

**ALBANY COUNTY WATER PURIFICATION DISTRICT
INDUSTRIAL PRETREATMENT PROGRAM
INDUSTRIAL AND COMMERCIAL DISCHARGER WASTE QUESTIONNAIRE**

General Information

1. Company Name: _____
- 2a. Mailing Address: _____

- 2b. Premises Address:
(if different) _____

3. Standard Industrial
Classification (SIC) Code: _____
4. Name of Contact Official: _____
5. Title of Contact Official: _____
6. Telephone Number: _____
7. Fax Number: _____

Instructions

Begin this questionnaire by completing # 8 below. Then proceed to # 9, following the directions as they are provided. Depending upon your responses, you may be directed to either submit the first two pages of the questionnaire only or complete the entire form. In either case, you must endorse the Certification on page 2 for your response to be valid.

8. Provide a brief description of the firm's activities on the premises:

9. Does your facility generate any wastewater other than sanitary (sanitary wastewater is defined as wastewater from sanitary conveniences, personal washing and/or from cooking, serving and clean-up from food prepared for on-site consumption only)? _____ If no, proceed directly to the Certification and Validation section on page two and complete that section. Then return pages 1 and 2 only to the address provided. If yes, proceed to 10.

10. Provide (or estimate) the amount of wastewater generated daily by your facility: _____ gal.
Is this [] measured [] estimated? Then proceed to 11.

11. Do you treat incoming waters before use? _____ If you do, describe the handling and disposal of any treatment skimmings or sludges. _____

_____ Regardless of your answer, proceed to 12.

DO NOT LEAVE ANY AREA BLANK. USE N/A (NOT APPLICABLE) WHERE NECESSARY

12. Do your operations fall into any of the industrial categories listed in attached Table 2? _____
If yes, you must complete the entire form. Go directly to page 3 and begin. If no, proceed to 13.
13. Do your operations use or discharge any of the chemicals listed in attached Table 1? _____
If yes, you must complete the entire form. Go directly to page 3 and begin. If no, proceed to 14.
14. Do your operations result in the collection and disposal of any hazardous wastes? _____
If yes, you must complete the entire form. Go directly to page 3 and begin. If no, proceed to 15.
15. Do you use biocides, fungicides or any other spoilage prevention additives? _____ If yes,
you must complete the entire form. Go directly to page 3 and begin. If no, proceed to 16.
16. Do you treat your wastewaters in any fashion? _____ With the exception of animal
or vegetable-based grease and oil removal (grease traps), if you answered yes, you must
complete the entire form. Go directly to page 3 and begin. Otherwise, proceed to 17.
17. Are wastewaters generated by operations at your facility likely to contain any substances that are
not routinely associated with domestic (household) activities? _____ If yes, you must
complete the entire form. Proceed to page 3 and begin. If no, proceed to 18.
18. If you have not previously been directed to complete the entire form, you need only complete the
Certification and Validation section below and return pages 1 and 2 of this form to the address
provided.

CERTIFICATION AND VALIDATION

The Certification below must be endorsed for this Questionnaire to be valid and complete. All users should carefully read the Certification and have a clear understanding of the provisions and penalties set forth for knowingly submitting false or incomplete information. If you will be completing the entire form that follows, endorse the statement below only after fully completing and reviewing the entire Questionnaire.

CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Signing Official (Print)

Title of Signing Official

Signature of Company Official

Date

Please direct all completed Questionnaires to: Albany County Water Purification District
Permit Compliance Manager
1 Canal Road South
Albany, NY 12204

PRODUCTION INFORMATION

1. List the company's principal products or services on the premises with the appropriate Standard Industrial Classification (SIC) codes and briefly describe the specific production or process activities that take place. Attach additional sheets, if necessary. Additional sheets attached? [] Yes [] No

2. List the principal process materials (raw materials, catalysts, intermediates, clean-up materials) associated with the activities in 1. above. Also, indicate if your company accepts its used finished product shipping containers back for recycle, and if so describe the cleaning process for these containers. Attach additional sheets, if necessary. Additional sheets attached? [] Yes [] No

3. Number of separate production buildings on the site: _____

4a. Indicate the number of separate sewer connections (to public sewers) from your production or operations: _____ or _____

4b. Do your operations share a connection to the public sewers with another entity (Example: multi-tenant building)? _____

5. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____

6. Days of operation: Sun. _____ Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____

7. Is there a scheduled shutdown? _____ If so, when? _____

8. Does the facility have:

- a. a Spill Prevention, Control and Countermeasure (SPCC) Plan? _____
- b. a Toxics Management Plan? _____
- c. a Slug Control Plan? _____
- d. a Best Management Practices Program? _____

ACWPD may, in the future, request copies of any of the above Plans that are currently in effect.

DO NOT LEAVE ANY AREA BLANK. USE N/A (NOT APPLICABLE) WHERE NECESSARY

WATER AND WASTEWATER

9a. Indicate water sources and consumption:

Consumption (gal)

<u>Source:</u>	<u>Annual</u>	<u>Avg/Day*</u>
Municipal Water Supply	_____	_____
Well	_____	_____
Surface Water (river, lake, pond)	_____	_____
Other: _____	_____	_____

* Divide annual consumption by number of actual working or process days.

9b. Describe any raw water treatment processes undertaken on site. Include the means of disposal of any residuals generated by those processes.

10. Indicate below water uses (by % or by actual usage) and means of disposal:

	<u>%</u>	<u>Usage (gal/day)</u>	<u>Disposal Means*</u>
Cooling Water (contact with process)	_____	_____	_____
Cooling Water (non-contact)	_____	_____	_____
Boiler Feed	_____	_____	_____
Process Water	_____	_____	_____
Sanitary Usage	_____	_____	_____
Air Pollution Control	_____	_____	_____
Plant and Equipment Washdown	_____	_____	_____
Contained In Product	_____	_____	_____
Other (indicate): _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* e.g. sanitary sewers, combined sewers, storm sewers, direct to stream or river, subsurface injection, septic system, waste hauler, evaporation, other (indicate specifics)

11. Are wastewater discharges to the sanitary or combined sewer system:

- a. Discharged during actual production?
 - If yes: Intermittent? _____ or Continuous? _____
- b. Discharged after production? _____
 - If yes: Batch Process Wastewater Discharge? _____ or Clean-Up (i.e. floor washings, tank rinses)? _____

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 Albany, NY 12204

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12. Turn to attached Table 2, which lists industrial categories for which USEPA has established federal discharge regulations and limitations. Do any of the operations at your facility fall within any of these categories? Yes _____ No _____ If yes, complete 12 (a) - 12 (d).

12a. Under which federally regulated category(s) do operations at your facility fall? _____

12b. Has a Baseline Monitoring Report been submitted to ACSD? _____ If so, when? _____

12c. Have Periodic Compliance Reports been submitted to ACSD? _____ If so, dates of last two reports: _____ and _____.

12d. Has final compliance been achieved? _____ If no, explain: _____

13. If wastewater discharges from the company have been analyzed to determine pollutant concentrations, and if this data has not already been submitted to ACSD, attach a copy of the latest laboratory report. Report attached? [] Yes [] No

14. Turn to Table 1 (two pages). Circle the name of any of the substances on the Table that might be used, stored or generated on the premises or that might be contained in the facility's wastewater discharged.

15. Does the company utilize any specific water conservation methods? _____ If so, describe.

16. Describe any wastewater treatment equipment and processes currently in use, and attach a schematic of same. Facilities and processes designed for pollutant removal as well as those designed to equalize flow and pollutant loadings should be included. Be sure to indicate whether treatment is provided at the end of specific processes or post-process and previous to final discharge. Also, if any additional treatment facilities are planned, so indicate. Schematic attached? [] Yes [] no

17. Have provisions been made for discharge flow monitoring and wastewater sampling/analysis? If so, describe. With regard to wastewater monitoring, outline methods of sample collection and analysis, or indicate the name of the consultant or contractor providing such services.

DO NOT LEAVE ANY AREA BLANK. USE N/A (NOT APPLICABLE) WHERE NECESSARY

OTHER WASTES: MISCELLANEOUS

18. Describe any accepting, holding and storage facilities and practices for all raw materials, process and clean-up chemicals and finished products.

19. Was the company required to take part in USEPA's Toxic Release Inventory by submitting information under SARA Title 313? _____ If yes, attach a copy of the latest report to USEPA.

20. Has your company filed an EPA Form 8700-12 (Notification of Hazardous Waste Activity)? _____ If yes, attach a copy of the submitted form.

21. Are any sludges, solvents, thinners, oils, still bottoms, fly ash, fillers, etc. or residual materials generated by the processes on-site? _____ If yes, complete Table 3.

22. Are residuals (skimmings, sludges, backwashes, etc.) generated as a result of wastewater treatment (or pretreatment) processes prior to discharging the wastewater into the municipal system? _____ If yes, complete Table 4.

23. Do you store industrial wastes? _____ If yes, complete Tables 5a / 5b for on-site and Tables 6a / 6b for off-site wastes.

Please return to page 2 of this Questionnaire and, after carefully reading the Certification and Validation Section and the Certification Statement, complete the Certification section. Then transmit the completed form to Albany County Water Purification District at the address provided.

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Table 1
Substances of Concern

Class A - Halogenated Hydrocarbons

A01. Methyl chloride
 A02. Methylene Chloride
 A03. Chloroform
 A04. Carbon tetrachloride
 A05. Freon/Genatron
 A06. Other Halomethanes
 A09. Vinyl fluoride
 A10. Vinyl chloride
 A11. Dichloroethylene
 A12. Trichloroethylene
 A13. Tetrachloroethylene
 A14. Chlorinated propane
 A15. Chlorinated propene
 A16. Hexachlorobutadiene
 A17. Hexachlorocyclopentadiene
 A18. Chlorinated benzene
 A19. Chlorinated toluene
 A20. Fluorinated toluene
 A21. PCB
 A22. Chlorinated naphthalene
 A23. Dechlorane
 A24. Hexachlorocyclohexane
 A99. Halogenated hydrocarbons - nsa*

Class B - Halogenated Organics

B01. Phosgene
 B02. Methyl chloromethyl ether
 B03. bis-chloromethyl ether
 B04. Other chloroalkyl ethers
 B05. Benzoyl chloride
 B06. Chlorothymal
 B07. Chlorinated phenol
 B08. Chlorinated cresols or xylenols
 B09. Chlorendic acid
 B10. Chloroaryl ethers
 B11. Dichlorophene or hexachlorophene
 B12. Chlorinated aniline
 B13. Dichlorobenzidine
 B14. Chlorinated diphenyl oxide
 B15. Chlorinated toluidine
 B16. Kepone
 B17. Dichlorovinyl sulfonyl pyridine
 B18. Chloropicrin
 B19. Trochloronethyl thio-phthalimide
 B20. Trichloro-propylsulfonyl pyridine
 B21. Tetrachloro-methylsulfonyl pyridine
 B22. Tetrachloro-isophthalonitrile
 B99. Halogenated organics - nsa*

Class C - Pesticides

C01. Aldrin/Dieldrin
 C02. Chlordane and metabolites
 C03. DDT and metabolites
 C04. Endosulfan/Thiodan and metabolites
 C05. Endrin and metabolites
 C06. Heptachlor and metabolites
 C07. Malathion
 C08. Methoxychlor
 C09. Parathion
 C10. Toxaphene

Class C - continued

C11. Sevin
 C12. Kelthane
 C13. Diazon
 C14. Dithane
 C15. Carbaryl
 C16. Silvex
 C17. Dithiocarbamates
 C18. Maneb
 C19. Dioxathion
 C20. Tandex/Karbutilate
 C21. Carbofurans
 C22. Pentac
 C23. Folpet
 C24. Dichlone
 C25. Rotenone
 C26. Lindane/Isotex
 C27. Simazine
 C28. Methoprene
 C99. Pesticides - nsa*

Class D - Aromatics

D01. Benzene
 D02. Toluene
 D03. Xylene
 D04. Biphenyl
 D05. Naphthalene
 D06. Ethylbenzene
 D07. Styrene
 D08. Acenaphthene
 D09. Fluoranthene
 D99. Aromatic hydrocarbons - nsa*

Class E - Tars

E01. Coal Tar
 E02. Petroleum tar
 E99. Tars - nsa*

Class F - Substituted Aromatics

F01. Phenol, cresol or xylenol
 F02. Catechol, resorcinol or hydroquinone
 F03. Nitrophenols
 F04. Nitrobenzenes
 F05. Nitrotoluenes
 F06. Aniline
 F07. Toluidines
 F08. Nitroanilines
 F09. Nitroanisole
 F10. Toluene diisocyanate
 F11. Dimethylaminoazobenzene
 F12. Benzioc acid/Benzoate salts
 F13. Phthalic, isophthalic or terephthalic acid
 F14. Phthalic anhydride
 F15. Phthalate esters
 F16. Phenoxyacetic acid
 F17. Phenylphenols
 F18. Nitrobiphenyls
 F19. Aminobiphenyls (inc. benzidine)
 F20. Diphenylhydrazine
 F21. Naphthylamines

Class F continued

F22. Carbazole
 F23. Acetylaminofluorene
 F24. Dyes and organic pigments
 F25. Pyridine
 F99. Substituted Aromatics-nsa*

Class G Miscellaneous

G01. Asbestos
 G02. Acrolein
 G03. Acrylonitrile
 G04. Isophorone
 G05. Nitrosamines
 G06. Ethyleneimine
 G07. Propiolactone
 G08. Nitrosodimethylamine
 G09. Dimethyl hydrazine
 G10. Maleic anhydride
 G11. Methyl isocyanate
 G12. Epoxides
 G13. Nitrofurans
 G14. Cyanide

Class M - Metals and Their Compounds

M01. Antimony
 M02. Arsenic
 M03. Beryllium
 M04. Cadmium
 M05. Chromium
 M06. Copper
 M07. Lead
 M08. Mercury
 M09. Nickel
 M10. Selenium
 M11. Silver
 M12. Thallium
 M13. Zinc
 M99. Metals - nsa*

*nsa - not specified above

Table 2: Categorically Regulated Industries and Processes

If your facility employs or will be employing processes or unit operations in any of the industrial categories or business activities listed below (regardless of whether or not they generate wastewater, waste sludge or hazardous waste), place a check beside that category of business activity (check all that apply) and answer 'Yes' to question 13 of the Questionnaire. If you are in doubt about any of the categories, place a question mark (?) in the space, instead of a check mark.

Industrial Categories

- Dairy Products Processing *Part 405*
- Grain Mills *Part 406*
- Canned and Preserved Fruits and Vegetables Processing *Part 407*
- Canned and Preserved Seafood Processing *Part 408*
- Sugar Processing *Part 409*
- Textile Mills *Part 410*
- Cement Manufacturing *Part 411*
- Feedlots *Part 412*
- Electroplating *Part 413*
- Organic Chemicals, Plastics and Synthetic Fibers *Part 414*
- Inorganic Chemicals Manufacturing *Part 415*
- Soap and Detergent Manufacturing *Part 417*
- Fertilizer Manufacturing *Part 418*
- Petroleum Refining *Part 419*
- Iron and Steel Manufacturing *Part 420*
- Nonferrous Metals Manufacturing *Part 421*
- Phosphate Manufacturing *Part 422*
- Steam Electric Power Generating *Part 423*
- Ferroalloy Manufacturing *Part 424*
- Leather Tanning and Finishing *Part 425*
- Glass Manufacturing *Part 426*
- Asbestos Manufacturing *Part 427*
- Rubber Manufacturing *Part 428*
- Timber Products *Part 429*
- Pulp, Paper and Paperboard *Part 430*
- Builders Paper and Board Mills
- Meat Products *Part 432*
- Metal Finishing *Part 433*
- Coal Mining *Part 434*
- Oil and Gas Extraction *Part 435*
- Mineral Mining and Processing *Part 436*
- Centralized Waste Treatment *Part 437*
- Metal Products and Machinery *Part 438*
- Pharmaceutical Manufacturing *Part 439*
- Ore Mining and Dressing *Part 440*
- Transportation Equipment *Part 442*
- Paving and Roofing Materials (Tars and Asphalts) *Part 443*
- Waste Combustors *Part 444*
- Landfills *Part 445*
- Paint Formulating *Part 446*
- Ink Formulating *Part 447*
- Gum and Wood Chemicals Manufacturing *Part 454*
- Pesticide Chemicals *Part 455*
- Explosives Manufacturing *Part 457*
- Carbon Black Manufacturing *Part 458*
- Photographics (Development and Printing) *Part 459*
- Hospitals *Part 460*
- Battery Manufacturing *Part 461*
- Plastics Molding and Forming *Part 463*
- Coil Coating *Part 465*
- Porcelain Enameling *Part 466*
- Aluminum Forming *Part 467*
- Copper Forming *Part 468*
- Electric and Electronic Components *Part 469*
- Nonferrous Metals Forming and Metal Powder *Part 471*
- Other not listed Here _____

Table 3a - Description and On-Site Disposal of Industrial Wastes

Waste Type	Estimated Amount Generated	Waste Composition	On-Site Disposal Method				
			Land fill	Incineration	Lagoon	Land Appl. Other	

Table 3b - Description and Off-Site Disposal of Industrial Wastes

Waste Type	Estimated Amount Generated	Waste Composition	Off-Site Disposal	
			Hauler Name and Address	Final Disposal

Table 4a - Description and Disposal of Residual from Wastewater Treatment: On-site Disposal

Description of Wastewater Treatment Process	Estimated Amount Generated	Waste Composition	On-Site Disposal Method				
			Land fill	Incineration	Lagoon	Land Appl.	Other

Table 4b - Description and Disposal of Residual from Wastewater Treatment: Off-site Disposal

Description of Wastewater Treatment Process	Estimated Amount Generated	Waste Composition	Off-Site Disposal	
			Hauler Name and Address	Final Disposal

**Table 5a - Industrial Waste Storage, Impoundment or Disposal:
Sites Used and Owned or Controlled by Facility**

Type of Storage, Impoundment and Disposal Facilities	Waste Type*	Typical Storage Period (Days)	Total Typical Quantity Stored	Total Storage Capacity
Lagoon w/liner *			gal	gal
Lagoon w/o liner *			gal	gal
Above Ground Tanks			gal	gal
Below Ground Tanks			gal	gal
Landfills, Piles			cu.	cu.
Landspreading			yds.	yds.
Barrel or Drum Storage			No.	No.
Other (specify)				

* From Table 4

Table 5b - Storage, Impoundment or Disposal Facility Information

Answer Yes or No

Type of Storage, Impoundment and Disposal Facilities	Is area diked?	Is leachate or drainage collected?	Is facility covered or closed?	Are any facilities inactive?	Is any monitoring present?
Lagoon w/liner *					
Lagoon w/o liner *					
Above Ground Tanks					
Below Ground Tanks					
Landfills, Piles					
Landspreading					
Barrel or Drum Storage					
Other (specify)					

Table 6a - Off-site Industrial Waste Storage, Impoundment or Disposal

Off-site Address: _____
 Street or Route No.: _____
 City/State/Zip Code _____
 County: _____

Type of Storage, Impoundment and Disposal Facilities	Waste Type*	Typical Storage Period (Days)	Total Typical Quantity Stored	Total Storage Capacity
Lagoon w/liner *			gal	gal
Lagoon w/o liner *			gal	gal
Above Ground Tanks			gal	gal
Below Ground Tanks			gal	gal
Landfills, Piles			cu.	cu.
Landspreading			yds.	yds.
Barrel or Drum Storage			No.	No.
Other (specify)				

* From Table 4

Table 6b - Storage, Impoundment or Disposal Facility Information

Type of Storage, Impoundment and Disposal Facilities	Answer Yes or No				
	Is area diked?	Is leachate or drainage collected?	Is facility covered or closed?	Is any monitoring present?	Is facility active or inactive?
Lagoon w/liner					
Lagoon w/o liner					
Above Ground Tanks					
Below Ground Tanks					
Landfills, Piles					
Landspreading					
Barrel or Drum Storage					
Other (specify)					

Please refer to
Attached Table 1

INDUSTRIAL CHEMICAL SURVEY PART I

COMPANY NAME		SIC CODE (If known)	OFFICE USE ONLY
COMPANY MAILING ADDRESS	CITY	STATE	ZIP CODE
PLANT NAME (If different)	CONTACT NAME	TELEPHONE Area	
PLANT ADDRESS (If different) Street	CITY	STATE	ZIP CODE
PRINCIPAL BUSINESS OF PLANT			

NOTE: (If parent company, give name and addresses of all divisions, subsidiaries, etc. located in New York State. A separate questionnaire is to be completed and submitted for each.)

PART II DISCHARGE INFORMATION

WATER	1. Does your plant discharge liquid wastes to a municipally owned sanitary sewer system? Name of System _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Is your facility permitted to discharge liquid wastes under a State (SPDES) or Federal (NPDES) permit? Permit Number [][][][][][][]	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Do you discharge liquid wastes in any other manner? ----- Explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If any of the above are "Yes": a. Do you discharge process or chemical wastes - (i.e. water used in manufacturing including direct contact cooling water and scrubber water)? ----- b. Do you discharge non-contact cooling water? ----- c. Do you discharge collected storm drainage only? ----- d. Do you discharge sanitary wastes only? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
AIR	1. Does you facility have sources of possible emissions to the atmosphere? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Enter Location and Facility Code as shown on your Air Pollution Control Application for Permits and Certification (If applicable) [][][][][][][][][][]	
SOLID & CONCENTRATED LIQUID WASTES	1. List Name and Address of Firm (Including yourself) removing wastes other than office and cafeteria refuse.	Active <input type="checkbox"/> Inactive <input type="checkbox"/> <input type="checkbox"/>
	Name _____	
	Address _____ City _____ State _____ Zip Code _____	
	Name _____	
Address _____ City _____ State _____ Zip Code _____		
2. List Location(s) of Landfill(s) owned and used by your facility.		
1 []	<input type="checkbox"/> <input type="checkbox"/>	
2 []	<input type="checkbox"/> <input type="checkbox"/>	
PESTICIDES	1. Does this facility:	
	Manufacture Pesticides or Pesticide Product Ingredients? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Produce Pesticides or Pesticide Product Ingredients? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Formulate Pesticides? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. EPA Establishment Number [][][][][][]-[][][]-[][][]	Repackage Pesticides? ----- <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART III
SUBSTANCES OF CONCERN
(Refer to attached TABLE I)

Complete all information for those substances your facility has used, produced, stored, distributed or otherwise disposed of since January 1, 1971. Do not include chemicals used only in analytical laboratory work. Enter the name and code from Table I. If facility uses a substance in any of the Classes A-F which is not specified in the list, enter it as code class plus 99, e.g. B99 with name, usage, etc.

NAME OF SUBSTANCE	CODE	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	(√)		PURPOSE OF USE (State whether produced, reacted, blended, packaged, distributed, no longer used, etc.)
				GAL.	LB.	

If you use chemicals of unknown composition, list trade name or other identification, name of supplier and complete information.

NAME OF SUBSTANCE	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	(√)		SUPPLIER	PURPOSE OF USE (State whether produced, reacted, blended, packaged, distributed, no longer used, etc.)
			GAL.	LB.		

I hereby affirm under penalty of perjury that information on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

SIGNATURE (Owner, Partner or Officer)	DATE
---------------------------------------	------

NAME (Printed or Typed)	TITLE
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