

FORM F
WASTE AND WASTEWATER

Revised 10/19/98
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Facility Tracking Number: MMPP-

F-1. **Waste Generation:** Indicate whether any of the following are generated at your facility. Summarize for the entire facility.

a) Waste Type	b) Quantity Generated	c) Is this waste treated on-site?	d) Are air emissions controlled?	e) Sources of Waste	f) Total Annual Estimated HAP emissions (tons/year)	g) Total Annual Estimated VOC emissions (tons/year)
<input type="checkbox"/> Waste Water	_____ gal/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Sludge Waste	_____ lbs/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			
<input type="checkbox"/> Other (describe): _____	_____	<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			
<input type="checkbox"/> Other (describe): _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

F-2. **Mode of Wastewater Transport:**

- ☐ Open Trench ☐ Open Pipe ☐ Closed Pipe ☐ Holding Tank
☐ Other (describe): _____

CBI Status: Is any information on this "Form F" Confidential Business Information (CBI)? ☐ Yes ☐ No
Which items (place a comma between items): _____