

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: Dempsey Reclaimed Mine Site
- Legal Applicant Name (If the applicant is different from the above): Tremont Corporation
3. Operator Name: Tremont Corporation
4. Is the operator identified in number 2 above, the owner of the facility? ☒ Yes ☐ No
5. NPDES Permit Number (If Applicable): AR0036609
6. NPDES General Permit Number (If Applicable): ARG
7. NPDES General Storm Water Permit Number (If Applicable): _____
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:

Permit Name

Permit Number

Held by

Dresser Industries Magcobar Mine Site

AR0049794

Tre Mgmt/HSE

49-00072
P

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

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

Approximately 1 to 2 miles west of the Fancy Hill community which is located approximately 4.5 miles west of Hopper,
Arkansas off of Arkansas State Highway 240

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

Street: NA
City: _____ County: _____ State: _____ Zip: _____

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

Street: Three Lincoln Center, Suite 1700, 5430 LBJ Freeway P.O. Box _____
City: Dallas State: TX Zip: 75240-2697

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:

1620 Primary, _____ Other, _____ Other

6. Design Flow: _____ MGD Highest Monthly Average of the last two years Flow: 0.458 MGD ^{0.131}

17. Is Outfall equipped with a diffuser? ☐ Yes ☒ No

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

Name: Robert Graham Title: Vice President
Address: Three Lincoln Center, Suite 1700, 5430 LBJ Freeway Phone Number: 972-233-1700
City: Dallas State: TX Zip: 75240-2697

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

Name: Kevin Lombardozzi Title: Director, Environmental Affairs
Address: Three Lincoln Center, Suite 1700, 5430 LBJ Freeway Phone Number: 972-488-1480
City: Dallas State: TX Zip: 75240-2697

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

Name:	FTN Associates, Ltd.				
Address:	3 Innwood Circle; Suite 220			Phone Number:	(501) 225-7779
City:	Little Rock	State:	AR	Zip:	72211

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location:

Lat: 34 ° 21 ' 26 " Long: 93 ° 47 ' 22 " Section: 29 Township: 4 South
Montgomery
Range: 26 West County: y Nearest Town: Fancy Hill USGS Hydrologic Unit Code: 08040102
What map scale is used? 1:24,000 What Method is used? A Indicate Technical Accuracy 2
What map datum is used? NAD 1927 Where is the collection point? Approximate center of site

2. Outfall/monitoring Location:

Outfall 001:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ " Section: _____
USGS Hydrologic Unit Code: _____ What map scale is used? _____ What Method is used? _____
Indicate Technical Accuracy _____ What map datum is used? _____ Where is the collection point? _____
Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Outfall 002:

Lat: 34 ° 21 ' 22 " Long: 93 ° 47 ' 17 " Section: 29
USGS Hydrologic Unit Code: 08040102 What map scale is used? 1:24,000 What Method is used? A
NAD
Indicate Technical Accuracy 2 What map datum is used? 1927 Where is the collection point? Outfall
Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):
Unnamed tributary to the South Fork of the Caddo River in Segment 2F of the Ouachita 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):

* *outfall 002, ad 004*

Water from the reclaimed areas of the Dempsey site is collected in a panel that was lined in 1994. Overflow from this pond flows to a peat moss filter and flows down a series of limestone terraces held in place by concrete weirs.

* *Treatment system - telephone conversation with Mr. Weiden (consultant for facility)*

Section B.2 (continued)

Outfall 004:

Lat: 34 ° 21 ' 20 " Long: 93 ° 47 ' 23 " Section: 29

USGS Hydrologic Unit Code: 08040102 What map scale is used: 1:24,000 What Method is used? A

Indicate Technical Accuracy 2 What map datum is used? NAD 1927 Where is the collection point? Outfall

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

Unnamed tributary to the South Fork of the Caddo River in Segment 2F of the Ouachita River Basin

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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) _____ This facility doesnot generate any sludge.*

* email from Mr. Ray Wieda (FTN consultant)

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): _____

Distance from Discharge point: ☐ Within 5 mile ☐ Within 50 mile

☐ **Surface Water**- Name of Surface Water Source: _____

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

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.

ease 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.

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? _____

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):

Passive treatment of surface run-off to settle suspended solids and neutralize pH.

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
NA				

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)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: _____ (GPD)

Time of batch discharges _____ at _____
(days of week) (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

Answer questions 2, 3, and 4 only if you are subject to Categorical Pretreatment Standards.

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. 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.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

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

No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: _____ (GPD)

Time of batch discharges _____ at _____
(days of week) (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned: Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

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 7)

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

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.

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

- a. 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.
- b. Specifications and complete design calculations.
- c. 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

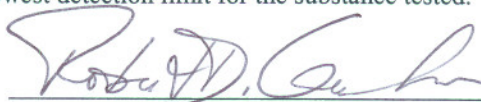
Partnership, a general partner

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:

7/15/05

Printed name of responsible official:

Robert Graham

Official title of responsible official:

Vice President,

Telephone Number

972-233-1700

signature in Section H 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:

Kevin Lombardozzi

NAME (first, last)

Director, Environmental Affairs

972-448-1480

TITLE

TELEPHONE



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.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
002	34	21	22	93	47	17	Unnamed tributary to the South Fork of the Caddo River
004	34	21	20	93	47	23	Unnamed tributary to the South Fork of the Caddo River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

[illegible]

OFFICIAL USE ONLY (effluent guidelines sub-categories)

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

☒ YES (complete the following table)☐ NO (go to Section III)

1. OUTFALL NUMBER <i>(list)</i>	2. OPERATION(S)/ CONTRIBUTING FLOW <i>(list)</i>	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK <i>(specify average)</i>	b. MONTHS PER YEAR <i>(specify average)</i>	a. FLOW RATE <i>(in mgd)</i>		b. TOTAL VOLUME <i>(specify with units)</i>		c. DUR- ATION <i>(in days)</i>
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
002	Surface run-off	7	10			NA	NA	NA
004	Surface run-off	7	10			NA	NA	NA

III. PRODUCTION

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

☐ YES (complete Item III-B)☒ NO (go to Section IV)

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

☐ YES (complete Item III-C)☐ NO (go to Section IV)

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

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

IV. IMPROVEMENTS

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

☐ YES (complete the following table)☐ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
Stipulation and Settlement Agreement LIS No. 91-002	002 004	Acid Mine Drainage	Reclaimed mine sites		

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED.

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NA			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

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

: NO (go to Section VIII)

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)
American Interplex	8600 Kanis Road Little Rock, AR 72204	(501) 224-5060	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. PHONE NO. (area code & no.)
Kevin Lombardozzi	972-448-1480
C. SIGNATURE 	D. DATE SIGNED 7/15/05

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

OUTFALL NO.

002

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.

I. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO OF ANALYSES	a. 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)	<2	<7.6	-	-	-	-	1	mg/L	lbs/day			
b. Chemical Oxygen Demand (COD)	<10	<38.20	-	-	-	-	1	mg/L	lbs/day			
c. Total Organic Carbon (TOC)	1.3	5.0	-	-	-	-	1	mg/L	lbs/day			
d. Total Suspended Solids (TSS)	<4	<15.3	-	-	-	-	1	mg/L	lbs/day			
e. Ammonia (as N)	<0.1	<0.38	-	-	-	-	1	mg/L	lbs/day			
f. Flow	VALUE 0.458		VALUE 0.458		VALUE 0.025		23	mgd	-	VALUE		
g. Temperature (winter)	VALUE ambient		VALUE		VALUE		-	°C		VALUE		
h. Temperature (summer)	VALUE ambient		VALUE		VALUE		-	°C		VALUE		
i. pH	MINIMUM 6.2	MAXIMUM 7.2	MINIMUM 6.2	MAXIMUM 7.2			23	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 2-a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2-a, 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.

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

ITEM V-B CONTINUED FROM FRONT

002

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)	X		120	458										
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)	X		0.17	0.65										
p. Barium, Total (7440-39-3)	X		0.035	0.134										
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		0.19	0.73										
t. Magnesium, Total (7439-95-4)	X		8.4	32.1										
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)	X		1.6	6.11										
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUED FROM PAGE 3 OF FORM 2-C

002

002

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVE D PRESENT	c. BELIEVE D ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE 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	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)		X		0.019	0.073										
10M. Selenium, total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		0.032	0.122										
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												

DIOXIN

2,3,7,8 Tetra- chlorodibenzo-P- Dioxin (1764-01-6)			X	DESCRIBE RESULTS
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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (if available)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSES	a. 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	
C/MS FRACTION - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- ethyl) Ether- (42-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene(542-75- 6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetra-chloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1- Tri-chloroethane (71-55-6)			X												
28V. 1,1,2-Tri-chloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X												

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVR. VALUE (if available)		d. NO. OF ANALYSE S	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)			X												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro naphthalene (91-58-7)			X												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro benzene (95-50-1)			X												
21B. 1,3-Dichloro benzene (541-73-1)			X												

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CONTINUED FROM PAGE V-6

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

CONTINUED FROM THE FRONT

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVE D PRESENT	c. BELIEVE D ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PBC-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

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

OUTFALL NO.

004

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.

I. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO OF ANALYSES	a. 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)	<2	<3.5	-	-	-	-	1	mg/L	lbs/day			
b. Chemical Oxygen Demand (COD)	<10	<17.3	-	-	-	-	1	mg/L	lbs/day			
c. Total Organic Carbon (TOC)	1.1	1.91	-	-	-	-	1	mg/L	lbs/day			
d. Total Suspended Solids (TSS)	<4	<6.9	-	-	-	-	1	mg/L	lbs/day			
e. Ammonia (as N)	<0.1	<0.17	-	-	-	-	1	mg/L	lbs/day			
f. Flow	VALUE 0.208		VALUE 0.208		VALUE 0.012		23	mgd	-	VALUE		
g. Temperature (winter)	VALUE ambient		VALUE		VALUE		-	°C		VALUE		
h. Temperature (summer)	VALUE ambient		VALUE		VALUE		-	°C		VALUE		
i. pH	MINIMUM 6.2	MAXIMUM 7.2	MINIMUM 6.2	MAXIMUM 7.2			23	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 2-a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2-a, 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.

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

004

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)	X		120	208										
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)	X		0.72	1.25										
p. Barium, Total (7440-39-3)	X		0.026	0.045										
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		0.34	0.59										
t. Magnesium, Total (7439-95-4)	X		11	19.1										
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)	X		3.4	5.9										
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUED FROM PAGE 3 OF FORM 2-C

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

Table (all 7 pages) for each outfall. See instructions for additional details and requirements.															
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE 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	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)		X		0.053	0.092										
10M. Selenium, total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		0.084	0.146										
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												

DIOXIN

2,3,7,8 Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS
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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (if available)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSES	a. 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	
C/MS FRACTION - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- ethyl) Ether- (42-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene(542-75- 6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

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

OUTFALL NUMBER

004

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1- Tri-chloroethane (71-55-6)			X												
28V. 1,1,2-Tri-chloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloroethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloroethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)			X												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro naphthalene (91-58-7)			X												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro benzene (95-50-1)			X												
21B. 1,3-Dichloro benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

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

CONTINUED FROM FRONT

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)							
	a. TESTING REQUIRED	b. BELIEVE D PRESENT	c. BELIEVE D ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
GC/MS FRACTION - PESTICIDES (continued)																			
17P. Heptachlor Epoxide (1024-57-3)			X																
18P. PCB-1242 (53469-21-9)			X																
19P. PCB-1254 (11097-69-1)			X																
20P. PCB-1221 (11104-28-2)			X																
21P. PCB-1232 (11141-16-5)			X																
22P. PBC-1248 (12672-29-6)			X																
23P. PCB-1260 (11096-82-5)			X																
24P. PCB-1016 (12674-11-2)			X																
25P. Toxaphene (8001-35-2)			X																

PERMIT NAME	Dempsey Reclaimed Mine Site			
PERMIT NUMBER	AR00 36609			
	DATE DUE	INITIALS	DATE INITIALED	RETURNED
ADMINISTRATIVE ASSISTANT		SA	7/21/05	
REVIEWING ENGINEER <i>Parviz</i>		PR	11/19/05	2/3/06
BIOMONITORING REVIEWER				
PRETREATMENT REVIEWER				
SLUDGE REVIEWER				
OTHERS AS REQUIRED (<i>Billy</i>)		ACS	11/10/05	
ADMINISTRATIVE ASSISTANT		SA	11-10-05	
PERMITS SECTION CHIEF		MO	11-27-05	
ENFORCEMENT				
PCS REVIEWER				
CHIEF		CMM	5-10-06	-
ADMINISTRATIVE ASSISTANT (Fee)				
SECRETARY		CR	8/17/2006	
<i>Paid PDS084976</i>				

NEW PERMIT _____ RENEWAL ☒ MODIFICATION _____

MAY AFFECT WATER OF ANOTHER STATE: Yes _____ State _____ No _____

MAJOR _____ MINOR _____ POWER PLANT _____

EPA SUBMITTAL REQUIRED? Yes _____ No _____ N/A _____

EPA REVIEW REQUIRED? Yes _____ No _____ N/A _____

REMARKS: _____

NPDES PERMIT PROCESSING CHECKLIST

(Attach to Route Slip)

Permit No. 36609

Permit SIC 1620

Name Dempsey Mine

Permit Action: New Mod Renewal (Circle One)

Action

Initials

Application Received

7/21/05 Logged & File Established
7/21/05 Coded to PCS

JA

Application Reviewed for Completion

Deficiency Letter Sent

Application Complete

AB Coded to PCS
AB Copies Sent to:

COE
BSFW
G & FC
EPA
Historical Society
Health Department

AB

Draft Permit Prepared

Draft Permit to EPA (if applicable)

Comments Received
Draft Permit Modified

Public Notice Issued

Public Notice & Draft Permit to: COE

BSFW
G & FC
Historical Society
Health Department

6/2 Public Notice to Newspaper
Public Notice to Mailing List
Coded to PCS

AB

Public Hearing (if required)

Final Determination

7-31-2004 Issue
7-31-2004 Deny
7-31-2004 Copy of Determination to:

Applicant
Interested Parties
EPA

OK

Response to Comments to Interested Parties

Public Notice (if required)

Permit Issued