

CITY OF CANTON, OHIO
Water Reclamation Facility
Industrial Waste Division
3530 Central Avenue, SE
Canton OH 44707

BASELINE MONITORING REPORT / PERMIT APPLICATION

NOTE: Please type or print in ink when completing form. Attach additional pages 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# (____) _____

e-mail Address: _____

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 Name Company Official: _____

*As defined in Section 943.18 (12) of the Canton Sewer Use Code 123/85 and defined in Federal Register 40 CFR Vol.53 No.200 Monday, October 17, 1988 General Pretreatment Regulations, Section 403.12(l) *Signatory requirements for industrial user reports* (See **Appendix A**).

Revision: 6/08

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 _____

Permit# _____ Facility ID# _____ Expiration Date _____

* (National Pollutant Discharge Elimination System)

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 _____

Permit# _____ Expiration Date _____ APC Technology _____

* (APC – air pollution control)

SECTION C. NATURE of REGULATED PROCESSES

1. Please provide a general description of manufacturing / service activities at the facility address:

2. 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 _____
_____	_____	Yes _____	No _____

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

SECTION D. FACILITY OPERATIONAL CHARACTERISTICS

- Total (salary & hourly combined) number of employees at this facility. _____
- Please indicate below the facility's operational schedule and shifts with a process discharge.

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

- Please list the start times per each operational shift.

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) of supply water for processes, services and for domestic use.

Private Well _____ Surface Water _____ Municipal _____ (_____) *city*
Other _____

2. Please indicate if water conditioning processes are employed. Yes _____ No _____

If Yes, please indicate from the following technologies.

Softener _____ Boiler _____ DI _____ RO _____ Other _____

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

* (Federal Standards may consider water conditioning discharges as dilution).

3. Please list the applicable sewerage agency. _____

4. Please describe the process wastewater flow 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)

5. Please list the type of flow measurement device(s) for water supply and wastewater discharge.

* (Canton IWD may specify flowmeter for wastewater discharge measurement).

SECTION F. WASTEWATER INFORMATION

1. For each process activity with discharge listed in C-2 (Page 3), please indicate *Process Activity* source and the related pollutants for each of the below topics.

a) Raw Materials / Basis Materials: _____

b) By-Products / Wastes: _____

c) Catalysts / Contaminants: _____

2. For each of the discharges related to wastes, spent solutions and residues, please provide a written procedure for neutralization and the control of solids from discharge to sanitary sewer. Also, list the waste name(s), volume(s) and frequency of discharge(s) in the table below.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Is wastewater generated from APC 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.

_____	_____	_____
_____	_____	_____

4. Is there a manhole or other access for wastewater sampling? Yes _____ No _____

* (Canton IWD may specify above-ground observation tank for wastewater sampling).

5. Is wastewater analytical data available? Yes _____ No _____

If Yes, please attach a copy of most recent test results and describe 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).

6. Please indicate in *Table I* (Page 6) the items that characterize your wastewater and wastes.

TABLE I

GENERAL WASTEWATER & WASTE 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, and
detergents |
| <input type="checkbox"/> Plating wastes | <input type="checkbox"/> Oils |
| <input type="checkbox"/> Electrocoating wastes | <input type="checkbox"/> Fats, grease |
| <input type="checkbox"/> Paints | <input type="checkbox"/> Benzene and 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 ⁰ 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 ONLY* |
| <input type="checkbox"/> Waxes | <input type="checkbox"/> Other (list) _____ |
| <input type="checkbox"/> Inorganic solids (sand,
gravel, etc.) | |
| <input type="checkbox"/> Phenol-containing wastes | |
| <input type="checkbox"/> Alcohols | |

*If your facility discharges sanitary wastewater only, then be sure that Sections A thru F are completed (Pages 1–6), sign and return this form to the address listed on Page 1.

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)	—	—	—	—

PRIORITY POLLUTANTS (Continued)

<u>CHLORINATED AROMATICS</u>		<u>SA</u>	<u>KA</u>	<u>SP</u>	<u>KP</u>
1, 2, 4-Trichlorobenzene		—	—	—	—
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		—	—	—	—

PRIORITY POLLUTANTS (Continued)

<u>AROMATICS</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		—	—	—	—

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		—	—	—	—
Benzidine		—	—	—	—
3, 3-Dichlorobenzidine		—	—	—	—
1, 2-Diphenylhydrazine	(Hydrazobenzene)	—	—	—	—

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	(Dichlorodipenyldichloroethylene)	—	—	—	—
4, 4"-DDD	(Dichlorodipenyldichloroethane)	—	—	—	—
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		—	—	—	—

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-one)	—	—	—	—
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		—	—	—	—
Molybdenum		—	—	—	—
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. 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 be**
(Name of company - type or print)

consistently in compliance with the provisions of the City of Canton Sewer Use Code.

(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 expected to be**
(Name of company - type or print)

consistently in compliance with the provisions of the City of Canton Sewer Use Code and

that additional operation and maintenance and/or pretreatment is required to attain
compliance.

(Official's signature*)

* **Signature must be by a Qualified Professional. Please attach information listing:
Name of Business Association, Address, Professional Qualifications, and
Statement for Basis of Evaluation.**

If Statement #2 on Page 15 of non-compliance is signed, please complete the following:

1. List below the additional operation & maintenance activities and schedules necessary to attain compliance with the City of Canton Sewer Use Code.

2. If additional pretreatment facilities construction is required to bring the discharge into compliance with the City of Canton Sewer Use Code, 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 E.P.A.	_____
Executing contract for major components	_____
Commencing construction	_____
Completing construction	_____
Meeting permit requirements	_____
_____	_____
_____	_____

* (PTI – Permit to Install. A PTI application is required by the Ohio E.P.A. prior to the installation of any Pretreatment equipment).

SECTION I. PRETREATMENT INFORMATION

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

2. Please list any advanced wastewater treatment technologies currently employed
* (i.e. – equalization, pH neutralization, chemical precipitation, dissolved-air , etc.).

SECTION J. WASTE MANAGEMENT

1. Please list process waste names, TSDs and label each waste stream as hazardous or non-hazardous.
* (TSD – Treatment, Storage and Disposal facility).

		<u>Haz</u>	<u>Non-Haz</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION K. 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: _____

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

CITY OF CANTON, OHIO
Water Reclamation Facility
Industrial Waste Division
3530 Central Avenue, SE
Canton OH 44707

APPENDIX A

SIGNATORY REQUIREMENTS FOR REPORTS

The certification statement shall be signed as follows:

(1) By a responsible corporate officer, if the Industrial User submitting the reports required by paragraphs (b), (d), and (e) of this section is a corporation. For the purpose of this paragraph, a responsible corporate officer means: (i) 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 the corporation, or (ii) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) By a general partner or proprietor if the Industrial User submitting the reports required by paragraphs (b), (d), and (e) of this section is a partnership, or sole proprietorship respectively.

(3) By a duly authorized representative of the individual designated in paragraph (1)(1) or (1)(2) of this section if: (i) The authorization is made in writing by the individual described in paragraph (1)(1) or (1)(2); (ii) 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 (iii) the written authorization is submitted to the Control Authority.

(4) If an authorization under paragraph (1)(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 (1)(3) of this section must be submitted to the Control Authority prior to or together with any reports to be signed by an authorized representative.

*Revised in 40 CFR 403.12 (l) as of July 1, 2006
Implemented in Canton Program January 1, 2011*

APPENDIX B

NEW SOURCE DEFINITION

Federal Register 40 CFR Vol.53 No. 200 October 17, 1988

403.3 Definitions:

(k)(1) The term "New Source" means any building, structure, facility or installation from which there is or may be a Discharge of pollutants, the construction of which commenced after the publication of proposed Pretreatment Standards under section 307(c) of the Act which will be applicable to such sources if such Standards are thereafter promulgated in accordance with that section, *provided that*:

(i) The building, structure, facility or installation is constructed at a site at which no other source is located; or

(ii) The building, structure, facility or installation totally replaces the process or production equipment that causes the discharge of pollutants at an existing source; or

(iii) The production or wastewater generating processes of the building, structure, facility or installation are substantially independent of an existing source at the same site. In determining whether these are substantially independent, factors such as the extent to which the new facility is integrated with the existing plant, and the extent to which the new facility is engaged in the same general type of activity as the existing source should be considered.

(2) Construction on a site at which an existing source is located results in a modification rather than a new source if the construction does not create a new building, structure, facility or installation meeting the criteria of paragraphs (k)(1)(ii), or (k)(1)(iii) of this section but otherwise alters, replaces, or adds to existing process or production equipment.

(3) Construction of a new source as defined under this paragraph has commenced if the owner or operator has:

(i) Began, or caused to begin as part of a continuous onsite construction program:

(A) Any placement, assembly, or installation of facilities or equipment; or

(B) Significant site preparation work including clearing, excavation, or removal of existing buildings, structures, or facilities which is necessary for the placement, assembly, or installation of new source facilities or equipment; or

(ii) Entered into a binding contractual obligation for the purchase of facilities or equipment which are intended to be used in its operation within a reasonable time. Options to purchase or contracts which can be terminated or modified without substantial loss, and contracts for feasibility, engineering, and design studies do not constitute a contractual obligation under this paragraph.