


FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER S F 1 2 13 14 15 VA0057576 D	
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS				
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.				
SPECIFIC QUESTIONS		Mark "X"	SPECIFIC QUESTIONS	
		YES NO FORM ATTACHED		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
		16 17 18		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
		22 23 24		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
		28 29 30		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
		34 35 36		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
		40 41 42		
III. NAME OF FACILITY				
1 SKIP Dominion Terminal Associates LLP				
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60				
IV. FACILITY CONTACT				
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)	
2 Simon-Parsons, Wesley Engineer			(757) 245-2275	
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60				
V. FACILITY MAILING ADDRESS				
A. STREET OR P.O. BOX				
3 600 Harbor Road				
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60				
B. CITY OR TOWN			C. STATE	D. ZIP CODE
4 Newport News			VA	23607
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60				
VI. FACILITY LOCATION				
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				
5 Harbor Road, Pier 11				
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60				
B. COUNTY NAME				
N/A				
46 47 48 49 50 51 52 53 54 55 56 57 58 59 60				
C. CITY OR TOWN			D. STATE	E. ZIP CODE
6 Newport News			VA	23607
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60				
			F. COUNTY CODE (if known)	
			N/A	

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VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
C	7	4	4	9	1	C	7		
(specify) Coal transshipping facility					(specify)				
C. THIRD									
C	7				C	7			
(specify)					(specify)				
VIII. OPERATOR INFORMATION									
A. NAME									
C	8	Dominion Terminal Associates LLP							B. Is the name listed in Item VIII-A also the owner?
								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)									
F = FEDERAL		M = PUBLIC (other than federal or state)		P = PRIVATE		O = OTHER (specify)		D. PHONE (area code & no.)	
				P				A (757) 245-2275	
E. STREET OR P.O. BOX									
600 Harbor Road									
F. CITY OR TOWN									
C	B	Newport News							G. STATE
									VA
H. ZIP CODE									
23607									
I. INDIAN LAND									
Is the facility located on Indian lands?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C	9	N	0057576		C	9	P	N/A	
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C	9	U	N/A		C	9		60997	
					(specify) VDEQ Air				
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C	9	R	N/A		C	9		10-1685	
					(specify) Army Corps of Engineers Dredging Permit				
XI. MAP									
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.									
XII. NATURE OF BUSINESS (provide a brief description)									
Dominion Terminal Associates is a coal transshipping facility. Coal is shipped for domestic and export use. Under their DEQ Air Permit they are permitted to handle coal, petroleum coke, and limestone.									
XIII. CERTIFICATION (see instructions)									
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.									
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED	
Rick Cole, President & COO					Rick Cole			4/27/11	
COMMENTS FOR OFFICIAL USE ONLY									
C									
C									

VA0057576

Form Approved.  
OMB No. 2040-0086.  
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)

☒ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		c. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

### III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B)

☒ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)

☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

### IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)

☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)

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CONTINUED FROM PAGE 2

## V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, &amp; C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NONE			

## VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below )☒ NO (go to Item VI-B)

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**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

Acute Whole Effluent Toxicity Test - Mysidopsis bahia. The purpose is to comply with the facility's VPDES Permit.

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Universal Laboratories	20 Research Drive Hampton, VA 23666	757-865-0880	BOD, COD, TOC, TSS, Ammonia, Temperature, pH, Nitrate-Nitrite, Total Organic Nitrogen, Phosphorous, Sulfate, Sulfite, Aluminum, Iron, Magnesium, Manganese, Arsenic, Cadmium, Chromium, Copper, Lead, Nickel, Selenium, Zinc

**IX. CERTIFICATION**

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.

A. NAME & OFFICIAL TITLE (type or print)

Rick Cole, President & COO

B. PHONE NO. (area code & no.)

(757) 245-2275

C. SIGNATURE

*Rick Cole*

D. DATE SIGNED

4/27/11

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
VA0057576

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 001
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PART A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
a. Biochemical Oxygen Demand (BOD)	20	2.15					1	mg/L	kg/d			
b. Chemical Oxygen Demand (COD)	59	6.34					1	mg/L	kg/d			
c. Total Organic Carbon (TOC)	29	3.12					1	mg/L	kg/d			
d. Total Suspended Solids (TSS)	24	15.0			11.7	74.0	9	mg/L	kg/d			
e. Ammonia (as N)	<0.2	<0.02					1	mg/L	kg/d			
f. Flow	VALUE 2.43		VALUE 2.43		VALUE 2.1		14	MGD		VALUE		
g. Temperature (winter)	VALUE 12.7		VALUE		VALUE		1	°C		VALUE		
h. Temperature (summer)	VALUE 29.7		VALUE		VALUE 23.25		4	°C		VALUE		
i. pH	MINIMUM 7.4	MAXIMUM 8.5	MINIMUM	MAXIMUM			8	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
			CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		0.21	0.28			0.15	1.4	3	mg/L	kg/d			

## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		1.1	1.4			0.6	5.5	3	mg/L	kg/d			
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)	X		0.09	0.12			0.05	0.46	3	mg/L	kg/d			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	X		294.1	31.2					1	mg/L	kg/d			
l. Sulfide (as S)	X		<0.04	<0.004					1	mg/L	kg/d			
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	X		<0.05	<0.005					1	mg/L	kg/d			
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)	X		0.102	0.01					1	mg/L	kg/d			
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		0.20	0.02					1	mg/L	kg/d			
t. Magnesium, Total (7439-95-4)	X		10.10	1.09					1	mg/L	kg/d			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)	X		0.100	0.01					1	mg/L	kg/d			
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												



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CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)		X		<0.005	<.5E-4					1	mg/L	kg/d			
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)		X		<0.005	<.5E-4					1	mg/L	kg/d			
5M. Chromium, Total (7440-47-3)		X		<0.005	<.5E-4					1	mg/L	kg/d			
6M. Copper, Total (7440-50-8)		X		<0.001	<.1E-4					1	mg/L	kg/d			
7M. Lead, Total (7439-92-1)		X		<0.005	<.5E-4					1	mg/L	kg/d			
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)		X		0.012	0.001					1	mg/L	kg/d			
10M. Selenium, Total (7782-49-2)		X		<0.005	<.5E-4					1	mg/L	kg/d			
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		0.013	0.001					1	mg/L	kg/d			
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
<b>DIOXIN</b>															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1784-01-6)			X	DESCRIBE RESULTS											

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION - VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (Chloro- methyl) Ether (542-88-1)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chlorobenzene (108-90-7)			X													
8V. Chlorodi- bromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro- bromomethane (75-27-4)			X													
13V. Dichloro- difluoromethane (75-71-8)			X													
14V. 1,1-Dichloro- ethane (75-34-3)			X													
15V. 1,2-Dichloro- ethane (107-06-2)			X													
16V. 1,1-Dichloro- ethylene (75-35-4)			X													
17V. 1,2-Dichloro- propane (78-87-5)			X													
18V. 1,3-Dichloro- propylene (542-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																
22V. Methylene Chloride (75-09-2)			X													
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X													
24V. Tetrachloroethylene (127-18-4)			X													
25V. Toluene (108-88-3)			X													
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X													
27V. 1,1,1-Trichloroethane (71-55-6)			X													
28V. 1,1,2-Trichloroethane (79-00-5)			X													
29V. Trichloroethylene (79-01-6)			X													
30V. Trichlorofluoromethane (75-69-4)			X													
31V. Vinyl Chloride (75-01-4)			X													
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chlorophenol (95-57-8)			X													
2A. 2,4-Dichlorophenol (120-83-2)			X													
3A. 2,4-Dimethylphenol (105-67-9)			X													
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X													
5A. 2,4-Dinitrophenol (51-28-5)			X													
6A. 2-Nitrophenol (88-75-5)			X													
7A. 4-Nitrophenol (100-02-7)			X													
8A. P-Chloro-M-Cresol (59-50-7)			X													
9A. Pentachlorophenol (87-86-5)			X													
10A. Phenol (108-95-2)			X													
11A. 2,4,6-Trichlorophenol (88-05-2)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Di-chloro- benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichlorobenzene (106-46-7)			X													
23B. 3,3-Dichlorobenzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-86-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitrotoluene (121-14-2)			X													
28B. 2,6-Dinitrotoluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachlorobenzene (118-74-1)			X													
34B. Hexachlorobutadiene (87-68-3)			X													
35B. Hexachlorocyclopentadiene (77-47-4)			X													
36B Hexachloroethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitrosodimethylamine (62-75-9)			X													
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
43B. N-Nitro- sodiphenylamine (86-30-6)			X													
44B. Phenanthrene (85-01-8)			X													
45B. Pyrene (129-00-0)			X													
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X													
GC/MS FRACTION - PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-6)			X													
3P. β-BHC (319-85-7)			X													
4P. γ-BHC (58-89-9)			X													
5P. δ-BHC (319-86-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α-Endosulfan (115-29-7)			X													
12P. β-Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VA0057576	001

CONTINUED FROM PAGE V-8

CONTINUED FROM PAGE 16

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION - PESTICIDES (continued)																	
17P. Heptachlor Epoxide (1024-57-3)			X														
18P. PCB-1242 (53489-21-9)			X														
19P. PCB-1254 (11097-69-1)			X														
20P. PCB-1221 (11104-28-2)			X														
21P. PCB-1232 (11141-16-5)			X														
22P. PCB-1248 (12672-29-6)			X														
23P. PCB-1260 (11096-82-5)			X														
24P. PCB-1016 (12674-11-2)			X														
25P. Toxaphene (8001-35-2)			X														

Please print or type in the unshaded areas only.

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Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	73± acres	96± acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

A majority of the facility is used as outside coal storage. Coal is the only "significant material" stored on-site that is exposed to stormwater. Stormwater on-site flows into ditches with weirs into a series of settling ponds prior to discharge from Outfall 001.

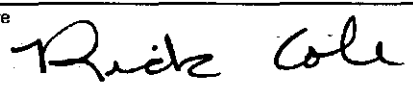
A contractor sprays pre-emergent herbicide along the railroad tracks, berms, and ponds. They usually have to come back and apply herbicide to weeds.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	Sedimentation Neutralization	1U 2K

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Rick Cole, President & COO		4/27/11

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

None

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No significant spills or leaks have occurred on-site within the past 3 years.

**VII. Discharge Information**

A, B, C, &amp; D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.

Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ Yes (list all such pollutants below)☐ No (go to Section IX)An Acute Whole Effluent Toxicity Test (*Mysidopsis bahia*) was performed in order to comply with the VPDES Permit.**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Universal Laboratories	20 Research Drive Hampton, VA 23666	757-865-0880	TSS, pH (field measurement), Copper, Nickel, Zinc, Nitrate-Nitrite, Total Nitrogen, Total Phosphorous, TPH DRO, TPH GRO, Oil and Grease, BOD, COD, Sulfate, Sulfite, Aluminum, Iron, Magnesium, Manganese, Arsenic, Cadmium, Chromium, Lead, Selenium

**X. Certification**

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.

A. Name &amp; Official Title (Type Or Print)

Rick Cole, President &amp; COO

B. Area Code and Phone No.

(757) 245-2275

C. Signature



D. Date Signed

4/27/11

**Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.**

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Continue on Reverse

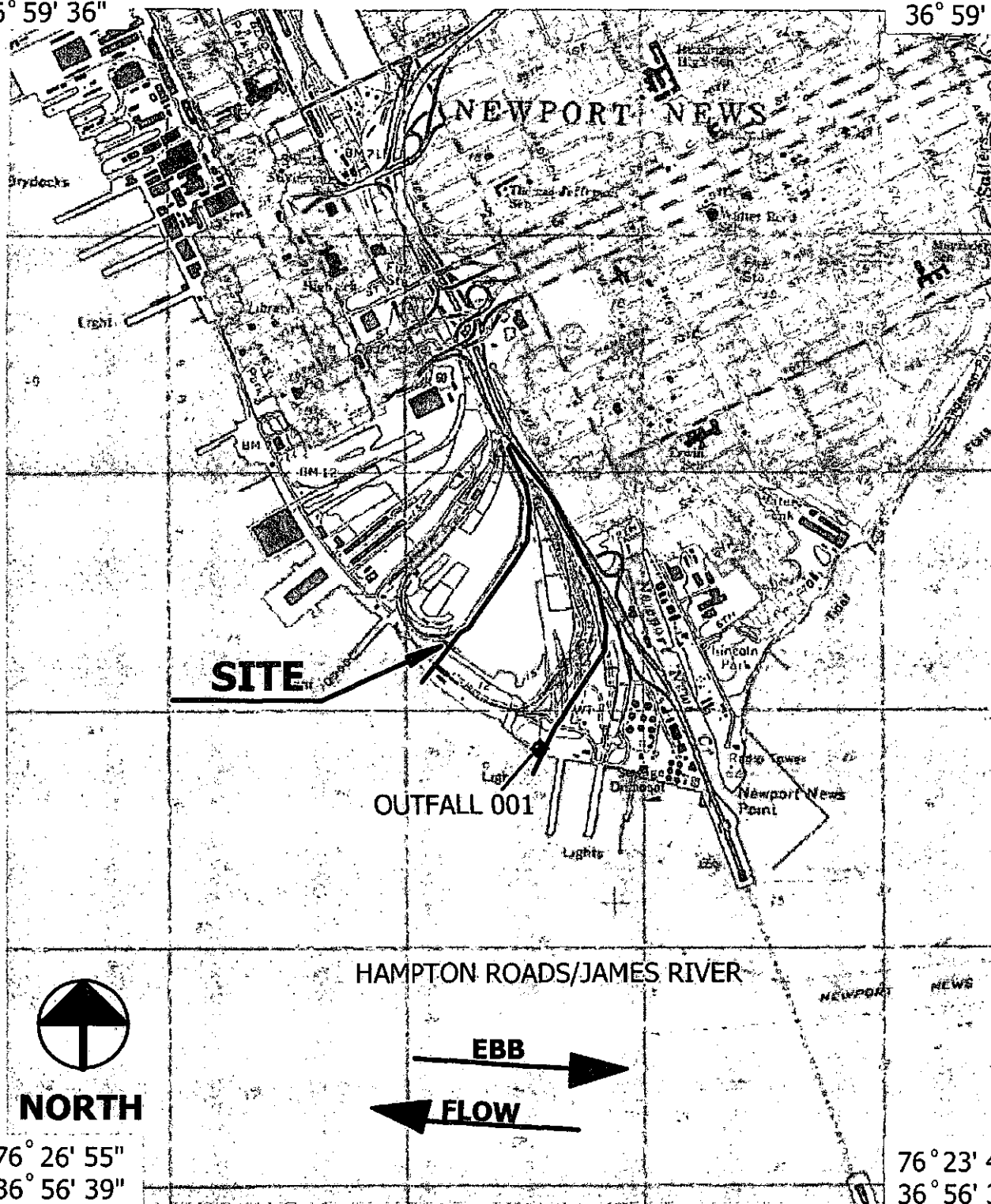
Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

7. Provide a description of the method of flow measurement or estimate.
Flow is measured using a flow meter.

76° 26' 55"  
36° 59' 36"

76° 23' 45"  
36° 59' 36"



76° 26' 55"  
36° 56' 39"

76° 23' 45"  
36° 56' 39"

SOURCE: USGS TOPOGRAPHICAL MAP, NEWPORT NEWS SOUTH, VIRGINIA QUADRANGLE, 1994

1 in = 2,000 ft  
DATE: 3/28/06  
BAY # 04-011  
DRAWN BY: SSH

FIGURE 1: VICINITY MAP  
DOMINION TERMINAL ASSOCIATES  
NEWPORT NEWS, VIRGINIA

