

City Of Alliance Wastewater Treatment Plant

12251 Rockhill Ave N.E., Alliance, OH 44601

(330)829-2220

PERMIT APPLICATION / INDUSTRIAL WASTEWATER QUESTIONNAIRE

NOTE: This form must be typed or printed in ink and the original signed document must be returned to us at the above address. Additional pages may be attached as needed.

SECTION A. BUSINESS CONTACT INFORMATION

- 1) Company Name: _____
- 2) Facility Name: _____
- 3) Mailing Address: _____

- 4) Facility Address: _____

- 5) Person to contact concerning information provided herein:
 - Name: _____
 - Title: _____
 - Phone #: () _____ Fax #: () _____
 - email: _____

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, the 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 and imprisonment for knowing violations.

Signature of Company Official*

Date

Print Name of Company Official: _____

Print Title of Company Official: _____

* As defined in Section 911.614 of the City of Alliance Sewer Use Ordinance and defined in the most recent update of 40 CFR 403. (See APPENDIX A)

SECTION B: ENVIRONMENTAL CONTROL PERMITS

1) Does the facility maintain a direct discharge (NPDES*) permit(s)? YES _____ NO _____

If YES, please list the applicable permit #(s), facility ID #(s), and expiration date(s):

Permit # _____ Facility ID # _____ Expiration Date _____

Permit # _____ Facility ID # _____ Expiration Date _____

* A National Pollutant Discharge Elimination System permit is issued by the EPA for industries with discharges that go directly to surface waters.

2) Is the facility a licensed hazardous waste generator? YES _____ NO _____

If YES, please list the applicable generator ID# and generator classification(s):

ID # _____ LQG* _____ SQG* _____ CESQG* _____
* Large Quantity Generator / Small Quantity Generator / Conditionally-Exempt SQG

3) Does the facility maintain an air pollution control permit? YES _____ NO _____

If YES, please list the applicable permit #(s), expiration date(s) and APC* technology:

Permit # _____ Expiration Date _____ APC Technology _____

Permit # _____ Expiration Date _____ APC Technology _____
* Air Pollution Control

SECTION C: DESCRIPTION of PROCESSES

1) Please provide a general description of manufacturing/service activities at the facility address, including type and amount of product produced :

2) Please list the following:

a) Raw Materials / Basis Materials: _____

b) By-Products / Wastes: _____

c) Chemicals Used: _____

3) Please list the Standard Industrial Classification (SIC) * number for each of the facility's processes or business activities and indicate if a waste or wastewater is discharged to the sanitary sewer.

SIC #	PROCESS ACTIVITY	DISCHARGE	
_____	_____	YES _____	NO _____
_____	_____	YES _____	NO _____
_____	_____	YES _____	NO _____
_____	_____	YES _____	NO _____
_____	_____	YES _____	NO _____
_____	_____	YES _____	NO _____
_____	_____	YES _____	NO _____

* Please reference US Department of Labor/ OSHA SIC# listings.

SECTION D: FACILITY OPERATIONAL CHARACTERISTICS

1) Total (salary & hourly combined) number of employees at this facility: _____

2) Please indicate below the facility's operational schedule and shifts with a process discharge.

Day	Shifts Worked	Shifts Discharged	# of Employees/Shift
<input type="checkbox"/> Sunday	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	/ /
<input type="checkbox"/> Monday	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	/ /
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	/ /
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	/ /
<input type="checkbox"/> Thursday	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	/ /
<input type="checkbox"/> Friday	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	/ /
<input type="checkbox"/> Saturday	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	/ /

3) Please list the start times and length of each operational shift.

	Start	Length		Start	Length		Start	Length
1st			2nd			3rd		

4) Please describe any variations in production and discharge information.

(Seasonal, maintenance, shut downs, etc.)

SECTION E: GENERAL WATER / WASTEWATER FLOW INFORMATION

1) Please describe the source(s) and volume of supply water for processes, services and for domestic use.

Indicate if gallons per month (gal/mo.) or cubic feet per month (cu.ft/mo.).

Private Well _____ Surface Water _____ Municipal _____

Other _____

2) Please indicate if water conditioning processes are employed. YES _____ NO _____

If YES, please indicate from the following technologies.

Softener _____ DI _____ RO _____ Other _____

If used, please include MSDS information for water conditioning chemicals.

3) Does the facility discharge all of its wastewater/liquid wastes to the local sanitary sewer?

YES _____ NO _____

If NO, describe other disposal methods: _____

4) For facilities with a process discharge, is sanitary wastewater discharged separately from process wastewater?

YES _____ NO _____ N/A _____

5) Please describe the process wastewater flow, if applicable, as Daily Average (gpd), Instantaneous Peak (gpm), Monthly Average (gpmo) and Seasonal Variations.

Daily Avg _____ (gpd) Peak _____ (gpm) Monthly Avg. _____ (gpmo)

Seasonal Variations _____

gpd - gallons per day, **gpm** - gallons per minute, **gpmo** - gallons per month

(For a conversion factor, 1 cu. ft. = 7.48 gallons.)

6) Please describe the flow measurement device(s) for the water supply and the wastewater discharge.

water supply: _____

wastewater discharge: _____

(the City of Alliance may specify flow meter for wastewater discharge measurement.)

SECTION F: WASTEWATER INFORMATION

1) For each of the discharges related to wastes, spent solutions and residues, list the waste name(s), volume(s) and frequency of discharge(s) in the table below.

Waste Name	Volume	Frequency
_____	_____	_____
_____	_____	_____

2) Is wastewater generated from Air Pollution Control equipment at the facility?

YES _____ NO _____ N/A _____

If YES, please list the waste name(s), volume(s) and frequency of discharge(s) in the table below.

Waste Name	Volume	Frequency

3) Is there a manhole or other access for wastewater sampling? YES _____ NO _____

If YES, state location. _____

4) Is wastewater analytical data available? YES _____ NO _____

If YES, and you are **not** currently under permit with the City, please attach a copy of the most recent test results and describe the location of sample collection.

Also include date and time of sample collection, type of discharge, estimated flow and notes.

* US EPA-approved test methods are listed in 40 CFR 136.

5) Please indicate in TABLE 1 the items that characterize your wastewater.

TABLE 1
GENERAL WASTEWATER CHARACTERISTICS

Check all of the below-listed substances contained in your sanitary sewer discharges.

- | | |
|--|---|
| <input type="checkbox"/> Acids and acidic wastes | <input type="checkbox"/> Ethers |
| <input type="checkbox"/> Alkali and caustic wastes | <input type="checkbox"/> Aldehydes, ketones |
| <input type="checkbox"/> Pickling wastes | <input type="checkbox"/> Organic acids |
| <input type="checkbox"/> Other metal cleaning and preparation wastes | <input type="checkbox"/> Soaps, surfactants, & detergents |
| <input type="checkbox"/> Plating wastes | <input type="checkbox"/> Oils, Fats, grease |
| <input type="checkbox"/> Electrocoating wastes | <input type="checkbox"/> Cyanide wastes |
| <input type="checkbox"/> Paints | <input type="checkbox"/> Benzene & benzene derivatives |
| <input type="checkbox"/> Pigments | <input type="checkbox"/> Chlorinated organic compounds |
| <input type="checkbox"/> Inks | <input type="checkbox"/> Brominated organic compounds |
| <input type="checkbox"/> Dyes | <input type="checkbox"/> Hot wastes (104 F or higher) |
| <input type="checkbox"/> Organic solvents, thinners | <input type="checkbox"/> Radioactive wastes |
| <input type="checkbox"/> Latex wastes | <input type="checkbox"/> Flammables or explosives |
| <input type="checkbox"/> Resins, monomers | <input type="checkbox"/> Sanitary Wastes |
| <input type="checkbox"/> Waxes | <input type="checkbox"/> Excessive BOD,COD, or TSS |
| <input type="checkbox"/> Inorganic solids, (sand, gravel, etc.) | <input type="checkbox"/> Discoloration - causing waste |
| <input type="checkbox"/> Phenol-containing wastes | <input type="checkbox"/> Toxic metals |
| <input type="checkbox"/> Alcohols | <input type="checkbox"/> Other (list) _____ |

6) Is it possible to discharge or spill (i.e floor drains) any of the following to the municipal sewerage system from a storage site or process area? If YES, please indicate pollutant(s) below.

a) Toxic pollutants (Priority Pollutants) as indicated in SECTION G.

YES _____ NO _____

pollutant(s) _____

b) Conventional pollutants (BOD, Oil & Grease, etc.) in unusual quantity or strength.

YES _____ NO _____

pollutant(s) _____

c) Flammable, explosive, corrosive, low pH, high temperature, etc., solutions and/or materials.

YES _____ NO _____

pollutant(s) _____

d) Materials that can cause obstruction of flow in sewers.

YES _____ NO _____

pollutant(s) _____

7) Is there a Spill Prevention Control and Countermeasure Plan in effect for any material used in this plant?

YES _____ NO _____

If YES, please submit a copy.

SECTION G: PRIORITY POLLUTANT INFORMATION

When referring to the following TABLE II (Pages 8-13), please classify all chemicals at your facility by the following list. Chemical synonym names by which they may also be known are shown in parenthesis. Please use the following codes to note the presence or absence of each of the chemicals:

- KA = Substance Known Absent
- SA = Substance Suspected Absent
- SP = Substance Suspected Present
- KP = Substance Known Present
- (-----) = Alternate Name of Pollutant

* Please review the contents of trade name products and MSDS information to aid in determining the presence of these priority pollutants.

TABLE II
PRIORITY POLLUTANTS

<u>CHLORINATED ALKANES</u>		<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
Methyl Chloride	(Chloromethane)	—	—	—	—
Methylene Chloride	(Dichloromethane)	—	—	—	—
Methyl Bromide	(Bromomethane)	—	—	—	—
Chloroform	(Trichloromethane)	—	—	—	—
Bromoform	(Tribromomethane)	—	—	—	—
Carbon Tetrachloride	(Tetrachloromethane)	—	—	—	—
Dichlorobromomethane	(Bromodichloromethane)	—	—	—	—
Chlorodibromomethane	(Dibromochloromethane)	—	—	—	—
Chloroethane	(Ethylchloride)	—	—	—	—
1,1-Dichloroethane	(Ethylidene Chloride)	—	—	—	—
1,2-Dichloroethane	(Ethylene Chloride)	—	—	—	—
1,1,1-Trichloroethane	(Methyl Chloroform)	—	—	—	—
1,1,2-Trichloroethane	(Vinyl Chloroform)	—	—	—	—
1,1,2,2-Tetrachloroethane	(Acetylene tetrachloride)	—	—	—	—
Hexachloroethane	(Perchloroethane)	—	—	—	—
1,1-Dichloroethylene	(1,1-Dichloroethene)	—	—	—	—
1,2-Trans-dichloroethylene	(Acetylene Dichloride)	—	—	—	—
1,2-Dichloropropylene	(Propylene Dichloride)	—	—	—	—
1,2-Dichloropropylene	(1,3-Dichloropropylene)	—	—	—	—
Trichloroethylene	(Trichloroethylene)	—	—	—	—
Tetrachloroethylene		—	—	—	—
Vinyl Chloride	(Chloroethene)	—	—	—	—
Hexachlorobutadiene		—	—	—	—
Hexachlorocyclopentadiene	(Perchlorocyclopentadiene)	—	—	—	—

TABLE II PRIORITY POLLUTANTS (continued)

<u>CHLORINATED AROMATICS</u>	<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
1,2,4-Trichlorobenzen	—	—	—	—
Chlorobenzene	—	—	—	—
Hexachlorobenzene (Perchlorobenzene)	—	—	—	—
2-Chloronaphthalene	—	—	—	—
1,2-Dichlorobenzene (Ortho-Dichlorobenzene)	—	—	—	—
1,3-Dichlorobenzene (Meta-Dichlorobenzene)	—	—	—	—
1,4-Dichlorobenzene (Para-Dichlorobenzene)	—	—	—	—
<u>CHLORINATED ETHERS</u>	<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
2-Chloroethyl Vinyl Ether	—	—	—	—
4-Bromophenyl Phenyl Ether	—	—	—	—
Bis(2-Chloroethyl) Ether (2,2'-Dichloroethyl Ether)	—	—	—	—
Bis(2-Chloroethoxy) Methane (2,2'-Dichloroethoxy Methane)	—	—	—	—
4-Chlorophenyl Phenyl Ether	—	—	—	—
Bis(2-Chloroisopropyl) Ether (2,2'-Dichloroisopropyl Ether)	—	—	—	—
<u>PHTHALATE ESTERS</u>	<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
Bis(2-ethylhexyl) Phthalate (2,2'-Diethylhexyl Phthalate)	—	—	—	—
Butyl Benzyl Phthalate	—	—	—	—
Di-n-butyl Phthalate	—	—	—	—
Di-n-octyl Phthalate (Di(2-Ethylhexyl) Phthalate)	—	—	—	—
Diethyl Phthalate (Ethyl Phthalate)	—	—	—	—
Dimethyl Phthalate	—	—	—	—

TABLE II PRIORITY POLLUTANTS (continued)

<u>AROMATICIS</u>		<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
Benzene		—	—	—	—
Toluene	(Methylbenzene)	—	—	—	—
Ethylbenzene		—	—	—	—
Naphthalene		—	—	—	—
Fluoranthene		—	—	—	—
Acenaphthene		—	—	—	—
Benzo (a) Anthracene	(1,2-Benzanthracene)	—	—	—	—
Benzo (a) Pyrene	(3,4-Benzopyrene)	—	—	—	—
Chrysene	(1,2-Benzphenanthrene)	—	—	—	—
Indeno (1,2,3-c,d) Pyrene	(2,3-Ortho-Phenylene Pyrene)	—	—	—	—
3,4-Benzofluoranthene		—	—	—	—
Benzo (k) Fluoranthene	(11,12-Benzofluoranthene)	—	—	—	—
Acenaphthylene		—	—	—	—
Benzo (g,h,i) Perylene	(1,12-Benzoperylene)	—	—	—	—
Fluorene	((alpha)-Diphenylene Methane)	—	—	—	—
Phenanthrene		—	—	—	—
Dibenzo (a,h) Anthracene	(1,2,5,6-Dibenzanthracene)	—	—	—	—
Pyrene		—	—	—	—
Anthracene		—	—	—	—

TABLE II PRIORITY POLLUTANTS (continued)

<u>PHENOLS</u>		<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
Phenol		—	—	—	—
2-Chlorophenol	(Para-Chlorophenol)	—	—	—	—
2,4-Dichlorophenol		—	—	—	—
Pentachlorophenol		—	—	—	—
2-Nitrophenol	(Para-Nitrophenol)	—	—	—	—
2,4-Dimethylphenol	(2,4-xylenol)	—	—	—	—
4-Nitrophenol	(Ortho-Nitrophenol)	—	—	—	—
2,4-Dinitrophenol		—	—	—	—
4,6-Dinitro-ortho-Cresol	(4,6-Dinitro-2-Methylphenol)	—	—	—	—
2,4,6-Trichlorophenol		—	—	—	—
Para-Chloro-meta-Cresol	(4-Chloro-3-Methylphenol)	—	—	—	—
<u>SUBSTITUTED AROMATICS</u>		<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
Nitrobenzene		—	—	—	—
2,4-Dinitrotoluene		—	—	—	—
2,6-Dinitrotoluene		—	—	—	—
2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)		—	—	—	—
Benzidine		—	—	—	—
3,3-Dichlorobenzidine		—	—	—	—
1,2-Diphenylhydrazine	(Hydrazobenzene)	—	—	—	—

TABLE II PRIORITY POLLUTANTS (continued)

<u>POLYCHLORINATED BIPHENYLS</u>		<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
PCB-1016	(Arochlor-1016)	—	—	—	—
PCB-1221	(Arochlor-1221)	—	—	—	—
PCB-1232	(Arochlor-1232)	—	—	—	—
PCB-1242	(Arochlor-1242)	—	—	—	—
PCB-1248	(Arochlor-1248)	—	—	—	—
PCB-1254	(Arochlor-1254)	—	—	—	—
PCB-1260	(Arochlor-1260)	—	—	—	—
<u>PESTICIDES</u>		<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
Aldrin		—	—	—	—
Dieldrin		—	—	—	—
Chlordane		—	—	—	—
4,4'-DDT	(Dichlorodiphenyltrichloroethane)	—	—	—	—
4,4'-DDE	(Dichlorodiphenyldichloroethylene)	—	—	—	—
4,4'-DDD	(Dichlorodiphenyldichloroethane)	—	—	—	—
A-Endosulfan-alpha	(Endosulfan I)	—	—	—	—
B-Endosulfan-beta	(Endosulfan II)	—	—	—	—
Endosulfan Sulfate		—	—	—	—
Endrin		—	—	—	—
Endrin Aldehyde		—	—	—	—
Heptachlor		—	—	—	—
Heptachlor Epoxide		—	—	—	—
-BHC-Alpha		—	—	—	—
-BHC-Beta		—	—	—	—
-BHC (Lindane)-Gamma		—	—	—	—
-BHC-Delta		—	—	—	—
Toxaphene		—	—	—	—

TABLE II PRIORITY POLLUTANTS (continued)

<u>MISCELLANEOUS</u>	<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
Acrolein	—	—	—	—
Acrylonitrile	—	—	—	—
Asbestos	—	—	—	—
Cyanide	—	—	—	—
Isophorone	(3,5,5-Trimethyl-2-cyclo-hexen-1-or	—	—	—
N-nitrosodimethylamine	(Dimethyl-nitrosoamine)	—	—	—
N-nitrosodipropylamine	(N-nitroso-di-n-propylamine)	—	—	—
N-nitrosodiphenylamine	(Diphenyl-nitrosoamine)	—	—	—
<u>METALS</u>	<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
Antimony	—	—	—	—
Arsenic	—	—	—	—
Beryllium	—	—	—	—
Cadmium	—	—	—	—
Chromium	—	—	—	—
Copper	—	—	—	—
Lead	—	—	—	—
Mercury	—	—	—	—
Nickel	—	—	—	—
Selenium	—	—	—	—
Silver	—	—	—	—
Thallium	—	—	—	—
Zinc	—	—	—	—

* For the chemical compounds in Table II which are Known Present (KP), please give the following information for each as provided in Table III.

TABLE III

<u>Chemical Compounds</u>	<u>Annual Usage (lbs)</u>	<u>Estimated Loss to Sewer (lbs/yr)</u>

* Note: If the above units are not appropriate, please list data along with the correct units.
Use additional paper if necessary.

SECTION H: PRETREATMENT INFORMATION

1) Is this facility subject to an existing Federal Pretreatment Standard? YES _____ NO _____
If YES, please list the standard. _____
If YES, are Pretreatment Standards being met on a consistent basis? YES _____ NO _____
If Standards are not being met consistently, please explain why.

2) Please list any conventional wastewater treatment technologies currently employed. (i.e. - screens, sediment traps, oil/water interceptors, limestone traps, etc.).

3) Please list any advanced wastewater treatment technologies currently employed. (i.e. Equalization, pH neutralization, chemical precipitation, dissolved-air, etc.).

SECTION I: WASTE MANAGEMENT

1) Are any process, product, or sanitary wastes being hauled by a private waste hauler?
YES _____ NO _____

If YES, state name of hauler, location of dumping site, type of waste, volume of waste, and frequency (i.e. times daily, weekly, monthly).

2) Residuals Information:

a) Are any residuals created from the pretreatment processes?

YES _____ NO _____

If YES, describe residuals _____

b) Indicate quantity of residuals created (specify units). _____

c) Describe method of residue disposal.

d) Is the residue considered a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA)?

YES _____ NO _____ UNDETERMINED _____

SECTION J: SEWER CONNECTION AND REFERENCE DRAWINGS

1) Please provide a reference drawing of the facility showing locations of the sewer connections to the public sewers (sanitary and storm sewers). Show plant site drains and discharge points for the various wastewater and wastes. Also, please indicate areas for: process, chemical and waste storage, spill response supplies and for any pretreatment equipment and structures. The drawing should also display locations of possible

sampling points along with references to buildings, streets and other pertinent physical structures.

Comments:

SECTION K: COMPLIANCE STATEMENT (Please sign #1 or #2 only)*

1) I, _____,
(Official's name - type or print) (Title of official - type or print)

certify that _____ **is currently or is expected to**
(Name of Company - type or print)

be consistently in compliance with the provisions of the City of Alliance Sewer Use Ordinance (SUO).

(Official's signature *)

2) I, _____,
(Official's name - type or print) (Title of official - type or print)

certify that _____ **is not currently or is not**
(Name of Company - type or print)

expected to be consistently in compliance with the provisions of the City of Alliance Sewer Use Ordinance (SUO) and that additional operation and maintenance and/or pretreatment is required to attain compliance.

(Official's signature *)

*** Signature MUST be in accordance with the Signatory Requirements found in Section 911.614 of the City of Alliance SUO. These requirements may also be found in Appendix A of the Industrial Waste Questionnaire / Permit Application.**

If Statement #2 in SECTION K : COMPLIANCE STATEMENT on Page 17 is signed, please complete the following:

1) List below the additional operation and maintenance activities and schedules necessary to attain compliance with the City of Alliance SUO.

2) If additional pretreatment facilities need to be constructed to bring the discharge into compliance with the City of Alliance SUO, please list below the shortest schedule of completion dates for the specific steps required.

Hiring an engineer (if required)

Completing preliminary plans

Completing final plans

Obtaining a Permit to Install * (PTI)

from the Ohio EPA

Executing contract for major components

Commencing construction

Completing construction

Meeting permit requirements

* PTI - **Permit to Install**. A PTI application is required by the Ohio EPA prior to the installation of any Pretreatment equipment.

Thank you for your cooperation. Please make a copy for your records and return the original to the address listed below.

City of Alliance WWTP
12251 Rockhill Ave NE
Alliance, OH 44601

APPENDIX A
SIGNATORY REQUIREMENTS FOR REPORTS

The reports required by paragraphs (b), (d), and(e) of 40 CFR 403.12 shall include the following certification statement, as set forth in 40 CFR 403.6:

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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, the 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 and imprisonment for knowing violations."

and all reports shall be signed as follows:

1) By a responsible corporate officer, if the Industrial User submitting the reports required by Section 911.607, 911.612, and 911.613 is a corporation. For the purpose of this paragraph, a corporate officer means:

a) 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 this corporation, or

b) The manager of one or more manufacturing, production, or operation facilities, provided the manager:

i) Is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and of initiating and directing other comprehensive measures, to assure long-term environmental compliance with environmental laws and regulations;

ii) Can ensure that the necessary systems are established or that the necessary actions are taken to gather complete and accurate information for control mechanism requirements; and

iii) Is assigned or delegated the authority to sign documents in accordance with corporate procedures.

2) By a general partner or proprietor if the Industrial User submitting the reports required by Section 911.607, 911.612, and 911.613 of the City of Alliance's SUO is a partnership or sole proprietorship respectively.

APPENDIX A

SIGNATORY REQUIREMENTS FOR REPORTS (continued)

3) By a duly authorized representative of the individual designated in Paragraph 1) or 2) of this section if:

a) The authorization is made in writing by the individual described in Paragraph 1) or 2);

b) 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; and

c) The written authorization is submitted to the City.

4) If an authorization under Paragraph 3) of this section 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 Paragraph 3) of this section must be submitted to the City prior to or together with any reports to be signed by an authorized representative.