

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004						
Form 1 NPDES			<p style="text-align: center;">U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION</p>									
SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))												
Activities Requiring an NPDES Permit	<p>1.1 Applicants Not Required to Submit Form 1</p> <p>1.1.1 Is the facility a new or existing publicly owned treatment works? If yes, STOP. Do NOT complete <input type="checkbox"/> No Form 1. Complete Form 2A.</p> <p>1.1.2 Is the facility a new or existing treatment works treating domestic sewage? If yes, STOP. Do NOT <input type="checkbox"/> No complete Form 1. Complete Form 2S.</p>											
	<p>1.2 Applicants Required to Submit Form 1</p> <p>1.2.1 Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2B.</p> <p>1.2.2 Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater? <input type="checkbox"/> Yes → Complete Form <input type="checkbox"/> No 1 and Form 2C.</p>											
	<p>1.2.3 Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2D.</p> <p>1.2.4 Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater? <input type="checkbox"/> Yes → Complete Form <input type="checkbox"/> No 1 and Form 2E.</p>											
	<p>1.2.5 Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15).</p>											
	SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))											
	Name, Mailing Address, and Location	<p>2.1 Facility Name</p>										
<p>2.2 EPA Identification Number</p>												
<p>2.3 Facility Contact</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name (first and last)</td> <td style="width: 33%;">Title</td> <td style="width: 33%;">Phone number</td> </tr> <tr> <td colspan="3">Email address</td> </tr> </table>						Name (first and last)	Title	Phone number	Email address			
Name (first and last)		Title	Phone number									
Email address												
<p>2.4 Facility Mailing Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Street or P.O. box</td> <td style="width: 50%;">ZIP code</td> </tr> <tr> <td>City or town</td> <td>State</td> </tr> </table>						Street or P.O. box	ZIP code	City or town	State			
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City or town	State											

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Name, Mailing Address, and Location Continued	2.5	Facility Location Street, route number, or other specific identifier		
		County name	County code (if known)	
		City or town	State	ZIP code
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))				
SIC and NAICS Codes	3.1	SIC Code(s)	Description (optional)	
	3.2	NAICS Code(s)	Description (optional)	
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))				
Operator Information	4.1	Name of Operator		
	4.2	Is the name you listed in Item 4.1 also the owner?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	4.3	Operator Status		
<input type="checkbox"/> Public—federal		<input type="checkbox"/> Public—state	<input type="checkbox"/> Other public (specify) _____	
<input type="checkbox"/> Private		<input type="checkbox"/> Other (specify) _____		
4.4	Phone Number of Operator			
Operator Information Continued	4.5	Operator Address		
		Street or P.O. Box		
		City or town	State	ZIP code
	Email address of operator			
SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))				
Indian Land	5.1	Is the facility located on Indian Land?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))				
Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
		<input type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)

SECTION 7. MAP (40 CFR 122.21(f)(7))		
Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))		
Nature of Business	8.1	Describe the nature of your business.

SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))		
Cooling Water Intake Structures	9.1	Does your facility use cooling water? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)

SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))		
Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)
		<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n))
	<input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g))	<input type="checkbox"/> Thermal discharges (CWA Section 316(a))
	<input type="checkbox"/> Not applicable	

EPA Identification Number VA0057576	NPDES Permit Number VA0057576	Facility Name Dominion Terminal Associates	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
	Column 1		Column 2
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	
11.2	Certification Statement		
<p><i>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.</i></p>			
Name (print or type first and last name) Emil J Kleemann		Official title Plant Engineer	
Signature 		Date signed 06/10/2021	



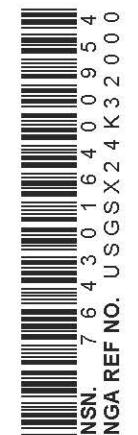
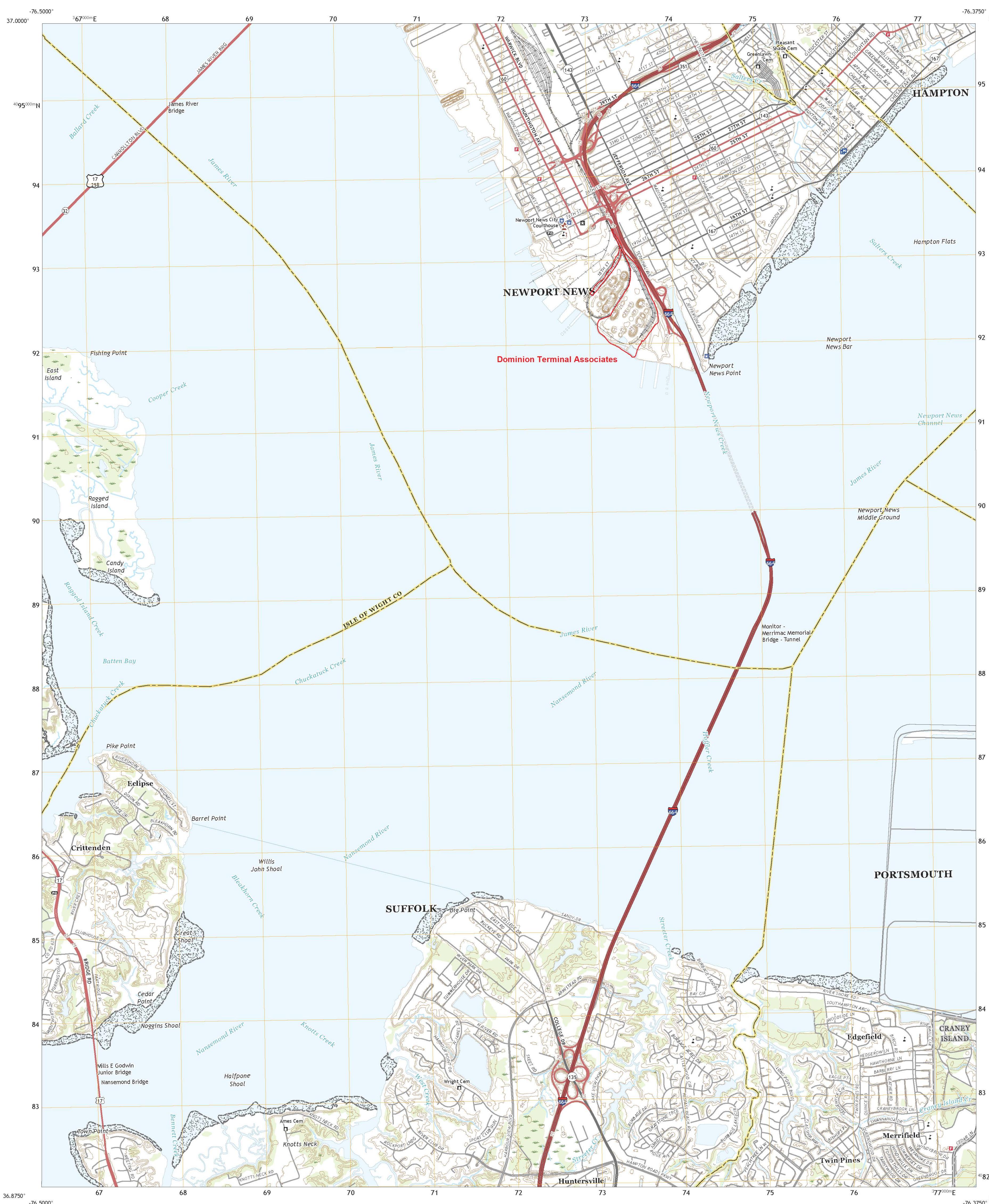
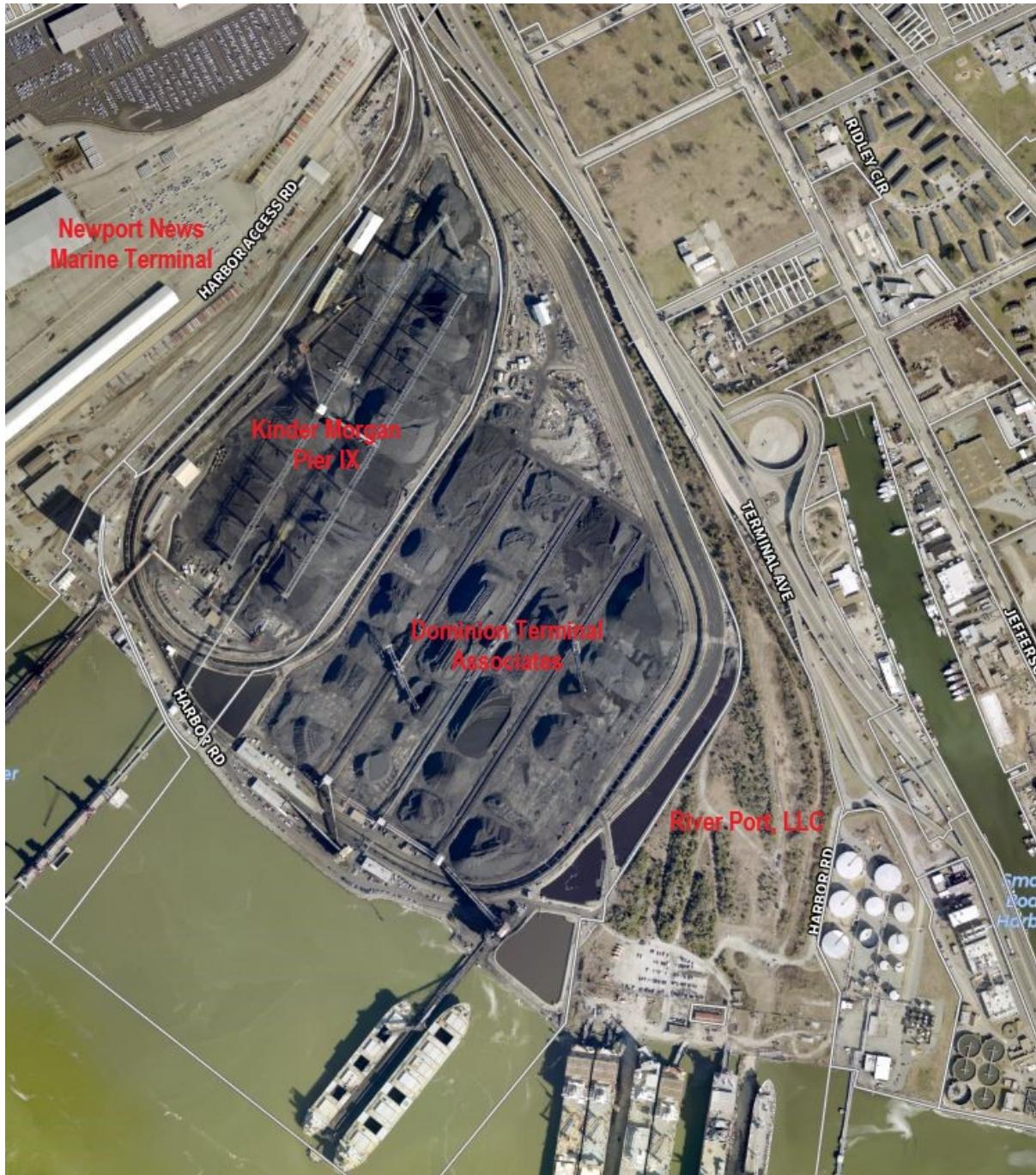
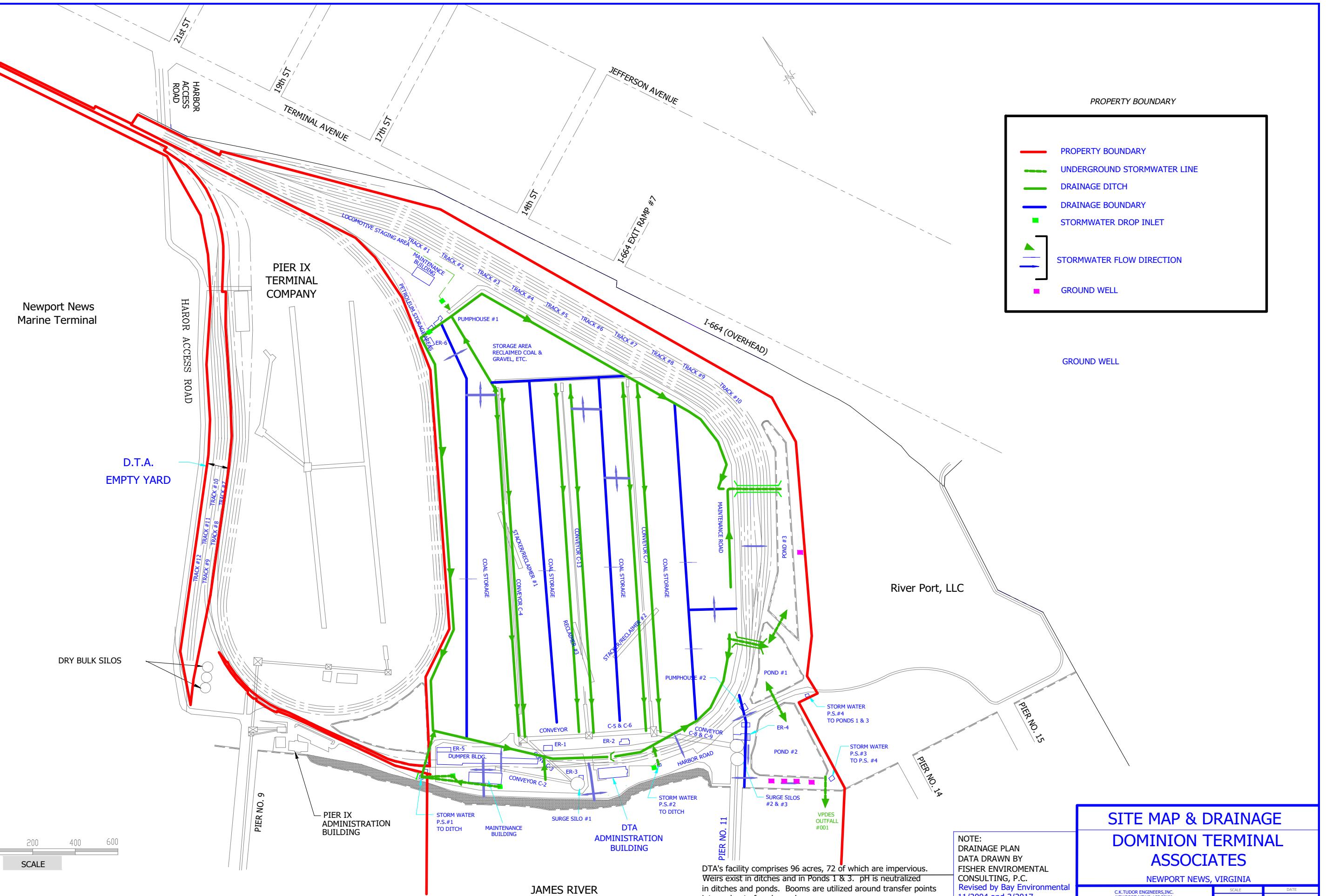
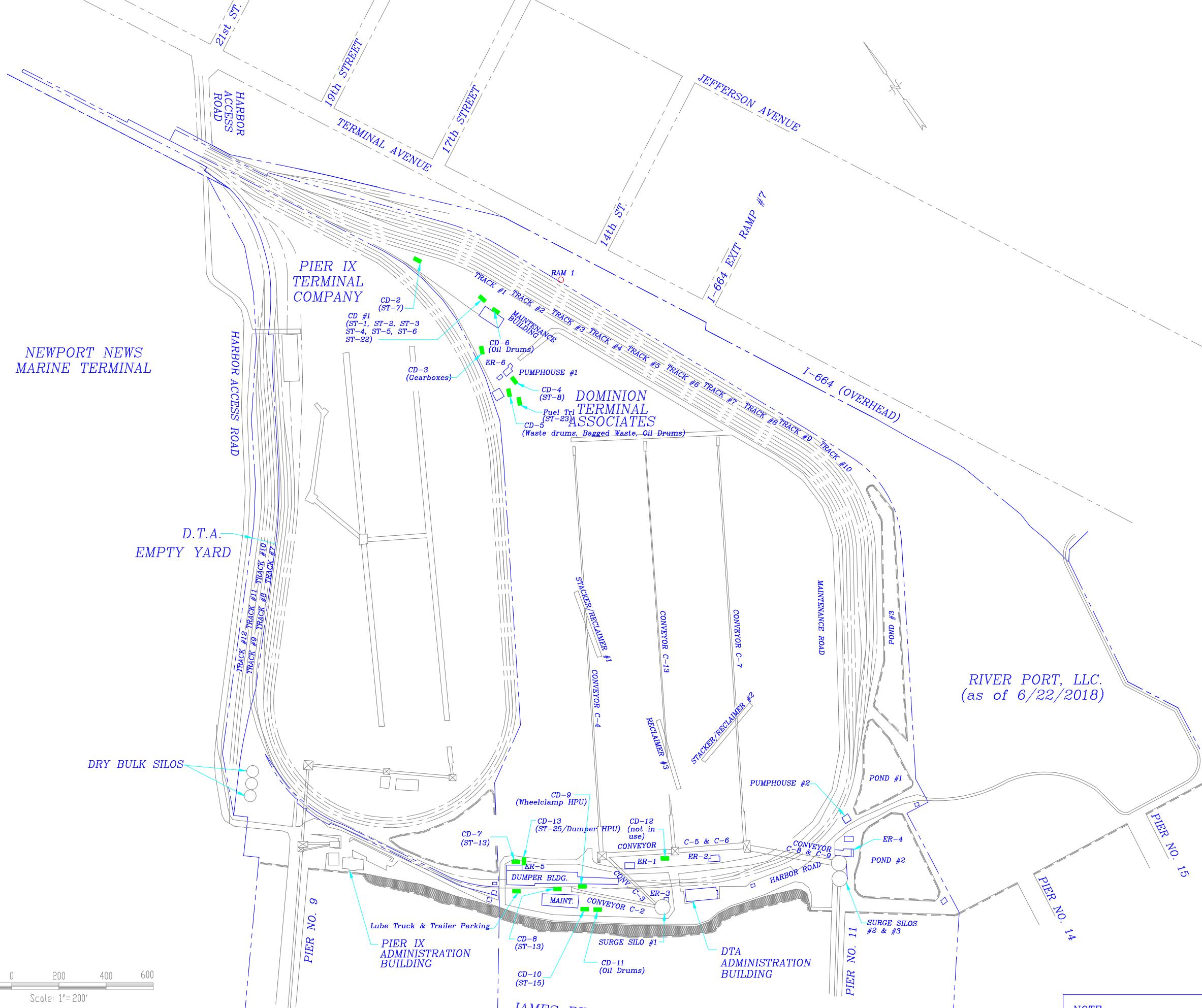


Figure 1: Site Plan







SECONDARY CONTAINMENT SCHEDULE			
DOMINION TERMINAL ASSOCIATES			
NEWPORT NEWS, VIRGINIA			
C.K.TUDOR ENGINEERS, INC. NEWPORT NEWS, VIRGINIA	SCALE 1' = 200'	DATE 1/21/97	
DESIGN BY ADP	DRAWN BY ADP	CHECKED BY CKT	JOB NO. 97-005
NOTE: SECONDARY CONTAINMENT SCHEDULE UPDATED/REVISED 3/3/2021			

EPA Identification Number		NPDES Permit Number		Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
Form 2C NPDES			U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS		
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))					
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
		Outfall Number	Receiving Water Name	Latitude	Longitude
				° ' "	° ' "
				° ' "	° ' "
				° ' "	° ' "
SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))					
Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))					
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.			
		Outfall Number _____			
		Operations Contributing to Flow			
		Operation		Average Flow	
				mgd	
		Treatment Units			
		Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** _____		
		Operations Contributing to Flow		
		Operation	Average Flow	
			mgd	
		Treatment Units		
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge
Outfall Number _____				
Operations Contributing to Flow				
Operation	Average Flow			
	mgd			
Treatment Units				
Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge		

System Users

3.2 Are you applying for an NPDES permit to operate a privately owned treatment works?
 Yes No → SKIP to Section 4.

3.3 Have you attached a list that identifies each user of the treatment works?
 Yes No

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SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days		

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ SKIP to Section 6.					
	5.2	Provide the following information on applicable ELGs.					
		ELG Category	ELG Subcategory			Regulatory Citation	
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ SKIP to Section 6.					
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.					
		Outfall Number	Operation, Product, or Material			Quantity per Day	Unit of Measure

SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

6.1 Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?

 Yes No ➔ SKIP to Item 6.3.

6.2 Briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

6.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (optional item)

 Yes No Not applicable**SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))**

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

Table A. Conventional and Non-Conventional Pollutants

7.1 Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?

 Yes No ➔ SKIP to Item 7.3.

7.2 If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.

Outfall Number _____

Outfall Number _____

Outfall Number _____

7.3 Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?

 Yes No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.**Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants**

7.4 Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)

 Yes No ➔ SKIP to Item 7.8.

7.5 Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?

 Yes No

7.6 List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.

Primary Industry Category**Required GC/MS Fraction(s)
(Check applicable boxes.)** Volatile Acid Base/Neutral Pesticide Volatile Acid Base/Neutral Pesticide Volatile Acid Base/Neutral Pesticide

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Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions?	
		<input type="checkbox"/> Yes → Note that you qualify at the top of Table B,	<input type="checkbox"/> No
		then SKIP to Item 7.12.	
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Table C. Certain Conventional and Non-Conventional Pollutants			
7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Table D. Certain Hazardous Substances and Asbestos			
7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)			
7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent?		
	<input type="checkbox"/> Yes → Complete Table E.	<input type="checkbox"/> No → SKIP to Section 8.	
7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))			
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Section 9.
	8.2	List the pollutants below.	
		1.	4.
	2.	5.	8.
	3.	6.	9.

SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge?		
	<input type="checkbox"/> Yes		<input type="checkbox"/> No → SKIP to Section 10.	
9.2	Identify the tests and their purposes below.			
	Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm?			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No → SKIP to Section 11.		
	10.2	Provide information for each contract laboratory or consulting firm below.			
		Name of laboratory/firm	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Laboratory address			
		Phone number			
Pollutant(s) analyzed					

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Has the NPDES permitting authority requested additional information?		
	<input type="checkbox"/> Yes		<input type="checkbox"/> No → SKIP to Section 12.	
	11.2	List the information requested and attach it to this application.		
		1.	4.	
2.		5.		
3.	6.			

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Checklist and Certification Statement	12.1	<p>In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. 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Table C</td> <td><input type="checkbox"/> w/ Table D</td> </tr> <tr> <td><input type="checkbox"/> w/ Table E</td> <td><input type="checkbox"/> w/ analytical results as an attachment</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics</td> <td><input type="checkbox"/> w/ attachments</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests</td> <td><input type="checkbox"/> w/ attachments</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 10: Contract Analyses</td> <td><input type="checkbox"/> w/ attachments</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 11: Additional Information</td> <td><input type="checkbox"/> w/ attachments</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> <td 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type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		
	Column 1	Column 2																																																													
	<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments																																																													
	<input checked="" type="checkbox"/> Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing	<input type="checkbox"/> w/ additional attachments																																																												
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> w/ list of each user of privately owned treatment works																																																												
	<input type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments																																																													
	<input type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments																																																													
	<input type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans																																																												
	<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information	<input type="checkbox"/> w/ explanation for identical outfalls																																																												
		<input type="checkbox"/> w/ small business exemption request	<input type="checkbox"/> w/ other attachments																																																												
		<input checked="" type="checkbox"/> w/ Table A	<input type="checkbox"/> w/ Table B																																																												
		<input checked="" type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D																																																												
		<input type="checkbox"/> w/ Table E	<input type="checkbox"/> w/ analytical results as an attachment																																																												
<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments																																																														
<input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments																																																														
<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments																																																														
<input checked="" type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments																																																														
<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments																																																														
12.2	<p>Certification Statement</p> <p>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.</p>																																																														
	Name (print or type first and last name)		Official title																																																												
	Emil J Kleemann		Plant Engineer																																																												
	Signature		Date signed																																																												
			06/10/2021																																																												

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

	Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1.	Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration						
			Mass						
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration						
			Mass						
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration						
			Mass						
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration						
			Mass						
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration						
			Mass						
6.	Flow	<input type="checkbox"/>	Rate						
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C					
	Temperature (summer)	<input type="checkbox"/>	°C	°C					
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.					
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.					

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value

Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.

Section 1. Toxic Metals, Cyanide, and Total Phenols

1.1	Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.2	Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.3	Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.4	Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.5	Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.6	Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.7	Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.8	Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.9	Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.10	Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
1.11	Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
			1.12	Thallium, total (7440-28-0)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration		
					Mass						
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	
									Long- Term Average Value	Number of Analyses
2.22	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.25	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.26	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.27	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
2.28	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					

Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)

3.1	2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
3.2	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
3.3	2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
3.4	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					
3.5	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)

4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.7	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.20	1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.21	1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.22	1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.23	3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.24	Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.25	Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.26	Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.27	2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.28	2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.29	Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.31	Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.32	Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.33	Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)										
5.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.2 α -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.3 β -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.4 γ -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.5 δ -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.11 α -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.12	β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.14	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value
5.25	Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					
					Mass					

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses

Check here if you believe all pollutants on Table C to be **present** in your discharge from the noted outfall. You need *not* complete the "Presence or Absence" column of Table C for each pollutant.

Check here if you believe all pollutants on Table C to be **absent** in your discharge from the noted outfall. You need *not* complete the "Presence or Absence" column of Table C for each pollutant.

1. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
3. Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
4. Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
6. Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
8. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
11. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
13. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
19. Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24. Radioactivity									
Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>		
24.	Dichlone	<input type="checkbox"/>	<input type="checkbox"/>		
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input type="checkbox"/>		
26.	Dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>		
27.	Diethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
28.	Dimethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
29.	Dintrobenzene	<input type="checkbox"/>	<input type="checkbox"/>		
30.	Diquat	<input type="checkbox"/>	<input type="checkbox"/>		
31.	Disulfoton	<input type="checkbox"/>	<input type="checkbox"/>		
32.	Diuron	<input type="checkbox"/>	<input type="checkbox"/>		
33.	Epichlorohydrin	<input type="checkbox"/>	<input type="checkbox"/>		
34.	Ethion	<input type="checkbox"/>	<input type="checkbox"/>		
35.	Ethylene diamine	<input type="checkbox"/>	<input type="checkbox"/>		
36.	Ethylene dibromide	<input type="checkbox"/>	<input type="checkbox"/>		
37.	Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
38.	Furfural	<input type="checkbox"/>	<input type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input type="checkbox"/>		
76.	Vanadium	<input type="checkbox"/>	<input type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input type="checkbox"/>		

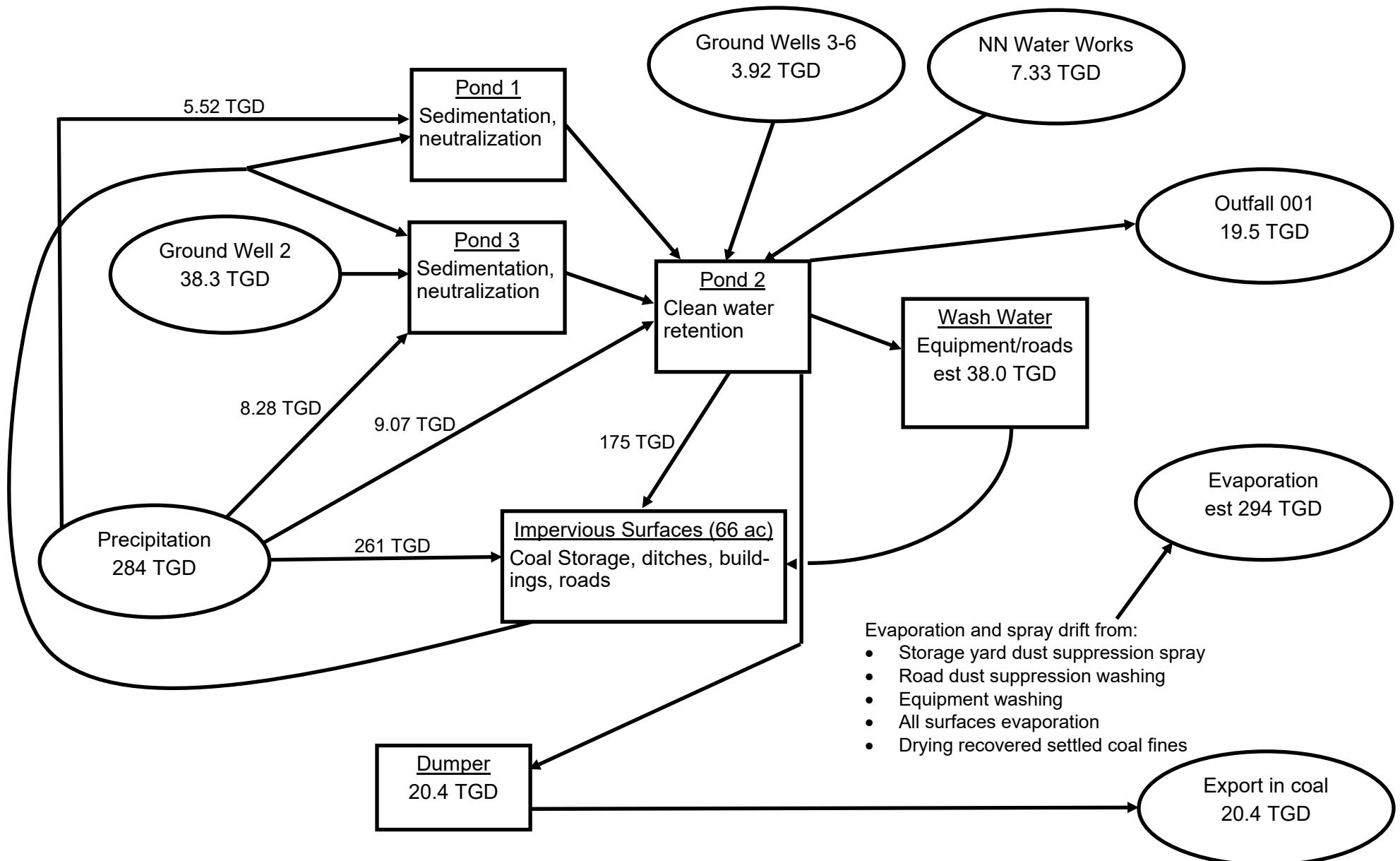
¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



TGD = Thousands of Gallons per Day

Data reflect 2018-2020 measurements and estimates

Total evaporation is estimated based on known inputs/outputs

Neutralization performed in ditches, ponds 1 and 3

Numbers may not add up due to rounding

Line Drawing and Estimated Water Balances

Dominion Terminal Associates

Newport News, VA

Date: 6/7/2021

Drawn by: Buzz Kleemann

Permit Maintenance Fee Information

Please submit this completed form with your application
Maintenance fee billing will be sent using this information

(1) **Facility Name:** Dominion Terminal Associates, LLP

(Please indicate all facility names applicable for the information listed below)

(2) **Permit Number(s):** VA00057576

(Please indicate all VPDES individual permit numbers applicable for the information listed below)

(3) **Tax Payer ID [FIN]:** 54-1212570

(4) **Billing Information:**

Corporate Name or Owner Name: Dominion Terminal Associates, LLP

Corporate Billing Address or Owner Address: 600 Harbor RD – Pier 11

Newport News VA 23607

(5) **Billing Contact:**

Name, Title: Crystal Hicks, Operations Accountant

Phone Number: 757.534.7954

E-mail address: chicks@dominionterminal.com

**AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE
FOR A MINOR INDUSTRIAL VPDES PERMIT**

**Dominion Terminal Associates
PERMIT NUMBER VA0057576**

I hereby authorize the Department of Environmental Quality (DEQ) to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two (2) consecutive weeks in the:

Daily Press

Agent/Department to be billed: **Dominion Terminal Associates, LLP**

Applicant's Address: **600 Harbor RD – Pier 11
Newport News VA 23607**

Agent's Telephone Number: **757.245.2275**

I AM ALSO AUTHORIZING THE DAILY PRESS TO SEND THE AFFIDAVIT TO:

**DEQ Tidewater Regional Office
Water Permits – Attention: Debra L. Thompson
5636 Southern Boulevard
Virginia Beach, Virginia 23462**

Authorizing Agent/Date Signed: **Emil J Kleemann, 6/9/2021**
Print Name/Date Signed

Authorizing Agent's Signature

Signature

Authorizing Agent's E-Mail Address: **bkleemann@dominionterminal.com**

RETURN COMPLETED FORM TO: **DEQ – Tidewater Regional Office
Water Permits – Debra L. Thompson
5636 Southern Boulevard
Virginia Beach, Virginia 23462**

Permittee consent to submit abbreviated permit notice content to newspaper noted above, and provide the complete public notice to DEQ for publication at its website:

<<https://www.deq.virginia.gov/Programs/Water/PermittingCompliance/PollutionDischargeElimination/PublicNotices.aspx>>

The DEQ may post abbreviated public notices in newspapers of local circulation and provide the public the complete public notice content at the website provided above. This action is allowable per § 62.1-44.16 of the Code of Virginia. Please provide your response, and concurrence or denial to utilizing this approach to the submission of your draft permit to public notice, as follows:

- Applicant or permittee agrees to utilize the abbreviated public notice content in the newspaper noted above, with the complete public notice provided for publication on DEQ's external and public website.
- Applicant or permittee declines to utilize the abbreviated public notice content in the newspaper noted above.

Cc: **DEQ – TRO/FILE (VA0057576@ECM)**
VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Dominion Terminal Associates, LLP
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes No

3. **Provide the tax map parcel number for the land where the discharge is located.** 318000103

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None

5. **What is the design average effluent flow of this facility?** 0.0195 MGD
For industrial facilities, provide the max. 30-day average production level, include units:
1,000,000 metric tons

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes No

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Coal storage pile dust suppression

2.2% of flow from domestic connections/sources

Number of private residences to be served by the treatment works: None

97.8 % of flow from non-domestic connections/sources

7. Mode of discharge: Continuous Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

Discharges are limited to eliminating excess water from retention ponds

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

X Permanent stream, never dry

Intermittent stream, usually flowing, sometimes dry

Ephemeral stream, wet-weather flow, often dry

Effluent-dependent stream, usually or always d

Lake or pond at or below the discharge point

Other:

9. Approval Date(s):

10. Privately Owned Treatment Works

If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

11. Consent to receive electronic mail

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: bkleemann@dominionterminal.com

Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.