



City of Sidney

Industrial Pretreatment Program - Data Disclosure Form

I. General Information

Facility Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Delegation/Authorization form on file 

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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I have personally examined and am familiar with the information submitted in this form and attachments. Based upon my own observations and my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that submitted information is true, accurate and complete.

\_\_\_\_\_  
Signature Title Date

II. Facility Operational Characteristics

Major operations or activities are: \_\_\_\_\_ Batch and/or Continuous  
Indicate whether the business is continuous throughout the year or seasonal Continuous Seasonal

If seasonal, please check the months that business activity occurs:

JAN  FEB  MAY  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC

Comments: \_\_\_\_\_

Do operations shut down for vacation, maintenance, or other reasons? 

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, please explain: \_\_\_\_\_

Do plans within the next three years include an expansion? 

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, please explain: \_\_\_\_\_

Work Days: Mon  Tues  Wed  Thur  Fri  Sat  Sun

Shifts per work day: \_\_\_\_\_

Employees per shift 1st 2nd 3rd

Shift start and stop times 1st 2nd 3rd

**III. Business Activity and Product/Service Activity**

Describe the manufacturing or service activity at your facility:

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

<u>SIC Code</u>	<u>Process Description</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Product Information:

List Products: 

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List Raw Materials: 

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Are all materials used at your facility either incorporated into your product or discharged to the sanitary sewer? 

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If no, list the material and the disposal method:

<u>Material</u>	<u>Disposal Method</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Refer to Table 1 to generally characterize material utilized at your facility.

Refer to Table 2 to indicate any Priority Pollutant used at your facility.

Additional Comments: 

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**IV. Intake Water Supply and Discharge Outfalls**

<u>Intake Type of Use</u>	<u>Quantity (GPD)</u>
Contact Cooling Water	_____
Non-Contact Cooling Water	_____
Boiler Feed	_____
Process Water	_____
Sanitary Facilities	_____
Air Pollution Control	_____
Contained in Product	_____
Plant/Equipment Wash Down	_____
Other	_____

Supply:	City	Well	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Water Usage: \_\_\_\_\_

Identify "Other" if listed above/ Comments: \_\_\_\_\_

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<u>Discharge Type of Use:</u>	<u>Quantity (GPD)</u>
Cooling Tower	_____
Boiler Blow downs	_____
Process Water	_____
Sanitary	_____
Air Pollution Equip	_____
Plant Wash Down	_____
Other	_____

Sanitary	Storm	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Discharge Flow: \_\_\_\_\_

Maximum projected flow rate (GPM): \_\_\_\_\_

Identify "Other" if listed above/ Comments: \_\_\_\_\_

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Scheduled Boiler Blow downs:  
 Gallons used: \_\_\_\_\_  
 Chemicals used: \_\_\_\_\_

Cooling Towers:  
 Gallons Used: \_\_\_\_\_  
 Chemicals Used: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Process Flow Diagram:** Process flow line diagrams are required to be submitted with this Data Disclosure Form (DDF)

Is your facility subject to Categorical Pretreatment Standards as promulgated by the U.S. EPA?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If yes please list the following:

CFR Part Number

Category title

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Regulated Process	Average Flow (GPD)	Max. Flow (GPD)	Type of Discharge		
			None	Batch	Continuous
<hr/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<hr/>			
Dilution	Average Flow (GPD)	Max. Flow (GPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has sampling of the wastewater been conducted?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If yes, please include a copy of the analytical results for baseline monitoring purposes (New Users)

Are sampling manholes available?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If yes, please describe location: \_\_\_\_\_

Are there process changes/expansions planned that could alter wastewater volume or characteristics?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If yes, please describe: \_\_\_\_\_

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**V. Pretreatment**

Is any form of pretreatment practiced at this facility? (check as many as appropriate)

Y <input type="checkbox"/>	N <input type="checkbox"/>
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- |                        |                               |
|------------------------|-------------------------------|
| Air Flotation          | Neutralization, pH Correction |
| Centrifuge             | Ozonation                     |
| Chemical Precipitation | Reverse Osmosis               |
| Chlorination           | Screening                     |
| Filtration             | Sedimentation                 |
| Flow Equalization      | Septic Tank                   |
| Grease/Oil Separation  | Grit Removal                  |
| Grease Trap            | Rainwater Diversion/Storage   |

Other Processes/Comments: \_\_\_\_\_

Attach a process flow diagram for each existing treatment system. Describe the flow rates, design capacity, process equipment and an operational narrative.

Does this/these systems produce a by-product?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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Does this/these systems produce a hazardous waste by-product?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If yes, Please list the disposal method of the by-product: \_\_\_\_\_

Are air pollution devices employed at your facility?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If yes, please describe the device(s) and method of residue disposal: \_\_\_\_\_

Does the facility have a pretreatment operator?

Y <input type="checkbox"/>	N <input type="checkbox"/>
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If yes, please complete the following:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full Time:                      Work Hours:                      Part Time:                      Work hours:

**VI. Spill Prevention**

Do you have chemical storage containers or bins at your facility?

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Do you have floor drains in your manufacturing or chemical storage areas(s)?

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Submit a drawing or aerial photo of the proximity of containers to the nearest drain

Do you have an accidental spill prevention plan to prevent slug loads from entering the POTW?

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, please include the plan with this submittal

Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Comments: \_\_\_\_\_



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TABLE 1

MATERIALS USED

Check the boxes which indicate materials utilized at your facility.

- |   |  |
|---|--|
| <input type="checkbox"/> acids and acidic materials                     | <input type="checkbox"/> waxes                           |
| <input type="checkbox"/> alkali and caustic materials                   | <input type="checkbox"/> phenols                         |
| <input type="checkbox"/> pickling materials                             | <input type="checkbox"/> alcohols                        |
| <input type="checkbox"/> other metal cleaning and preparation materials | <input type="checkbox"/> ethers                          |
| <input type="checkbox"/> plating materials                              | <input type="checkbox"/> aldehydes, ketones              |
| <input type="checkbox"/> electrocoating materials                       | <input type="checkbox"/> soaps, surfactants, detergents  |
| <input type="checkbox"/> paints   | <input type="checkbox"/> organic acids                   |
| <input type="checkbox"/> pigments                                       | <input type="checkbox"/> oils                            |
| <input type="checkbox"/> inks   | <input type="checkbox"/> fats, grease                    |
| <input type="checkbox"/> dyes, coloring agents                          | <input type="checkbox"/> benzene and benzene derivatives |
| <input type="checkbox"/> organic solvents, thinners                     | <input type="checkbox"/> chlorinated organic compounds   |
| <input type="checkbox"/> latexes  | <input type="checkbox"/> brominated organic compounds    |
| <input type="checkbox"/> resins, monomers                               | <input type="checkbox"/> heated materials                |
| <input type="checkbox"/> radioactive materials                          |  |



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TABLE 2

PRIORITY POLLUTANTS

129 Toxic Pollutants Listed in Consent Decree and Referenced in 307 (a) of the CWA of 1977

<u>Item Number</u>	<u>Chemical Compound</u>	<u>Used</u>	<u>Not Suspected In Wastewater</u>	<u>May Be In Wastewater</u>
1.	asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<u>Item Number</u>	<u>Chemical Compound</u>	<u>Used</u>	<u>Not Suspected In Wastewater</u>	<u>May Be In Wastewater</u>
17.	acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	benzo (k) flouranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	3,4-benzoflouranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	a-BHC-alpha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	b-BHC-beta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	r-BHC-gamma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	g-BHC-delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	bis (2-chloroethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	bis (2-chloroethoxyl) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	bis (2-chloroisopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	bis (chloromethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	bis (2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	bromoform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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<u>Item Number</u>	<u>Chemical Compound</u>	<u>Used</u>	<u>Not Suspected In Wastewater</u>	<u>May Be In Wastewater</u>
39.	4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	chlordane	<input type="checkbox"/>	<input type="checkbox"/>	
43.	chlorobenzne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	chlorodibromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	2-chloroethyl vinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	2-chlororphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	4-chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.	dibenso (ah) anthrachne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59.	3,3'-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.	dichlorobromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61.	dichlorodifluoromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<u>Item Number</u>	<u>Chemical Compound</u>	<u>Used</u>	<u>Not Suspected In Wastewater</u>	<u>May Be In Wastewater</u>
62.	1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63.	1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64.	1,10dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65.	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66.	1,20dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.	1,3-dichloropropylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.	dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69.	diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.	dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71.	2,40dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72.	di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73.	di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74.	4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75.	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76.	2,40dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78.	1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79.	a-3ndosulfan-alpha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80.	b-endosulfan-beta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81.	endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82.	endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83.	endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84.	ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85.	fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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86.	fluorine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87.	heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88.	heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89.	hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90.	hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91.	hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92.	hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93.	ideno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94.	isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95.	methyl bromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96.	methyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97.	methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98.	naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99.	nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100.	2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101.	4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102.	N-nitrosodimethyl amine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103.	N-nitrosodi-n-propyl amine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104.	N-nitrosodiphenyl amine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106.	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107.	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108.	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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109.	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110.	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111.	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.	parachlorometa cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113.	pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114.	phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.	phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116.	pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117.	2,3,4,8-tetrachlorodibenso- p-dioxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118.	1,1,2,2-tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119.	tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120.	toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121.	toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122.	1,20trans-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123.	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124.	1,1,1-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125.	1,1,2-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126.	thrichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127.	thrichlorofluoromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128.	2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129.	vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>