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# PERMIT APPLICATION FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER DIVISION  
POST OFFICE BOX 8913  
LITTLE ROCK, AR 72219



## PURPOSE OF THIS APPLICATION

- INITIAL PERMIT APPLICATION FOR NEW FACILITY
- INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
- MODIFICATION OF EXISTING PERMIT
- REISSUANCE (RENEWAL) OF EXISTING PERMIT
- MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
- CONSTRUCTION PERMIT

## SECTION A- GENERAL INFORMATION

1. Facility Name: Ash Grove Cement Company
2. Legal Applicant Name (If the applicant is different from the above): NA
3. Operator (Permittee) Name: Ash Grove Cement Company
4. Is the operator identified in number 3 above, the owner of the facility?     Yes     No
5. NPDES Permit Number (If Applicable): AR0042846
6. NPDES General Permit Number (If Applicable): ARG
7. NPDES General Storm Water Permit Number (If Applicable): ARR10C143 →
8. Does your facility hold any other permits which are not listed above?     Yes     No
9. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
CAA PSD Permit	75-AOP-R4	Ash Grove Cement
RCRA Permit	ARD9818512270	Ash Grove Cement
Solid Waste Permit	P0188	Ash Grove Cement
Mining Permit	Unknown	Ash Grove

10. Give a verbal description (Direction) of the facility with respect to known or easily identifiable landmarks:

Approximately two miles southwest of Foreman, AR on Highway 108 West.

11. Facility Location: (Attach a map with location marked; street, route no. or other specific identifier)

Street: 4457 Highway 108 West

City: Foreman County: Little River State: AR Zip: 71836

12. Facility Mailing Address (Street or Post Office Box):

Street: \_\_\_\_\_ P.O. Box 130

City: Foreman State: AR Zip: 71836

13. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma  Missouri  Tennessee  Louisiana  Texas  Mississippi

14. Type of ownership: Public  Private  State  Federal  Other

15. Indicate applicable Standard Industrial Classification (SIC) Codes or NAICS codes for all processes:

3241 Primary, \_\_\_\_\_ Other, \_\_\_\_\_ Other

16. Design Flow: N/A MGD Highest Monthly Average of the last two years Flow: 0.29 MGD

17. Is Outfall equipped with a diffuser?  Yes  No

18. Responsible Official (as described on the last page of this application):

Name: Dan Peterson Title: Plant Manager

Address: P.O. Box 130 Phone Number: 870-542-6217 ext. 3270

City: Foreman State: AR Zip: 71836

19. Designated Facility Contact (as describe on the last page of this application):

Name: Keith Byerly Title: Environmental Manager

Address: PO Box 130 Phone Number: 870-542-6217 ext 3311

City: Foreman State: AR Zip: 71836

20. Name, address and telephone number of consulting engineer firm (If none, so state):

Name:	CH2M HILL
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Address:	523 South Louisiana St. Suite 304	Phone Number:	501-372-6060
City:	Little Rock	State:	AR
		Zip:	72201

**SECTION B: FACILITY AND OUTFALL INFORMATION**

1. Facility Location:

Lat: 33 ° 41 ' 11 " Long: 94 ° 25 ' 25 " Section: 28 Township: 32W S <sup>12S</sup>  
 Range: 32W ~~12S W~~ County: Little River Nearest Town: Foreman USGS Hydrologic Unit Code: 11140106  
 What map scale is used? 1:24,000 What Method is used? Interpolation Map Indicate Technical Accuracy 4-30 sec  
 What map datum is used? 2-NAD83 Where is the collection point? 1-Centroid

2. Outfall/monitoring Location:

**Outfall 001:**

Lat: 33 ° 41 ' 0 " Long: 94 ° 25 ' 30 "  
 USGS Hydrologic Unit Code: 11140106 What map scale is used? 1:24,000 What Method is used? Interpolation Map  
 Indicate Technical Accuracy 4-30 sec Where is the collection point? 1-Centroid  
 Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):  
Discharges via unnamed tributaries to French Creek, a tributary to Walnut Bayou in the Red River Basin

**Outfall 002:**

Lat: 33 ° 41 ' 30 " Long: 94 ° 25 ' 30 "  
 USGS Hydrologic Unit Code: 11140106 What map scale is used? 1:24,000 What Method is used? Interpolation Map  
 Indicate Technical Accuracy 4-30 sec Where is the collection point? 1-Centroid  
 Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):  
Discharges via unnamed tributaries to French Creek, a tributary to Walnut Bayou in the Red River Basin.

**Outfall 003:**

Lat: 33 ° 41 ' 10 " Long: 94 ° 25 ' 30 "  
 USGS Hydrologic Unit Code: 11140106 What map scale is used? 1:24,000 What Method is used? Interpolation Map  
 Indicate Technical Accuracy 4-30 sec Where is the collection point? 1-Centroid  
 Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Discharges via unnamed tributaries to French Creek, a tributary to Walnut Bayou in the Red River Basin.

**Outfall 003A :**

Lat: 33 ° 41 ' 16 " Long: 94 ° 25 ' 14 "

USGS Hydrologic Unit Code: 11140106 What map scale is used? 1:24,000 What Method is used? Map Interpolation  
Indicate Technical 2- Where is the collection  
Accuracy 4-30 sec What map datum is used? NAD83 point? 1-Centroid

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

This is an internal outfall. Discharges to an unnamed drainage ditch, under Highway 108, and into the main plant drainage ditch which flows in to the Process Water Pond, Outfall 003

**Outfall SW-1 :**

Lat: 33 ° 40 ' 30 " Long: 94 ° 24 ' 50 "

USGS Hydrologic Unit Code: 11140106 What map scale is used? 1:24,000 What Method is used? Map Interpolation  
Indicate Technical 2- Where is the collection  
Accuracy 4-30 sec What map datum is used? NAD83 point? 1-Centroid

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Discharges to French Branch, a tributary to Walnut Bayou in the Red River Basin.

**Outfall SW-2 :**

Lat: 33 ° 41 ' 05 " Long: 94 ° 24 ' 13 "

USGS Hydrologic Unit Code: 11140106 What map scale is used? 1:24,000 What Method is used? Map Interpolation  
Indicate Technical 2- Where is the collection  
Accuracy 4-30 sec What map datum is used? NAD83 point? 1-Centroid

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Discharges via unnamed tributaries to Sterling Branch, a tributary to Walnut Bayou in the Red River Basin.

3. Are the proposed or existing facility located above the 100-year flood level?  Yes  No

If "No", what measures are (or will be) used to protect the facilities? \_\_\_\_\_

4. Type of Treatment system (Included all components of treatment system and Attach the process flow diagram):

Retention pond system. Recirculation from Process Pond back into process.

**SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION – N/A**

1. Sludge Disposal Method (Check as many as are applicable):

**Landfill**

Landfill Site Name \_\_\_\_\_ ADEQ Solid Waste Permit No. \_\_\_\_\_

**Land Application** ADEQ State Permit No. \_\_\_\_\_

Method of sludge treatment \_\_\_\_\_

What is the estimated amount of sludge generated at the treatment facility?

Dry Ton/Acre per year \_\_\_\_\_ Gallon/Acres per year \_\_\_\_\_

List all the land application sites with the following information:

Field Number	New/Old	Range	Township	Section	Total Acres	Available Acres	Crop Cover	Loading Rate
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**Septic tank** Arkansas Department of Health Permit No.: \_\_\_\_\_

**Distribution and Marketing**

Facility receiving sludge:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Rail:  Pipe:  Other: \_\_\_\_\_

**Subsurface Disposal (Lagooning)**

Location of lagoon \_\_\_\_\_ How old is the lagoon? \_\_\_\_\_

Surface are of lagoon: \_\_\_\_\_ Acre Depth: \_\_\_\_\_ Ft Does lagoon have a liner?  Yes  No

**Incineration**

Location of incinerator \_\_\_\_\_

**Other** (Provide complete description) \_\_\_\_\_

**SECTION D - WATER SUPPLY**

Water Sources (check as many as are applicable):

**Private Well** - Distance from Discharge point:  Within 5 mile  Within 50 mile

**Municipal Water Utility** (Specify City): Foreman, AR

Distance from Discharge point:  Within 5 mile  Within 50 mile

**Surface Water**- Name of Surface Water Source: Process Water Pond

Distance from Discharge point:  Within 5 mile  Within 50 mile

**Other** (Specify): \_\_\_\_\_

Distance from Discharge point:  Within 5 mile  Within 50 mile

**SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE FORM**

1. Act 336 of 1995 provides for financial assurance requirements for permitting common sewage systems. Arkansas Code 8-5-703 (a)(1)-The Department of Pollution Control and Ecology shall not permit or register any common sewage system serving two(2) or more occupied lots, residences, businesses, or other discernible occupied init without the applicant first demonstrating to the department its financial ability to cover the costs of operating and maintaining the system for a period of five (5) years.

Please provide **financial assurance** in order to shows that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department (Arkansas Code 8-5-703(a)(2)):

- A. By obtaining insurance;
- B. By passing a financial test;
- C. By obtaining a letter of credit;
- D. By obtaining a surety bond;
- E. By obtaining a trust fund or escrow account;
- F. Through the use of a combination of insurance, financial test, letter of credit, surety bond, trust fund, or escrow account.

2. Applicant has previously submitted, or has on file with this Department, a complete Disclosure Form as required by Act 454 of 1991:

If YES, date submitted: February 2006 Division: Hazardous Waste

If NO, Submit a Disclosure Form. ([http://www.adeq.state.ar.us/water/branch\\_permits/pdfs\\_forms/disclosure\\_stmt.pdf](http://www.adeq.state.ar.us/water/branch_permits/pdfs_forms/disclosure_stmt.pdf))

## SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guidelines limitation promulgated by EPA (<http://www.epa.gov/docs/epacfr40/chapt-I.info/subch-N.htm>) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES  (Answer questions 2 and 3)      NO

2. What Part of 40 CFR? 411

3. What Subpart (s)? \_\_\_\_\_

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

The plant manufactures Portland cement and masonry cement using raw materials quarried from the underlying geologic strata.

5. Production: (projected for new facilities)

Product(s) Manufactured (Brand name)	Last 12 Months		Highest Production Year of Last 5 Years	
	lbs/day		lbs/day	
	Highest Month	Days of Operation	Monthly Average	Days of Operation
Portland Cement	6,592,000 (May 2005)	31 days	6,592,000	365 days

## SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked "Yes" in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)







Planned: Flow Metering  Yes  No  N/A  
Sampling Equipment  Yes  No  N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

Yes  No (If no, skip Question 5)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics

Soda ash and sodium tripolyphosphate will be used in decreasing the percentage of water in the slurry fed to the kiln. These chemicals will be kept inside but it is possible for some to escape to outfall 003 if there is a slurry spill. The chemicals are used at a rate of less than 0.01%.

## SECTION H - TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment/disposal system.

1. Describe the process for wastewater treatment. Include the types control equipment to be installed along with their methods of operation and control efficiency.

Not obtaining a construction permit or modifying the treatment/disposal system.

2. One set of construction plans and specifications, approved by a **Professional Engineer (PE)** registered in **Arkansas**, must be submitted as follows:

- The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
- Specifications and complete design calculations.
- All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.

3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

## SECTION I: SIGNATORY REQUIREMENTS

The information contained in this form must be certified by a **responsible official** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

**Corporation**, a principal officer of at least the level of vice president

**Partnership**, a general partner

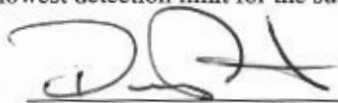
**Sole proprietorship**: the proprietor

**Municipal, state, federal, or other public facility**: principal executive officer, or ranking elected official.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested.

Signature of responsible official: \_\_\_\_\_

Date: \_\_\_\_\_



3/28/06

Printed name of responsible official: Dan Peterson

Official title of responsible official: Plant Manager

Telephone Number 870-542-6217 ext. 3270

By signature in Section I above, the applicant certifies that the named individual is qualified as print below to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). (NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department).

### Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a cognizant official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

\_\_\_\_\_  
NAME (first, last)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE

Please print or type in the unshaded areas

EPA ID Number (copy from item 1 of Form 1)

Form Approved. OMB No. 2040-0086  
Approval expires 5-31-92

Form  
**2F**  
NPDES



United States 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, 401 M St., SW, 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)
001	33	41	0	94	25	30	French Creek
002	33	41	30	94	25	30	French Creek
003	33	41	10	94	25	30	French Creek
003A	33	41	16	94	25	14	French Creek
SW-1	33	40	30	94	24	50	French Branch
SW-2	33	41	05	94	24	13	UT to Sterling Branch

### 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.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

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 outfall(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 or disposal of significant materials, each existing structure 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 are 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 receive storm water discharges from the facility.

**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	0	146.1	003A	0	48
002	0	8.2	SW-1	0	139
003	30	516.4	SW-2	0	45

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.

**Materials stored on site consist of coal, cement, clinker, gypsum, iron ore, sand, and rock. Gypsum is stored under roof thus preventing exposure to stormwater. Runoff from the coal storage area is routed to sedimentation ponds. Hazardous waste derived fuel (HWDF) is stored in containers in bulk storage areas. The HWDF bulk storage area is designed to prevent run-on and runoff.**

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	<i>Sedimentation Pond</i>	1-U
002	<i>Sedimentation Pond</i>	1-U
003	<i>Sedimentation Pond</i>	1-U
003A	<i>Sedimentation Pond</i>	1-U
SW-1	<i>None</i>	
SW-2	<i>None</i>	

**V. Non Stormwater 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 discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name of Official Title (type or print)	Signature	Date Signed
<i>Dan Peterson, Plant Manager</i>	<i>See Next Page</i>	

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.

**Dry weather observations**

**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.

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	0	146.1	003A	0	48
002	0	8.2	SW-1	0	139
003	30	516.4			

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.

**Materials stored on site consist of coal, cement, clinker, gypsum, iron ore, sand, and rock. Gypsum is stored under roof thus preventing exposure to stormwater. Runoff from the coal storage area is routed to sedimentation ponds. Hazardous waste derived fuel (HWDF) is stored in containers in bulk storage areas. The HWDF bulk storage area is designed to prevent run-on and runoff.**

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

Outfall Number	Treatment	List Codes from Table 2F.1
001	Sedimentation Pond	1-U
002	Sedimentation Pond	1-U
003	Sedimentation Pond	1-U
003A	Sedimentation Pond	1-U
SW-1	None	

**V. Non Stormwater 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 discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E, application for the outfall.

Name of Official Title (type or print) <b>Dan Peterson, Plant Manager</b>	Signature 	Date Signed <b>03/30/06</b>
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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.

**Dry weather observations**

**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.



*Please see attached sheet*

**VII. Discharge Information**

A, B, C, & D: See instruction before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered 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)

**Analytical information is provided on Form 2C and PPS form for Outfalls 001, 002 and 003. There were no samples for outfall 003A.**

**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)

**Toxicity testing was carried out the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of 1996 and the 1<sup>st</sup> quarter of 1997. Tests were on *Ceriodaphnia dubia* and fathead minnows. The results indicated no lethal or sublethal toxicity at the low flow dilution. Ash Grove Cement received a letter from ADEQ on 5/7/97 releasing them from the quarterly biomonitoring requirement.**

**IX. Contact analysis Information**

Were any of the analysis reported in item VII performed by a contact 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

**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) <b>Dan Peterson, Plant Manager</b>	B. Area Code and Phone No. <b>(870) 542-6217 Ext 3270</b>
C. Signature 	D. Date Signed <b>3/28/06</b>










Form 2F VI - Significant Leaks or spills

Approximate dates or Periods of Waste Spills	Material Type and Amount Spilled	Location of Spill	Description of Response Actions (Federal, State, Local, or Private)	Incident Number
November 15, 2003	Less than 100 gal HWDF	During a transfer operation, less than 100 gallons were released through the magnetic pressure relief hatch from a 25,000 gal tank in the containment area. Less than 1 gallon was released outside of the containment area onto the concrete apron	All liquid was pumped back into the tank. The area was cleaned with solvent and then steam cleaned. All cleaning materials generated were put into 6-gallon buckets and burned in the facility's permitted cement kiln.	70542
May 3, 2003	Off-road diesel 1500 gallons	The diesel was spill outside of the containment area of the 'old quarry' above ground storage tank. High pressure from the off loading operation to the tank forced the hose out of the tank and discharged fuel against the inside wall of the building where the tank resides. The building protects the above ground tank containment from rainwater, but does not provide containment. The fuel flowed out of the building down a ditch and into a second major plant ditch where it was stopped. It covered the floor of the concrete building that houses the fuel tank and an area of about 100 square feet including the ditches that diverted its flow.	a contractor pumped the fuel out of the ditch and tank containment area.	643931
February 1, 2003	One quart HWDF	HWDF leaked from a blow down line onto the concrete thermal oxidizer pad at the LWDF storage facility	There was no release to soil or water outside the concrete surface of the thermal oxidizer pad. Employees cleaned up the material with absorbent and placed it into two 6-gallon pails and subsequently disposed of in Ash Grove's permitted cement kilns.	635673

Form 2F VI - Significant Leaks or spills

Approximate dates or Periods of Waste Spills	Material Type and Amount Spilled	Location of Spill	Description of Response Actions (Federal, State, Local, or Private)	Incident Number
June 11, 2002	50 gallons HWDF	A pipe nipple inside the containment area broke off the transfer line. The spill was contained within the containment area.	The liquid was pumped into the north 30,000 gallon storage tank and the containment floor was steam cleaned. Spilled material was also cleaned up by using sand to absorb the liquid. The sand/HWDF mixture was shoveled into 6-gallon buckets and subsequently burned in the facility's permitted cement kilns. A contractor was used to further decontaminate the affected concrete surface.	609980
October 24, 2002	30 gallons of HWDF	Pipeline rupture in the HWDF containment area. Less than one-half pound of fuel escaped the facility through a small opening in the facilities run-on control system.	Water and foam fire suppression fluid, and less than 30-gallons of fuel that collected in the secondary containment system was pumped by an outside contractor.	NA

U.S. ENVIRONMENTAL PROTECTION AGENCY  
**APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER**  
 EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL 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.

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
001	33	41	0	94	25	30	French Creek
002	33	41	0	94	25	30	French Creek
003	33	41	10	94	25	30	French Creek
003A	33	41	16	94	25	14	French Creek
SW-1	33	40	30	94	24	50	French Branch
SW-2	33	41	05	94	24	13	UT to Sterling Branch

**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 stormwater 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	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	Active Quarry Dewatering	Variable	Settling Pond	1-U
	Stormwater Runoff	Variable	Settling Pond	1-U
	Fishing Lake	Variable	Settling Pond	1-U
002	Stormwater Runoff	Variable	Settling Pond	1-U
003	Coal Processing Area	Variable	Settling Pond	1-U
	Truck Washout Water	Variable	Settling Pond	1-U
	Sanitary Wastewater	Variable	Settling Pond	1-U
	Stormwater Runoff	Variable	Settling Pond	1-U
	Non-Contact Cooling Water	Variable	Settling Pond	1-U
	Process Area Washdown Water	Variable	Settling Pond	1-U
003A	CKD Landfill Leachate and Runoff	Variable	Settling Pond	1-U
SW-1	Stormwater Runoff	Variable	None	
SW-2	Stormwater Runoff	Variable	None	

OFFICIAL USE ONLY (effluent guidelines sub-categories)







**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 purpose below)  NO (go to Section VIII)

**Biological testing has been conducted at the facility.**

**Toxicity testing was carried out the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of 1996 and the 1<sup>st</sup> quarter of 1997. Tests were on Ceriodaphnia dubic and fathead minnows. The results indicated no lethal or sublethal toxicity at the low flow dilution. Ash Grove Cement received a letter from ADEQ on 5/7/97 releasing them from the quarterly biomonitoring requirement.**

**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)
Arkansas Analytical, Inc.	11701 Interstate 30 Building 1, Suite 115 Little Rock, AR 72209-7037	(501) 455-3233	All
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	

**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>Dan Peterson/Plant Manager</b>	B. PHONE NO. (area code & no.) <b>(870) 542-6217 ext. 3270</b>
C. SIGNATURE 	D. DATE SIGNED <b>3/28/06</b>

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)

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)										OUTFALL NO. 003				
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	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS		3. UNITS (specify if blank)		4. INTAKE (optional)			
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) ANALYSIS	(2) ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES		
a. Biochemical Oxygen Demand (BOD)	2.22						1		mg/L					
b. Chemical Oxygen Demand (COD)	<10						1		mg/L					
c. Total Organic Carbon (TOC)	5.17						1		mg/L					
d. Total Suspended Solids (TSS)	6.0						1		mg/L					
e. Ammonia (as N)	<0.5						1		mg/L					
f. Flow	0.28								MGD					
g. Temperature (winter)	15.6						1		Celsius					
h. Temperature (summer)	N/A													
i. pH	7.78						1		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 limitation 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'		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS		3. UNITS (specify if blank)		4. INTAKE (optional)	
	a. EXCEEDED PRESENT	b. BELIEVED ABSENT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) ANALYSIS	(2) ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.73						1		mg/L			
b. Chlorine, Total Residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.05						1		mg/L			
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25						1		PCU			
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5						1		col/100 mls			
e. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.539						1		mg/L			
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<1.0						1		mg/L			

\*Estimated



ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. BE. PRESENT	b. BE. LIMIT ASSENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSIS	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS						
g. Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.68			1	mg/L				
h. Oil and Grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<1.0			1	mg/L				
i. Phosphorus (as P), Total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.022			1	mg/L				
j. Radioactivity											
(1) Alpha, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
(2) Beta, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
(3) Radium, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
(4) Radium 226, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	222			1	mg/L				
l. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.50			1	mg/L				
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<2.0			1	mg/L				
n. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.674			1	mg/L				
o. Aluminum, Total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.201			1	mg/L				
p. Barium, Total (7440-39-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.107			1	mg/L				
q. Boron, Total (7440-42-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.104			1	mg/L				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01			1	mg/L				
s. Iron, Total (7439-89-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.121			1	mg/L				
t. Magnesium, Total (7430-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.43			1	mg/L				
u. Molybdenum, Total (7439-96-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.023			1	mg/L				
v. Manganese, Total (7439-96-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.016			1	mg/L				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.05			1	mg/L				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.05			1	mg/L				

\*Estimated

**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 industry), nonprocess wastewater outfalls, and non-required 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 (specify if blank)			5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION (2) MASS	c. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>												
1m. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
2M. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
4M. Cadmium, Total (7440-43-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
13M. Zinc, Total (7440-68-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
<b>DIOXIN</b>												
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									

\*Estimated

DESCRIBE RESULTS

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		c. BELIEVED ABSENT	3. EFFLUENT			4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSE S	
	a. TESTING REQUIRED	b. BELIEVED PRESENT		a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) FRACTION (2) MASS		
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>												
1V Acrotoxin (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
2V Acrylonitrile (107-13-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
3V Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
4V Bis (Chloromethyl) Ether (542-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
5V Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
6V Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
7V Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
8V Chlorodibromomethane (124-46-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
9V Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
10V 2-Chloroethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
11V Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
12V Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
13V Dichlorodifluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
14V 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
15V 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
16V 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
17V 1,2-Dichloropropane (75-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
18V 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
19V Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
20V Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
21V Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				

\*\* Not analyzed since Bis (chloromethyl) Ether (542-59-1) has been deleted from 40 CFR 122, Appendix D Table I



1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		c. BELIEVED ABSENT	3. EFFLUENT		d. NO. OF ANALYSES	4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES	
	a. TESTING REQUIRED	b. BELIEVED PRESENT		a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVRG. VALUE	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. MASS
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>												
22 V Methylene Chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
23 V 1,1,2,2-Tetrachloroethane (78-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
24 V Trichloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
25 V Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
26 V 1,2-Trans-Dichloroethene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
27 V 1,1,1-Trichloroethane (71-55-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
28 V 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
29 V Trichloroethylene (79-01-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
30 V Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
31 V Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
<b>GC/MS FRACTION - ACID COMPOUNDS</b>												
1A 2-Carboxyphenol (85-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
2A 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
3A 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
4A 4,5-Dinitro-Cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
5A 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
6A 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
7A 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
8A p-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
9A p-Chlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
10A p-Nitrophenol (108-96-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		
11A 2,4,6-Trichlorophenol (89-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L		

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS (specify if blank)		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. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES	
	(1) CONCENTRATION	(2) MASS RATION	(1) CONCENTRATION	(2) MASS RATION	(1) CONCENTRATION	(2) MASS RATION	(1) CONCENTRATION	(2) MASS RATION	(1) CONCENTRATION	(2) MASS RATION
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>										
15. Acenaphthylene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
25. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
35. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
48. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
59. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
68. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
78. 3,4-Benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
88. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
98. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
108. Bis (2-Chloromethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
118. Bis (2-Chloroethyl) Ether (102-00-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
128. Bis (2-Chloroisopropyl) Ether (102-00-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
138. Bis (2-Ethoxy) Phthalate (117-91-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
148. 4-Bromophenyl Phenyl Ether (501-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
158. Butyl Benzyl Phthalate (85-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
168. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
178. 4-Chlorophenyl Phenyl Ether (1005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
188. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
198. Dibenz (ah) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
208. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
218. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			2. EFFLUENT			3. UNITS (specify if blank)			4. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) MASS (2) CONCENTRATION	b. NO. OF ANALYSES
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>											
225 1,4-Dichlorobenzene (105-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
258 3,3'-Dichlorobenzidine (91-54-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
24B Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
25B Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
26B Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
27B 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
30B 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
29B Di-N-Octyl Phthalate (117-94-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
30S 1,2-Diphenylhydrazine (as Azobenzene) (122-65-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
31B Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
32B Fluorene (85-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
33B Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
34B Hexachlorobiphenylene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
35B Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
36B Hexachloroethane (87-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
37B Indeno (1,2,3-cd) Pyrene (183-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
38B Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
39B Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
40B Nitroperylene (99-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
41B N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
42B N-Nitrosodipropylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (specify if blank)		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>											
438 N-Nitrosodiphenylamine (186-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
448 Phthalimide (85-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
456 Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
468 1,2,4-Trichlorobenzene (120-62-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
<b>GC/MS FRACTION - PESTICIDES</b>											
1P Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
2P α-BHC (319-64-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
3P β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
4P γ-BHC (56-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
5P δ-BHC (319-66-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
6P Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
7P 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
8P 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
9P 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
10P Dieldrin (80-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
11P α-Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
12P β-Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
13P Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
14P Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
15P Endrin Aldehyde (7421-83-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
16P Heptachlor (75-44-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			



CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	c. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES
<b>GCMS - PESTICIDES (continued)</b>									
17P Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
18P PCB-1242 (53466-21-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
19P PCB-1254 (11087-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
20P PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
21P PCB-1232 (11141-18-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
22P PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
23P PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
24P PCB-1076 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
25P Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	

++MDL reported; see attached laboratory data sheets and case narrative.

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)

**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 ANALYSIS	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	
a. Biochemical Oxygen Demand (BOD)	1.92					1	mg/L					
b. Chemical Oxygen Demand (COD)	21.8					1	mg/L					
c. Total Organic Carbon (TOC)	7.70					1	mg/L					
d. Total Suspended Solids (TSS)	5.2					1	mg/L					
e. Ammonia (as N)	<0.5					1	mg/L			Value		
f. Flow	0.014						MGD			Value		
g. Temperature (winter)	14.5					1	Celsius			Value		
h. Temperature (summer)	N/A									Value		
i. pH	8.5					1	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 limitation 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. 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 ANALYSIS	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	
a. Bromide (24959-87-9)	<input type="checkbox"/>	<0.5				1	mg/L					
b. Chlorine Total Residual	<input checked="" type="checkbox"/>	<0.02				1	mg/L					
c. Color	<input checked="" type="checkbox"/>	15				1	PCU					
d. Fecal Coliform	<input checked="" type="checkbox"/>	6				1	col/100 mls					
e. Fluoride (16984-46-8)	<input type="checkbox"/>	0.587				1	mg/L					
f. Nitrate-Nitrite (as N)	<input checked="" type="checkbox"/>	<1				1	mg/L					

\*Estimated

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)		b. NO. OF ANALYSES
	a. BE-LEADED PRESS. ENT. SENT	b. UNLEADED PRESS. ENT. SENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. MASS	
				(1) CONCENTRATION	(2) MASS						
g. Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.79			1	mg/L				
h. Oil and Grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<1.0			1	mg/L				
i. Phosphorus (as P), Total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
j. Radioactivity											
(1) Alpha, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
(2) Beta, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
(3) Radium, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
(4) Radium 226, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.5			1	mg/L				
l. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.02			1	mg/L				
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<2.0			1	mg/L				
n. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.136			1	mg/L				
o. Aluminum, Total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.036			1	mg/L				
p. Barium, Total (7440-38-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.022			1	mg/L				
q. Boron, Total (7440-42-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.615			1	mg/L				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01			1	mg/L				
s. Iron, Total (7439-89-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.029			1	mg/L				
t. Magnesium, Total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.12			1	mg/L				
u. Molybdenum, Total (7439-98-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.020			1	mg/L				
v. Manganese, Total (7439-95-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.011			1	mg/L				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.05			1	mg/L				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.05			1	mg/L				

\*Estimated



CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from item 1 of Form 1) **OUTFALL NUMBER**  
**001**

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSE S
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED AB-SENT	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	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>											
1M. Antimony, Total (7440-38-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
2M. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
10M. Selenium, Total (782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1		µg/L	
15M. Phenols, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.9				1		µg/L	
<b>DIOXIN</b>											
2,3,7,8-tetra-chlorodibenzo-p-Dioxin (1764-01-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
				DESCRIBE RESULTS							

\*Estimated

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (specify if blank)		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>											
1V Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
2V Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
3V Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
4V Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA							
5V Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
6V Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
7V Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
8V Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
9V Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
10V 2-Chloroethylvinyl Ether (110-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
11V Chloroform (67-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
12V Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
13V Dichlorodifluoromethane (75-71-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA							
14V 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
15V 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
16V 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
17V 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
18V 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
19V Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
20V Methyl Bromide (74-83-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
21V Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			

\*\* Not analyzed since Bis (chloromethyl) Ether (542-88-1) has been deleted from 40 CFR 122, Appendix D Table I

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT			4. UNITS (specify if blank)		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS (3) MASS RATION	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>									
23.3 Methylene Chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
23.1, 1, 2, 3 Trichloroethane (78-38-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
24.4 Isochloroethylene (27-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
25.0 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
28.0 1, 2-Trans-Dichlorostyrene (156-50-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
27.0 1, 1, 1-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
28.0 1, 1, 2-Trichloroethane (78-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
29.0 Trichloroethylene (100-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
30.0 Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA					
31.0 Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
<b>GC/MS FRACTION - ACID COMPOUNDS</b>									
13.3 Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
24.2, 4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
34.3, 4-Dimethylphenol (105-87-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
44.4, 8-Dinitro-O-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
54.2, 4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
64.2 Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
74.4 Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
84.4 P-Chloro-Nitrophenol (98-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
94.4 Para-chlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
104.4 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
114.2, 4, 6-Dinitrophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS (specify if blank)		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 ANAL. YES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>								
15 Acenaphthene (83-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
28 Acenaphthylene (208-90-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
36 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
48 Benzidine (92-87-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
56 Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
68 Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
76 3,4-Benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
88 Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
96 Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
108 Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
116 Bis (2-Chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
128 Bis (2-Chloroethoxy) Ethyl Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
136 Bis (2-ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
148 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
156 Bis (2-Benzyl) Phthalate (83-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
168 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
176 4-Chlorophenyl Phenyl Ether (705-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
188 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
198 Dieneo (n) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
208 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L
216 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L



1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		2. EFFLUENT		d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. 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)	a. CONCENTRATION	b. MASS	b. LONG TERM AVERAGE VALUE (if available)
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>										
22B 1,4-Dichlorobenzene (108-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
23B 3,3-Dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
24B Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
25B Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
26B Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
27B 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
28B 29-Dinitrotoluene (906-29-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
29B Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
30B 1,2-Diphenylhydrazine (as Ac-benzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
31B Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
32B Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
33B Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
34B Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
35B Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
36B Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
37B Indeno (1,2,3-cd) Pyrene (183-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
38B Isophthalic acid (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
39B Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
40B Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
41B N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		
42B N-Nitrosodimethylamine (921-84-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L		

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (specify if blank)		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	(1) CONCENTRATION	(2) MASS
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>												
43B N-Nitrosodiphenylamine (86-30-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
44B Permethrin (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
45B Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
46B 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
<b>GC/MS FRACTION - PESTICIDES</b>												
1P Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
2P α-BHC (319-84-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
3P β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
4P γ-BHC (68-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
5P δ-BHC (319-95-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
6P Chlordane (57-74-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
7P 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
8P 4,4'-DDE (72-55-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
9P 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
10P Dieldrin (80-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
11P α-Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
12P β-Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
13P Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
14P Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
15P Endrin Aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
16P Heptachlor (75-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				



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

OUTFALL NUMBER  
001

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT		3. UNITS (specify if blank)	4. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	d. NO. OF ANALYSES			a. CONCENTRATION	b. LONG TERM AVERAGE VALUE
GCMS - PESTICIDES (continued)								
17P Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	1	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES
16P PCB-1242 (63469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND		1		
19P PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND		1		
20P PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND		1		
21P PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND		1		
22P PCB-1246 (12872-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND		1		
23P PCB-1260 (11096-82-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND		1		
24P PCB-1016 (12874-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND		1		
25P Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND		1		

++MDL reported; see attached laboratory data sheets and case narrative.

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)

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

OUTFALL NO.  
002

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 ANALYSIS	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	
a. Biochemical Oxygen Demand (BOD)		1.45					1	mg/L					
b. Chemical Oxygen Demand (COD)		20.4					1	mg/L					
c. Total Organic Carbon (TOC)		5.57					1	mg/L					
d. Total Suspended Solids (TSS)		13.0					1	mg/L					
e. Ammonia (as N)		<0.5					1	mg/L					
f. Flow		0.003						MGD				Value	
g. Temperature (winter)		10.5					1		Celcius			Value	
h. Temperature (summer)		N/A										Value	
i. pH		7.81					1		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 limitation 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. 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 ANALYSIS	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	
a. Bromide (24959-67-9)	<input checked="" type="checkbox"/>	0.472					1	mg/L					
b. Chlorine, Total Residual	<input checked="" type="checkbox"/>	0.03					1	mg/L					
c. Color	<input checked="" type="checkbox"/>	55					1	PCU					
d. Fecal Coliform	<input checked="" type="checkbox"/>	110					1	col/100 mls					
e. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	0.484					1	mg/L					
f. Nitrate-Nitrite (as N)	<input checked="" type="checkbox"/>	<0.2					1	mg/L					

\*Estimated

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. BE-LEVED PRESENT	b. BE-LEVED ABSENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSIS	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS						
g. Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.83			1	mg/L				
h. Oil and Grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<1.0			1	mg/L				
i. Phosphorus (as P), Total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.050			1	mg/L				
J. Radioactivity											
(1) Alpha, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
(2) Beta, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
(3) Radium, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
(4) Radium 226, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	262			1	mg/L				
l. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.02			1	mg/L				
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<2.0			1	mg/L				
n. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.047			1	mg/L				
o. Aluminum, Total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.444			1	mg/L				
p. Barium, Total (7440-39-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.045			1	mg/L				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.1			1	mg/L				
r. Cobalt, Total (7440-45-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01			1	mg/L				
s. Iron, Total (7439-89-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.932			1	mg/L				
t. Magnesium, Total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.1			1	mg/L				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01			1	mg/L				
v. Manganese, Total (7439-96-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.148			1	mg/L				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.05			1	mg/L				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.05			1	mg/L				

\*Estimated

**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 non-required 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 2c 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 (specify if blank)			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. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>												
1M. Antimony, Total (7440-38-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
2M. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
4M. Cadmium, Total (7440-43-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
6M. Copper, Total (7440-50-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
10M. Selenium, Total (7702-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1	µg/L	
<b>DIOXIN</b>												
2,3,7,8-Tetra-Chlorodibenzo-P-Dioxin (1704-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									

DESCRIBE RESULTS



CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS (specify if blank)		5. INTAKE (optional)					
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>												
1V Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
2V Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
3V Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
4V Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
5V Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
6V Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
7V Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
8V Chlorobromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
9V Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
10V 2-Chloroethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
11V Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
12V Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
13V Dichlorodifluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA								
14V 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
15V 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
16V 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
17V 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
18V 1,3-Dichloropropylene (542-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
19V Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
20V Methyl Bromide (74-83-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				
21V Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L				

\*\* Not analyzed since Bis (chloromethyl) Ether (542-88-1) has been deleted from 40 CFR 122, Appendix D Table I

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS (specify if blank)		5. INTAKE (optional)	b. NO. OF ANALYSES		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS			d. NO. OF ANALYSES	a. CONCENTRATION
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>										
23 V Methylene Chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
23 V 1,1,2,2-Tetrachloroethane (78-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
24 V 1,1,1,1-Tetrachloroethane (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
25 V Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
26 V 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
27 V 1,1,1-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
28 V 1,1,2-Trichloroethane (78-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
29 V Trichloroethylene (78-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
30 V Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA						
31 V Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
<b>GC/MS FRACTION - ACID COMPOUNDS</b>										
1A 3-Cresol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
2A 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
3A 2,4-Dinitrophenol (105-87-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
4A 4-Nitrophenol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
5A 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
6A 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
7A 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
8A p-Chloro-Cresol (95-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
9A p-Chlorophenol (87-88-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
10A Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	
11A 2,4,6-Trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND				1	µg/L	



CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS (specify if blank)		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. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	S
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>									
1B Acenaphthene (83-32-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
2B Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
3B Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
4B Benzidine (92-87-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
5B Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
6B Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
7B 3,4-Benzofluoranthene (205-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
8B Benzo (ghi) Perylene (181-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
9B Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
10B Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
11B Bis (2-Chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
12B Bis (2-Chloroisopropyl) Ether (102-62-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
13B Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
14 B 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
15B Butyl Benzyl Phthalate (95-88-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
16B 2-Chloronaphthalene (91-59-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
17B 4-Chlorophenyl Phenyl Ether (703572-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
18B Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
19B Dibenz (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
20B 1,2-Diblorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	
21B 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L	

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. 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	S			(µg) MASS	S
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>											
228 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
235 3,3'-Dichlorobenzidine (91-84-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
248 Diethyl Pthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
258 Dimethyl Pthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
268 Di-N-Butyl Pthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
278 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
288 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
298 Di-N-Octyl Pthalate (117-64-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
308 1,2-Dinitrohydrazine (as 4,4'-benzene) (122-65-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
318 Fluoranthene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
328 Fluorene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
338 Hexachlorobenzene (119-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
348 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
358 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
368 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
378 Isoneo (1,2,3-cd) Pyrene (109-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
388 Isophthalic acid Pyrene (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
398 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
408 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
418 N-Nitrosodimethylamine (62-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
428 N-Nitrosodimethylamine (62-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT		4. UNITS (Specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES	
	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)	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>											
43B N-Nitrosophenylamine (86-30-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
44B 1,1-Dichloroethane (78-07-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
45B Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
46B 1,2,4-Trichlorobenzene (120-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
<b>GC/MS FRACTION - PESTICIDES</b>											
1P Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
2P α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
3P β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
4P γ-BHC (58-93-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
5P δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
6P Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
7P 4,4'-DDE (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
8P 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
9P 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
10P Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
11P α-Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
12P β-Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
13P Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
14P Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
15P Endrin Aldehyde (7421-89-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
16P Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1) OUTFALL NUMBER  
002

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. 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) MASS	
<b>GC/MS - PESTICIDES (continued)</b>											
17P Heptachlor Epoxide (10234-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
18P PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
19P PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
20P PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
21P PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
22P PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
23P PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
24P PCB-1016 (12874-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			
25P Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND			1	µg/L			

++MDL reported; see attached laboratory data sheets and case narrative.

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

**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	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow										Value		
g. Temperature (winter)										Value		
h. Temperature (summer)										Value		
i. pH												

**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 limitation 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'		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		b. NO. OF ANALYSES
	a. SELECTED PRESENT	b. BELIEVED ABSENT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>												
b. Chlorine Total Residual	<input type="checkbox"/>	<input type="checkbox"/>												
c. Color	<input type="checkbox"/>	<input type="checkbox"/>												
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>												
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>												
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>												

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\*Estimated



ITEM V-B CONTINUED FROM FRONT

1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)	
	A. RE- LEASED EXT	B. RE- LEASED EXT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	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
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>								
h. Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>								
i. Phosphorus (as P), Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>								
j. Radioactivity										
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	15.4				1	pCi/l		
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	31.5				1	pCi/l		
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.305				1	pCi/l		
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.352				1	pCi/l		
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>								
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>								
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>								
n. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>								
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>								
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>								
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>								
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>								
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>								
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>								
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>								
v. Manganese, Total (7439-95-5)	<input type="checkbox"/>	<input type="checkbox"/>								
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>								
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>								

\*Estimated

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)

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

OUTFALL NO.  
002

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)		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	(3) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS
a. Biochemical Oxygen Demand (BOD)								
b. Chemical Oxygen Demand (COD)								
c. Total Organic Carbon (TOC)								
d. Total Suspended Solids (TSS)								
e. Ammonia (as N)								
f. Flow							Value	
g. Temperature (winter)							Value	
h. Temperature (summer)							Value	
i. pH								
							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 limitation 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'		2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. BE- LIEVED PRE- S- ENT	b. BE- LIEVED AB- S- ENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	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	(3) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS
a. Bromide (24959-87-9)	<input type="checkbox"/>	<input type="checkbox"/>									
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>									
c. Color	<input type="checkbox"/>	<input type="checkbox"/>									
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>									
e. Fluoride (15984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>									
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>									

\*Estimated

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)		
	A. SEC. LEVIED PREP. DATE	B. SEC. LEVIED ASSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS						
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>									
h. Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>									
i. Phosphorus (as P), Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>									
j. Radioactivity											
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	<b>3.44</b>				<b>1</b>	<b>pCi/l</b>			
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	<b>33.4</b>				<b>1</b>	<b>pCi/l</b>			
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<b>3.00</b>				<b>1</b>	<b>pCi/l</b>			
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	<b>0.179</b>				<b>1</b>	<b>pCi/l</b>			
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>									
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>									
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>									
n. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>									
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>									
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>									
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>									
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>									
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>									
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>									
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>									
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>									
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>									
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>									

\*Estimated

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

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

OUTFALL NO.  
003

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 ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (CONCENTRATION)	b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
a. Biochemical Oxygen Demand (BOD)										
b. Chemical Oxygen Demand (COD)										
c. Total Organic Carbon (TOC)										
d. Total Suspended Solids (TSS)										
e. Ammonia (as N)										
f. Flow								Value		
g. Temperature (winter)								Value		
h. Temperature (summer)								Value		
i. pH										

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 limitation 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'		2. EFFLUENT				3. UNITS (specify if blank)			4. INTAKE (optional)		
	a. BE- LIEVED PRE- SNT	b. BE- LIEVED AS- SNT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (CONCENTRATION)	b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
a. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>										
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>										
c. Color	<input type="checkbox"/>	<input type="checkbox"/>										
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>										
e. Fluoride (16984-48-3)	<input type="checkbox"/>	<input type="checkbox"/>										
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>										

\*Estimated

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)	
	U.S. EPCRA PRESENT	U.S. EPCRA ABSENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES	
	(1) CONCENTRATION	(2) MASS	(3) MASS CONCENTRATION	(4) MASS CONCENTRATION	(5) MASS CONCENTRATION	(6) MASS	(7) CONCENTRATION	(8) MASS CONCENTRATION	(9) MASS	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>								
h. Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>								
i. Phosphorus (as P), Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>								
j. Radioactivity										
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	3.55				1	pCi/l		
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	63.5				1	pCi/l		
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.632				1	pCi/l		
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.254				1	pCi/l		
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>								
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>								
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>								
n. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>								
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>								
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>								
q. Boron, Total (7440-42-9)	<input type="checkbox"/>	<input type="checkbox"/>								
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>								
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>								
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>								
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>								
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>								
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>								
x. Titanium, Total (7440-32-8)	<input type="checkbox"/>	<input type="checkbox"/>								

\*Estimated



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

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

OUTFALL NO.  
003A

1. POLLUTANT	2. EFFLUENT				d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		b. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. MASS	
		(1) CONCENTRATION	(2) MASS							
a. Biochemical Oxygen Demand (BOD)										
b. Chemical Oxygen Demand (COD)										
c. Total Organic Carbon (TOC)										
d. Total Suspended Solids (TSS)										
e. Ammonia (as N)										
f. Flow								Value		
g. Temperature (winter)								Value		
h. Temperature (summer)								Value		
i. pH										
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 limitation 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'		2. EFFLUENT				d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		b. NO. OF ANALYSES
	USE LOWER PRESENT	USE UPPER PRESENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. MASS	
				(1) CONCENTRATION	(2) MASS							
a. Bromide (24959-87-9)	<input type="checkbox"/>	<input type="checkbox"/>										
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>										
c. Color	<input type="checkbox"/>	<input type="checkbox"/>										
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>										
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>										
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>										

\*Estimated

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)	
	a. BE-LEVED PRE-ENT	b. BE-LEVED SERV	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	e. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSIS	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
	(1) MASS	(2) MASS	(1) CONCENTRATION	(2) MASS	(3) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>								
h. Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>								
i. Phosphorus (as P), Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>								
j. Radioactivity										
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	3.56			1	pCi/l			
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	133			1	pCi/l			
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	5.9			1	pCi/l			
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.471			1	pCi/l			
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>								
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>								
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>								
n. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>								
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>								
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>								
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>								
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>								
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>								
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>								
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>								
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>								
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>								
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>								

\*Estimated