Rahway Valley Sewerage Authority
1050 East Hazelwood Avenue
Rahway, NJ 07065

INDIRECT USER DISCHARGE PERMIT APPLICATION

Note: Please read all attached instructions prior to completing this application. Please type or print.

SECTION A – GENERAL INFORMATION

1. Facility Name: _____

   a. Operator Name: _____

   b. Is the operator identified in line a., the owner of the facility?

   ☐ Yes ☐ No

   If no, provide the name and address of the owner and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

   _____

   _____

2. Facility Address:

   Street: _____

   City: _____ State: _____ Zip Code: _____

3. Business Mailing Address:

   Street or PO Box: _____

   City: _____ State: _____ Zip Code: _____

4. Designated signatory authority of the facility:
   [Attach similar information for each authorized representative]

   Name: _____

   Title: _____

   Address: _____

   City: _____ State: _____ Zip Code: _____

   Phone #: _____ Email: _____

5. Designated facility contact:

   Name: _____

   Title: _____

   Phone #: _____ Email: _____

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check **all** that apply).

   Industrial Categories*

   ☐ Aluminum Forming
   ☐ Asbestos Manufacturing
   ☐ Battery Manufacturing
   ☐ Can Making
   ☐ Carbon Black
   ☐ Coal Mining
   ☐ Coil Coating
   ☐ Copper Forming
   ☐ Electric and Electronic Components Manufacturing
   ☐ Electroplating
   ☐ Feed lots
   ☐ Fertilizer Manufacturing
   ☐ Foundries (Metal Molding and Casting)
   ☐ Glass Manufacturing
   ☐ Grain Mills
   ☐ Inorganic Chemicals
   ☐ Iron and Steel
   ☐ Leather Tanning and Finishing
   ☐ Metal Finishing
   ☐ Nonferrous Metals Forming
   ☐ Nonferrous Metals Manufacturing
   ☐ Paint and Ink Formulating
   ☐ Paving and Roofing Manufacturing
   ☐ Pesticides Manufacturing
   ☐ Petroleum Refining
   ☐ Pharmaceutical
   ☐ Plastic and Synthetic Materials Manufacturing
   ☐ Plastic Processing Manufacturing
   ☐ Porcelain Enamel
   ☐ Pulp, Paper and Fiberboard Manufacturing
   ☐ Rubber
   ☐ Soap and Detergent Manufacturing
   ☐ Steam Electric
   ☐ Sugar Processing
   ☐ Textile Mills
   ☐ Timber Products
   ☐ Transportation Equipment Cleaning
   ☐ Other:_____

* A facility with processes inclusive in these business areas may be covered by the U.S. Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "Categorical Users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

_____

_____

_____

_____

_____

3. Indicate applicable Standard Industrial Classification (SIC) and/or North American Industry Classification System (NAICS) codes for all processes (If more than one applies, list in descending order of importance.):

a. _____

b. _____

c. _____

d. _____

e. _____

4. PRODUCT VOLUME: (If more space is needed, please attach additional pages to the application. If it is more convenient to attach a computer run-off of this data, please do so.)

PRODUCT	PAST CALENDAR YEAR Quantity per day (daily units)		ESTIMATE THIS CALENDAR YEAR Quantity per day (daily units)	
Brand Name	Average	Maximum	Average	Maximum

SECTION C- WATER SUPPLY

1. Water Sources: (Check all that apply)

	Metered?	
☐ NJ American Water Company	☐ Yes	☐ No
☐ Veolia Rahway	☐ Yes	☐ No
☐ Middlesex Water Company	☐ Yes	☐ No
☐ Private Well	☐ Yes	☐ No
☐ Surface Water	☐ Yes	☐ No
☐ Other (specify)_____	☐ Yes	☐ No

2. Name on the water bill: _____

   Name: _____

   Street: _____

   City: _____ State: _____ Zip Code: _____

3. a) Water service account number: _____

   b) Water received (report volume in gallons). Attach water bills. Please use the **latest** 4 quarters available.

	Year	Public Supply	Well	Surface	Other	Total
1st Qtr.	20___					
2nd Qtr.	20___					
3rd Qtr.	20___					
4th Qtr.	20___					
					Grand Total:	

If water source is not metered, indicate below the method of determining the volume(s).

_____

_____

_____

_____

_____

_____

SECTION C (CONT'D)

4. List average water usage on premises:
   [New facilities may estimate]

Type of Water Use	Quantity (gallons per day)	Measured (M) or Estimated (E)	Discharge Location Sanitary (SAN) or Storm (ST)
a. Contact Cooling			
b. Non-contact Cooling			
c. Boiler Feed			
d. Process			
e. Sanitary			
f. Air Pollution Control			
g. Contained in Product			
h. Equipment/Facility Washdown			
i. Irrigation			
j. Other:			
k. **TOTAL** (line a – j)			

SECTION D – SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

☐ Yes

☐ No: Have you applied for a sanitary sewer hookup? ☐ Yes ☐ No

b. For a new business:

(i). Will you be occupying an existing vacant building (such as in an industrial park)?

☐ Yes ☐ No ☐ N/A

(ii). Have you applied for a building permit if a new facility will be constructed?

☐ Yes ☐ No ☐ N/A

(iii). Will you be connected to the public sanitary sewer system?

☐ Yes ☐ No ☐ N/A

(iv). Have you submitted a RVSA Sewer Connection Application?

☐ Yes ☐ No ☐ N/A

2. List size, descriptive location, and flow of each facility sewer which connects to the sewer system. (Attach additional sheets if necessary).

Sewer Size	Descriptive Location of Sewer (Connection or Discharge Point)	Average Flow (in gpd)

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the sewer?

   ☐ Yes If the answer to this question is "yes", complete the remainder of the application.

   ☐ No If the answer to this question is "no", skip to Section I.

2. Discharge commencement date: _____

3. Provide the following information on wastewater flow rate. Please make photocopies of this page and complete for each of the discharge locations. (New facilities may estimate)

   a. Hours/day Discharged (e.g., 8 hours/day):

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

   b. Hours of Discharge (e.g., 9 am to 5 pm):

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

   c. Peak hourly flow rate: _____ gallons per hour

   d. Maximum daily flow rate: _____ gallons per day

   e. Annual daily average: _____ gallons per day

4. If batch discharge occurs or will occur, indicate:
   [New facilities may estimate]

   a. Number of batch discharges: _____ per day

   b. Average discharge per batch: _____ gallons

   c. Time of batch discharge: _____ at _____
   (days of week) (hours of day)

   d. Flow rate: _____ gallons/minute

   e. Percent of total discharge: _____%

SECTION E (CONT'D)

4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the **flow of materials, products, water, and wastewater** from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this **must** be indicated. **Number each unit process** having wastewater discharge to the sewer. Use these numbers when showing the unit processes in the building layout in Section H. **This drawing must be certified by a State Registered Professional Engineer.**

SECTION E (CONT'D)

Facilities that checked activities in question 1 of Section B are considered Categorical Indirect Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimate for each discharge]. Please attach additional sheets if necessary.

No.	Process Description	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (batch, continuous, none)

ANSWER QUESTIONS 6 & 7 IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge]. Please attach additional sheets if necessary.

No.	Regulated Process	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (batch, continuous, none)

No.	Dilution	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (batch, continuous, none)

7. <u>For Categorical Users subject to Total Toxic Organic (TTO) requirements:</u>

   Provide the following (TTO) information.

   a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

      ☐ Yes
      ☐ No

   b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

      ☐ Yes
      ☐ No

   c. Has a toxic organics management plan (TOMP) been developed?

      ☐ Yes, (Please attach a copy)
      ☐ No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	☐ Yes	☐ No	☐ N/A
	Sampling Equipment	☐ Yes	☐ No	☐ N/A
Planned:	Flow Metering	☐ Yes	☐ No	☐ N/A
	Sampling Equipment	☐ Yes	☐ No	☐ N/A

   If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

   _____

   _____

   _____

   _____

   _____

9. Are any process changes or expansions planned during the next three years that could alter wastewater volume or characteristics? Consider production processes as well as air or water pollution treatment process that may affect the discharge.

   ☐ Yes
   ☐ No, (skip question 10)

SECTION E (CONT'D)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheet if needed.)

11. Are any materials or water reclamation systems in use or planned?

☐ Yes

☐ No, (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

SECTION F – CHARACTERISTICS OF DISCHARGE

All current indirect users are required to submit monitoring data for each discharge point. **EACH discharge point** must be analyzed for all parameters listed in Tables 1 and 2 (see Appendix A). A description of each discharge point that requires sampling has been attached to your cover letter.

Analysis is to be performed by a laboratory certified in the State of New Jersey to perform wastewater analysis.

Please refer to the Instructions section for remaining instructions.

New dischargers should use the tables to create a list that indicates what pollutants will be present or are expected to be present in each proposed wastestream.

G – TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?

   ☐ Yes

   ☐ No

2. Is any form of wastewater treatment (or change to an existing wastewater treatment) planned for this facility within the next three years?

   ☐ Yes, describe: _____

   ☐ No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

   ☐ Air floatation

   ☐ Biological Treatment, type: _____

   ☐ Centrifuge

   ☐ Chemical Precipitation

   ☐ Chlorination

   ☐ Cyclone

   ☐ Filtration

   ☐ Flow Equalization

   ☐ Grease Trap

   ☐ Grit Removal

   ☐ Ion Exchange

   ☐ Neutralization (pH adjustment)

   ☐ Oil and Grease Separation, type: _____

   ☐ Ozonation

   ☐ Rainwater Diversion

   ☐ Reverse Osmosis

   ☐ Screen

   ☐ Sedimentation

   ☐ Septic Tank

   ☐ Solvent Separation

   ☐ Spill Prevention

   ☐ Sump

   ☐ Other, type: _____

   ☐ Other, type: _____

   ☐ No Pretreatment Occurring

SECTION G (CONT'D)

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

_____

_____

_____

_____

_____

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any change in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

_____

_____

_____

_____

_____

7. Do you have a treatment operator? ☐ Yes ☐ No

   (if Yes,) Name: _____

   Title: _____

   Phone: _____

   Is this operator licensed? ☐ Yes ☐ No

   If yes, license classification: _____

   License number: _____

8. Do you have a manual on the correct operation of your treatment equipment?

   ☐ Yes ☐ No ☐ N/A

9. Do you have a written maintenance schedule for your treatment equipment?

   ☐ Yes ☐ No ☐ N/A

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Shifts per work day								
Employees per shift	1st							
	2nd							
	3rd							
Shift start and end times	1st							
	2nd							
	3rd							

2. Indicate whether the business activity is:

   ☐ Continuous through the year, or

   ☐ Seasonal – Circle the months of the year during which the business activity occurs:

   Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

   Comments: _____

   _____

   _____

3. Indicate whether the facility discharge is:

   ☐ Continuous through the year, or

   ☐ Seasonal – Circle the months of the year during which the business activity occurs:

   Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

   Comments: _____

   _____

   _____

SECTION H (CONT'D)

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

   ☐ Yes, indicate reasons and period when shutdown occurs:

   _____

   ☐ No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

   _____

   _____

   _____

   _____

   _____

   _____

6. List types and quantity of chemicals used or planned for use (attach list if needed). Copies of Material Safety Data Sheets will be reviewed during the Annual Inspections of your facility (if available) for all chemicals identified:

Chemical	CAS#	Quantity

SECTION H (CONT'D)

7. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. **Number each sewer** and show existing and proposed sampling locations. **This drawing must be certified by a State Registered Professional Engineer.**

   A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?

   ☐ Yes ☐ No

   If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?

   ☐ Yes ☐ No

   If yes, where do they discharge to? _____

   _____

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

   ☐ An on-site disposal system

   ☐ Public sanitary sewer system (e.g. through a floor drain)

   ☐ Storm drain

   ☐ To ground

   ☐ Other, specify:

   ☐ Not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharge from entering the Rahway Valley Sewerage Authority's collection systems?

   ☐ Yes ☐ No

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

   _____

   _____

   _____

   _____

   _____

SECTION J – NON-DISCHARGED WASTES

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

   ☐ Yes, please describe below

   ☐ No, skip the remainder of Section J

Waste Generated	Quantity per year	Disposal Method

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

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

   a. _____ b. _____

   _____ _____

   _____ _____

   Permit No. (if applicable): _____ Permit No. (if applicable): _____

5. Please list any environmental permits held by your facility.

   ☐ NJPDES: Specify type(s)_____and Permit Number(s) **NJ**_____

   ☐ RCRA: { ☐ Generator ☐ Storage ☐ Treatment } ID No. **NJD**_____

   ☐ Underground Storage Tanks: UST#_____

   ☐ Air Pollution: Site ID Number_____

   ☐ Other: _____

   _____

SECTION K – AUTHORIZED SIGNATURES

Compliance certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

   ☐ Yes ☐ No ☐ N/A (not yet discharging)

2. <u>If No</u>:

   a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

   b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Rahway Valley Sewerage Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date

CERTIFICATION STATEMENT / AUTHORIZED REPRESENTATIVE 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 and imprisonment for knowing violations.

In consideration of the granting of this permit, the undersigned agrees:

1. To furnish any additional information (including reports) relating to the installation or use of the industrial sewer for which this permit is sought as may be requested by the Rahway Valley Sewerage Authority.

2. To accept and abide by all provisions of the Rules and Regulations concerning discharges to Rahway Valley Sewerage Authority, and of all other pertinent Ordinances or Regulations that may be adopted in the future.

3. To operate and maintain any wastewater pretreatment facilities, as may required as a condition of the acceptance into the wastewater treatment system of the industrial wastes involved, and subject to amendments to the Permit (including, but not limited to, Compliance Schedules).

4. To cooperate at all times with the Rahway Valley Sewerage Authority and its representatives in their inspecting, sampling and study of the industrial wastes, and any facilities provided for pretreatment.

5. To notify the Rahway Valley Sewerage Authority immediately in the event of any accident, or other occurrence that occasions the contribution to the wastewater treatment system of any wastewater or prohibited substances not covered by this permit.

Name(s) _____ Title _____

Signature _____ Date _____ Phone# _____

RAHWAY VALLEY SEWERAGE AUTHORITY USE ONLY

Inspection/Permit Fee $_____ Paid_____

Application Approved (Date) _____ Effective Date of Permit _____

Signed _____ Title _____

APPENDIX A

TABLES 1 & 2

REQUIRED ANALYSES

APPENDIX A

TABLE 1

VOLATILES

1. Acrolein
2. Acrylonitrile
3. Benzene
4. Bis (chloromethyl) ether
5. Bromoform
6. Carbon tetrachloride
7. Chlorobenzene
8. Chlorodibromomethane
9. Chloroethane
10. 2-Chloroethylvinyl ether
11. Chloroform
12. Dichlorobromoethane
13. Dichlorodifluoromethane
14. 1,1-Dichloropropane
15. 1,2-Dichloropropane
16. 1,1-Dichloropropane
17. 1,2-Dichloropropane
18. trans-1,3-Dichloropropene
19. Ethylbenzene
20. Methyl bromide
21. Methyl chloride
22. Methylene chloride
23. 1,1,2,2-Tetrachloroethane
24. Tetrachloroethylene
25. Toluene
26. 1,2–trans-Dichloroethylene
27. 1,1,1-Trichloroethane
28. 1,1,2-Trichloroethane
29. Trichloroethylene
30. Trichloroethylene
31. Vinyl Chloride

ACID COMPOUNDS

1. 2-Chlorophenol
2. 2,4-Dichlorophenol
3. 2,4-Dimethylphenol
4. 4,6–Dinitro-o-cresol
5. 2,4–Dinitrophenol
6. 2–Nitrophenol
7. 4–Nitriphenol
8. p–Chloro–m-cresol
9. Pentachlorophenol
10. Phenol
11. 2,4,6–Trichlorophenol

BASE/NEUTRALS

1. Acenapthene
2. Acenaphthylene
3. Anthracene
4. Benzidine
5. Benzo (a) anthracene
6. Benzo (a) pyrene
7. 3,4-Benzofluoranthene
8. Benzo (ghi) perylene
9. Benzo (k) fluoranthene
10. Bis (2-chloroethoxy) methane
11. Bis (2-chloroethyl) ether
12. Bis (2-chloroisopropyl) ether
13. Bis (2-ethylhexyl) phthalate
14. 4-Bromophenyl phenyl ether
15. Butylbenzyl phthalate
16. 2-Chloronapthalene
17. 4-Chlorophenyl phenyl ether
18. Chrysene
19. Dibenzo (a, h) anthracene
20. 1,2-Dichlorobenzene
21. 1,3-Dichlorobenzene
22. 1,4-Dichlorobenzene
23. ~~3,3-Dichlorobenzene~~
24. Diethyl phthalate
25. Dimethyl phthalate
26. Di-n-butyl phthalate
27. 2,4-Dinitrotoluene
28. 2,6-Dinitrotoluene
29. Di-n-octyl phthalate
30. 1,2-Diphenylhydrazine
31. Fluoranthene
32. Fluorene
33. Hexachlorobenzene
34. Hexachlorobutadiene
35. Hexachlorobutadiene
36. Hexachlorocyclopentadiene
37. Indeno (1,2,3-c,d) pyrene
38. Isophorone
39. Naphthalene
40. Nitrobenzene
41. N–Nitrosodimethylamine
42. N–Nitrosodi–n–propylamine
43. N-Nitrosodiphenylamine
44. Phenanthrene
45. Pyrene
46. 1,2,4–Trichlorobenzene

APPENDIX A
TABLE 2

OTHER TOXIC POLLUTANTS

1. Antimony, Total
2. Arsenic, Total
3. Beryllium, Total
4. Cadmium
5. Chromium, Total
6. Copper, Total
7. Lead, Total
8. Mercury, Total
9. Nickel, Total
10. Selenium, Total
11. Silver, Total
12. Thallium, Total
13 Zinc, Total
14. Cyanide, Total
15. Cyanide, Amenable to Chlorination
16. Phenols, Total

CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

1. Bromide
2. Chloride
3. Chlorine Residual
4. Fecal Coliform
5. Fluoride
6. Nitrate
7. Nitrite
8. Nitrogen, Total Organic
9. Oil and Grease, Total
10. Petroleum Hydrocarbons
11. Phosphorous, Total
12. Radioactivity
    a) Alpha, Total
    b) Beta, Total
    c) Radium, Total
    d) Radium 226, Total
13. Sulfate
14. Sulfite
15. Surfactants
16. Aluminum, Total
17. Barium, Total
18. Boron, Total
19. Cobalt, Total
20. Iron, Total
21. Magnesium, Total
22. Molybdenum, Total
23. Manganese, Total
24. Tin, Total
25. Titanium, Total
26. BOD
27. COD
28. TOC
29. TSS
30. TDS
31. Ammonia

APPENDIX B

TABLE 3

TTO

APPENDIX B
TABLE 3

TTO

The Term "TTO" shall mean Total Toxic Organics, which is the summation of all quantifiable values greater than 0.01 milligrams per liter (10 ppb) for the following toxic organics:

Base/Neutrals
Acenaphthene
Acenaphthylene
Anthracene
Benzidine
Benzo (a) anthracene
Benzo (a) pyrene
Benzo (ghi) perylene
Benzo (k) fluoranthane
3,4 –Benzofluoranthene
Bis (2–chloroethoxy) methane
Bis (2–chloroethyl) ether
Bis (2–chloroisopropyl) ether
Bis (2–ethylhexyl) phthalate
4 –Bromophenyl phenyl ether
Butyl benzyl phthalate
2–Chloronaphthalene
4–Chorophenyl phenyl ether
Chrysene
Di-n-butyl phthalate
Di-n-octyl phthalate
Dibenzo (a, h) anthracene
1,2–Dichlorobenzene
1,3–Dichlorobenzene
1,2,4–Trichlorobenzene
1,4–Dichlorobenzene
Diethyl phthalate
Dimethyl phthalate
2,4–Dinitrotoluene
2,6–Dinitrotoluene
1,2–Diphenylhyrazine
Fluoranthene
Fluorene
Hexachlorobenzene
Hexachlorobutadiene
Hexachlorocyclopentadiene
Hexachloroethane
Indeno (1,2,3-cd) pyrene
Isophorone
Naphthalene
Nitrobenzene
N–nitrosodi-n-propylamine
N- nitrosodimethylamine
N–nitrosodiphenylamine
Phenathrene
Pyrene
2,3,7,8 – tetrachloro-dibenzo-p-dioxin

Acid Extractables
2-Chlorophenol
2,4–Dichlorophenol
2,4–Dimethylphenol
4,6–Dinitro-o-cresol
2,4–Dinitrophenol
2–Nitrophenol
4–Nitrophenol
p–Chloro-m-cresol
Pentachlorophenol
Phenol
2,4,6 –Trichlorophenol

Pesticides/PCBs
Aldrin
alpha– BHC
beta–BHC
gamma–BHC (Lindane)
delta-BHC
Chlordane
4,4'–DDD
4,4'–DDE
4,4'–DDT
Dieldrin
alpha– Endosulfan
beta– Endosulfan
Endosulfan sulfate
Endrin
Endrin aldehyde
Heptachlor
Heptachlor epoxide
PCB – 1016
PCB – 1221
PCB – 1232
PCB – 1242
PCB – 1248
PCB – 1254
PCB – 1260

Volatile Organics
Acrolein
Acrylonitrile
Benzene
Bis (chloromethyl)-ether
Bromoform
Carbon tetrachloride
Chlorobenzene
Chlorodibromoethane
Chloroethane
2–Chloroethyl–vinyl ether
Chloroform
Dichlorobromo-methane
1,1 Dichloroethane
1,2–Dichloroethane
1,1–Dichloroethane
1,2–Dichloropropane
1,2–Dichloropropylene
Ethylbenzene
Methyl bromide
Methyl chloride
Methylene chloride
1,1,2,3–Tetrachloro-ethane
Tetrachloroethylene
Toluene
1,2, trans–Dichloro-ethylene
1,1,1 –Trichloroethane
1,1,2 –Trichloroethane
Trichloroethylene
Vinyl Chloride