act (RCRA)?
for EACH material:

Hazardous Waste Number	Description of Substance
_____	_____
_____	_____
_____	_____
_____	_____

E.3 In order to comply with the Pennsylvania "Community and Worker Right-To-Know Act of 1984", a Hazardous Substance Inventory (HSI) should have been completed for your facility. Attach a copy (or copies, if applicable) of your most recent Hazardous Substance Inventory for your facility.

E.4 Indicate by checking the appropriate box by each listed chemical whether it is "Suspected to be Absent", "Known to be Absent", "Suspected to be Present", or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration (mg/L)
1. Acenaphthene	[]	[]	[]	[]	_____
2. Arolein	[]	[]	[]	[]	_____
3. Acrylonitrile	[]	[]	[]	[]	_____
4. Benzene	[]	[]	[]	[]	_____
5. Benzidine	[]	[]	[]	[]	_____
6. Carbon tetrachloride	[]	[]	[]	[]	_____
7. Chlorobenzene	[]	[]	[]	[]	_____
8. 1,2,4-trichlorobenzene	[]	[]	[]	[]	_____
9. Hexachlorobenzene	[]	[]	[]	[]	_____
10. 1,2-dichloroethane	[]	[]	[]	[]	_____
11. 1,1,1-trichloroethane	[]	[]	[]	[]	_____
12. Hexachloroethane	[]	[]	[]	[]	_____
13. 1,1-dichloroethane	[]	[]	[]	[]	_____
14. 1,1,2-trichloroethane	[]	[]	[]	[]	_____
15. 1,1,2,2-tetrachloroethane	[]	[]	[]	[]	_____
16. Chloroethene	[]	[]	[]	[]	_____
17. Bis(2-chloroethyl) ether	[]	[]	[]	[]	_____
18. 2-chloroethyl vinyl ethers	[]	[]	[]	[]	_____

19.	2-chloronaphthalene	[]	[]	[]	[]	
20.	2,4,6-trichlorophenol	[]	[]	[]	[]	
21.	Parachlorometa cresol	[]	[]	[]	[]	
22.	Chloroform	[]	[]	[]	[]	
23.	2-chlorophenol	[]	[]	[]	[]	
24.	1,2-dichlorobenzene	[]	[]	[]	[]	
25.	1,3-dichlorobenzene	[]	[]	[]	[]	
26.	1,4-dichlorobenzene	[]	[]	[]	[]	
27.	3,3-dichlorobenzene	[]	[]	[]	[]	
28.	1,1-dichloroethylene	[]	[]	[]	[]	
29.	1,2-trans-dichloroethylene	[]	[]	[]	[]	
30.	2,4-dichlorophenol	[]	[]	[]	[]	
31.	1,2dichloropropane	[]	[]	[]	[]	
32.	1,3-dichloropropylene	[]	[]	[]	[]	
33.	2,4-dimethylphenol	[]	[]	[]	[]	
34.	2,4-dinitrotoluene	[]	[]	[]	[]	
35.	2,6-dinitrotoluene	[]	[]	[]	[]	
36.	1,2-diphenylhydrazine	[]	[]	[]	[]	
37.	Ethylbenzene	[]	[]	[]	[]	
38.	Fluoranthene	[]	[]	[]	[]	
39.	4-chlorophenyl phenyl ether	[]	[]	[]	[]	
40.	4-bromophenyl phenyl ether	[]	[]	[]	[]	
41.	Bis(2-chloroisopropyl) ether	[]	[]	[]	[]	
42.	Bis(2-chloroethoxy) methane	[]	[]	[]	[]	
43.	Methylene chloride	[]	[]	[]	[]	
44.	Methylene bromide	[]	[]	[]	[]	
45.	Bromoform	[]	[]	[]	[]	
46.	Dichlorobromomethane	[]	[]	[]	[]	
47.	Chlorodibromomethane	[]	[]	[]	[]	
48.	Hexachlorobutidienne	[]	[]	[]	[]	
49.	Isophorone	[]	[]	[]	[]	
50.	Naphthalene	[]	[]	[]	[]	
51.	Nitrobenzene	[]	[]	[]	[]	
52.	2-nitrophenol	[]	[]	[]	[]	
53.	4-nitrophenol	[]	[]	[]	[]	
54.	2,4-dinitrophenol	[]	[]	[]	[]	
55.	4,6-dinitrophenol	[]	[]	[]	[]	
56.	4,6-dinitrophenol	[]	[]	[]	[]	
57.	4,6-dinitro-o-cresol	[]	[]	[]	[]	
58.	N-nitrosodimethylamine	[]	[]	[]	[]	
59.	N-nitrosodiphentlamine	[]	[]	[]	[]	
60.	N-nitrosodi-n-propylamine	[]	[]	[]	[]	

61. Pentachlorophenol	[]	[]	[]	[]	
62. Phenol	[]	[]	[]	[]	
63. Bis(2-ethylhexyl) phthalate	[]	[]	[]	[]	
64. Butyl benzyl phthalate	[]	[]	[]	[]	
65. Di-N-Butyl Phthalate	[]	[]	[]	[]	
66. Di-n-octyl phthalate	[]	[]	[]	[]	
67. Diethyl Phthalate	[]	[]	[]	[]	
68. Dimethyl phthalate	[]	[]	[]	[]	
69. Benzo(a) anthracene	[]	[]	[]	[]	
70. Benzo(a) pyrene	[]	[]	[]	[]	
71. Benzo(b) fluoranthene	[]	[]	[]	[]	
72. Chrysene	[]	[]	[]	[]	
73. Acenaphthylene	[]	[]	[]	[]	
74. Anthracene	[]	[]	[]	[]	
75. Benzo(ghi) perylene	[]	[]	[]	[]	
76. Fluorene	[]	[]	[]	[]	
77. Phenanthrene	[]	[]	[]	[]	
78. Dibenzo(h) anthracene	[]	[]	[]	[]	
79. Indeno(1,2,3-cd) pyrene	[]	[]	[]	[]	
80. Pyrene	[]	[]	[]	[]	
81. Tetrachloroethylene	[]	[]	[]	[]	
82. Toluene	[]	[]	[]	[]	
83. Trichloroethylene	[]	[]	[]	[]	
84. Vinyl Chloride	[]	[]	[]	[]	
85. Aldrin	[]	[]	[]	[]	
86. Dieldrin	[]	[]	[]	[]	
87. Chlordane	[]	[]	[]	[]	
88. 4,4-DDT	[]	[]	[]	[]	
89. 4,4-DDE	[]	[]	[]	[]	
90. 4,4-DDD	[]	[]	[]	[]	
91. Alpha-endosulfan	[]	[]	[]	[]	
92. Beta-endosulfan	[]	[]	[]	[]	
93. Endosulfan sulfate	[]	[]	[]	[]	
94. Endrin	[]	[]	[]	[]	
95. Endrin aldehyde	[]	[]	[]	[]	
96. Heptachlor	[]	[]	[]	[]	
97. Heptachlor epoxide	[]	[]	[]	[]	
98. Alpha-BHC	[]	[]	[]	[]	
99. Beta-BHC	[]	[]	[]	[]	
100. Gamma-BHC	[]	[]	[]	[]	
101. Delta-BHC	[]	[]	[]	[]	
102. PCB-1242	[]	[]	[]	[]	
103. PCB-1254	[]	[]	[]	[]	
104. PCB-1221	[]	[]	[]	[]	
105. PCB-1232	[]	[]	[]	[]	
106. PCB-1248	[]	[]	[]	[]	
107. PCB-1260	[]	[]	[]	[]	

108. PCB-1016	[]	[]	[]	[]	
109. Toxaphene	[]	[]	[]	[]	
110. Antimony	[]	[]	[]	[]	
111. Arsenic	[]	[]	[]	[]	
112. Asbestos	[]	[]	[]	[]	
113. Beryllium	[]	[]	[]	[]	
114. Cadmium	[]	[]	[]	[]	
115. Chromium	[]	[]	[]	[]	
116. Copper	[]	[]	[]	[]	
117. Total Cyanide	[]	[]	[]	[]	
118. Lead	[]	[]	[]	[]	
119. Mercury	[]	[]	[]	[]	
120. Nickel	[]	[]	[]	[]	
121. Selenium	[]	[]	[]	[]	
122. Silver	[]	[]	[]	[]	
123. Thallium	[]	[]	[]	[]	
124. Zinc	[]	[]	[]	[]	
125. 2,3,7,8-TCCD	[]	[]	[]	[]	
126. Sulfate	[]	[]	[]	[]	
127. Chloride	[]	[]	[]	[]	
128. Fluoride	[]	[]	[]	[]	

If you are unable to identify the chemical constituents or products you use that are discharged in your facility's wastewater, attach copies of the material safety data sheets for those products.

- E.5 The priority pollutants listed in this application DO NOT include all toxic or hazardous substances that may possibly be present in industrial waste discharges. Applicants must identify and notify MAJSA of any and all toxic pollutants that are known or expected to be present in any of the wastewater discharges to the public sewer system from your facility

Such pollutants may include but are not necessarily limited to:

- A. Water conditioning chemical additives- including chemicals to control scale, corrosion and biological growths in potable water, plant service water, hot water heating or boiler systems and cooling systems. NOTE: If reporting any such chemicals, identify the trade names of additives, list main chemical ingredients and submit Material Safety Data Sheets (MSDS) for each additive.
- B. Hazardous substances that are subject to spill reporting requirements under Section 311 of the Clean Water Act.
- C. Toxic or hazardous substances that must be identified under the EPA's NPDES program regulations 40 CFR 122.21(g)(7).
- D. Other organic pollutants detected while performing the required analysis on the proposed wastewater discharge for this application.

Section F - Certification

In accordance with the Mountaintop Area Joint Sanitary Authority's Rules and Regulations and Industrial Pretreatment Program, the Undersigned hereby requests an Industrial Waste Discharge Permit to discharge industrial wastes or non-domestic wastewater to the Authority's sewer system. In consideration for reviewing such permit application, and possibly the granting of such a permit, the undersigned hereby agrees:

- F.1 To pay the initial permit application fee of **\$1500** to the Mountaintop Area Joint Sanitary Authority and to reimburse the Authority for any reasonable engineering, legal and administrative costs in excess of **\$1500** associated with the evaluation of this permit application and preparation of any permit issued for the proposed discharge.
- F.2 To conduct any wastewater sampling and screening analyses of the proposed industrial and/or non-domestic waste discharge that may be required by the Authority to evaluate this permit application at no cost to the Authority.
- F.3 To furnish any additional information relative to the proposed industrial or non-domestic waste discharge for which this permit is sought that may be requested by the Authority.
- F.4 To accept and abide by the provisions of the Mountaintop Area Joint Sanitary Authority's Rules and Regulations, Industrial Pretreatment Program, and any other pertinent regulations and/or local municipal ordinances that may be adopted in the future.
- F.5 To pay any surcharges for high strength waste discharges, if applicable, pursuant to the Mountaintop Area Joint Sanitary Authority's Rules and Regulations Governing Industrial Sewer Use and any other fees deemed necessary by the Authority to carry out the requirements of its pretreatment program.
- F.6 To provide, construct, operate and maintain any pretreatment facilities which may be required by the Authority as a condition of accepting the proposed industrial or non-domestic waste discharge in an efficient manner at all times and at no expense to the Authority.
- F.7 To cooperate at all times with the Authority and its representatives in the inspection, sampling and/or evaluation of the industrial or non-domestic waste discharge proposed by this application and any facilities provided for the pretreatment of the proposed discharge.
- F.8 To notify the Authority immediately in the event of any accident or other circumstance that may result in the discharge into the sewer system of any wastes or pollutants prohibited by the Mountaintop Area Joint Sanitary Authority's Rules and Regulations and Industrial Pretreatment Program or any changes or other modifications that may result in the discharge of any wastewater or pollutants significantly different that the characteristics described in the permit application.

Section F - Certification

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

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

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

Date

Signature of Official
(Seal if applicable)