

Dominion Terminal Associates
Wesley Simon-Parsons, P.E.
Engineering Manager

600 Harbor Rd
Newport News, VA 23607
(757) 245-2275
Ext. 329
Cellular: (757) 912-4291
FAX: (757) 247-9729
E-mail: wparsons@dominionterminal.com



April 5, 2016

Virginia Department of Environmental Quality
5636 Southern Boulevard
Virginia Beach, VA 23462

Attention: Ms Debra Thompson

Dear Ms Thompson:

Enclosed please find our VPDES permit renewal paperwork for 2016.

Due to the nature of our business, we do not believe that our actions would adversely affect the BOD, COD, or TOC of the water that flows through our facility. As such, we would like to request a waiver for submitting the analysis for those pollutants.

Should you have any questions, feel free to contact our staff at your convenience.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Wesley Simon-Parsons'. The signature is fluid and cursive, with 'Wesley' on the left and 'Simon-Parsons' on the right, connected by a flourish.

CEQDS
4/1/16
2016

Wesley Simon-Parsons, P.E.
Engineering Manager





COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

TIDEWATER REGIONAL OFFICE

Molly Joseph Ward
Secretary of Natural Resources

5636 Southern Boulevard, Virginia Beach, Virginia 23462
(757) 518-2000 Fax (757) 518-2009
www.deq.virginia.gov

David K. Paylor
Director

Maria R. Nold
Regional Director

December 3, 2015

Mr. Wesley Simon-Parsons
Engineer
Dominion Terminal Associates LLP
600 Harbor Road
Newport News, VA 23607

Re: Reissuance of VPDES Permit VA0056567
Dominion Terminal Associates LLP
Newport News, VA 23607

Dear Mr. Simon-Parsons:

This letter is to remind you that your VPDES permit will expire on December 4, 2016. If you wish to continue discharging, you must reapply for the permit. The State Water Control Board's VPDES Permit Regulation requires that we receive a complete application at least 180 days before the existing permit expires. The deadline for submitting the application is June 6, 2016. Early submissions are welcome and will better enable us to complete processing before permit expiration.

You are required to submit the following forms: EPA Form 1 (general information), EPA Form 2C (details process wastewater generation and effluent data), VPDES Permit Application Addendum, VPDES Public Notice Billing Information Form, and the VPDES Permit Annual Maintenance Fee Billing Information Form. We no longer send paper copies of the application forms, except for the Public Notice Billing Information Form, which is enclosed. All other forms are available online, at the following link:

<http://www.deq.virginia.gov/Programs/Water/PermittingCompliance/PollutionDischargeElimination/PermitsFees.aspx>

If you would like to request a waiver from any of the sampling or testing requirements in the application forms, please contact me prior to submitting your application or provide a thorough justification for the request when you submit your application.

Upon completing the application, return the original and five complete copies to the Tidewater Regional Office at the address noted above. If you have the technology available however, we would prefer that the original wet-signature application package and a disk/CD, or an e-mail with the complete application attached, be submitted. This would effectively eliminate the requirement of submitting five paper copies.

There is no application fee for a regularly scheduled reissuance of an individual permit; that fee has been replaced by an annual permit maintenance fee which is to be paid by October 1 of each year. No permit will be reissued unless all maintenance fee payments are up to date.

Mr. Wesley Simon-Parsons
Reissuance of VPDES Permit VA0056567
Dominion Terminal Associates LLP
Page Two

The Department has launched an e-DMR reporting program that allows you to submit the effluent data electronically. We anticipate that eventually all permittees will be participants in the e-DMR program. There are direct benefits to both DEQ and the permittee when e-DMR is utilized for regular submissions. Those benefits may include:

- fewer revisions for data since the e-DMR program automatically flags errors and omissions before the data and reports are formally submitted;
- potential cost savings on postage, copying, and paper;
- no concerns about using the most current reporting form since the e-DMR program refreshes the required parameters automatically when changes are enacted;
- submittals can be made on a more timely basis; and
- electronic signatures from multiple people are allowed and the e-DMR reporting site can be accessed from multiple computer locations.

We ask that you apply for e-DMR participation now so that we will be able to complete the application process when your permit becomes effective. The following website provides details pertaining to the e-DMR reporting program.

<http://www.deq.virginia.gov/Programs/Water/PermittingCompliance/ElectronicDMRsubmissions.aspx>

Also, this link below will take you to frequently asked questions about the e-DMR system.

<http://www.deq.virginia.gov/water/edmrfaq.html>

Please feel free to contact me at (757)518-2162, or by email debra.thompson@deq.virginia.gov if you have any questions.

Sincerely,



Debra L. Thompson
Environmental Specialist Senior

Encl: Public Notice Billing Form

Cc: DEQ-ECM File VA0056567

VPDES Permit Application Addendum

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

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

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

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

5. What is the design average effluent flow of this facility? 1.01 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

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

If "Yes", please identify the other flow tiers (in MGD) or production levels:

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

6. Nature of operations generating wastewater:

COAL PILE DUST SUPPRESSION, RUNOFF, WASHDOWN, PROCESS WATER

1.4 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 0

98. % of flow from non-domestic connections/sources

7. Mode of discharge: Continuous Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

APPROXIMATELY TWICE PER MONTH, FOR AROUND 24 HOURS EACH

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

Permanent stream, never dry

Intermittent stream, usually flowing, sometimes dry

Ephemeral stream, wet-weather flow, often dry

Effluent-dependent stream, usually or always dry without effluent flow

Lake or pond at or below the discharge point

Other: _____

9. Approval Date(s):

O & M Manual 01-2007

Sludge/Solids Management Plan

Have there been any changes in your operations or procedures since the above approval dates? Yes No

10. Privately Owned Treatment Works

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

11. Consent to receive electronic mail

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

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

If yes, provide email: --

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

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

Facility Name: DOMINION TERMINAL ASSOCIATES, LLP

Permit Number: VA0057576

**Person / Organization
to be billed:** DOMINION TERMINAL ASSOCIATES, LLP

Billing Address: 600 HARBOR RD

NEWPORT NEWS, VA, 23607

Billing Contact Name: Dan Wagoner

Title: ENGINEERING DIRECTOR

Phone Number: 757-245-2275

E-Mail Address: DWAGONER@DOMINIONTERMINAL.COM

To Cathy
4-15-16

AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE FOR

Re: VPDES Permit Number VA0056567
Dominion Terminal Associates LLP

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: **DAILY PRESS**

Agent/Department to be billed: DOMINION TERMINAL ASSOCIATES, LLP

Applicant's Address: 600 HARBOR RD
NEWPORT NEWS, VA, 23607

Agent's Telephone Number: 757-245-2275

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

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

Authorizing Agent/Date Signed: RICK COLE 4/5/2016
Print Name/Date Signed

Authorizing Agent's
Signature Rick Cole Signature

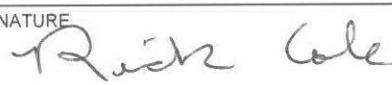
Authorizing Agent's E-Mail Address: RCOLE@DOMINIONTERMINAL.COM

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

Cc: DEQ-ECM File VA0056567

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER S VA0057576 T/A C F D 1 2 13 14 15																																																																																																																					
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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 .																																																																																																																							
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VII. SIC CODES (4-digit, in order of priority)																																																																																															
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S = STATE																																																																																															
P = PRIVATE					56																																																																																										
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XI. MAP																																																																																															
<p>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.</p>																																																																																															
XII. NATURE OF BUSINESS (provide a brief description)																																																																																															
<p>DOMINION TERMINAL ASSOCIATES, LLP IS A COAL TRANSSHIPPING FACILITY. COAL IS SHIPPED FOR DOMESTIC AND EXPORT USE. UNDER OUR VA DEQ AIR PERMIT #60997 WE ARE PERMITTED TO HANDLE COAL AND PETROLEUM COKE.</p>																																																																																															
XIII. CERTIFICATION (see instructions)																																																																																															
<p>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.</p>																																																																																															
A. NAME & OFFICIAL TITLE (type or print)				B. SIGNATURE				C. DATE SIGNED																																																																																							
RICK COLE, PRESIDENT & COO								4/5/2016																																																																																							
COMMENTS FOR OFFICIAL USE ONLY																																																																																															
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Please print or type in the unshaded areas only.		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS Consolidated Permits Program.					
FORM 2C NPDES		EPA					
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)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	36	57	30	76	25	00	HAMPTON ROADS/JAMES RIVER
II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES							
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							
1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW			3. TREATMENT			
	a. OPERATION (list)	b. AVERAGE FLOW (include units)		a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1		
001	COAL PILE DUST SUPPRESSION,	1.01 MGD		SEDIMENTATION AND NEUTRALIZATION	1	U	
	RUNOFF AND STORMWATER,				2	K	
	AND WASHDOWN						
OFFICIAL USE ONLY (effluent guidelines sub-categories)							

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)	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	C. DURATION (in days)

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 I)

VA0057576

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
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)

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 EFFLUENT TOXICITY TEST - MISODOPSIS BAHIA.
THE PURPOSE OF THIS TEST IS TO COMPLY WITH THE VPDES PERMIT

VIII. CONTRACT ANALYSIS INFORMATION

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

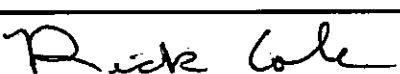
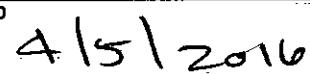
YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below).

NO (go to Section IX)

A. NAME:	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
UNIVERSAL LABORATORIES, INC.	20 RESEARCH DR, HAMPTON, VA, 23666	7578650880	BOD, TOC, TSS, COD, pH, TEMPERATURE, AMMONIA, NITROGEN, PHOSPHOROUS, SULPHATE, SULFITE, SULFIDE, ALUMINUM, MANGANESE, COPPER, ZINC, TKN, TPH DRO, TPH GRO

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)	B. PHONE NO. (area code & no.)
RICK COLE, PRESIDENT & COO	(757) 245-2275
C. SIGNATURE 	D. DATE SIGNED 



dta site closer

Legend

Regional Major Roads

- Interstates
- Primary Roads
- Other

Schools

Hospitals

Police Stations

Fire Stations

Libraries

Museums

Parcels

Road Center Lines

Residential

Primary Roads

Vehicular Trails

Regional Service Roads

Other

Residential Roads

Railroads

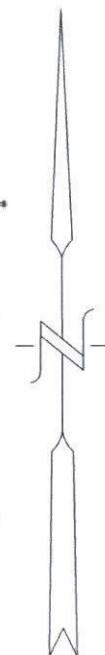
Buildings

Streams

Water Bodies

Airport Runways

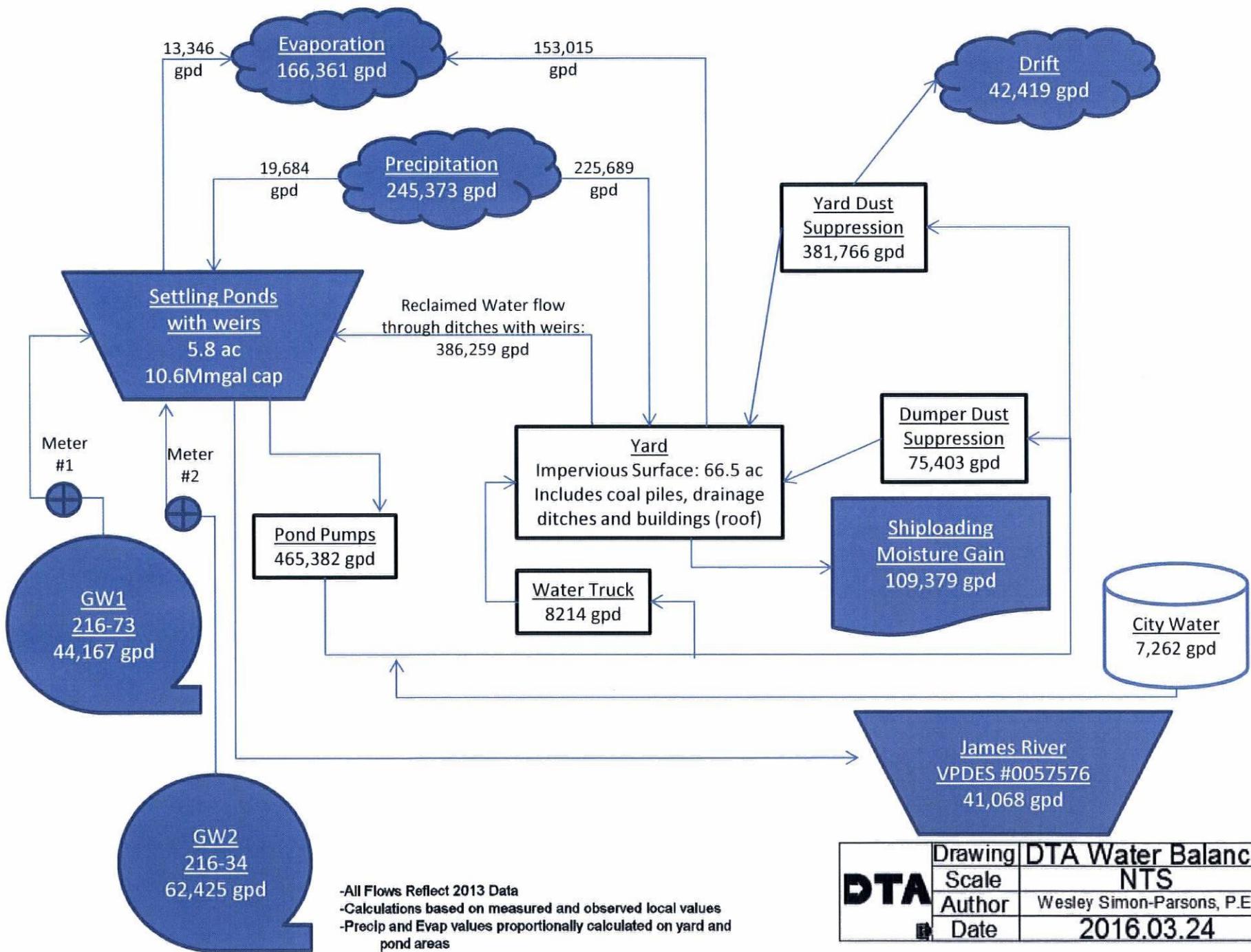
Parks



City of Newport News



Any determination of topography or contours, or any depiction of physical improvements, property lines or boundaries is for general information only and shall not be used for the design, modification, or construction of improvements to real property or for flood plain determination.



DTA	Drawing	DTA Water Balance
Scale	NTS	
Author	Wesley Simon-Parsons, P.E.	
Date	2016.03.24	

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 I)
VA0057576

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			
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
a. Biochemical Oxygen Demand (BOD)	WAIVER	FOR	BOD	PER	DEQ TRO		mg/L	lb/d					
b. Chemical Oxygen Demand (COD)	WAIVER	FOR	COD	PER	DEQ TRO		mg/L	lb/d					
c. Total Organic Carbon (TOC)	14.6	123.1					mg/L	lb/d					
d. Total Suspended Solids (TSS)	30	252.9	30	252.9	10.9	91.9	33	mg/L	lb/d				
e. Ammonia (as N)	<0.2	<1.68						mg/L	lb/d				
f. Flow	VALUE 2.8235	VALUE 2.8235	VALUE 1.01				33	MGD	VALUE				
g. Temperature (winter)	VALUE 17.2	VALUE	VALUE				1	°C	VALUE				
h. Temperature (summer)	VALUE 28.7	VALUE	VALUE				1	°C	VALUE				
i. pH	MINIMUM 7	MAXIMUM 8.7	MINIMUM 7	MAXIMUM 8.7			33	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. BELOVED PRESENT	b. BELOVED 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	
			(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												
f. Nitrate-Nitrite (as N)	X	<0.1	<0.8	<0.1	<0.8	<0.1	<0.8	6	mg/L	lb/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 AVERG. 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		0.8	6.7	0.8	6.7	0.5	4.2	7	mg/L	1b/d			
h. Oil and Grease		X	<0.5	<4	<0.5	<4	<0.5	<4	6	mg/L	1b/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.06	0.5	0.06	0.5	0.03	0.3	7	mg/L	1b/d			
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		471	3970.0					1	mg/L	1b/d			
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)	X		0.226	1.9					1	mg/L	1b/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		0.57	4.8					1	mg/L	1b/d			
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-88-7)		X												
v. Manganese, Total (7439-88-5)	X		0.645	5.4					1	mg/L	1b/d			
w. Tin, Total (7440-31-6)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VA 0057576	001

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 AVERG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION (1) b. MASS (2)	a. CONCEN- TRATION (1) b. MASS (2)	a. LONG TERM AVERAGE VALUE (1) b. NO. OF ANALYSES		
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS						
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-38-0)			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		0.006	0.05	0.006	0.05	.003	.03	7	mg/L	1b/d			
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)		X		0.134	1.1	0.134	1.1	0.06	0.5	7	mg/L	1b/d			
10M. Selenium, Total (7782-49-2)		X		0.018	0.15					1	mg/L	1b/d			
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		0.075	0.6	0.075	0.6	0.04	0.3	7	mg/L	1b/d			
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1784-01-6)			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)														
5V. Bromoform (76-25-2)			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)														
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											
DELISTED 02-4-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER														
DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER														

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. BELOVED PRESENT	c. BELOVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERG. 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 (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 (156-80-5)			X												
27V. 1,1,1-Trichloroethane (71-55-8)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
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 (87-88-5)			X												
10A. Phenol (108-85-2)			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 (208-98-8)			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 (g,h) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-81-1)			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. Dibenz (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Dichloro- 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	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)														
22B. 1,4-Dichloro-benzene (106-48-7)			X											
23B. 3,3-Dichloro-benzidine (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 Azo-benzene) (122-68-7)			X											
31B. Fluoranthene (208-44-0)			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 (87-72-1)			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 (621-84-7)			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. BELOVED PRESENT	c. BELOVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERG. 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					
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)														
43B. N-Nitro- sodiphenylamine (86-30-8)			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 (80-57-1)			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											

CONTINUED FROM PAGE V-8

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

VA 0057576

OUTFALL NUMBER

001

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 AVERG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION
GC/MS FRACTION - PESTICIDES (continued)												
17P. Heptachlor Epoxide (1024-57-3)			X									
18P. PCB-1242 (53468-21-9)			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 (12872-29-6)			X									
23P. PCB-1280 (11096-62-5)			X									
24P. PCB-1016 (12874-11-2)			X									
25P. Toxaphene (8001-35-2)			X									

Dominion Terminal Associates

Wesley Simon-Parsons, P.E.
Engineering Manager

600 Harbor Rd
Newport News, VA 23607
(757) 245-2275
Ext. 329
Cellular: (757) 912-4291
FAX: (757) 247-9729
E-mail: wparsons@dominionterminal.com



April 5, 2016

Virginia Department of Environmental Quality
5636 Southern Boulevard
Virginia Beach, VA 23462

Attention: Ms Debra Thompson

Dear Ms Thompson:

Enclosed please find our VPDES permit renewal paperwork for 2016.

Due to the nature of our business, we do not believe that our actions would adversely affect the BOD, COD, or TOC of the water that flows through our facility. As such, we would like to request a waiver for submitting the analysis for those pollutants.

Should you have any questions, feel free to contact our staff at your convenience.

Respectfully yours,

Wesley Simon-Parsons, P.E.
Engineering Manager



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

TIDEWATER REGIONAL OFFICE

Molly Joseph Ward
Secretary of Natural Resources

5636 Southern Boulevard, Virginia Beach, Virginia 23462
(757) 518-2000 Fax (757) 518-2009
www.deq.virginia.gov

David K. Paylor
Director

Maria R. Nold
Regional Director

December 3, 2015

Mr. Wesley Simon-Parsons
Engineer
Dominion Terminal Associates LLP
600 Harbor Road
Newport News, VA 23607

Re: Reissuance of VPDES Permit VA0056567
Dominion Terminal Associates LLP
Newport News, VA 23607

Dear Mr. Simon-Parsons:

This letter is to remind you that your VPDES permit will expire on December 4, 2016. If you wish to continue discharging, you must reapply for the permit. The State Water Control Board's VPDES Permit Regulation requires that we receive a complete application at least 180 days before the existing permit expires. The deadline for submitting the application is June 6, 2016. Early submissions are welcome and will better enable us to complete processing before permit expiration.

You are required to submit the following forms: EPA Form 1 (general information), EPA Form 2C (details process wastewater generation and effluent data), VPDES Permit Application Addendum, VPDES Public Notice Billing Information Form, and the VPDES Permit Annual Maintenance Fee Billing Information Form. We no longer send paper copies of the application forms, except for the Public Notice Billing Information Form, which is enclosed. All other forms are available online, at the following link:

<http://www.deq.virginia.gov/Programs/Water/PermittingCompliance/PollutionDischargeElimination/PermitsFees.aspx>

If you would like to request a waiver from any of the sampling or testing requirements in the application forms, please contact me prior to submitting your application or provide a thorough justification for the request when you submit your application.

Upon completing the application, return the original and five complete copies to the Tidewater Regional Office at the address noted above. If you have the technology available however, we would prefer that the original wet-signature application package and a disk/CD, or an e-mail with the complete application attached, be submitted. This would effectively eliminate the requirement of submitting five paper copies.

There is no application fee for a regularly scheduled reissuance of an individual permit; that fee has been replaced by an annual permit maintenance fee which is to be paid by October 1 of each year. No permit will be reissued unless all maintenance fee payments are up to date.

Mr. Wesley Simon-Parsons
Reissuance of VPDES Permit VA0056567
Dominion Terminal Associates LLP
Page Two

The Department has launched an e-DMR reporting program that allows you to submit the effluent data electronically. We anticipate that eventually all permittees will be participants in the e-DMR program. There are direct benefits to both DEQ and the permittee when e-DMR is utilized for regular submissions. Those benefits may include:

- fewer revisions for data since the e-DMR program automatically flags errors and omissions before the data and reports are formally submitted;
- potential cost savings on postage, copying, and paper;
- no concerns about using the most current reporting form since the e-DMR program refreshes the required parameters automatically when changes are enacted;
- submittals can be made on a more timely basis; and
- electronic signatures from multiple people are allowed and the e-DMR reporting site can be accessed from multiple computer locations.

We ask that you apply for e-DMR participation now so that we will be able to complete the application process when your permit becomes effective. The following website provides details pertaining to the e-DMR reporting program.

<http://www.deq.virginia.gov/Programs/Water/PermittingCompliance/ElectronicDMRsubmissions.aspx>
Also, this link below will take you to frequently asked questions about the e-DMR system.

<http://www.deq.virginia.gov/water/edmrfaq.html>

Please feel free to contact me at (757)518-2162, or by email debra.thompson@deq.virginia.gov if you have any questions.

Sincerely,



Debra L. Thompson
Environmental Specialist Senior

Encl: Public Notice Billing Form

Cc: DEQ-ECM File VA0056567

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>																		
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		I. EPA I.D. NUMBER <table border="1" style="width: 100%;"> <tr> <td style="width: 100px;">S</td> <td style="width: 100px;">VA0057576</td> <td style="width: 10px;">T/A</td> <td style="width: 10px;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td>15</td> <td></td> </tr> </table>		S	VA0057576	T/A	C	F			D	1	2	13	14			15	
S	VA0057576	T/A	C																
F			D																
1	2	13	14																
		15																	
PLEASE PLACE LABEL IN THIS SPACE																			
GENERAL INSTRUCTIONS <p>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.</p>																			

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	Mark "X"		
	YES	NO	FORM ATTACHED		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 checked="" 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)	<input checked="" type="checkbox"/>		
	16	17	18		19	20	21
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 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)	<input checked="" type="checkbox"/>		
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	<input checked="" 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)	<input checked="" type="checkbox"/>		
	28	29	30		31	32	33
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 checked="" 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)	<input checked="" type="checkbox"/>		
	34	35	36		37	38	39
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 checked="" 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)	<input checked="" type="checkbox"/>		
	40	41	42		43	44	45

III. NAME OF FACILITY

C	1	SKIP	DOMINION TERMINAL ASSOCIATES, LLP			
15	16 - 29	30				69

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
C	2	WAGONER, DAN	ENGINEERING DIRECTOR	(757)	245-2275
15	16			45	46 48 49 51 52- 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX					
C	3	600 HARBOR RD			
15	16				
B. CITY OR TOWN			C. STATE	D. ZIP CODE	
C	4	NEWPORT NEWS	VA	23607	
15	16		40	41 42	47 51

VI. FACILITY LOCATION

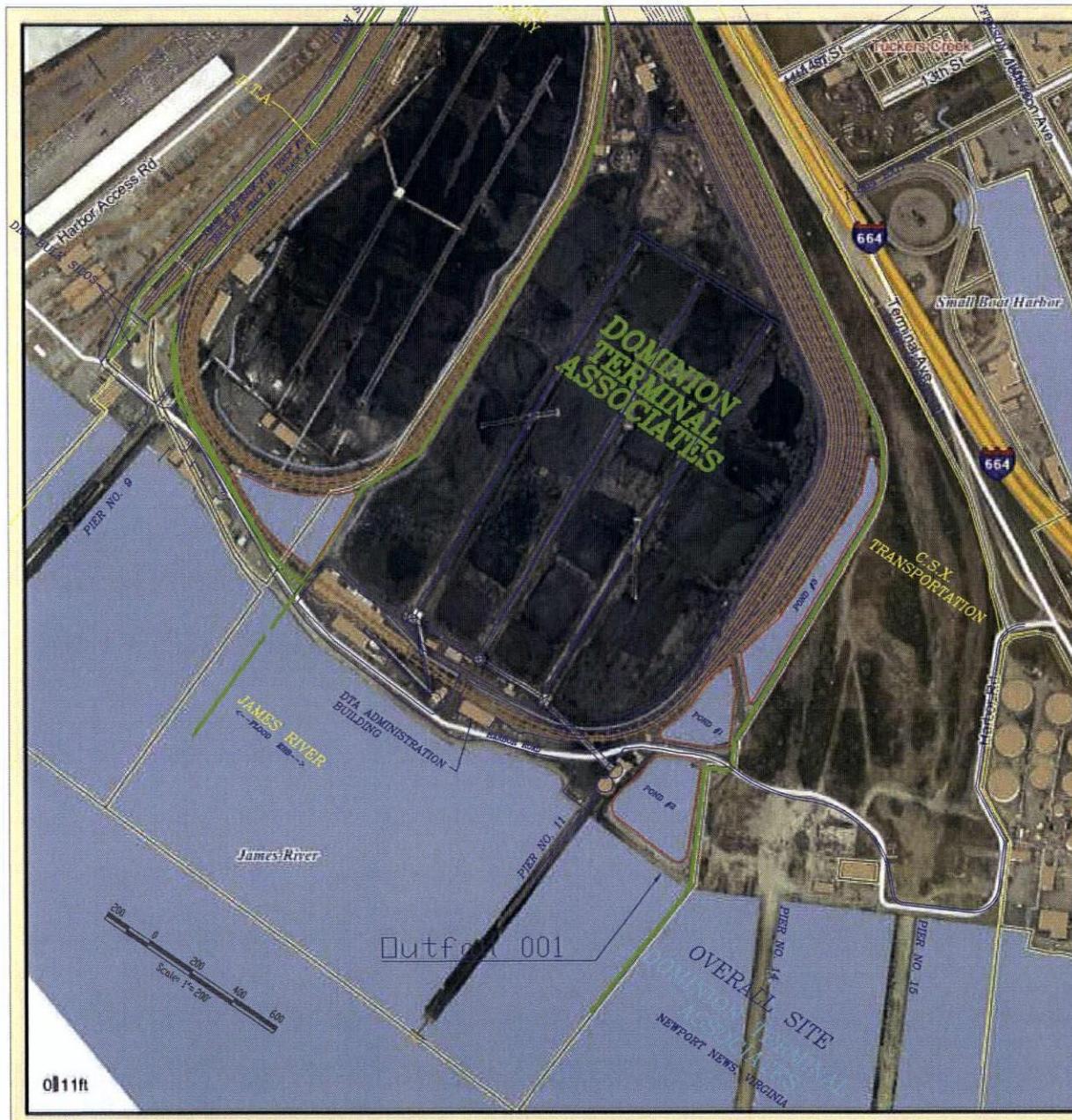
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
C	5	600 HARBOR RD			
15	16				

B. COUNTY NAME					
NEWPORT NEWS CITY					
46					

C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C	6	NEWPORT NEWS	VA	23607	700
15	16		40	41 42	47 51

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VII. SIC CODES (4-digit, in order of priority)																																																																																																					
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<p>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.</p>																																																																																																					
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dta site closer

Legend

Regional Major Roads

- Interstates
- Primary Roads
- Other

Schools

Hospitals

Police Stations

Fire Stations

Libraries

Museums

Parcels

Road Center Lines

Interstates

Primary Roads

Vehicular Trails

Reserve/Service Roads

Other

Residential Roads

Railroads

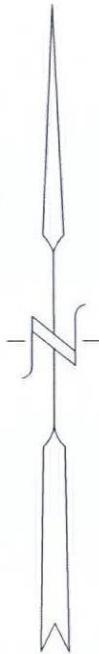
Buildings

Streams

Water Bodies

Airport Runways

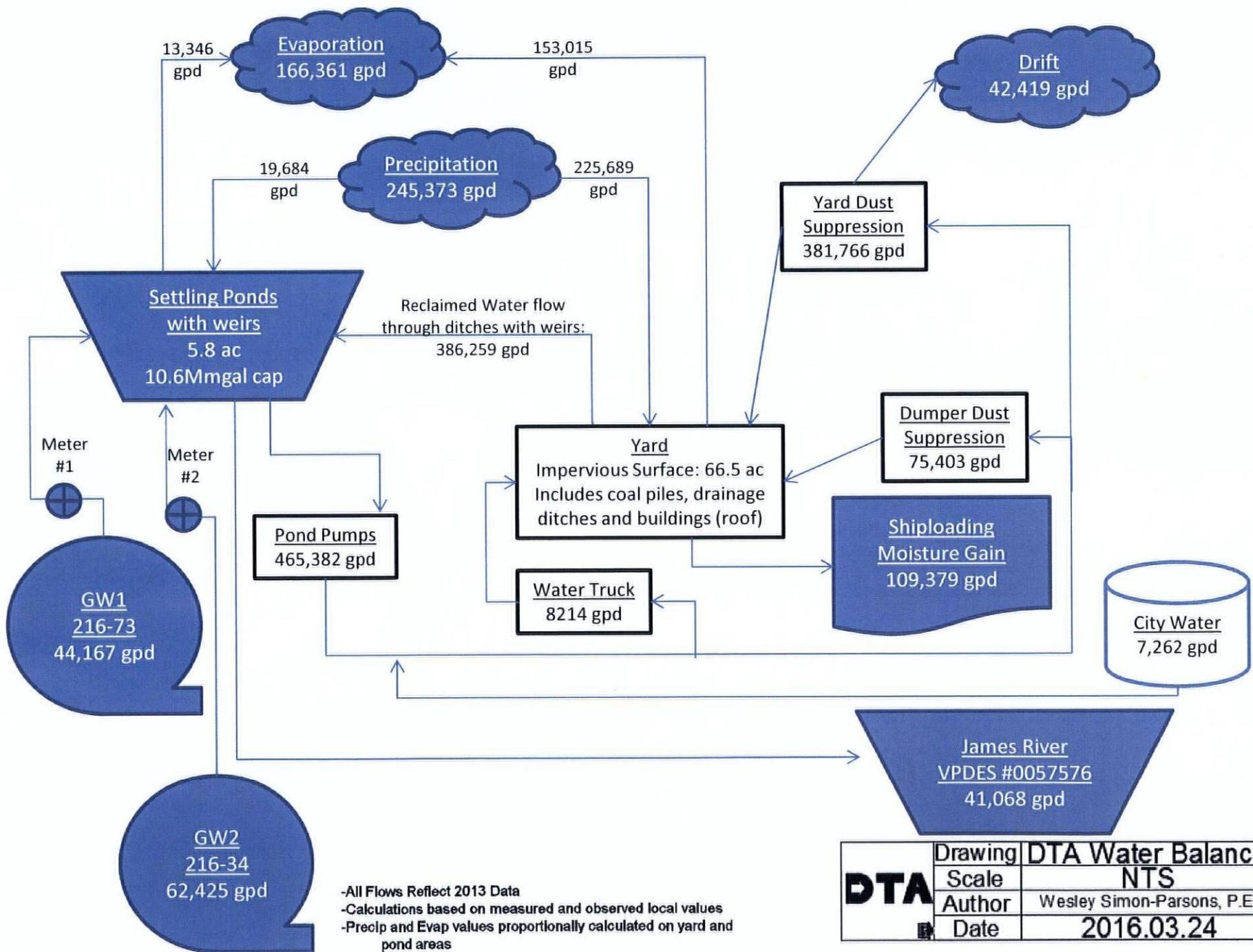
Parks



City of Newport News



Any determination of topography or contours, or any depiction of physical improvements, property lines or boundaries is for general information only and shall not be used for the design, modification, or construction of improvements to real property or for flood plain determination.



DTA	Drawing	DTA Water Balance
	Scale	NTS
	Author	Wesley Simon-Parsons, P.E.
	Date	2016.03.24

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: DOMINION TERMINAL ASSOCIATES, LLP

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

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

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

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

5. What is the design average effluent flow of this facility? 1.01 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

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

If "Yes", please identify the other flow tiers (in MGD) or production levels:

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

6. Nature of operations generating wastewater:

COAL PILE DUST SUPPRESSION, RUNOFF, WASHDOWN, PROCESS WATER

1.4 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 0

98. % of flow from non-domestic connections/sources

7. Mode of discharge: Continuous Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

APPROXIMATELY TWICE PER MONTH, FOR AROUND 24 HOURS EACH

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

Permanent stream, never dry

Intermittent stream, usually flowing, sometimes dry

Ephemeral stream, wet-weather flow, often dry

Effluent-dependent stream, usually or always dry without effluent flow

Lake or pond at or below the discharge point

Other:

9. Approval Date(s):

O & M Manual 01-2007

Sludge/Solids Management Plan

Have there been any changes in your operations or procedures since the above approval dates? Yes No

10. Privately Owned Treatment Works

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

11. Consent to receive electronic mail

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

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

If yes, provide email: ____

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

AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE FOR

Re: VPDES Permit Number VA0056567
Dominion Terminal Associates LLP

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: **DAILY PRESS**.

Agent/Department to be billed: DOMINION TERMINAL ASSOCIATES, LLP

Applicant's Address: 600 HARBOR RD

NEWPORT NEWS, VA, 23607

Agent's Telephone Number: 757-245-2275

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

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

Authorizing Agent/Date Signed: RICK COLE

Print Name/Date Signed

Authorizing Agent's
Signature

Signature

Authorizing Agent's E-Mail Address:

RCOLE@DOMINIONTERMINAL.COM

RETURN COMPLETED FORM TO:

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

Cc: DEQ-ECM File VA0056567

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

Facility Name: DOMINION TERMINAL ASSOCIATES, LLP

Permit Number: VA0057576

**Person / Organization
to be billed:** DOMINION TERMINAL ASSOCIATES, LLP

Billing Address: 600 HARBOR RD

NEWPORT NEWS, VA, 23607

Billing Contact Name: Dan Wagoner

Title: ENGINEERING DIRECTOR

Phone Number: 757-245-2275

E-Mail Address: DWAGONER@DOMINIONTERMINAL.COM

Please print or type in the unshaded areas only.

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

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

FORM 2C NPDES		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS Consolidated Permits Program					
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)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	36	57	30	76	25	00	HAMPTON ROADS/JAMES RIVER
II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES							
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							
1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW			3. TREATMENT			
	a. OPERATION (list)	b. AVERAGE FLOW (include units)		a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1		
001	COAL PILE DUST SUPPRESSION,	1.01 MGD		SEDIMENTATION AND NEUTRALIZATION	1	U	
	RUNOFF AND STORMWATER,				2	K	
	AND WASHDOWN,						
OFFICIAL USE ONLY (effluent guidelines sub-categories)							

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				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)	b. TOTAL VOLUME (specify with units)	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

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
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)

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 (list the test(s) and describe their purposes below)

NO (go to Section VIII)

ACUTE EFFLUENT TOXICITY TEST - MISODOPSIS BAHIA.
THE PURPOSE OF THIS TEST IS TO COMPLY WITH THE 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, INC.	20 RESEARCH DR, HAMPTON, VA, 23666	7578650880	BOD, TOC, TSS, COD, pH, TEMPERATURE, AMMONIA, NITROGEN, PHOSPHOROUS, SULPHATE, SULFITE, SULFIDE, ALUMINUM, MANGANESE, COPPER, ZINC, TKN, TPH DRO, TPH GRO

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)	B. PHONE NO. (area code & no.)
RICK COLE, PRESIDENT & COO	(757) 245-2275
C. SIGNATURE	D. DATE SIGNED

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

OUTFALL NO.
001

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

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	
a. Biochemical Oxygen Demand (<i>BOD</i>)	waiver	request	see	cover	letter						
b. Chemical Oxygen Demand (<i>COD</i>)	waiver	request	see	cover	letter						
c. Total Organic Carbon (<i>TOC</i>)	waiver	request	see	cover	letter						
d. Total Suspended Solids (<i>TSS</i>)	30	252.9	30	252.9	10.9	91.9	33	mg/L	lb/d		
e. Ammonia (<i>as N</i>)	<0.2	<1.68						mg/L	lb/d		
f. Flow	VALUE 2.8235		VALUE 2.8235		VALUE 1.01		33	MGD		VALUE	
g. Temperature (<i>winter</i>)	VALUE 17.2		VALUE		VALUE		1	°C		VALUE	
h. Temperature (<i>summer</i>)	VALUE 28.7		VALUE		VALUE		1	°C		VALUE	
i. pH	MINIMUM 7	MAXIMUM 8.7	MINIMUM 7	MAXIMUM 8.7			33	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	
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 (<i>as N</i>)		X	<0.1	<0.8	<0.1	<0.8	<0.1	<0.8	6	mg/L	lb/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 AVERG. 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	
g. Nitrogen, Total Organic (as N)	X		0.8	6.7	0.8	6.7	0.5	4.2	7	mg/L	lb/d		
h. Oil and Grease		X	<0.5	<4	<0.5	<4	<0.5	<4	6	mg/L	lb/d		
i. Phosphorus (as P), Total (7723-14-0)	X		0.06	0.5	0.06	0.5	.03	.3	7	mg/L	lb/d		
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		471	3970.0					1	mg/L	lb/d		
l. Sulfide (as S)		X											
m. Sulfite (as SO_3) (14265-45-3)		X											
n. Surfactants		X											
o. Aluminum, Total (7429-90-5)	X		0.226	1.9					1	mg/L	lb/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		0.57	4.8					1	mg/L	lb/d		
t. Magnesium, Total (7439-95-4)		X											
u. Molybdenum, Total (7439-98-7)		X											
v. Manganese, Total (7439-98-5)	X		0.645	5.4					1	mg/L	lb/d		
w. Tin, Total (7440-31-5)		X											
x. Titanium, Total (7440-32-6)		X											

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form I)	OUTFALL NUMBER
VA 0057576	001

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. BELOVED PRESENT	c. BELOVED 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	(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		0.006	0.05	0.006	0.05	.003	.03	7	mg/L	1lb/d				
7M. Lead, Total (7439-92-1)			X													
8M. Mercury, Total (7439-97-6)			X													
9M. Nickel, Total (7440-02-0)		X		0.134	1.1	0.134	1.1	0.06	0.5	7	mg/L	1lb/d				
10M. Selenium; Total (7782-49-2)		X		0.018	0.15					1	mg/L	1lb/d				
11M. Silver, Total (7440-22-4)			X													
12M. Thallium, Total (7440-26-0)			X													
13M. Zinc, Total (7440-66-6)		X		0.075	0.6	0.075	0.6	0.04	0.3	7	mg/L	1lb/d				
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. BELOVED PRESENT	c. BELOVED 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		
				(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)				DELISTED 02-4-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
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)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
14V. 1,1-Dichloro- ethane (76-34-3)			X												
15V. 1,2-Dichloro- ethane (107-08-2)			X												
16V. 1,1-Dichloro- ethylene (76-35-4)			X												
17V. 1,2-Dichloro- propane (78-07-5)			X												
18V. 1,3-Dichloro- propylene (542-75-8)			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. BELOVED PRESENT	c. BELOVED 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						
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (78-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (158-80-5)			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 (75-89-4)				DELISTED 01-8-1981 ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
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 (87-88-6)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-08-2)			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. BELOVED PRESENT	c. BELOVED 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	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				(1)		(2)
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 (92-67-5)			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 (g,h) 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. BELOVED PRESENT	c. BELOVED 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 (106-48-7)			X														
23B. 3,3-Dichloro-benzidine (91-94-1)			X														
24B. Diethyl Phthalate (84-68-2)			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 (608-20-2)			X														
29B. Di-N-Octyl Phthalate (117-84-0)			X														
30B. 1,2-Diphenylhydrazine (as Azo-benzene) (122-68-7)			X														
31B. Fluoranthene (208-44-0)			X														
32B. Fluorène (86-73-7)			X														
33B. Hexachlorobenzene (116-74-1)			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-Nitro-sodimethylamine (62-75-9)			X														
42B. N-Nitroso-di-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 AVERG. 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	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)														
43B. N-Nitro- sodiphenylamine (88-30-6)			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 (68-69-9)			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 (80-57-1)			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 (7421-03-4)			X											
16P. Heptachlor (76-44-8)			X											

CONTINUED FROM PAGE V-8

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 AVERAGE VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE
				(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 (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-1280 (11098-82-5)			X									
24P. PCB-1016 (12674-11-2)			X									
25P. Toxaphene (8001-35-2)			X									