August 6, 2019 Project Reference #18461

Ms. Amanda Kaminski
Pretreatment Coordinator
Racine Water and Wastewater Utility
2101 Wisconsin Avenue
Racine, Wisconsin 53403

Re: Foxconn 868 Project – Phase 0
Industrial Wastewater Discharge Permit Application

Dear Ms. Kaminski:

Enclosed please find a completed application for the initial phase of operations to be located at the 11111 Braun Road Foxconn facility. This phase is known as 'Phase 0' and will consist of office and assembly activities. Wastewater discharge will be comprised of sanitary/domestic wastewater, RO concentrate/reject, and blowdown/condensate from make-up air units (MAU) and air handling units (AHUs).

Please contact Jason Chen of Foxconn (562/645-6730) or Kristi Linsmeier of Sigma (414/643-4200) with questions or if you'd like to discuss.

Sincerely,

THE SIGMA GROUP, INC.

Kristi L. Linsmeier, P.E., CHMM
Senior Engineer

Enclosures

cc: David Drake – Exyte
Art Kaplan - Exyte
Jason Chen – Foxconn
Richard Onderko – Foxconn

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION ver. 2016

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RACINE WASTEWATER TREATMENT PLANT
WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION A - APPLICANT AND FACILITY DESCRIPTION

1. Facility Name: ***AFE Inc/SIO International***

2. Facility Address:

   Street: ***11111 Braun Road***

   City: ***Mount Pleasant*** State: ***Wisconsin*** Zip: ***53403***

3. Business Mailing Address: (if different from above)

   Street or P.O. ***611 E. Wisconsin Ave***

   City: ***Milwaukee*** State: ***Wisconsin*** Zip: ***53202***

4. Designated signatory authority of the facility (Chief Executive Officer or designated signee: this name is to appear on all reports and certification statements):

   Name: ***Nelson Liu***

   Title:

   Street: ***611 E. Wisconsin Ave***

   City: ***Milwaukee*** State: ***Wisconsin*** Zip: ***53202***

   Phone #:

5. Authorized individual to contact in case of emergency (i.e., spills, process upsets, violations, etc.), or for further information.

   Name: ***Jason Chen***

   Title: ***Manager***

   Phone #: ***562/645-6730***

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.

NELSON LIU — Name (Printed)

PROJECT LEADER — Title

Nelson Liu — Signature

Jul. 29, 2019 — Date

Phone

SECTION B - PLANT OPERATIONS

SECTION B - PLANT OPERATIONS

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, of hazardous wastes), place a check beside the category of business activity (check all that apply). ***Note that during Phase 0, operations will consist solely of office and assembly.***

Industrial Categories*

[ ] Aluminum Forming
[ ] Asbestos Manufacturing
[ ] Battery Manufacturing
[ ] Canned and Preserved Fruits and Vegetables Processing Point Source
[ ] Canned and Preserved Seafood Processing Point Source
[ ] Carbon Black Manufacturing
[ ] Cement Manufacturing Point Source
[ ] Centralized Waste Treatment
[ ] Coal Mining
[ ] Coil Coating
[ ] CAFO
[ ] Concentrated Aquatic Animal Production
[ ] Copper Forming
[ ] Dairy Products Processing
[ ] Electrical and Electronic Components Manufacturing
[ ] Electroplating
[ ] Explosives Manufacturing
[ ] Ferroalloy Manufacturing
[ ] Fertilizer Manufacturing
[ ] Foundries (Metal Molding and Casting)
[ ] Glass Manufacturing
[ ] Grain Mills
[ ] Gum and Wood Chemicals
[ ] Hospital
[ ] Ink Formulating
[ ] Inorganic Chemicals Manufacturing
[ ] Iron and Steel Manufacturing
[ ] Landfills
[ ] Leather Tanning and Finishing
[ ] Meat Products
[ ] Metal Finishing
[ ] Metal Molding and Casting
[ ] Metal Products and Machinery
[ ] Mineral Mining and Processing
[ ] Nonferrous Metals Forming and Metal Powders
[ ] Nonferrous Metals Manufacturing
[ ] Oil and Gas Extraction
[ ] Ore Mining and Dressing
[ ] Organic Chemicals, Plastics, and Synthetic Fibers
[ ] Paint Formulating
[ ] Paving and Roofing Materials (Tar and Asphalt)
[ ] Pesticide Chemicals Manufacturing

[ ] Petroleum Refining
[ ] Pharmaceutical Manufacturing
[ ] Phosphate Manufacturing
[ ] Photographic
[ ] Plastics Molding and forming
[ ] Porcelain Enameling
[ ] Pulp, Paper, and Paperboard Manufacturing
[ ] Rubber Manufacturing
[ ] Soap and Detergent Manufacturing
[ ] Steam Electric Power Generating
[ ] Sugar Processing
[ ] Textile Mills Point Source
[ ] Timber Products Processing
[ ] Transportation Equipment Cleaning
[ ] Waste Combusters

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

2. Indicate applicable Standard Industrial Classification (SIC) or NAICS code for all processes. (If more than one applies, list in descending order of importance.):

PRODUCT OR SERVICE	SIC/NAICS CODE
Assembly of display panels	***3344***
Executive offices	***9111***

3. If this facility is subject to Federal Categorical Pretreatment Standards, as per 40 CFR Part 403, what is the categorical classification?

NA – Phase 0 does not consist of any processes subject to Federal Categorical Pretreatment Standards; a determination of categorical classification will be made and submitted prior to manufacturing operations being brought on-site.

4. Give a brief description of the nature and activities of all manufacturing processes at this facility including primary products or services, **specifically those processes which involve process wastewater or hazardous materials**. (Use additional sheets if necessary.)

During this phase, operations will consist solely of office and assembly.

5. Schematic process diagram indicating points of discharge from the regulated processes. (attach) ***NA***

Product Produced by type	Past year - Amounts/Day **AVERAGE**	This Year (est.) Amounts/Day **AVERAGE**	Process	Rate of Production
TVs and other display panels	**--**	**--**	**--**	**--**

During this phase, operations will consist solely of office and assembly. The quantity/rate of products to be assembled is not yet known.

7. List principal raw materials used or planned for use which could be discharge to the treatment plant. Attach a list if necessary.

NA – Phase 0 will consist of assembly of semi-finished product.

8. List types and quantity of chemicals used or planned for use. SDS sheets should be available *if requested*.

CHEMICAL	QUANTITY
Custodial cleaning chemicals	***minimal***

9. Describe storage practices for the chemicals listed above. How are chemicals disposed of? Industries will need to file a Slug/Spill Management Plan.

Small containers in custodial storage areas.

No disposal required.

10. List solvents used at this facility. SDS sheets should be available *if requested*.

NA

11. Describe storage practices for the solvents listed above. How are Solvents disposed of? Certain categorical industries will need to file a Solvent Management Plan.

NA

12. Shift Information:

Work Days:		Mon.	Tues.	Wed.	Thurs	Fri.	Sat.	Sun.
Shifts per Work Day:		***2***	***2***	***2***	***2***	***2***	***2***	***2***
Employees per shift:	1st:	***80***	***80***	***80***	***80***	***80***	***80***	***80***
	2nd:	***40***	***40***	***40***	***40***	***40***	***40***	***40***
	3rd:	***--***	***--***	***--***	***--***	***--***	***--***	***--***
Shift Start and End Times:	1st:	***7 a – 7p***	***7 a – 7 p***	***7 a – 7 p***	***7 a – 7 p***	***7 a – 7 p***	***7 a – 7 p***	***7 a – 7 p***
	2nd:	***7 p – 7a***	***7 p – 7a***	***7 p – 7a***	***7 p – 7a***	***7 p – 7a***	***7 p – 7a***	***7 p – 7a***
	3rd:	***--***	***--***	***--***	***--***	***--***	***--***	***--***

Note that the shift and employee information are not yet defined for Phase 0 so these are estimates.

13. Indicate whether the facility **discharge** is:

[**X**] Continuous through the year, or

[ ] Seasonal – Indicate the months of the year during which discharge occurs:

_____

[ ] Shuts down during the year for vacation, maintenance or other reasons:

Indicate when shutdown occurs: _____

14. Characteristics of Discharge. **Testing results must be submitted with the application. Testing must have been completed within the past 6 month period.**
All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. The sample must be representative of daily operations. Sampling and analysis must be performed in accordance with procedures set out in the Racine Municipal Code. Do not leave blanks. Where a pretreatment standard requires compliance with a BMP, the user must submit documentation required to determine compliance.
NOTE: If this facility does not discharge any process waste, a certified statement that no process waste is discharged, signed by the signatory authority may be substituted for analysis.

POLLUTANT	RESULTS	UNITS	DATE OF SAMPLE
Arsenic			
Cadmium			
Chromium			
Copper			
Lead			
Molybdenum			
Mercury			
Nickel			
Selenium			
Silver			
Zinc			
Cyanide			
TTO[1] (for suspected substances)			

[1] Aggregate concentration of any volatile compound, acid extractable compound, or base/neutral compound identified pursuant to Clean Water Act Section 307(a) or NR 215.03(1), (2), and (3). Pesticides, PCBs, dioxin, heavy metals, and other compounds in the identified list are excluded.
Pesticides, PCBs, and dioxin discharges are not allowed.
All concentrations for metallic substances are for "total" metal unless indicated otherwise.

In addition, the following analysis is required:

Testing for the following list of pollutants should be conducted from all outfalls that discharge to the sanitary sewer system.

	OUTFALL	OUTFALL
BOD5		
NH3-N		
Oil and Grease (HEM)		
TSS		
Phosphorous (T)		

Testing/monitoring will be conducted as required once discharge commences.

Additional testing may be required. Industries subject to metal-finishing categorical standards are regulated for 111 toxic organics. An evaluation of toxic organics present and the possibility of discharge must be provided. See SECTION G

If you use of dispose of any of the items on the following pages, mark them using these codes:

P: known to be present at this facility
S: suspected to be present at this facility
O: known not be present
DT: disposed of after treatment to the sanitary sewer system
DW: disposed of without treatment to the sanitary sewer system
DO: disposed of off site
TU: totally used in product, no waste discharged
VU: vaporized in use of product, no waste discharged

Do not leave blank spaces.

Any organic disposed of with or without treatment to the sanitary sewer, should be analyzed, and result provided with the other sample results. Safety Data Sheets may need to be consulted, or call the manufacturer for pollutants in the following list.

PRIORITY POLLUTANTS DERIVED FROM THE TOXIC POLLUTANTS WHICH ARE CITED IN 40 CFR PART 401.15

I. METALS AND INORGANICS		III. TOXIC ORGANICS: PHTHALATES	
Antimony	**O**	Bis (2-ethylhexyl) phthalate	**O**
Arsenic	**O**	Butyl benzyl phthalate	**O**
Asbestos	**O**	Di-n-butyl phthalate	**O**
Barium	**O**	Di-n-octyl phthalate	**O**
Beryllium	**O**	Diethyl phthalate	**O**
Cadmium	**O**	Dimethyl phthalate	**O**
Chromium	**O**	IV. TOXIC ORGANICS: NITROGEN COMPOUNDS	
Copper	**O**	1,2-Diphenylhydrazine	**O**
Cyanide	**O**	Acrylonitrile	**O**
Lead	**O**	N-nitrosodimethylamine	**O**
Mercury	**O**	N-nitrosodiphenylamine	**O**
Nickel	**O**	N-nitrosodi-n-propylamine	**O**
Selenium	**O**	Benzidine	**O**
Silver	**O**	3,3'-dichloro benzidine	**O**
Thallium	**O**	V. TOXIC ORGANICS: PHENOLS	
Zinc	**O**	2,4,6-Trichlorophenol	**O**
II. TOXIC ORGANICS: ETHERS		2-Chlorophenol	**O**
4-Chlorophenyl phenyl ether	**O**	2,4-Dichlorophenol	**O**
4-Bromophenyl phenyl ether	**O**	2,4-Dimethylphenol	**O**
Bis (2-chloroisopropyl) ether	**O**	Pentachlorophenol	**O**
Bis (2-chloroethyl) ether	**O**	Phenol	**O**
17Bis (chloromethyl) ether	**O**	Nitrophenol	**O**
2-Chloroethyl vinyl ether	**O**	2-Nitrophenol	**O**

V. TOXIC ORGANICS: PHENOLS		3,4-Benzofluoranthene	O
4-Nitrophenol	O	Benzo(k) flouranthene	O
2,4-Dinitrophenol	O	Chrysene	O
4,6-Dinitro-o-cresol	O	Acenaphthylene	O
VI. TOXIC ORGANICS: AROMATICS		2-Chloronaphthalene	O
Benzene	O	Fluoranthene	O
Chlorobenzene	O	Acenaphthene	O
1,2,4-Trichlorobenzene	O	VIII. TOXIC ORGANICS: PCB□S	
Hexachlorobenzene	O	PCB-1242	O
1,2-Dichlorobenzene	O	PCB-1254	O
1,3-Dichlorobenzene	O	PCB-1221	O
1,4-Dichlorobenzene	O	PCB-1232	O
2,4-Dinitrotoluene	O	PCB-1248	O
2,6-Dinitrotoluene	O	PCB-1260	O
Nitrobenzene	O	PCB-1016	O
Ethylbenzene	O	XI: TOXIC ORGANICS: HALOGENATED HYDROCARBONS; HALOGENATED ALIPHATICS	
Toluene	O	Tetrochloromethane; Carbon tetrachloride	O
VII. TOXIC ORGANICS: POLYNUCLEAR AROMATIC; HYDROCARBONS		1,2-Dichloroethane	O
		Dichloromethane; Methylene chloride	O
Anthracene	O	1,1,1-Trichloroethane	O
Benzo(ghi)perylene	O	Hexachlorothane	O
Fluorene	O	1,1-Dichloroethane	O
Phenanthrene	O	1,1,2-Trichloroethane	O
Dibenzo(a,h)anthracene	O	1,1,2,2-Tetrachloroethane	O
Indeno(1,2,3-cd)pyrene	O	Chloroethene; Vinyl chloride	O
Pyrene	O	Chloromethane; Methyl chloride	O
Napthalene	O	Bormomethane; Methyl bromide	O
Benzo(a)anthracene	O	Tribromomethane; Bromoform	O
Benzo(a)pyrene	O	Dichlorobromomethane	O

XI: TOXIC ORGANICS: HALOGENATED HYDROCARBONS; HALOGENATED ALIPHATICS		Alpha-BHC	**O**
		Beta-BHC	**O**
Chlorodibromomethane	**O**	Gamma-BHC	**O**
Tetrochloromethane; Chloroform	**O**	Delta-BHC	**O**
1,2-Dichloropropane	**O**	Toxaphene	**O**
Trichloroethylene	**O**	XI. TOXIC ORGANICS: OXYGENATED COMPOUNDS	
1,1-Dichloroethylene	**O**	Acrolein	**O**
1,2-Trans-dichloroethylene	**O**	XII. TOXIC ORGANICS: MISCELLANEOUS	
1,3-Dichloropropylene	**O**	Isophorone	**O**
Hexachlorobutadiene	**O**	TCDD	**O**
Hexachlorocyclopentadiene	**O**	OTHER POLLUTANTS	
Tetrachloroethylene	**O**	Any acids, oils, fats, or grease, caustics or any other Chemicals **not listed** on the previous pages that you use, generate of dispose of, at this location. List these below and mark them as in the prior instructions.	
Chloroethane	**O**		
X. TOXIC ORGANICS: PESTICIDES			
Aldrin	**O**		
Dieldrin	**O**		
Chlordane	**O**		
4,4'-DDT	**O**		
4,4'-DDE	**O**		
4,4'-DDD	**O**		
Alpha-endosulfan	**O**		
Beta -endosulfan	**O**		
Endosulfan sulfate	**O**		
Endrin	**O**		
Endrin aldehyde	**O**		
Heptachlor	**O**		
Heptachlor epoxide	**O**		

SECTION C - WATER USAGE

1. Water Sources: (Check as many as are applicable)

✓	Source	Volume	
✓	Municipal Water Utility	**20,000**	gallons/day
	Private Well		gallons/day
	Surface Water		gallons/day
	Other (Specify):		gallons/day

2. Water service account number: **Not yet determined**

3. Name as listed on the water bill: **Not yet established**

4. List average water **usage** on premises:
(New facilities may estimate)

Source	Average Water Usage Gallons/day	Estimated (E) Measured (M)
a. Contact cooling water	**0**	**E**
b. Non-contact cooling water	**0**	**E**
c. Boiler feed	**0**	**E**
d. Process	**0**	**E**
e. Sanitary (est. 15-20 GPD per employee)	**2,400**	**E**
f. Air pollution control	**0**	**E**
g. Contained in product	**0**	**E**
h. Plant and equipment washdown	**0**	**E**
i. Irrigation and lawn sprinkling	**0**	**E**
j. Other **(MAU/AHU and RO system)**	**17,600**	**E**
k. **TOTAL OF a-j**	**20,000**	**E**

Note that the sanitary discharge estimate is based on an estimated 120 employees for Phase 0.

SECTION D – SEWER/WASTEWATER DISCHARGE INFORMATION

1. Sewer /Water Service
   a. For an existing business:
      Is the building presently connected to the public sanitary sewer system?
      [ ] Yes: Sanitary sewer account number: _____

      [ ] No: Have you applied for a sanitary hookup? [ ] Yes [ ] No [ ] NA
   b. For a new business:
      (i). Will you be occupying an existing vacant building (e.g.: in an industrial park)?
      [ ] Yes [**X**] No
      (ii). Have you applied for a building permit if a new facility will be constructed?
      [**X**] Yes [ ] No
      (iii). Will you be connected to the public sanitary sewer system?
      [**X**] Yes [ ] No

2. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?
   [**X**] Yes - complete the remainder of the application
   [ ] No - ****If no process water is discharged, skip to SECTION F****
   A current spill/slug control plan must be on file with the Utility for this option.

3. Provide the following information on wastewater flow rate to sanitary sewers.
   (New facilities may estimate)

   a. Hours/Day discharged (e.g., 8 hours/day):
   M **24** T **24** W **24** TH **24** FRI **24** SAT **24** SUN **24**

   b. Hours of discharge (e.g., 9 a.m. to 5 p.m.):
   M _____ T _____ W _____ TH _____ FRI _____ SAT _____ SUN _____

   c. Maximum daily flow rate (GPD) ***40,000***
   d. Annual daily average (GPD) ***20,000***

4. Batch discharges <u>to sewer</u>. If batch discharge occurs or will occur, provide the information requested below (New facilities may estimate):
   NOTE: If there is more than one process or tank being batch discharged, provide the following information for each batch:

   Process: _____

   a. Number of batch discharges _____ per day.
   b. Average discharge volume per batch _____ gallons.
   c. Time of batch discharges _____ (days of week) at _____ (hours of day)

5. List average volume of **discharge** of water: (new facilities may estimate). **Flow rates are critical to the permitting process.**

Discharge directed to:	Average Discharge Gallons/day	Measured (M) Estimated (E)
a. City sewer	***20,000***	***E***
b. Natural Outlet (NPDES)	***0***	**--**
c. Hauled off site for disposal or treatment	***0***	**--**
d. Evaporated	***unknown***	**--**
e. Contained in product	***0***	**--**
f. Other	***0***	**--**
g. **TOTAL OF a-f**	***20,000***	

6. **PROVIDE A BUILDING LAYOUT OR SITE PLAN**. Draw to scale the location of each building on the premises. Show map orientation. Identify existing or proposed sampling locations. ***See attached Site Utility Plan***

Identify sewer lines, storm drains and water meters. Number each unit discharging wastewater to the sewer system. List size, descriptive location, and flow of each facility sewer which connects to the City's Sewer system. (If more than three, attach additional information on another sheet.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow MGD
24"	***West end***	***unknown***
24"	***East end***	***unknown***

Note that the pipe diameters are yet to be determined. Not expected to exceed 24".

IMPORTANT: THE FOLLOWING DIAGRAM MUST BE INCLUDED
This diagram may be hand drawn, but must accurately depict **all** flow and potential flow to sewer

7. **SCHEMATIC FLOW DIAGRAM** - Provide a schematic diagram of the plant flow showing all process, sanitary, cooling stream, etc. and their point of entry into the sewer system. Indicate which processes use water and which generate waste streams. *Number* each unit process having wastewater discharges to the sewer. Indicate on the schematic where you collect effluent samples, and the location of the pretreatment facility (if any).

   See attached Schematic Flow Diagram for Phase 0.

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility? ***Not planned for Phase 0.***

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

If yes to any of the above, 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 volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.
   [**X**] Yes – explain on additional attached pages
   [ ] No

A separate application will be submitted for the next phase of operations.

10. **For Non-Categorical Users only**: (**Categorical users skip to question 11.**)

(Non-categorical users are those industries not subject to National Pretreatment Standards, but instead are regulated by Local Limits.)
**If you are unsure of your classification, call the pretreatment coordinator for clarification.

List average wastewater discharge, maximum discharge, and type (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 estimates for each discharge).

Process Number from #7	Process Description	Average Flow - GPD	Maximum Flow - GPD	Type of discharge (batch, continuous, none)
1	***Restroom/Lunchroom sanitary discharge***	***2,400***	***4,800***	***Continuous***
2	***RO concentrate/reject***	***3,600***	***7,200***	***Continuous***
3	***MAU/AHU blowdown & condensate***	***14,000***	***28,000***	***Continuous***

11. **For Categorical Users**:

Provide the wastewater discharge flows for each of the 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). ***NA for Phase 0.***

Process Number from #7	**Regulated** Process	Average Flow - GPD	Maximum Flow - GPD	Type of Discharge (batch, continuous, none)

Process Number from #7	**Unregulated** Process	Average Flow - GPD	Maximum Flow - GPD	Type of Discharge (batch, continuous, none)

Process Number from #7	**Dilutional** Process	Average Flow - GPD	Maximum Flow - GPD	Type of Discharge (batch, continuous, none)
	Contact Cooling			
	Non-Contact Cooling			
	Sanitary Water			
	Boiler Blowdown			
	Other:			

SECTION E - PRETREATMENT

1. Is any form of wastewater treatment practiced at this facility?
   [ ] Yes [**X**] No ***Not during Phase 0***

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?
   [**X**] Yes describe: ***Future phases will include pretreatment and water recalmation***
   [ ] No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check all that apply). ***None during Phase 0***

[ ] Air flotation	[ ] Grit removal	[ ] Sump
[ ] Centrifuge	[ ] Ion exchange	[ ] Rainwater diversion or storage
[ ] Chemical precipitation	[ ] Neutralization, pH correction	[ ] Biological treatment, type:
[ ] Chlorination	[ ] Ozonization	
[ ] Cyclone	[ ] Reverse Osmosis	[ ] Other chemical treatment, type:
[ ] Filtration	[ ] Screen	
[ ] Flow equalization	[ ] Sedimentation	[ ] Other physical treatment, type:
[ ] Grease or oil separation	[ ] Septic tank	
[ ] Grease trap	[ ] Solvent separation	[ ] Type:
[ ] Grinding filter	[ ] Spill protection	

4. Describe the wastewater treatment equipment or processes checked above.

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

6. Do you have a treatment operator?
   [ ] Yes [ ] No

7. Is process wastewater mixed with non-process wastewater prior to the sampling point ?
   [ ] Yes, describe:
   [ ] No

8. Do you have a manual on the correct operation of your treatment equipment?
   [ ] Yes [ ] No

9. Do you have written maintenance schedule for your treatment equipment?
   [ ] Yes [ ] No

SECTION F - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system? ***Not during Phase 0***
   [ ] Yes - describe below
   [**X**] No - **Skip to SECTION G**

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. Describe where and how waste liquids and sludges are stored.

4. Do you dispose of any wastes to an off-site centralized waste treatment facility? Identify the waste and the facility.

5. Do you have copies of manifests for waste hauled off site?
   [ ] Yes
   [ ] No – Industries must provide proof of process waste hauled off site for disposal

6. If hauled off site for disposal, state the name and address of all waste haulers:

NAME	ADDRESS	EPA PERMIT NUMBER

SECTION G - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?
   [**X**] Yes – ***custodial chemicals only*** [ ] No

   If yes, give a description of the location, contents, size, type, and frequency of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?
   [ ] Yes [**X**] No
   If yes, where do they discharge to? _____

3. If you have chemical storage containers, bins, or ponds in manufacturing area(s), could an accidental spill lead to a discharge to: (check all that apply).
   ☐ an onsite disposal system
   [ ] public sanitary sewer system (e.g. through a floor drain)
   [ ] storm drain
   ☐ to ground
   ☐ other, specify: _____
   [**X**] not applicable, explain: ***There are no chemicals stored/used in assembly areas***

4. Do you have an accidental spill prevention plan (SPP) or slug control plan (SCP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system? **Spill Control and Slug Control plans are required by <u>all permittees</u>, unless no discharge is possible**.

   [ ] Yes - Please enclose the most recent copy with the application, or verify that an updated version was recently submitted. (Must be a version developed or updated since the last permit was issued.)
   [ ] No - A spill plan and slug plan must be developed before permitting. (SPP development materials are attached if needed.)
   [**X**] N/A. Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes. <u>Must be confirmed by site inspection.</u> <u>A certified statement on company letterhead must be submitted</u>. – ***There are no chemicals in the assembly operations and no floor drains in the vicinity of the custodial supplies. See attached certification statement.***

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

NA – no spill events have occurred.

SECTION H – BEST MANAGEMENT PRACTICES

1. Describe the types of best management practices (BMPs) you employ to prevent pollutants from entering a wastestream or from reaching a discharge point. BMPs are management and operation procedures such as schedules or activities, prohibitions of practices, maintenance procedures and other management practices to implement the general and specific prohibitions listed in 40 CFR part 403.5(a)(1) and (b). BMPs also include treatment requirements, operating procedures and practices to control plant site runoff, spillage or leaks, sludge or waste disposal or drainage from raw materials storage.

Custodial chemicals will be maintained in closed containers in a designated storage area. Containers will be relatively small (i.e. household type containers) and the number of containers will be kept to a minimum.

2. Do you have the potential for a slug discharge to the sewer system? A slug discharge is any discharge of a non-routine episodic nature, including by not limited to an accidental spill or non-customary batch discharge, which has a reasonable potential to cause interference or pass through, or in any other way violate the POTW regulations, local limits for permit conditions [40 CFR Part 403.8(f0(2)(v).
   [ ] Yes [**X**] No

   Please describe the type of the potential slug discharge, including potential quality and content.

Please describe the current mechanisms for prevention of slug discharges.

Please describe where and how raw materials are stored.

SECTION I – TTO CERTIFICATION

For Categorical Users subject to Total Toxic Organic (TTO) requirements:
40 CFR 413 Electroplating, and 40 CFR 433 Metal Finishing.

****If you do not fall into either of these categories, please skip to SECTION H****

1. 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 – A Solvent Management Plan must be on file.
   [ ] No – Certification that there are no TTOs. A statement must be on file.

   b. If solvents are used on site, a Solvent (toxic organics) Management Plan (SMP or TOMP) must be developed. Solvents should not be disposed of in the sanitary sewer.
   Please attach a copy of the plan, Plans should be reviewed and updated every two years to reflect current manufacturing conditions.

   [ ] Yes – updated plan is attached. (Must be updated since the last permit application.)

   [ ] No – plan must be submitted before permit is issued (Development materials are attached.)

2. <u>If a solvents are used on site the following questions must be answered</u>:

   a. Has a baseline monitoring report (BMR) been submitted which contains TTO information?
   [ ] Yes [ ] No

   b. If TTOs used at this facility could enter the sewer system, wastewater should be analyzed for those compounds using approved EPA procedures. This information must be included with the permit application – see renewal cover page and list of priority pollutants in SECTION B, question 12.

   c. **For periodic monitoring reports:** In lieu of monitoring for TTOs with periodic monitoring reports, industries may certify that no dumping of toxic organics has occurred, and that the facility is following the TTO plan on file. A signed certification statement should be included with **all** periodic monitoring reports**.**

SECTION J - COMPLIANCE STATUS

Compliance certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?
   [ ] Yes
   [ ] No
   [**X**] Not yet discharging

2. If No:
   What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered.

NA

3. If additional pretreatment and/or operation and maintenance will be required to meet the pretreatment standard, a schedule to provide additional treatment must be provided. The schedule must be the shortest time possible. The completion date will not be later than the compliance date established for any applicable categorical pretreatment standard.

   Specify major events planned and reasonable completion dates. Note that if a permit has been issued to the applicant, the Utility may establish a different compliance schedule than the one submitted by the facility.

   If this facility is currently on a Compliance Schedule, attached it to this permit application.

Milestone Activity	Completion Date

4. Have you received a Notice of Non-Compliance or Violation within the last 4 years?
   [**X**] No
   [ ] Yes

Date of latest Notice: _____

Reason: _____

Solution: _____

All permit applications are due at least 90 days before expiration of the former permit, if issued by the Utility. All permit applications must be submitted in printed form with an original ink signature by the authorized signatory authority or assigned signatory on file with the Utility.

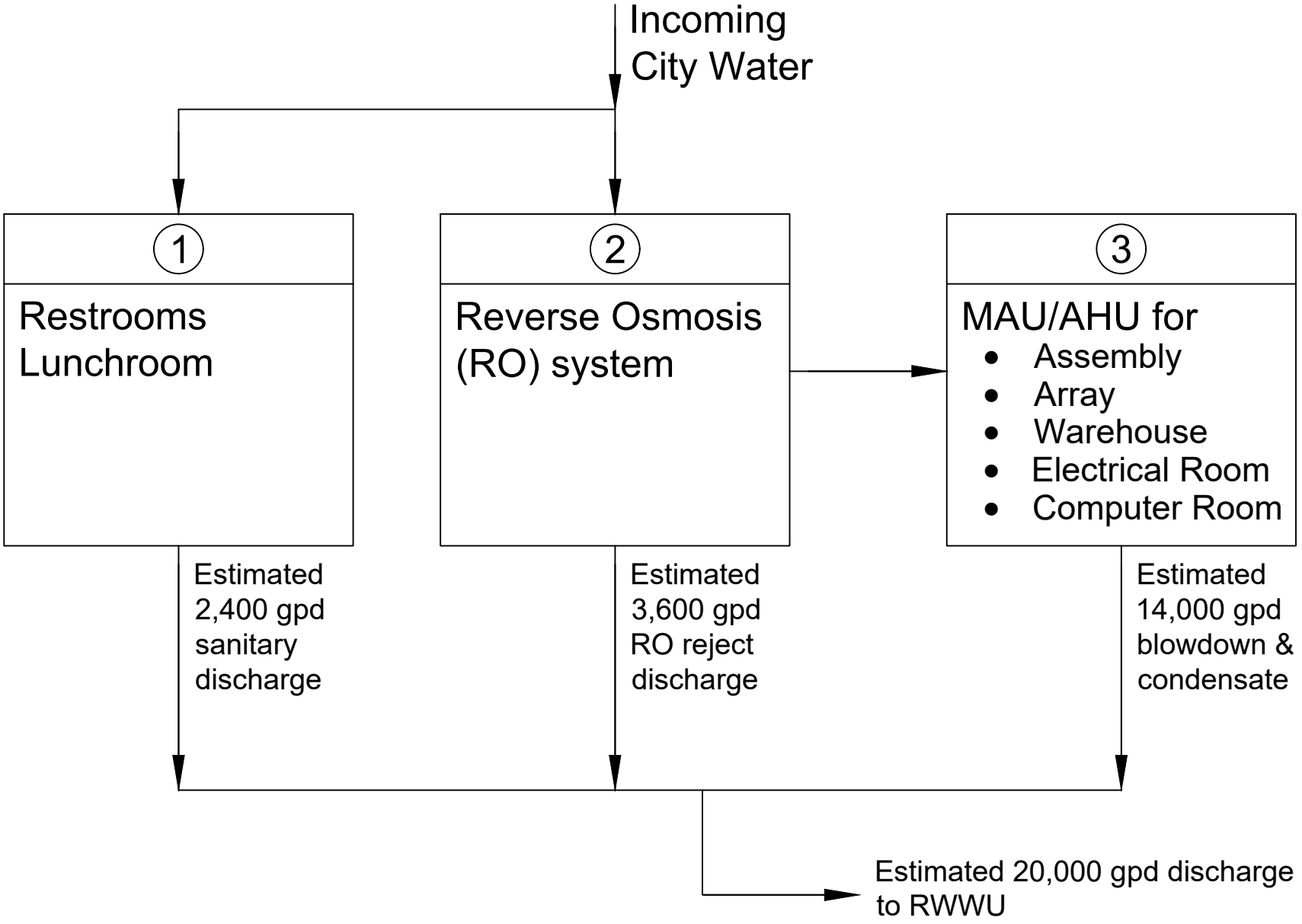
Please submit this application to:

Racine Wastewater Utility

Industrial Pretreatment Coordinator
800 Center Street
City Hall Annex, Room 227
Racine, Wisconsin 53403

Schematic Flow Diagram
Foxconn - Phase 0

07/24/2019



SIO International Wisconsin, Inc.
13315 Globe Drive, Mt Pleasant, WI 53177

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During Phase 0 of the project, the facility will not have or utilize chemicals on-site other than small containers of custodial supplies for cleaning the facility. The custodial chemicals will not be stored near a floor drain. Therefore, it is believed that an Accidental Spill Prevention Plan or Slug Control Plan is not required. Prior to the next phase of operations, Foxconn will prepare and submit the required spill/slug control plans.

I certify under penalty of law that this statement 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.

Nelson Liu
Name

PROJECT LEADER
Title

Nelson Liu
Signature

Jul. 29, 2019
Date