Categorical Waste Addendum to the Liquid Waste Acceptance Program Application for Industrial Liquid Waste (Equivalent to Baseline Monitoring Report) 40 <u>CFR</u> 439 – Federal Regulation

Facility Name:	Facility Name:				
Address:					
Facility Contact & Phon	ne Number:				
List of any environmen	tal permits held b	by facility (Attach addition	al information).		
Туре		Permit Number			
			rate of production, number of worl		
number of the operation	on.)				
					
Operating Schedule (Hours per Dev.)	Dave par Wasta			

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4.	The daily average and maximum regulated wastewater and the daily average and maximum to	otal
wa	stewater flows with an explanation of how each was obtained.	

waste water from s with an e	Apranation of now each was obtaine	d.
	<u>Average</u>	<u>Maximum</u>
Regulated Flow (gal/day)		
Total Flow (gal/day)		
Method Used:		

5. Measurement of Pollutants for Pretreatment Standards For Existing Sources (PSES) and Pretreatment Standards For New Sources (PSNS). **Please fill out the attached table.**

			Average monthly
No.	Regulated Parameter	Maximum daily	discharge must
		discharge	not exceed
		(mg/l)	(mg/l)
1	Ammonia (as N) *	84.1	29.4
2	Acetone	20.7	8.2
3	4 - Methyl -2- pentanone (MIBK)	20.7	8.2
4	Isobutyraldehyde	20.7	8.2
5	n - Amyl acetate	20.7	8.2
6	n - Butyl acetate	20.7	8.2
7	Ethyl acetate	20.7	8.2
8	Isopropyl acetate	20.7	8.2
9	Methyl formate	20.7	8.2
10	Methyl cellosolve	275.0	59.7
11	Isopropyl ether	20.7	8.2
12	Tetrahydrofuran	9.2	3.4
13	Benzene	3.0	0.7
14	Toluene	0.3	0.2
15	Xylenes	3.0	0.7
16	n - Hexane	3.0	0.7
17	n - Heptane	3.0	0.7
18	Methylene chloride	3.0	0.7
19	Choroform	0.1	0.0
20	1, 2 - Dichloroethane	20.7	8.2
21	Chlorobenzene	3.0	0.7
22	o - Dichlorobenzene	20.7	8.2
23	Diethyl amine	255.0	100.0
24	Triethyl amine	255.0	100.0
*	Not applicable (PVSC has nitrificati	on capabilities)	

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Method for Preserving Sar	<u>mples</u>	
and (k) indicating whether the prare not being met, include wheth	y a qualified company representative as defiretreatment standards are being met. In additional pretreatment is required, and viance. Use additional sheets if necessary.	tion, if pretreatment standards
or supervision in accordance wit and evaluate the information sub system or those persons directly to the best of my knowledge and penalties for submitting false inf	that this document and all attachments were that a system designed to assure that qualified omitted. Based on my inquiry of the person of responsible for gathering the information, the belief, true, accurate, and complete. I am at formation, including the possibility of fine and the possibility of fine and the possibility of the person of	personnel properly gather or persons who manage the ne information submitted is, ware that there are significant
	Signature of Principal Executive or Authorized Agent	
-	Print or type Name and Title	
	Date	

8. Attach an updated flow diagram including volumes. Sign and date drawing.