

FORM I - WASTE AND WASTEWATER

1. **Waste Generation:** Indicate whether any of the following are generated at your facility.

(a) Waste type	(b) Quantity generated	(c) Is this waste treated onsite?	(d) Are air emissions controlled?	(e) Sources of waste (Activity IDs)	(f) Estimated Total HAP emissions for reporting year	(g) Estimated Total VOC emissions for reporting year
<input type="checkbox"/> Wastewater	_____ gal/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Sludge Waste	_____ lb/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Waste Solvents	_____ gal/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Waste Coatings	_____ gal/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Mode of wastewater transport:
 Open Trench Open Pipe Closed Pipe Holding Tank
 Other (describe): _____