CITY OF DEFIANCE

WATER POLLUTION CONTROL DIVISION

BASELINE MONITORING REPORT

WATER POLLUTION CONTROL
ROUTE 281 EAST
DEFIANCE, OHIO 43512
782-0841

CITY OF DEFIANCE, OHIO

Baseline Monitoring Report

(Required by Section 925(a) of City Code

SECTION A - GENERAL INFORMATION

1. Company Name _____

2. Mailing Address _____

_____

3. Facility Address _____

_____

4. Provide name of person who completed this form:

_____

Name Title Phone

5. Provide name of alternate person to contact on information contained in this form.

_____

Name Title Phone

6. 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 information reported herein, I believe that the submitted information is true, accurate, and complete. I also certify that wastewater discharged from this facility ____ (is) ____ (is not) in compliance with the Defiance Sewer Use Ordinance.

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 disclosure 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 Chapter 925 of City of Defiance's Sewer Use Ordinance.

_____

Signature of Official Title Date

SECTION B - FACILITY OPERATIONAL CHARACTERISTICS

1. Year the industry was established on site: _____

2. Is operation subject to seasonal variation:

   _____ Yes _____ No If "yes", indicate:

   a. Seasonal maximum waste flow _____ gallons per day

      during months of _____.

   b. Seasonal minimum flow _____ gallons per day

      during months of _____.

3. Shifts normally worked each day (indicate with a check):

	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
1st							
2nd							
3rd							

4. Shift information:

	1st	2nd	3rd
Starting Time:			
# Employees/shift:			

   Total # employees: _____

5. Does scheduled operation shut down for vacation, maintenance, or other reasons?

   _____ Yes _____ No

   If "yes", indicate period(s) when shutdown occurs (attach additional sheets if necessary):

   _____

   _____

SECTION C - PRODUCT OR SERVICE INFORMATION

1. Check major activity present at your facility:

_____ Electroplating/Galvanizing

_____ Food or Beverage Processing

_____ Machine Shop/Foundry

_____ Manufacturing

_____ Medical Care

_____ Office(s)

_____ Printing/Photographic

_____ Research/Laboratory

_____ Retail/Wholesale

_____ Service (Specify) _____

_____ Warehousing

_____ Other (specify): _____

2. Describe in sufficient detail the manufacturing or service activity/activities to be conducted at this facility.

_____

_____

_____

_____

_____

_____

3. Enter principle Standard Industrial Classification (SIC) Code for all processes or business activities in "Decreasing" order of business volume and describe processes.

SIC Code	Process Description	Production Rate (ave.)	Production Rate (max.)

4. List chemicals, raw materials, catalysts, and any other materials (both liquid and solid) which are used or stored. (Attach additional sheets if needed.)

Material	Quantity Used Per Year (indicate units)	Material	Quantity Used Per Year (indicate units)

5. List type of product produced and rate of production.

_____

_____

_____

6. List type of by-products (if any), amounts, and means of disposal.

_____

_____

_____

SECTION D - WATER USE INFORMATION

1. Enter estimated City water use: _____ gallons per day.

2. Will there by other sources of water used (well, river, etc.)?

   _____ Yes _____ No

   a. If "yes", list source and usage in gal/day:

      Source _____ Usage _____

3. List average water usage on premises:

Type		Average Water Usage (gallons per day)
A.	Cooling water	_____
B.	Boiler Feed	_____
C.	Process	_____
D.	Sanitary	_____
E.	Plant/Equipment Washdown	_____
F.	Other (specify) _____	_____
G.	Total of A through F	_____

4. Raw Water Treatment.

A. Are corrosion or biological inhibiting chemicals added to facility cooling water systems?

_____ Yes _____ No

1. If "yes", list chemical(s):

_____

_____

_____

2. Are these discharged to the sewer?

_____ Yes _____ No

B. Are raw water treatment processes employed?

_____ Yes _____ No

1. If "yes", list process(es) and method of residue disposal:

_____

_____

_____

_____

C. Are any water recycling or material reclaiming processes utilized?

_____ Yes _____ No

1. If "yes", please describe:

_____

_____

_____

SECTION E - WASTEWATER INFORMATION

1. Sewer bill is based on:

   _____ Metered Water Use _____ Sewer Meter

   A. If a sewage meter will be employed, list manufacturer and describe method of operations:

   _____

   _____

2. List average volume of discharge or water losses to:

		Estimated Average Discharge (gallons per day)
A.	City Sewer	_____
B.	Watercourse, Storm Drain, Ground	_____
C.	Waste Haulers	_____
D.	Septic Tank	_____
E.	Evaporation	_____
F.	Contained in Product	_____
G.	Other (specify) _____	_____
H.	Total of A through G	_____ *

* Note: Must equal line G in Section D, 3, page 5.

3. If a National Pollutant Discharge Elimination System (NPDES) Permit has been issued for this facility, list permit number: _____

4. Are batch wastes discharged to the sewer?

   _____ Yes _____ No

A. If "Yes", list discharge frequency, nature of waste, and volume:

Frequency (specify units): _____

Volume (gallons): _____

Nature of Material: _____

5. Include a schematic (see example in instructions) of the facilities and all wastewater discharge lines. The schematic should also include the layout of major plant features such as buildings, streets, alleys, and other pertinent physical structures. Also identify location of sampling manhole. (Attach additional sheets and label Addendum A.)

Addendum A included: _____ Yes _____ No

6. Include a block diagram (see example in Instructions) of each major product line and process utilized within the plant. Include flows (gal/day) from these processes, and sampling point(s). (Attach additional sheets and label Addendum B.)

Addendum B included: _____ Yes _____ No

7. If your discharge is regulated under Categorical Standards, you are to provide information on both average daily and maximum daily flows, in gallons per day, for: (a) regulated process streams; and (b) other streams as necessary to allow use of the combined wastestream formula of 40 CFR 403.6(e). (Attach additional sheets and label Addendum B1.)

Addendum B1 included: _____ Yes _____ No

8. Previous wastewater analyses: Enclose copies of all bonafide analytical data from within the past two years regarding plant discharged wastewater. Include any data of individual process wastewater if regulated by federal categorical standards. Label enclosure Addendum C.

Addendum C included: _____ Yes _____ No

9. Refer to Table 1 to generally characterize materials to be discharged at your facility.

10. Refer to Table 2 to indicate any Priority Pollutants to be used or generated as a by-product at your facility. (Some compounds are known by other names.)

A. Indicate pollutants that are directly discharged to the City sanitary system.

B. Indicate pollutants that are not directly discharged to the City sanitary system, but have a potential to enter the wastewater due to spills, machinery malfunctions, etc.

TABLE I

Characteristics of Discharges

1. Check substances contained in your wastewater.

___ acids and acidic wastes

___ alkali and caustic wastes

___ pickling wastes

___ other metal cleaning and preparation wastes

___ plating wastes

___ electroplating wastes

___ paints

___ pigments

___ inks

___ dyes, coloring agents

___ organic solvents, thinners

___ latex wastes

___ resins, monomers

___ waxes

___ inorganic solids (sand, gravel, etc.)

___ phenol-containing wastes

___ alcohols

___ ethers

___ aldehydes, ketones

___ organic acids

___ soaps, surfactants, detergents

___ petroleum oils

___ fats, grease, and vegetable oils

___ benzene and benzene derivatives

___ chlorinated organic compounds

___ brominated organic compounds

___ hot wastes (104 F or higher

___ radioactive wastes

___ flammables

___ SANITARY WASTES ONLY

TABLE 2

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

Item No.	Chemical Compound	Used	Directly Discharged	Potentially Discharged
1.	asbestos (fibrous)	____	_____	_____
2.	cyanide (total)	____	_____	_____
3.	antimony (total)	____	_____	_____
4.	arsenic (total)	____	_____	_____
5.	beryllium (total)	____	_____	_____
6.	cadmium (total)	____	_____	_____
7.	chromium (total)	____	_____	_____
8.	copper (total)	____	_____	_____
9.	lead (total)	____	_____	_____
10.	mercury (total)	____	_____	_____
11.	nickel (total)	____	_____	_____
12.	selenium (total)	____	_____	_____
13.	silver (total)	____	_____	_____
14.	thallium (total)	____	_____	_____
15.	zinc (total)	____	_____	_____
16.	acenaphthene	____	_____	_____
17.	acenaphthylene	____	_____	_____
18.	acrolein	____	_____	_____
19.	acrylonitrile	____	_____	_____
20.	aldrin	____	_____	_____
21.	anthracene	____	_____	_____
22.	benzene	____	_____	_____
23.	benzidine	____	_____	_____
24.	benzo (a) anthracene	____	_____	_____

25.	benzo (a) pyrene	____	_____	_____
26.	benzo (b) fluoranthene	____	_____	_____
27.	benzo (g,h,i) perylene	____	_____	_____
28.	benzo (k) fluoranthene	____	_____	_____
29.	a-BHC (alpha)	____	_____	_____
30.	b-BHC (beta)	____	_____	_____
31.	d-BHC (delta)	____	_____	_____
32.	g-BHC (gamma)	____	_____	_____
33.	bis (2-chloroethyl) ether	____	_____	_____
34.	bis (2-chloroethoxyl) methane	____	_____	_____
35.	bis (2-chloroisopropyl) ether	____	_____	_____
36.	bis (chloromethyl) ether	____	_____	_____
37.	bis (2-ethylhexyl) phthalate	____	_____	_____

Item No.	Chemical Compound	Used	Directly Discharged	Potentially Discharged
38.	bromodichloromethane	____	_____	_____
39.	bromoform	____	_____	_____
40.	bromomethane	____	_____	_____
41.	4-bromophenylphenyl ether	____	_____	_____
42.	butylbenzylphthalate	____	_____	_____
43.	carbon tetrachloride	____	_____	_____
44.	chlordane	____	_____	_____
45.	4-chloro-3-methylphenol	____	_____	_____
46.	chlorobenzene	____	_____	_____
47.	chloroethane	____	_____	_____
48.	2-chloroethylvinyl ether	____	_____	_____
49.	chloroform	____	_____	_____
50.	chloromethane	____	_____	_____
51.	2-chloronaphthalene	____	_____	_____
52.	2-chlorophenol	____	_____	_____
53.	4-chlorophenylphenyl ether	____	_____	_____
54.	chrysene	____	_____	_____
55.	4,4' DDD	____	_____	_____
56.	4,4' DDE	____	_____	_____
57.	4,4' DDT	____	_____	_____
58.	dibenzo (a,h) anthracene	____	_____	_____
59.	dibromochloromethane	____	_____	_____
60.	1, 2-dichlorobenzene	____	_____	_____
61.	1, 3-dichlorobenzene	____	_____	_____
62.	1, 4-dichlorobenzene	____	_____	_____
63.	3, 3-dichlorobenzidine	____	_____	_____
64.	dichlorodifluoromethane	____	_____	_____
65.	1, 1-dichloroethane	____	_____	_____
66.	1, 2-dichloroethane	____	_____	_____

67.	1, 1-dichloroethene	____	_____	_____
68.	trans-1, 2-dichloroethene	____	_____	_____
69.	2, 4-dichlorophenol	____	_____	_____
70.	1, 2-dichloropropane	____	_____	_____
71.	(cis and trans) 1, 3-dichloro-propene	____	_____	_____
72.	dieldrin	____	_____	_____
73.	diethyl phthalate	____	_____	_____
74.	2, 4-dimethylphenol	____	_____	_____
75.	dimethyl phthalate	____	_____	_____
76.	di-n-butyl phthalate	____	_____	_____
77.	di-n-octyl phthalate	____	_____	_____
78.	4, 6-dinitro-2-methylphenol	____	_____	_____
79.	2, 4-dinitrophenol	____	_____	_____
80.	2, 4-dinitrotoluene	____	_____	_____

Item No.	Chemical Compound	Used	Directly Discharged	Potentially Discharged
81.	2, 6-dinitrotoluene	____	_____	_____
82.	1, 2-diphenylhydrazine	____	_____	_____
83.	endosulan I	____	_____	_____
84.	endosulfan II	____	_____	_____
85.	endosulfan sulfate	____	_____	_____
86.	endrin	____	_____	_____
87.	endrin aldehyde	____	_____	_____
88.	enthylbenzene	____	_____	_____
89.	fluoranthene	____	_____	_____
90.	fluorene	____	_____	_____
91.	heptachlor	____	_____	_____
92.	heptachlor epoxide	____	_____	_____
93.	hexachlorobenzene	____	_____	_____
94.	hexachlorobutadiene	____	_____	_____
95.	hexachlorocyclopentadiene	____	_____	_____
96.	hexachloroethane	____	_____	_____
97.	indeno (1,2,3-cd) pyrene	____	_____	_____
98.	isophorone	____	_____	_____
99.	methylene chloride	____	_____	_____
100.	naphthalene	____	_____	_____
101.	nitrobenzene	____	_____	_____
102.	2-nitrophenol	____	_____	_____
103.	4-nitrophenol	____	_____	_____
104.	N-nitrosodimethylamine	____	_____	_____
105.	N-nitrosodi-n-propylamine	____	_____	_____
106.	N-nitrosodiphenylamine	____	_____	_____
107.	PCB-1016	____	_____	_____
108.	PCB-1221	____	_____	_____

109.	PCB-1232	____	_____	_____
110.	PCB-1242	____	_____	_____
111.	PCB-1248	____	_____	_____
112.	PCB-1254	____	_____	_____
113.	PCB-1260	____	_____	_____
114.	pentachlorophenol	____	_____	_____
115.	phenanthrene	____	_____	_____
116.	phenol	____	_____	_____
117.	pyrene	____	_____	_____
118.	2,3,7,8-tetrachlorodi-benzo-p-dioxin	____	_____	_____
119.	1,1,2,2-tetrachloroethane	____	_____	_____
120.	tetrachloroethene	____	_____	_____
121.	toluene	____	_____	_____
122.	toxaphene	____	_____	_____
123.	1,2,4-trichlorobenzene	____	_____	_____

Item No.	Chemical Compound	Used	Directly Discharged	Potentially Discharged
124.	1,1,1-trichloroethane	____	_____	_____
125.	1,1,2-trichloroethane	____	_____	_____
126.	trichloroethene	____	_____	_____
127.	trichlorofluoromethane	____	_____	_____
128.	2,4,6-trichlorophenol	____	_____	_____
129.	vinyl chloride	____	_____	_____

11. If any Priority Pollutants are used at your facility, do you plan to implement a toxic organic management plan in lieu of sampling and analyses to determine continuing compliance?

____ Yes ____ No

A. If "Yes," complete form provided by City upon request (attach and label Addendum D).

Addendum D included: ____ Yes ____ No

12. List any prohibited discharges and concentrations if applicable, as defined in Sections 925.05(a) and (b) of the City of Defiance's Sewer Use Ordinance and identify source and discharge point. (Attach additional sheets if needed.)

Prohibited Discharge Description	Source	Discharge Point

SECTION F - PRETREATMENT

1. Is wastewater pretreated before discharge to sewer?

   _____ Yes _____ No

   A. If "yes", continue with Question #2 of this section.

   B. If "no", continue with Question #4 of this section.

2. For all waste streams which are treated before discharge, check the appropriate boxes for types of pretreatment used at this facility:

____ Sump

____ Septic tank

____ Grease trap

____ Gasoline trap

____ Grease or oil separation, type _____

____ Screen

____ Grit removal

____ Sedimentation

____ Flow equalization

____ Filtration

____ Rainwater diversion or storage

____ Neutralization, pH correction

____ Chemical precipitation

____ Reverse osmosis

____ Ion exchange

____ Ozonation

____ Chlorination

____ Solvent separation

____ Spill protection

____ Air flotation

____ Centrifuge

____ Cyclone

____ Other chemical treatment,
type: _____

____ Other physical treatment,
type: _____

____ Biological treatment,
type: _____

____ Other, specify: _____
_____
_____
_____

3. Describe system(s). Include detailed description(s) and appropriate sketches of existing pretreatment facilities, and description(s) of operation thereof. (Attach additional sheets and label Addendum E.)

Addendum E included: _____ Yes _____ No

4. Are air pollution control devices employed?

_____ Yes _____ No

A. If "yes," describe devices and method of residue disposal.

_____

_____

5. Is there a Spill Prevention Control and Countermeasure Plan in effect:

_____ Yes _____ No

A. If "yes," provide a copy of the current Spill Prevention Control and Countermeasure Plan. (Attach additional sheets and label Addendum F.)

Addendum F included: _____ Yes _____ No

6. Is this plant subject to existing Federal Categorical Standards?

_____ Yes _____ No _____ Undetermined

7. Are Categorical Standards being met on a consistent basis?

_____ Yes _____ No _____ Undetermined

A. If "no," describe and explain violations.

_____

_____

_____

8. Are additional pretreatment facilities and/or operation and maintenance required to meet City local standards (see City Ordinance, Section 925.05.)

_____ Yes _____ No

9. Are additional pretreatment facilities and/or operation and maintenance required to meet Federal Categorical Standards?

_____ Yes _____ No _____ Undetermined

10. If "yes," for either 8 or 9 above, complete the following compliance schedule.

A. Date on which an engineer will be employed to develop a plan or system to achieve compliance with City and/or Categorical standards.

_____

B. Date on which preliminary plans will be completed.

_____

C. Date on which final plans will be completed.

_____

D. Date on which contracts will be executed to install or implement required facilities and/or operational requirements.

_____

E. Date on which construction (if required) will be started.

_____

F. Date on which construction (if required) will be completed.

_____

G. Date on which compliance will be attained.

_____

SECTION G - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sewer system?

_____ Yes _____ No

If "no", continue at item 6 of this section. If "yes", these may be best described and quantified as:

Estimated
Quantity Per Year
(Indicate Units)

Waste Solvent _____

Waste Product _____

Oil _____

Grease _____

Pretreatment Sludge _____

Inks/Dyes _____

Thinner _____

Heavy Metals _____

Organic Compounds _____

Paints _____

Acids and Alkalies _____

Plating Wastes _____

Pesticides _____

Other (Specify: _____

_____

_____

2. Does your company remove the above checked wastes from the facility?

_____ Yes _____ No

A. Specify:

_____

_____

3. Are any of the above checked wastes placed with trash for disposal?

_____ Yes _____ No

Describe: _____

_____

_____

_____

4. Does your company practice on-site disposal of the above checked wastes?

_____ Yes _____ No

5. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

1. _____

_____

_____ Zip _____

Permit No. (if applicable):

_____

2. _____

_____

_____ Zip _____

Permit No. (if applicable):

_____

6. Do any of your substances require "Resource Conservation and Recovery Act" permits?

_____ Yes _____ No

If "yes", please specify: _____

_____

_____

_____

_____

7. Does your facility collect stormwater? _____ Yes _____ No

8. Does your facility treat stormwater? _____ Yes _____ No

If "yes", briefly describe the treatment method:

SECTION H - WASTEWATER ANALYSES/ COMPLIANCE VERIFICATION SAMPLES(S)

1. Section H must be completed by all industrial users. Industrial users must obtain a sample(s) of their wastewater discharge and have it/them analyzed by a qualified laboratory in accordance with the Federal Register 40 CRF 136.

   Sampling and analyzing requirements will vary among industrial users, depending on: (A) Plant pollutants which if discharged in sufficient quantity could be detrimental to the City sewer system and/or associated humans, and/or cause the City Water Pollution Control Division to violate its NPDES Permit; (B) Applicability of Federal Categorical Standards; and/or (C) Plant usage of priority pollutants.

   Samples must be analyzed for compliance with: (A) Local limits as listed on page 20 of this report form; (B) Categorical standards when applicable; (C) Any priority pollutant which is used and indicated so in Table 2 of this report.

2. Sampling Location(s): _____

   _____

3. Sample date(s): _____

4. Description of sampling method(s):

   _____ Flow proportional

   _____ Time proportional

   _____ Grab sample

5. Sample(s) collected by:

   Name: _____

   Address: _____

6. Sample(s) analyzed by:

   Name: _____

   Address: _____

7. Analytical Data: See instructions prior to sample collection, analysis, and reporting.

A. DATA ON LOCALLY LIMITED PARAMETERS

Parameter	Local Limits (Ave. 24-hr. Concentration) mg/l		Verification Sample(s) Results (report as mg/l)	
Mercury ug/l	_____	_____	_____	_____
Cyanide	_____	_____	_____	_____
Phenol	_____	_____	_____	_____
Cadmium	_____	_____	_____	_____
Copper	_____	_____	_____	_____
Lead	_____	_____	_____	_____
Nickel	_____	_____	_____	_____
Total Chromium	_____	_____	_____	_____
Zinc	_____	_____	_____	_____
pH	within range of 5.5 - 11.0	_____	_____	_____
Fats, Oils, and Greases	* 100	_____	_____	_____
BOD	_____	_____	_____	_____
COD	_____	_____	_____	_____
Total Phosphorus	_____	_____	_____	_____
Ammonia-Nitrogen	_____	_____	_____	_____
Suspended Solids	_____	_____	_____	_____

* The maximum "one day" concentration for Oil and Grease shall be determined by averaging the

results of four (4) or more grab samples taken over an appropriate production period during any 24 hour period.

B. DATA ON FEDERAL CATEGORICAL REGULATED PARAMETERS

Parameter	Federal Limits (mg/l)	Local Limits (mg/l)		Verification Samples Results (report as mg/l)		

C. DATA ON PRIORITY POLLUTANTS

Parameter	Verification Samples Results (indicate units)		

_____ _____ _____ _____

_____ _____ _____ _____

8. Certification: I have supervised the collection and preparation of all the information pertaining to the compliance verification sample(s) and certify that:

   A. All samples taken are to the best of my knowledge representative of the subject plant's wastewater discharge.

   B. All analyses were conducted in accordance with guidelines set forth by the Environmental Protection Agency in 40 CFR Part 136.

Signature: _____

Title: _____

Section I - Discharge Characteristics Certification

1. Section I is to be completed by industrial users tentatively waived of the sampling requirement (Section H of this report).

   A. Pollutant Management Description - Describe operations and activities involving potential pollutants, with sufficient detail so as to provide adequate evidence that no prohibited discharges will occur (see Defiance City Ordinance, section 925.05 for general and specific discharge prohibitions and limitations). Attach additional sheets and label addendum G.

   B. Certification - Carefully review the following certification statement, and sign if applicable.

"I certify that, to the best of my knowledge and belief, this facility does not discharge any of the following materials: Cadmium, copper, cyanide, lead, nickel, chromium, zinc, phenol, or any of the priority pollutants as listed in Table 2 of this report (pages 10-12). In addition, I certify that our operational practices do not include any activities which contribute prohibited discharges as defined in the Defiance City Ordinance, Section 925.05."

_____ _____

Name Title

   C. Future Sampling - Your facility may be required to sample and complete Section H of this report at a future date if determined necessary by the U.S. or Ohio Environmental Protection Agencies or the City.