



Pier IX/X Terminal
1900 Harbor Access Road Newport News, VA 23607
Telephone 757.928.1520 Facsimile 757.928.1560

Department of Environmental Quality
5636 Southern Boulevard
Virginia Beach, Virginia



RE: Permit Renewal Application - VA0057142
Hand Delivered

To Whom it may concern

Please find attached the Kinder Morgan Inc. Pier IX's permit renewal application Permit Number VA0057142. On the inside cover of the binder you will find the signed Public Notice Authorization form and the Annual Maintenance Fee Form. If you should have any questions about the contents of the permit application, please do not hesitate to contact me at 757-928-1520. Thank you for your attention in this matter.

Sincerely

Mark Lieberman
Mid Atlantic Regional EHS Manager
Kinder Morgan

KMT Core Principles

Safety Will Not Be Compromised - Environmentally Compliant and Responsible Operator - Ethics and Integrity
Commitment to Employees and Resources - Customer Service and Fiscal Responsibility - Quality Focus

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				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.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
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	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		YES	NO	FORM ATTACHED	
			X		
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)		X		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)		X		N/A	
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)			X		
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)			X		
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)			X		
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)			X		
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)			X		
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)			X		
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)			X		
III. NAME OF FACILITY					
1 SKIP Pier IX Terminal					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 Gilliatt, Bradley / Terminal Manager					
B. PHONE (area code & no.)					
(757) 928-1520					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. Box 38					
B. CITY OR TOWN					
4 Newport News					
C. STATE					
VA					
D. ZIP CODE					
23607					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 21st and Terminal Avenue					
B. COUNTY NAME					
Newport News					
C. CITY OR TOWN					
6 Newport News					
D. STATE					
VA					
E. ZIP CODE					
23607					
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
C	7	4	4	9	1	(specify) Marine Cargo Handling					C	7	5	0	5	2	(specify) Coal and other minerals and ores				
15	16	-	19							15	16	-	19								
C. THIRD										D. FOURTH											
C	7	(specify)								C	7	(specify)									
15	16	-	19							15	16	-	19								

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
C	8	Pier IX terminal																																																<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																																																										

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)																																								D. PHONE (area code & no.)									
F = FEDERAL										M = PUBLIC (other than federal or state)										O = OTHER (specify)										Publicly Owned										A (713) 369-9000									
S = STATE																																																	
P = PRIVATE																																																	

E. STREET OR P.O. BOX																																																	
1001 Louisiana Street #1000																																																	

F. CITY OR TOWN																																								G. STATE										H. ZIP CODE										IX. INDIAN LAND									
Houston																																								TX										77002										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	VA0057142																	C	9	P																	
15	16	17	18																	15	16	17	18																

B. UIC (Underground Injection of Fluids)																				E. OTHER (specify)																			
C	9	U																		C	9	60979																	
15	16	17	18																	15	16	17	18																

C. RCRA (Hazardous Wastes)																				E. OTHER (specify)																			
C	9	R	VA00519470																	C	9																		
15	16	17	18																	15	16	17	18																

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)

Kinder Morgan Bulk Terminals Pier IX/X is a bulk material handling facility that primarily handles two products. Thermal Coal, Petcoke and Portland cement.

1) Various types of coal are handled inbound by vesssel and rail, transferred by conveyor belts to stocpiles. It is then transferred by conveyor belts to vessels for delivery to customer markets.

2) Petcoke is handled rail in and vessel out with the same equipment that is used to handle coal

3) Portland Cement is handled inbound by vessel, truick and rail, is transferrred by conveyor belts to three storage silos and then loaded into tructs or rail via enclosed air slides for dlievery to customer markets.

In reference to item II.E of this form, the terminal is not a treatment, storage, and disposal facility (TSD) for hazardous waste. The terminal generates small quantittites of hazardous waste during maintenance and repair activities and is typically a conditinoally exempt small quantity generator of hazardous waste. These materials are collected and disposed of off-site in accordance with applicable regulations.

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									
Brad Gilliat Terminal Mgr																														[Signature]																				22 JAN 16									

COMMENTS FOR OFFICIAL USE ONLY																																																	

**AUTHORIZATION TO BILL APPLICANT FOR
A PUBLIC NOTICE FOR**

Re: VPDES Permit Number VA0057142
Kinder Morgan Pier IX/X Terminal
1900 Harbor Access Road
Newport News, Virginia 23607

I hereby authorize the Department of Environmental Quality 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 consecutive weeks in the:

The Daily Press
Legal Advertising Department
7505 Warwick Boulevard
Newport News, Virginia 23607

Agent/Department to be billed:

Brad Gilliat

Applicant's Address:

1900 Harbor Access Rd
Newport News, VA 23607

Agent's Telephone Number:

757-928-1520

I AM ALSO AUTHORIZING The Daily Press TO SEND THE AFFIDAVIT TO:

Department of Environmental Quality
Tidewater Regional Office
Water Permits - Attention: Ms. Cathy Jenson
5636 Southern Boulevard
Virginia Beach, Virginia 23462

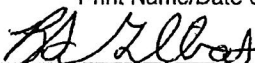
Authorizing Agent/Date Signed:

Brad Gilliat

1/22/16

Print Name/Date Signed

Authorizing Agent's
Signature



Signature

Authorizing Agent's E-Mail Address:

bradley_gilliat@kindermorgan.com

RETURN THIS COMPLETED FORM TO:

DEQ - Tidewater Regional Office
Water Permits - Attention: Ms. Cathy Jenson
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Cc: DEQ - TRO/file (VA0057142@ECM)

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**



Facility Name: Kinder Morgan Bulk Terminals, Pier IX

Permit Number: VA0057142

**Person / Organization
to be billed:** Bradley Gilliatt

Billing Address: 1900 Harbor Access Road

Newport News, VA 23607

Billing Contact Name: Bradley Gilliatt

Title: Terminal Manager

Phone Number: 757-928-1520

E-Mail Address: Bradley_Gilliatt@kindermorgan.com

VA 00 59142

Please print or type in the unshaded areas only.

[illegible]

CONTINUED FROM THE FRONT

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		
001	-treated stormwater with de minimus amount of washdown water -Intermittent flow is controlled with use of pond, discharged as necessary due to rainfall accumulation. -Pond is supplemented by well water during periods of low rainfall to support wet suppression systems. Later discharged as necessary due to rainfall accumulation	1 day/wk	12 mo/yr	1.58 MGD	2.52 MG	1.58 MG	2.52 MG	1 day/wk	
		1 day/wk	12 mo/yr	1.58 MGD	2.52 MG	1.58 MG	2.52 MG	1 day/wk	
		1 day/wk	12 mo/yr	1.58 MGD	2.52 MG	1.58 MG	2.52 MG	1 day/wk	

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)	
N/A			

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
N/A					

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)

VA0057142

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & 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
N/A - toxic and hazardous pollutants listed in Table 2C-3 are not expected in 001 Stormwater discharge			

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)

CONTINUED FROM THE FRONT

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 toxicity is sampled annually

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 Dr, Hampton, VA 2366	757-865-0880	All Required
Coastal Bioanalysts Inc	6400 Enterprise Ct, Gloucester, VA 23061	804-694-8285	Whole Effluent Toxicity

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) Brad Gilliat Terminal Manager	B. PHONE NO. (area code & no.) 757-928-1520
C. SIGNATURE B. Gilliat	D. DATE SIGNED 1 FEB 16

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)

VA0057142

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO.

001

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) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	2 mg/l		2 mg/l									1
b. Chemical Oxygen Demand (COD)	ND		ND									1
c. Total Organic Carbon (TOC)	3.65 mg/l		3.65 mg/l									1
d. Total Suspended Solids (TSS)	32 mg/l		32 mg/l									10
e. Ammonia (as N)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE 30.0 C		VALUE Ambient		VALUE			°C		VALUE		11
i. pH	MINIMUM 8.8	MAXIMUM	MINIMUM 6.96	MAXIMUM				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) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) 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		X										
f. Nitrate-Nitrite (as N)		X												

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. 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	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X		ND						1					
i. Phosphorus (as P), Total (7723-14-0)	X		ND						1					
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)	X		1540 mg/l	N/A					1					
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)	X		1.604mg/l	N/A					1					
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		1342 mg/l	N/A			6.28 mg/l	N/A	4					
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VA0057142

OUTFALL NUMBER
001

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			
																(1) CONCENTRATION	(2) MASS
METALS, CYANIDE, AND TOTAL PHENOLS																	
1M. Antimony, Total (7440-36-0)			X														
2M. Arsenic, Total (7440-38-2)			X														
3M. Beryllium, Total (7440-41-7)			X														
4M. Cadmium, Total (7440-43-9)			X														
5M. Chromium, Total (7440-47-3)			X														
6M. Copper, Total (7440-50-8)		X		0.026mg/	N/A					1							
7M. Lead, Total (7439-92-1)			X														
8M. Mercury, Total (7439-97-6)			X														
9M. Nickel, Total (7440-02-0)		X		0.142 mg/l	N/A					1							
10M. Selenium, Total (7782-49-2)		X		0.022 mg/l	N/A					1							
11M. Silver, Total (7440-22-4)			X														
12M. Thallium, Total (7440-28-0)			X														
13M. Zinc, Total (7440-66-6)		X		0.532 mg/l	N/A					1							
14M. Cyanide, Total (57-12-5)			X														
15M. Phenols, Total			X														
DIOXIN																	
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS													

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 - 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. 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	(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. 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)																
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B Hexachloro- ethane (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-Nitro- sodimethylamine (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)		(1)		(1)					(1)						
				CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				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 <i>(copy from Item 1 of Form 1)</i> VA0057142	OUTFALL NUMBER 001
---	-----------------------

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE <i>(optional)</i>		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		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 <i>(continued)</i>															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			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.

FORM 2F NPDES	 EPA	U.S. Environmental Protection Agency Washington, DC 20460 Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity
----------------------------	--	--

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
003	36.00	58.00	4.8	76.00	25.00	38.20	James River
002	36.00	58.00	4.4	76.00	25.00	38.0	James River

RECEIVED DEQ

FEB 03 2016

Tidewater Regional Office

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation 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.

[illegible]

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

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

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)
003	15,000 Square feet	15,000 Square feet	002	10,000 Square feet	10,000 Square feet

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.

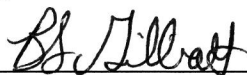
Outfall 002 and 003 water flow comes from a parking area and roadway where no materials are stored.

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
003/002	Filter media is used to clean storm water prior to entering state waters and changed on a as needed basis. Speed bumps have been installed to avoid the comingling of water. Visual inspections on the outfall are performed Monday - Thursday. The parking area and underground piping is cleaned on a as needed basis and all water used for cleaning is recovered. Outfall 003 is listed on the SPCC and SWPPP, employees receive training on an annual basis. Spill kits are readily available in case of emergency. Additionally Outfall 002 is sealed with a steel plate and caulking. It is only opened when major storms are anticipated	1-Q

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) BRAD GILLIATT TERMINAL MANAGER	Signature 	Date Signed 1 FEB 16
--	--	-------------------------

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.

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.

N/A No significant spills in the last three years to report.

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
VA0057142**VII. Discharge Information**

A, B, C, & 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)

Outfall 003 is sampled once per quarter and once annually. Outfall 002 is sampled once annually. No toxicity samples are required for either outfall. For this application only outfall 003 was sampled. The results are representative of both outfalls due to the proximity of the drainage areas and the similarity in exposure to stormwater as both are draining roadways and parking areas.

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	All required
Coastal Bioanalysts Inc	6400 Enterprise Court, Gloucester VA 23061	804-694-8285	Whole Effluent Toxicity

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 & Official Title (Type Or Print)

Brad Gilliat Terminal Manager

B. Area Code and Phone No.

757-928-1520

C. Signature



D. Date Signed

1 FEB 16

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

EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

Continued from the Front

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.

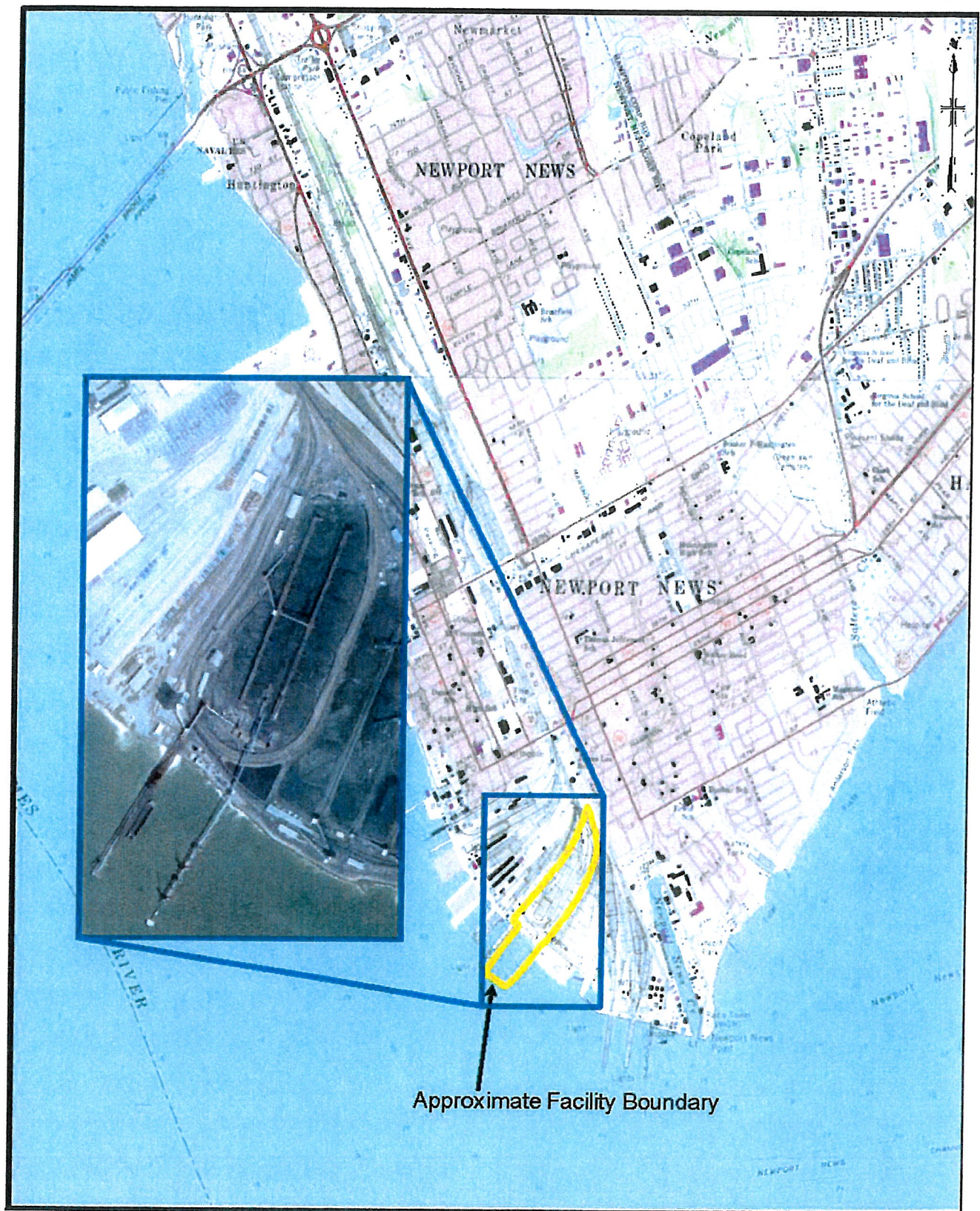
[illegible]

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

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
12/18/15	480 minutes	0.48 inches	6 hours	9.35 gal/min	0.004488 million Gallon

7. Provide a description of the method of flow measurement or estimate.

Spreadsheets calculation



Kinder Morgan Bulk Terminals Inc.
Pier IX/X Terminal – Site Location Map

Figure 1

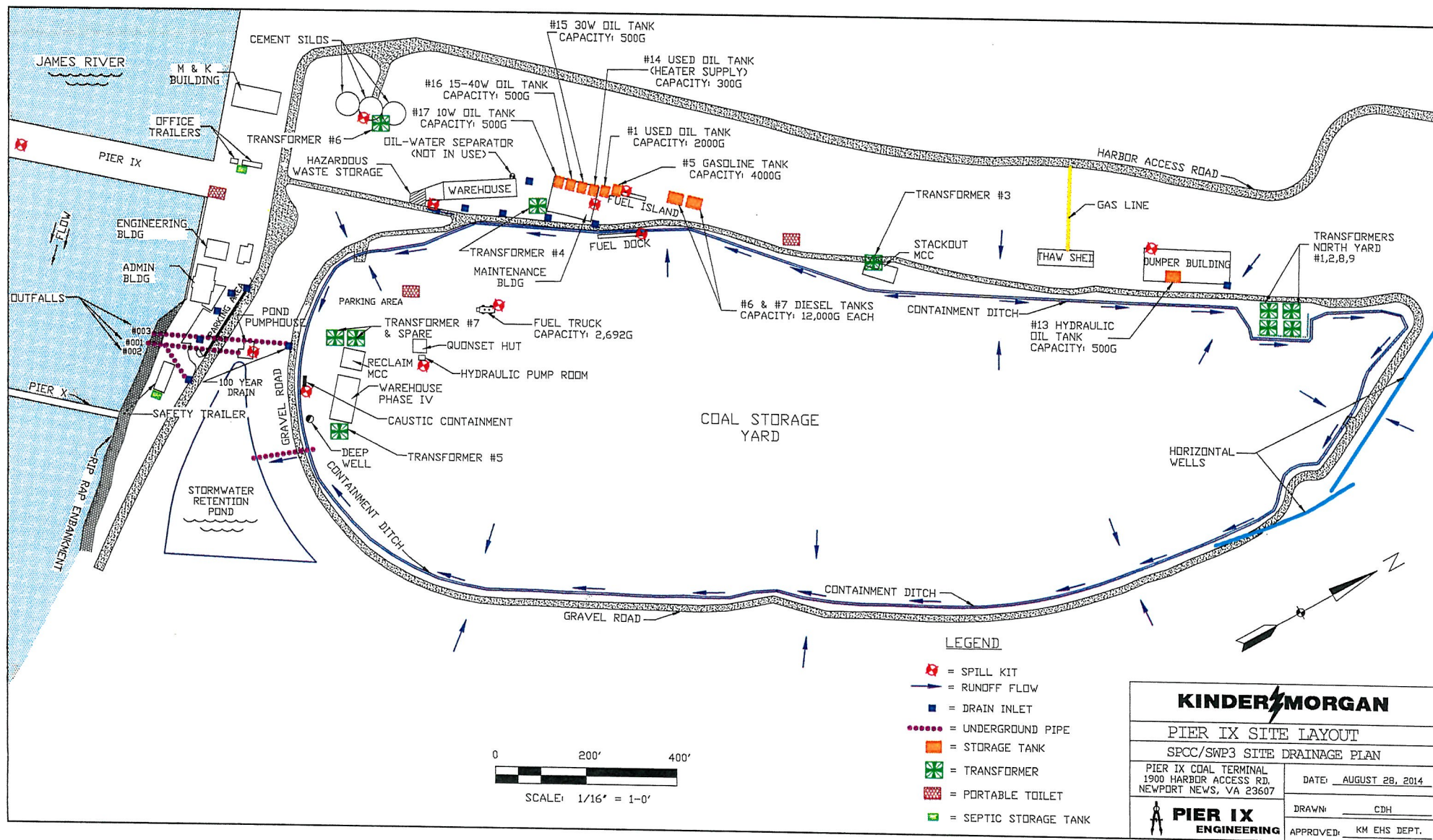
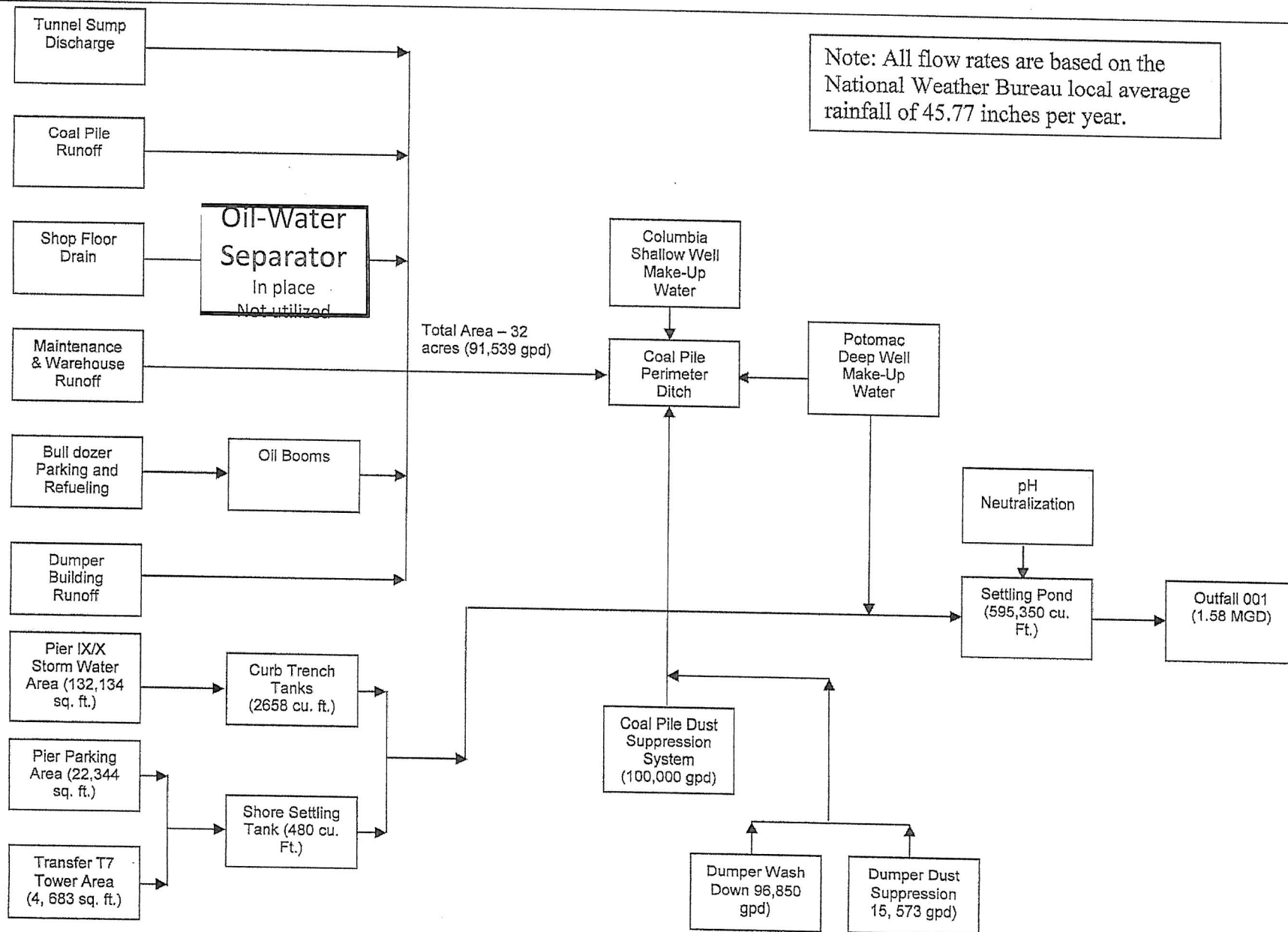


Figure 2

Note: All flow rates are based on the National Weather Bureau local average rainfall of 45.77 inches per year.



Kinder Morgan Bulk Terminals Inc.
Pier IX/X Terminal – Outfall 001 Flow Schematic

Figure 3

South Harbor Road
(Approx. 10,000 sq. ft.)



Outfall 002
0.0405 MG

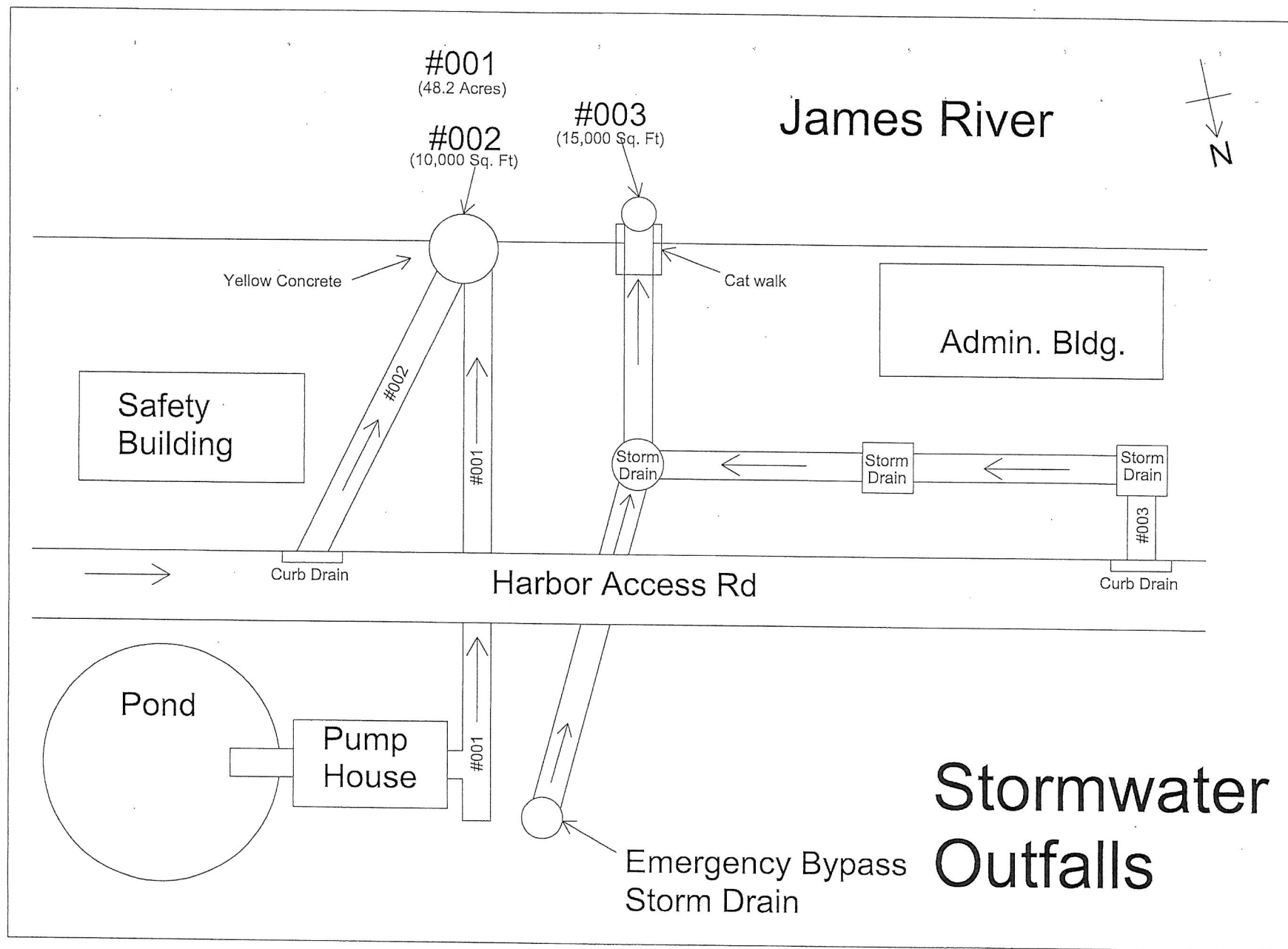
Administration
Parking Lot and
South Harbor Road
(Approx. 15,000 sq. ft.)

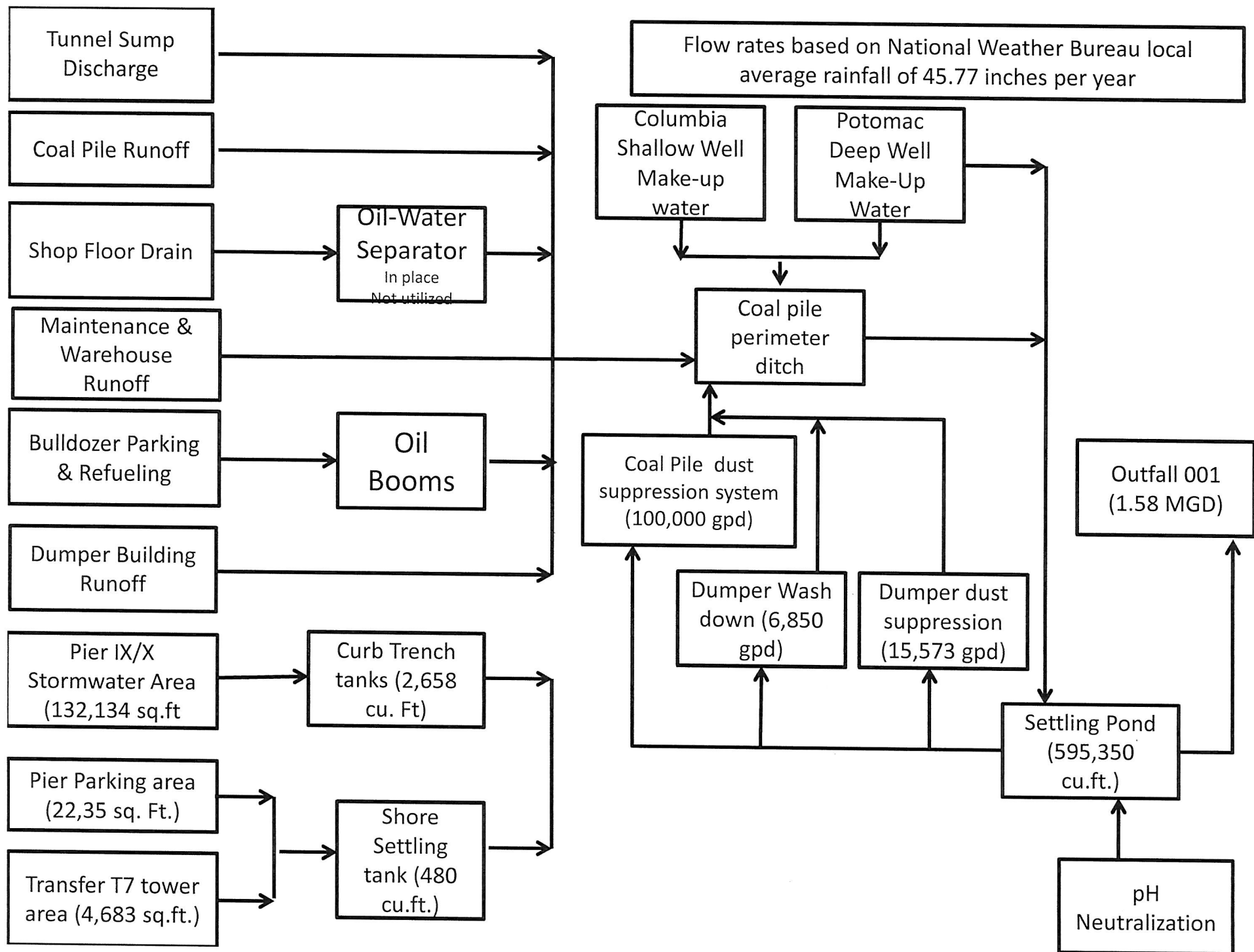


Outfall 003
0.0408 MG

Kinder Morgan Bulk Terminals Inc.
Pier IX/X Terminal – Outfalls 002 and 003 Flow Schematic

Figure 4





Thomas, Carl (DEQ)

From: Lieberman, Mark [mark_lieberman@kindermorgan.com]
Sent: Tuesday, January 26, 2016 12:14 PM
To: Thomas, Carl (DEQ)
Cc: Steil, Cory
Subject: RE: EPA Form 2F missing signatures in the middle of Page 2 or 3, Section V - Certification of nonstormwater Discharges.
Attachments: 2X Signed Pier IX Form 2F-003.pdf; 2X Signed Pier IX Form 2F-002.pdf; 2X Signed Pier IX Form 2F-001.pdf

Mr. Thomas

Please find attached all three of the Form 2F for the Pier IX applications with both signature locations completed. Look forward to meeting with you this afternoon.

Mark Lieberman
Mid-Atlantic Regional EHS Manager
KINDER MORGAN
O: (757) 928-1520
C: (708) 305-6891

Do The Right Thing Everyday!

Our Core Principles:

- 1) Safety Will Not Be Compromised
- 2) Environmentally Compliant and Responsible Operator
- 3) Ethics and Integrity
- 4) Commitment to Employees and Resources
- 5) Customer Service and Fiscal Responsibility
- 6) Quality Focus

From: Thomas, Carl (DEQ) [mailto:Carl.Thomas@deq.virginia.gov]
Sent: Friday, January 22, 2016 2:58 PM
To: Lieberman, Mark; Gilliatt, Bradley
Subject: EPA Form 2F missing signatures in the middle of Page 2 or 3, Section V - Certification of nonstormwater Discharges.

On this, nearly every applicant misses that signature location as it remains sorta buried on the page, but remain necessary nonetheless.

We can address that particular signature location on Tuesday during the scheduled meeting.

Other than that, thanks for the supplemental material to complete the initial application.

Thanks.

carl.thomas@deq.virginia.gov

757.518.2161

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	48.2 Acres or 2,099,517 Square feet	48.2 Acres or 2,099,517 Square feet			

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.

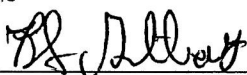
Coal and petroleum coke are currently stored at Pier IX. All runoff from the storage piles flows to a perimeter ditch where fines are allowed to settle. The runoff is then pumped to a retention pond where fines continue to settle once again.

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	Water sheds from storage areas travel through a perimeter ditch and is then pumped over a series of canal gates to a retention pond. 001 is a valve controlled discharge and visual inspections are performed before pumping operations begin. Oil booms are stored in the perimeter ditches in order to catch oil in the event of a spill. The perimeter ditches and retention pond are cleaned on a as needed basis. Visual inspections of the pond and ditches are completed Monday-Friday. Spill kits are readily available in the event of an emergency. 001 is listed in the SWPPP and SPCC, employees receive training on an annual basis.	4-A 3-G 4-C

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 From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Gillkata, Brad Terminal mgr		22 JAN 16

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.

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.

N/A No significant spills in the last three years to report.

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
VA0057142**VII. Discharge Information**

A, B, C, & 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)

Whole Effluent Toxicity (WET) test. Performed Annually. Species *M. bahia* (EPA 2007.0) and *C. variegatus* (EPA 2004.0)
Dates: 8/4/14

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	All required
Coastal Bioanalysts Inc	6400 Enterprise Court, Gloucester VA 23061	804-694-8285	Whole Effluent Toxicity

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 & Official Title (Type Or Print)

Brad Gilliat - Terminal Manager

B. Area Code and Phone No.

757-928-1520

C. Signature

BS Gilliat

D. Date Signed

28 JAN 16

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.

EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

Continued from the Front

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.

[illegible]

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

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.



U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

[illegible]

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation 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.

[illegible]

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

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

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)
002	10,000 Square feet	10,000 Square feet			

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.

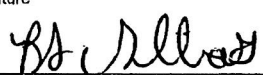
N/A All flow to Outfall #002 comes from roadways, no materials are stored in these areas.

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
002	Outfall #002 remains sealed with a steel plate and impervious caulking. This outfall is only opened when major storms are anticipated or when sampling is required. Filter media is used to clean storm water prior to entering state waters and changed on a as needed basis. Visual inspections on the outfall are performed Monday - Friday. The roadway and underground piping are cleaned on a as needed basis and all water used for cleaning is recovered. Outfall 002 is listed on the SPCC and SWPPP, employees receive training on an annual basis. Spill kits are readily available in case of emergency.	1-Q

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 From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Gillies, Brad Terminal mgr.		22 JAN 16

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.

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.

N/A No significant spills in the last three years to report.

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
VA0057142**VII. Discharge Information**

A, B, C, & 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)

Outfall 002 is sampled once annually. No toxicity samples are required for this outfall.

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	All required
Coastal Bioanalysts Inc	6400 Enterprise Court, Gloucester VA 23061	804-694-8285	Whole Effluent Toxicity

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 & Official Title (Type Or Print)

Brad Gilliat Terminat Manager

B. Area Code and Phone No.

757-928-1520

C. Signature

Brad Gilliat

D. Date Signed

22 JAN 16

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

Continued from the Front

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.

[illegible]

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

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

--

Continue on Page 2

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)
003	15,000 Square feet	15,000 Square feet			

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.

N/A Outfall 003 water flow comes from a parking area where no materials are stored.

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
003	Filter media is used to clean storm water prior to entering state waters and changed on a as needed basis. Speed bumps have been installed to avoid the comingling of water. Visual inspections on the outfall are performed Monday - Friday. The parking area and underground piping is cleaned on a as needed basis and all water used for cleaning is recovered. Outfall 003 is listed on the SPCC and SWPPP, employees receive training on an annual basis. Spill kits are readily available in case of emergency.	1-Q

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
Gillian, Beth <i>Theresa mgr</i>	<i>Beth Gillian</i>	2/25/16

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.

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.

N/A No significant spills in the last three years to report.

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
VA0057142**VII. Discharge Information**

A, B, C, & 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)

Outfall 003 is sampled once per quarter and once annually. No toxicity samples are required for this outfall.

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	All required
Coastal Bioanalysts Inc	6400 Enterprise Court, Gloucester VA 23061	804-694-8285	Whole Effluent Toxicity

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 & Official Title (Type Or Print)

Brad Gilliat Terminal Manager

B. Area Code and Phone No.

757-928-1520

C. Signature

Brad Gilliat

D. Date Signed

24 JAN 16

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.

EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

Continued from the Front

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.

[illegible]

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

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.
