



INDUSTRIAL USER WASTEWATER DISCHARGE PERMIT APPLICATION

General Guidelines

- Call 408-945-3000 for questions about completing the application
- Application must be certified by a responsible corporate officer. For signatory authority requirements please see 40 CFR 403.12 (I).
- **ONLY CHECKS ACCEPTED.** Application fee, made payable to the City of San José. Electronic payment, credit cards, or cash are not accepted
 - \$560 for facilities whose average process discharge flow is less than 1,000 gallons per day and for Zero Discharge
 - \$1,050 for facilities whose average process discharge flow is greater than 1,000 gallons per day and or more
 - Please note that for permit renewals, delinquent fees apply for late permit application submittal
- Send Permit Application with appropriate fees to:
Environmental Services Department
Watershed Protection, Environmental Engineering
200 East Santa Clara Street, 7th Floor
San José, CA 95113

You will need the following items:

- Copies of water bills from previous 12 months
- Renewal permits, submit the last 12 months of effluent flow data from permitted process
 - Average flow in gallons per day (GPD)
 - Maximum flow in gallons per day (GPD)
 - Calculations demonstrating flow rates
- Facility Layout
- Plumbing diagram
 - Incoming water (influent)
 - Wastewater (effluent)
- Block flow diagram which shows the flow of wastewater and materials
- Safety Data Sheets (SDS) for trade chemicals used in process



| For San José-Santa Clara Regional Wastewater Facility Use Only | | | |
|--|--------------------------------|-----------------------|-------------|
| Company Name: _____ | | | City: _____ |
| Date Received: _____ | Permit Number: _____ | Type of Permit: _____ | |
| Expiration Date: _____ | Environmental Inspector: _____ | | |
| Vis Code: _____ | Amount Paid: \$ _____ | Log #: _____ | |

A completed permit application and appropriate fee is required to be submitted to this office by all Industrial Users and Zero Discharge Categorical users. In accordance with the Municipal Code, no Critical User or Industrial User that discharges industrial wastes shall connect, discharge, cause, allow, or permit any discharge into the sanitary sewer system except in accordance with a Wastewater Discharge Permit issued by the Director. Industrial waste means wastes from producing, manufacturing and processing operations of every kind and nature. Zero Discharge Categorical Users do not discharge any wastewater except domestic wastewater into the sanitary sewer system, but perform any categorical process subject to federal pretreatment standards.

Municipal Code requires that permit applications, and any other reports required by the Director shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit or meet the Federal requirements for the National Pollutant Discharge Elimination System (NPDES) applications as contained in the Code of Federal Regulations, Title 40 Protection of the Environment, Part 403.12(l).

A. CERTIFICATION STATEMENT

"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 or imprisonment for knowing violations."

CERTIFIED BY:

| | | | |
|------------------------------|-----------------------|-------------------------|------------------------------|
| _____ <i>Printed Name</i> | _____ <i>Title</i> | _____ <i>Company</i> | |
| _____ <i>Signature</i> | _____ <i>Date</i> | _____ <i>Email</i> | _____ <i>Phone Number</i> |

PREPARED BY:

| | | | |
|------------------------------|-----------------------|-------------------------|------------------------------|
| _____ <i>Printed Name</i> | _____ <i>Title</i> | _____ <i>Company</i> | |
| _____ <i>Signature</i> | _____ <i>Date</i> | _____ <i>Email</i> | _____ <i>Phone Number</i> |



B. COMPANY INFORMATION

Company Name: _____ Website: _____

Corporation CEO Name: _____ Entity Number: _____

LLC/LP Year Incorporated: _____ State of Incorporation: _____

Partnership Partners: _____ Partners: _____

Sole Proprietor Name: _____

DBA Name: _____

Agent for Service of Process¹: _____

Address for Service of Process: _____ ZIP: _____

¹Agent for service of process is an individual who resides in California, or a corporation, designated to accept service of process (court papers) if the business entity is sued.

Permit Mailing Address: _____ ZIP: _____

Discharge Address: _____ ZIP: _____

Telephone (MAIN): _____ Fax Number: _____

Date Current Operation Began: _____ Date Pretreatment Operation Began: _____

RESPONSIBLE PERSONNEL FOR WASTE WATER

Personnel responsible for permit and facility (executive officer)

1) Name: _____ Title: _____

Email: _____ Phone: _____ Cell: _____

Main permit contact person for correspondence, inspections, and compliance (if different from above)

2) Name: _____ Title: _____

Email: _____ Phone: _____ Cell: _____

Sampling contact person

3) Name: _____ Title: _____

Email: _____ Phone: _____ Cell: _____

NATURE OF BUSINESS

Standard Industrial Classification (SIC) code number: _____

Description of business activity, products, or services:

Description of fabrication or manufacturing processes:

PERSONNEL SCHEDULE

| | Office | | First Shift | | Second Shift | | Third Shift | |
|-----------|--------|-------|-------------|-------|--------------|-------|-------------|-------|
| | Number | Hours | Number | Hours | Number | Hours | Number | Hours |
| WEEKDAYS | | | | | | | | |
| SATURDAYS | | | | | | | | |
| SUNDAYS | | | | | | | | |



C. WATER INFLUENT, DISCHARGE, AND OTHER USES

Directions:

- **Attach water bills from previous 12-month period.**
- Flows are measured in gallons per day (GPD).
For **Data Source (last column)**, explain if using “**current data**” (influent meter, effluent meter, batch log) or “**engineering estimates.**”
- **Attach explanation of how calculations were developed.**
- **Average GPD = Total water usage in the last 12 months ÷ Total number of production days in the last 12-month period**

| | |
|--|--|
| Number of Production Days/Year for the last calendar year ¹ | |
|--|--|

¹Number of Production days – Defined as any day when an employee is on site conducting business and/or the business is treating and discharging wastewater from a process.

1. INFLUENT FLOWS – List all sources of water entering your facility (water account number, well number etc.)

| METER NAME and/or ACCOUNT NUMBER | PRIMARY USE | Average GPD | Max GPD | Data Source |
|---|-------------|-------------|---------|-------------|
| | | | | |
| | | | | |
| | | | | |
| TOTAL AVERAGE AND MAXIMUM INFLUENT FLOWS → | | | | |

2. PROCESS FLOWS – Effluent & Influent Process Wastewater. Current data (e.g. from meter readings, discharge logs, etc.) representing the previous year for all available flows. Attach discharge logs with meter readings, daily gallons discharged, and calculations for average and maximum GPD.

| PROCESS NAME | PROCESS DESCRIPTION | Average GPD | Max GPD | Data Source |
|---|---------------------|-------------|---------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL AVERAGE AND MAXIMUM INFLUENT DEDICATED TO PROCESS / EFFLUENT FLOWS → | | | | |

3. DISCHARGE FLOWS – Effluent Non-Process Wastewater. Any water discharged at your facility that is not used in your process, add additional sheets if needed.

| DISCHARGE TYPE | Average GPD | Max GPD | Data Source |
|---|-------------|---------|-------------|
| Sanitary Usage (Use 15 gal/day/employee unless metered) | | | |
| Restaurant/Kitchen/Cafeteria | | | |
| Reverse Osmosis Reject Water | | | |
| Cooling Tower Blowdown | | | |
| Boiler Blowdown | | | |
| Other: _____ | | | |
| Other: _____ | | | |
| TOTAL AVERAGE AND MAXIMUM EFFLUENT FLOWS → | | | |



4. EVAPORATIVE LOSS – Water evaporating onsite

| PROCESS NAME | EVAPORATION DESCRIPTION | Average GPD | Max GPD | Data Source |
|---|-------------------------|-------------|---------|-------------|
| | | | | |
| | | | | |
| TOTAL AVERAGE AND MAXIMUM EVAPORATIVE LOSS → | | | | |

5. NON-DISCHARGING USES – Water that entered the facility, but was not discharge, or was hauled off site with hazardous or non-hazardous waste.

| NON-DISCHARGING WATER USE TYPE | Average GPD | Max GPD | Data Source |
|---|-------------|---------|-------------|
| Irrigation/Landscaping | | | |
| Trucked or Hauled Off-site | | | |
| Other: _____ | | | |
| Other: _____ | | | |
| Other: _____ | | | |
| TOTAL AVERAGE AND MAXIMUM NON-DISCHARGING USES → | | | |

GRAND TOTALS: Influent Flows VS. Discharge Flows – Should be within 10% of each other

| | <u>AVERAGE GPD</u> |
|--|--|
| 6. Copy TOTAL AVERAGE INFLUENT FLOWS , located in Section 1 , here. | = |
| 7. Add TOTAL AVERAGE WATER USE from Sections 2, 3, 4, and 5 . | = |
| _____ + _____ + _____ + _____ (2) (3) (4) (5) | |
| 8. Is the influent (number on line 6) within 10% of the water use (number on line 7)? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 9. If not within 10%, please explain. | |
| 10. If based on engineering estimates, explain how calculations were developed. | |



D. ENVIRONMENTAL CONTROL PERMITS

List all other environmental control permits issued to this facility

| <u>Name of Permit</u> | <u>Permit No.</u> |
|--|-------------------|
| EPA – Generator I.D. Number | _____ |
| County of Santa Clara – Environmental Health Permit | _____ |
| Hazardous Waste Generator Permit (Tiered Permit) | _____ |
| Bay Area Air Quality Management District – Permit to Operate | _____ |
| Regional Water Quality Control Board NPDES Permit | _____ |
| Local Hazardous Materials Storage Permit (Fire Dept.) | _____ |
| Radioactive Materials License | _____ |
| Biohazard Waste Generation Registration | _____ |
| Other: | _____ |

E. BUILDING SIZE, FACILITY AND PLUMBING LAYOUT, FLOW DIAGRAMS

All drawings provided shall be 8.5" X 11" size

Size of Facility (Please estimate sizes of areas that comprise the facility):

Assessor’s Parcel Number (APN): _____
 Total Parcel Area: _____ sq ft
 Date Construction of the Facility Began: _____
 Manufacturing / Assembly Area: _____ sq ft
 Wastewater Treatment Area: _____ sq ft
 TOTAL BUILDING AREA: _____ sq ft

1. **Site Map** - It must show the following:
 - Facility layout
 - Sample point
 - North arrow
 - Street name

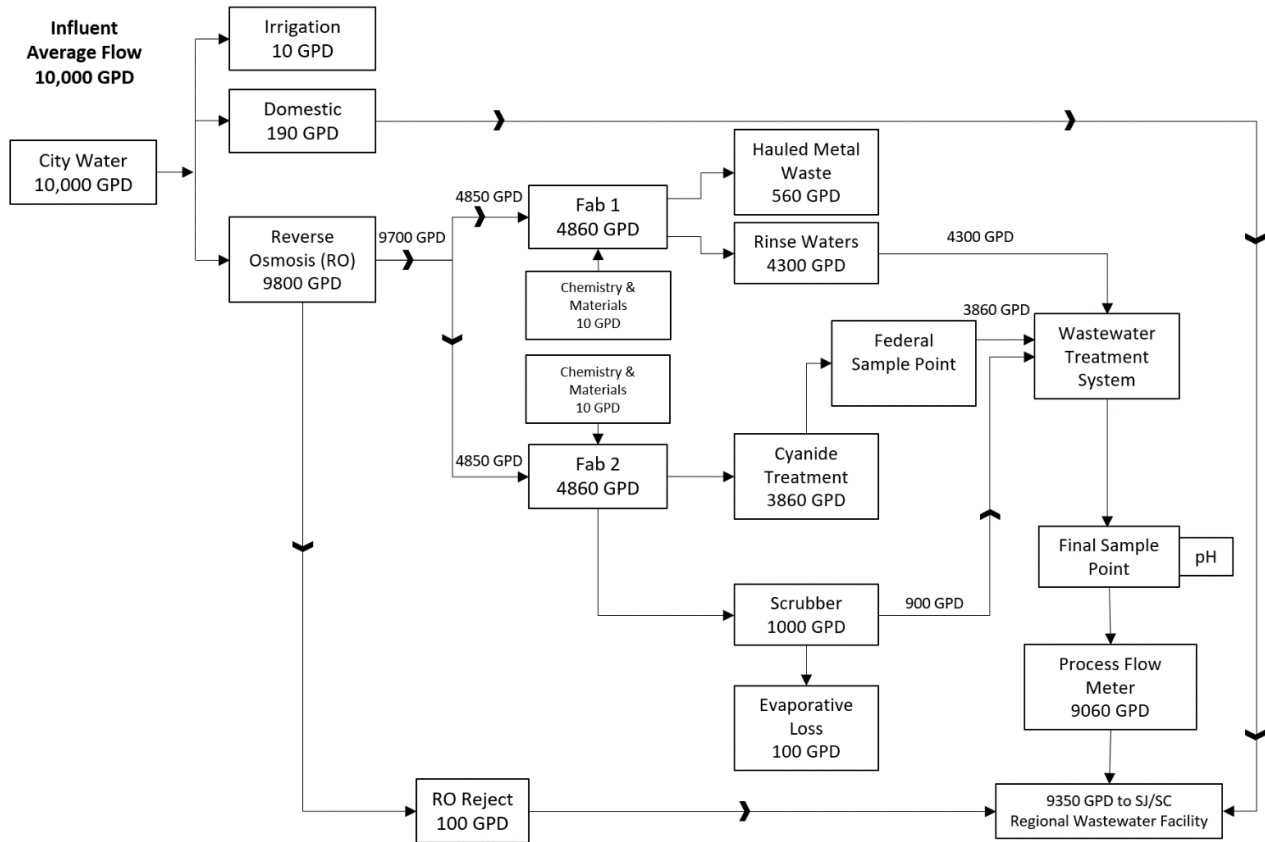
2. **Plumbing Layout** - On a separate sheet, draw to scale the building(s) and plumbing layout of your facility. **It must show the following:**
 - Location of sewer laterals
 - Connection to main sanitary sewer line
 - Wastewater process connections
 - City Meters
 - Incoming water lines
 - Storm drains
 - **ALL flow meters**
 - Sampling points
 - Street location
 - North arrow

3. **Pretreatment System** - On a separate sheet, sketch your pretreatment system(s), if applicable.
 - Show the direction of wastewater from each process to its pertaining treatment system
 - Monitoring Equipment, such as:
 - pH recorders
 - Flow meters
 - ORP meters
 - Sample points
 - Provide a list of treatment chemistry used

4. **Facility Block Flow Diagram** - On a separate sheet, refer to Section C of this application, draw a simple block flow diagram showing the following (see example in following page):
 - Indicate direction of water flow
 - Identify all processes from start to finish
 - Indicate average flow in gallons per day from each process
 - Non-discharged wastewater
 - Evaporative loss
 - Domestic wastewater



EXAMPLE OF BLOCK FLOW DIAGRAM



F. WASTEWATER CHARACTERISTICS

From the following list of wastewater characteristics, please check those that apply to the wastewater generated in this facility prior to pretreatment.

- | | |
|--|---|
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Particles Larger Than 3/4" |
| <input type="checkbox"/> Cyanide | <input type="checkbox"/> Suspended Solids |
| <input type="checkbox"/> Acidic, pH < 6.0 | <input type="checkbox"/> High Biochemical Oxygen Demand (BOD) |
| <input type="checkbox"/> Caustic, pH ≥ 12.5 | <input type="checkbox"/> Ammonia |
| <input type="checkbox"/> Heavy Metals | <input type="checkbox"/> Grease/Oil/Fats |
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Temperature ≥150 degrees F |
| <input type="checkbox"/> Solid or Viscous Matter | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Petroleum Products | |

Does your facility's production and/or discharge have seasonal variation? YES NO

If yes, describe the cause of the seasonal variation and the approximate dates when the variation occurs.



G. PRETREATMENT

Check the pretreatment methods used in your facility. Indicate rated flow for each pretreatment method checked.

| | Capacity | | Capacity |
|--|----------|---|----------|
| <input type="checkbox"/> Clarifier | _____ | <input type="checkbox"/> Biological Treatment | _____ |
| <input type="checkbox"/> Dissolved Air Flotation (DAF) | _____ | <input type="checkbox"/> Air Stripper/Scrubber | _____ |
| <input type="checkbox"/> Grease or Oil Separation | _____ | <input type="checkbox"/> Chemical Precipitation | _____ |
| <input type="checkbox"/> pH Adjustment | _____ | <input type="checkbox"/> Cyanide Destruction | _____ |
| <input type="checkbox"/> Ion Exchange | _____ | <input type="checkbox"/> Chromium Reduction | _____ |
| <input type="checkbox"/> Wastes stream segregation (including solvents) | _____ | <input type="checkbox"/> Ozonation | _____ |
| <input type="checkbox"/> Filtration <input type="checkbox"/> Bag <input type="checkbox"/> Filter Press <input type="checkbox"/> Screen | | <input type="checkbox"/> Electrolytic Recovery | _____ |
| <input type="checkbox"/> Silver Recovery: _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

Is your treatment system adequate to achieve compliance with Federal and local discharge limits?

YES NO

Please explain. Evaluation should address treatment system capabilities, flow rates, pollutant loadings, and maintenance.

Explain how compliance is verified at each sample point. Include the type of analytical tests and/or methods used, the frequency of testing, and the name of the person(s) who performs the tests (e.g. In-house testing, certified outside lab, etc.).

If no pretreatment exists, please explain. Please attach additional sheets if necessary.

If wastewater is treated and/or discharged in batches, complete the following for each of these waste streams:

Number of batches treated and/or discharged ___ per year / month / week / day (check one)

Do you discharge more than one batch per day YES NO

Average volume per batch: ___ gallons

Is this batch mixed with other waste streams prior to final sample point? YES NO

If yes, please explain. Please attached additional sheets if necessary.

Other comments on batch treatment, including material treated and treatment technology.



SAMPLING AND MONITORING

After pretreatment (if used), can wastewater streams be sampled prior to mixing with other waste streams?

YES NO Not Applicable

If "NO" or "Not Applicable" please explain.

Provide a written description of each sampling/monitoring location including the name of the room it is in, which wall (North/South/East/West), and what equipment it is located near.

Describe the wastewater discharge monitoring practices for your facility. Enclose a copy of any logs, check lists, forms, etc.

List sampling and monitoring equipment in place at your facility.



- COMPLETE THIS SECTION FOR EACH TYPE OF WASTE **NOT** DISCHARGED TO THE SANITARY OR STORM SEWERS
- **USE A SEPARATE FORM FOR EACH TYPE OF WASTE** (e.g. spent silver bearing solutions, mercury wastes, solvents, medical wastes, etc.)
- Do not include wastes sent to sanitary landfill such as trash and garbage

H. NON-DISCHARGED WASTESTREAMS

Identify the waste (e.g. spent chemical, treatment sludge, medical waste, etc.) and the process that generates the waste

Physical state of the waste (liquid, sludge, slurry, etc.)

Brief characterization of waste, list hazardous ingredients

Rate of waste generation in terms of quantity per day, week, month, or quarter: _____

ON-SITE STORAGE

Method of Storage: _____

Typical Volume Stored: _____ Typical Length of time in Storage: _____

Is storage site secondarily contained? YES NO

Are there provisions for surface drainage collection? YES NO

If you answered "yes" to either question above, please describe provisions for secondary containment and/or surface drainage collection.

TRANSPORTATION

Name of Waste Hauler: _____ EPA No.: _____

Address: _____
Street City State Zip Phone

DISPOSAL

Name of Waste Hauler: _____ EPA No.: _____

Address: _____
Street City State Zip Phone

Method of Disposal (e.g. recycled, land disposal, incineration, etc.):



I. QUANTITIES OF CHEMICALS STORED & USED

Usage in pounds or gallons per month. Please indicate units of measure.

| <u>Stored</u> | <u>Used</u> | Acids | <u>Stored</u> | <u>Used</u> | Solvents |
|---------------|-------------|------------------------------------|---------------|-------------|--------------------------|
| _____ | _____ | Hydrochloric (Muriatic) | _____ | _____ | Acetone |
| _____ | _____ | Hydrofluoric | _____ | _____ | Alcohols |
| _____ | _____ | Nitric | _____ | _____ | Chlorinated Hydrocarbons |
| _____ | _____ | Sulfuric | _____ | _____ | Ketones |
| _____ | _____ | Other (specify) | _____ | _____ | Petroleum Solvents |
| _____ | _____ | _____ | _____ | _____ | Xylene |
| _____ | _____ | _____ | _____ | _____ | Other (specify) |
| | | Alkalis | | | |
| _____ | _____ | Ammonia | _____ | _____ | _____ |
| _____ | _____ | Calcium Hydroxide (Lime) | _____ | _____ | _____ |
| _____ | _____ | Sodium Hydroxide (Caustic Soda) | | | |
| _____ | _____ | Magnesium Hydroxide | _____ | _____ | Organic Compounds |
| _____ | _____ | Other (specify) | _____ | _____ | Aldehydes |
| _____ | _____ | _____ | _____ | _____ | Algaecides |
| _____ | _____ | _____ | _____ | _____ | Formaldehydes |
| | | Metals & Compounds | | | Herbicides |
| _____ | _____ | Antimony | _____ | _____ | Pesticides |
| _____ | _____ | Arsenic | _____ | _____ | Phenols |
| _____ | _____ | Beryllium | _____ | _____ | Surfactants |
| _____ | _____ | Cadmium | _____ | _____ | Other (specify) |
| _____ | _____ | Chromium | _____ | _____ | _____ |
| _____ | _____ | Copper | | | |
| _____ | _____ | Lead | _____ | _____ | Misc. Chemicals |
| _____ | _____ | Mercury | _____ | _____ | Boron |
| _____ | _____ | Nickel | _____ | _____ | Dyes |
| _____ | _____ | Selenium | _____ | _____ | Chlorine |
| _____ | _____ | Silver | _____ | _____ | Cyanides |
| _____ | _____ | Zinc | _____ | _____ | Fluorides |
| _____ | _____ | Other (specify) | _____ | _____ | Isothiazolin |
| _____ | _____ | _____ | _____ | _____ | Peroxides |
| _____ | _____ | _____ | _____ | _____ | Sulfides |
| | | | _____ | _____ | Other (specify) |
| | | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |

TRADE CHEMICALS

List other chemicals stored or used in your process, including over-the-counter chemicals in pounds or gallons per month for which chemical compositions are unknown or proprietary. Include an SDS for each item listed where possible. Please indicate units of measure.

| Stored Amount | Used Amount | Trade name | Distributor (Name & Address) |
|--------------------------|------------------------|-------------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

NOTE: INDUSTRIAL USERS ARE REQUIRED TO HAVE A SPILL PREVENTION PLAN. Submit Spill Prevention Plan with application. If an approved Hazardous Materials Business Plan/Management Plan is in place, Industrial Users can submit it in-lieu of completing a spill prevention plan.



J. TOXIC SUBSTANCES/POLLUTANTS (EPA Priority Pollutants) – From the following list of Toxic Organic pollutants, check all those, which are either used in your facility, generated in your facility, or are stored on the premises. Some federal categories allow certification in lieu of testing for toxic organics. In order to certify, a Toxic Organic Management Plan (TOMP) is required. Complete and submit your TOMP per your permit requirements.

- Acenaphthene
- Acrolein
- Acrylonitrile
- Aldrin
- Alpha-Endosulfan
- Anthracene
- Benzene
- Benzidine
- Benzo(a)pyrene (3,4-benzopyrene)
- Beta-Endosulfan
- Bis (2-chloroethoxy) methane
- Bis (2-chloroethyl) ether
- Bis (2-chloroisopropyl) ether
- Chlordane (technical mixture and metabolites)
- Chlorinated naphthalene
- Chloroalkyl ethers
- Chrysene
- Dieldrin
- Diphenylhydrazine
- Endosulfan sulfate
- Endrin
- Endrin aldehyde
- Ethylbenzene
- Fluoranthene
- Fluorene
- Gamma-BHC (lindane)
- Haloethers
- Heptachlor
- Hexachlorobutadiene
- Hexachlorocyclohexane
- Hexachlorocyclopentadiene
- Indeno(1,2,3-cd) pyrene (2,3-o-phenylene pyrene)
- Isophorone
- Naphthalene
- Nitrobenzene
- N-Nitrosodimethylamine
- N-Nitrosodi-n-propylamine
- N-nitrosodiphenylamine
- Phenanthrene
- Phenol
- Toluene
- Toxaphene
- 1,12-Benzoperylene (benzo(ghi)perylene)
- 1,2,5,6-Dibenzanthracene(dibenzo(a,h)anthracene)
- 1,2-Benzanthracene (benzo(a)anthracene)
- 1,2-Dichloropropane
- 1,3-Dichloropropene (1,3-Dichloropropylene)
- 11,12-Benzofluoranthene (benzo(k)fluoranthene)
- 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)
- 2,4-dimethylphenol
- 2,4-Dinitrotoluene
- 2,6-Dinitrotoluene
- 2-Chloroethyl vinyl ether (mixed)
- 3,3-Dichlorobenzidine
- 3,4-Benzofluoranthene (benzo(b)fluoranthene)
- 4-Bromophenyl phenyl ether
- 4-Chlorophenyl phenyl ether
- Chlorinated benzenes, including:
 - Chlorobenzene
 - Hexachlorobenzene
 - 1,2-dichlorobenzene
 - 1,3-dichlorobenzene
 - 1,4-dichlorobenzene
 - 1,2,4-trichlorobenzene
- Chlorinated ethanes, including:
 - Chloroethane
 - Hexachloroethane
 - 1,1,1-trichloroethane (TCE)
 - 1,1,2,2-tetrachloroethane
 - 1,1,2-trichloroethane
 - 1,1-dichloroethane
 - 1,2-dichloroethane
- Chlorinated phenols, including:
 - Pentachlorophenol
 - 2-chlorophenol
 - 2,4,6-trichlorophenol
 - 2,4-dichlorophenol
- Chloroethylenes, including:
 - Tetrachloroethylene (PCE)
 - Trichloroethylene (TCE)
 - Vinyl Chloride (Chloroethylene)
 - 1,1-dichloroethylene
 - 1,2-trans-dichloroethylene
- Halomethanes, including:
 - Bromoform (Tribromomethane)
 - Carbon Tetrachloride (Tetrachloromethane)
 - Chlorodibromomethane
 - Chloroform (Trichloromethane)
 - Dichlorobromomethane
 - Dichlorodifluoromethane
 - Methyl Bromide (Bromomethane)
 - Methyl Chloride (Chloromethane)
 - Methylene Chloride (Dichloromethane)
- Heptachlor epoxide (BHC-Hexachlorocyclohexane):
 - Alpha-BHC
 - Beta-BHC
 - Gamma-BHC (lindane)
 - Delta-BHC
- Nitrophenols, including:
 - 2,4-Dinitrophenol
 - 2-Nitrophenol
 - 4-Nitrophenol
- Phthalate esters, including:
 - Bis(2-ethylhexyl) phthalate
 - Butyl benzyl phthalate
 - Diethyl phthalate
 - Dimethyl phthalate
 - Di-n-butyl phthalate
 - Di-n-octyl phthalate
 - 4,4-DDT
 - 4,4-DDD (p,p-TDE)
 - 4,4-DDE (p,p-DDX)
- Polychlorinated biphenyls (PCBs), including:
 - PCB-1016 (Aroclor 1016)
 - PCB-1221 (Aroclor 1021)
 - PCB-1232 (Aroclor 1232)
 - PCB-1242 (Aroclor 1242)
 - PCB-1248 (Aroclor 1248)
 - PCB-1254 (Aroclor 1254)
 - PCB-1260 (Aroclor 1260)
- Toxic organics not used, generated, or stored at this facility