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Water Permits Division

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# **Application Form 2D**

## **New Manufacturing, Commercial, Mining, and Silvicultural Operations That Have Not Yet Commenced Discharge of Process Wastewater**

### **NPDES Permitting Program**

**Note:** Complete this form *and* Form 1 if your facility is a new manufacturing, commercial, mining, or silvicultural facility that has yet to commence discharge of process wastewater.

## **Paperwork Reduction Act Notice**

The U.S. Environmental Protection Agency estimates the average burden to complete Form 2D to average 31.5 hours for some minor facilities and 45.5 hours for some major facilities, with a weighted average for major and minor facilities of 32.7 hours per response. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17<sup>th</sup> Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

## FORM 2D—INSTRUCTIONS

### General Instructions

#### Who Must Complete Form 2D?

You must complete Form 2D if you answered “Yes” to Item 1.2.3 on Form 1—that is, if you are a new manufacturing, commercial, mining, or silvicultural facility that has yet to commence discharge of process wastewater.

#### Where to File Your Completed Forms?

Submit your completed application package (Forms 1 and 2D) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1’s “General Instructions” to identify your NPDES permitting authority.

#### Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2D (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2D. Note that NPDES permitting authorities will deny claims for treating any effluent data (estimated or actual) as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

#### Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Facility Registry Service and facility name at the top of each page of Form 2D and any attachments. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of Form 1’s “General Instructions” for contact information. Additionally, for Tables A through E, provide the applicable outfall number at the top of each page.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

### Follow-up Requirements

Form 2D requires that you submit estimated data on your effluent. Note that no later than 24 months after you commence discharging from the proposed facility, you must complete and submit Section 7 of NPDES Application Form 2C [see requirements at 40 CFR 122.21(g)(7)]. However, you need not complete those portions of Section 7 that require tests you have already performed under the discharge monitoring requirements of your NPDES permit.

### Definitions

The legal definitions of all key terms used in these instructions and Form 2D are in the “Glossary” at the end of the “General Instructions” in Form 1.

### Line-by-Line Instructions

#### Section 1. Expected Outfall Location

**Item 1.1.** Identify each of the facility’s outfall structures by number. For each outfall, specify the latitude and longitude to the nearest 15 seconds and name of the receiving water. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary. The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

#### Section 2. Expected Discharge Date

**Item 2.1.** Report the expected date the facility will commence discharging (month, day, and year).

#### Section 3. Average Flows and Treatment

**Item 3.1.** For each outfall, report the operations expected to contribute wastewater to the effluent and an estimated average flow from each. Briefly describe the planned wastewater treatment for each operation or list the applicable treatment code(s) from Exhibit 2D–1, located at the end of these instructions. Finally, for each operation, note the ultimate disposal of any solid or liquid wastes not expected to be discharged.

#### Section 4. Line Drawing

**Item 4.1.** Attach a line drawing showing the expected water flow through your facility, from intake to discharge. Indicate the sources of intake water (e.g., city, well, stream, other); all sources of wastewater contributing to the effluent, including process and production areas, sanitary flows, cooling water, and stormwater runoff; and labeled treatment units. You may group similar operations into a single unit.

## FORM 2D—INSTRUCTIONS CONTINUED

Construct a water balance on the line drawing by showing average flows (specify units) between intakes, operations, treatment units, and outfalls. Show all significant losses of water to products, the atmosphere, and discharge. You should use your best estimate. If you cannot determine a water balance for your activities (such as mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. An example of an acceptable line drawing is provided in Exhibit 2D–2 at the end of these instructions.

### Section 5. Intermittent or Seasonal Flows

**Item 5.1.** Specify whether any of the expected discharges described in Sections 1 and 3 will be intermittent or seasonal. If yes, continue to Item 5.2. If no, skip to Section 6.

**Item 5.2.** List applicable outfalls that will have intermittent or seasonal flows. For each, indicate the operations that will contribute to the flow. For each operation, indicate the average days per week and average months per year the discharge will occur, the maximum daily flow rate, the maximum total volume, and the duration of the discharge in days. The estimated flow rate and volume should not include stormwater runoff, spillage, or leaks. A discharge is intermittent if it occurs with interruptions during the operating hours of the facility. Discharges caused by routine maintenance shutdowns, process changes, or other similar activities are not considered to be intermittent. A discharge is seasonal if it occurs only during certain parts of the year. The frequency is the average recurrence rate of the discharge (in days per week and months per year). The duration is the average value of the time duration during which the discharge occurs (in days).

The maximum daily flow rate is the highest daily value and should be reported in million gallons per day (mgd). Maximum total volume means the total volume of any one discharge within 24 hours and is measured in units such as gallons.

### Section 6. Production

**Item 6.1.** Indicate whether any effluent limitation guidelines (ELGs) promulgated under Section 304 of the Clean Water Act (CWA) apply to your facility. All ELGs promulgated by EPA appear in the *Federal Register* and are published annually in 40 CFR Subchapter N. An ELG applies if you have any operations contributing process wastewater in any subcategory covered by New Source Performance Standards (NSPS). If you are unsure whether you are covered by a promulgated ELG, consult your NPDES permitting authority (see Exhibit 1–1 of Form 1’s “General Instructions”). You must check “Yes” if an applicable ELG has been promulgated, even if the ELG is being contested in court. If you believe that a promulgated ELG has been remanded for reconsideration by a court and does not apply to your operations, you may answer “No” to item 6.1 and skip to Section 7.

**Item 6.2.** Complete Item 6.2 by indicating the applicable ELG category, ELG subcategory, and corresponding regulatory citation. See the example below.

| Applicable ELGs | 6.2 | ELG Category                                      | ELG Subcategory                       | Regulatory Citation   |
|-----------------|-----|---------------------------------------------------|---------------------------------------|-----------------------|
|                 |     | Pulp, Paper, and Paperboard Point Source Category | Secondary Fiber Non-Deink Subcategory | 40 CFR 430, Subpart J |

**Item 6.3.** Indicate whether the limitations in the applicable ELGs are expressed in terms of production (or other measure of operation). An ELG is expressed in terms of production (or another measure of operation) if the limitation is expressed as mass of pollutant per operational parameter (e.g., “pounds of biological oxygen demand per cubic foot of logs from which bark is removed,” or “pounds of total suspended solids per megawatt hour of electrical energy consumed by smelting furnace.”). An example of an ELG not expressed in terms of a measure of operation is one that limits the concentration of pollutants. If you answer “No” to this item, skip to Section 7.

**Item 6.4.** For each applicable outfall to which an applicable production-based ELG applies, list the estimated level of production (projection of actual production level, not design), for each of the first three years of operation. The estimated production level must be a long-term average estimate (e.g., average production on an annual basis). If production will vary depending on long-term shifts in operating schedule or capacity, you may report alternative production estimates, but you must provide the basis for such alternatives. If known, report quantities in units of measurements used in the applicable ELG. If an ELG specifies a method for estimating production, you must follow that method.

### Section 7. Effluent Characteristics and Tables A through E

**General Information.** Section 7 requires you to report *estimated* flow data for the parameters and pollutants listed in Tables A through E, located at the end of Form 2D. You are *not* required to conduct actual sampling and analysis at this time. If, however, data from such analyses are available, you must report those data. Note that no later than 24 months after you begin discharging from the proposed facility, you must complete and submit quantitative data for the pollutants and parameters in Tables A through E. However, you need not report results for tests you have already performed and reported under the discharge monitoring requirements of your NPDES permit.

Complete a set of tables (Tables A through E) for each outfall at your facility. Be sure to note the EPA Identification Number, facility name, and outfall number at the top of each table page and any associated attachments.

Tables A through D require you to report estimated effluent data, with some exceptions, as discussed further below. Base your estimates on available in-house or contractors’ engineering reports or any other studies performed on the proposed facility. Table E requires you to report quantitative data for the pollutants listed, but only if it is already available.

Several tables require you to provide estimates for pollutants you believe will be present in your discharge or will be limited directly by an ELG or indirectly through promulgated limitations on an

## FORM 2D—INSTRUCTIONS CONTINUED

indicator pollutant. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's raw materials, maintenance chemicals, intermediate and final products, byproducts, and any analyses of any pollutant (you are required to report it).

For those pollutants you believe will be present in the discharge, you are to provide the maximum daily and average daily concentration *and* total mass and the source of the information. Use the following codes to report your source information:

| Data Source                              | Code                       |
|------------------------------------------|----------------------------|
| Engineering report                       | 1                          |
| Actual data from pilot plants            | 1                          |
| Estimates from other engineering reports | 2                          |
| Data from other similar plants           | 3                          |
| Best professional estimates              | 4                          |
| Others                                   | 5 and specify on the table |

You may report some or all of your estimates (or actual data when available) by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls, so long as the sheets contain all of the required information and are similar in format to Tables A through E.

### Reporting of Intake Data

If you expect a pollutant to be present solely because of its presence in your intake water, you must mark "Yes" under the "Intake Water" column of Tables A through D. If you wish to obtain credits for pollutants or parameters present in your intake water, insert a separate sheet with a short statement of why you believe you are eligible (see 40 CFR 122.45(g)).

### Reporting of Effluent Data

Report all estimated pollutant or parameter levels as concentration *and* as total mass, with the exception of discharge flow, temperature, and pH.

Use the following abbreviations in the columns requiring "units" in Tables A through E.

| Concentration                                  | Mass                      |
|------------------------------------------------|---------------------------|
| ppm = parts per million                        | lbs = pounds              |
| mg/L = milligrams per liter                    | ton = tons (English tons) |
| ppb = parts per billion                        | mg = milligrams           |
| µg/L = micrograms per liter                    | g = grams                 |
| MPN = most probable number per 100 milliliters | kg = kilograms            |
|                                                | T = tonnes (metric tons)  |

### Conventional and Non-Conventional Parameters

**Item 7.1 and Table A.** All applicants are required to complete Table A for each outfall, including outfalls discharging only noncontact cooling water or nonprocess water *unless* a waiver has been received or requested from the NPDES permitting authority. For each parameter listed on Table A, indicate whether a waiver has been requested. If you have requested a

waiver for *all* pollutants for a given outfall, check the box indicating this at the top of Table A.

To request a waiver, submit a written request to the NPDES permitting authority in advance or with the permit application. The written request should specify the parameters that should be waived and for what outfall(s) and why. The NPDES permitting authority may waive Table A requirements upon a determination that less stringent reporting requirements are adequate to support issuance of an NPDES permit. Attach a copy of any waiver approval notice(s) received, if applicable, to this application.

Answer Item 7.1 by indicating if you are requesting a waiver for any of your outfalls. If yes, continue to Item 7.2. Otherwise, complete Table A by estimating your maximum daily and average daily discharge. Provide the source(s) of your information. Also on Table A, indicate whether you believe each of the parameters will be present in the facility's intake water. See "Reporting of Intake Data" above for further information. Skip to Item 7.3.

**Item 7.2.** Indicate the outfalls for which you have requested a waiver.

**Item 7.3.** Indicate if you have provided estimates or actual data for all Table A parameters for each of your outfalls for which a waiver has not been requested and attach the results to your application package.

### Certain Conventional and Non-Conventional Pollutants

**Items 7.4 through 7.6 and Table B.** Complete one table for each outfall, including outfalls discharging only noncontact cooling water or nonprocess wastewater. Check the box at the top of Table B if you believe *all* pollutants listed will be absent in the discharge. If so, you do not need to complete Table B for the noted outfall. (You still need to complete Items 7.4 through 7.6.) Otherwise, for *each* pollutant listed in Table B, indicate whether you expect it will be present or absent in the discharge or whether the pollutant is limited directly by an ELG or indirectly through promulgated limitations or an indicator pollutant. (For example, total suspended solids is used as an indicator to control the discharge of iron and aluminum.) Next, provide an estimated maximum daily and average daily value, including the source of the information. If you have quantitative data available, report it. Also on Table B, indicate whether you believe the listed pollutants will be present in the facility's intake water. See "Reporting of Intake Data" above for further information. Answer "Yes" to Items 7.4 through 7.6 once you have completed the above tasks.

### Toxic Metals, Total Cyanide, and Total Phenols

**Items 7.7 and 7.8 and Table C.** Complete one table for each outfall, including outfalls discharging only noncontact cooling water or nonprocess wastewater. Check the box at the top of Table C if you believe *all* pollutants listed will be absent in the discharge. If so, you do not need to complete Table C for the noted outfall (unless you have quantitative data available). You still need to respond to Items 7.7 and 7.8, however. Otherwise, indicate whether you believe each pollutant on Table C will be present or absent in your discharge for each applicable outfall. For those pollutants you

## FORM 2D—INSTRUCTIONS CONTINUED

believe will be present, provide an estimated maximum daily and average daily value and source of the information. (Provide quantitative data if you have them available.) Also, on Table C, indicate whether you believe the pollutant is or will be present in your facility's intake water. See "Reporting of Intake Data" above for more information. Answer "Yes" to Items 7.7 and 7.8 when you have completed the above tasks.

### Organic Toxic Pollutants

#### (Gas Chromatography/Mass Spectrometry or GC/MS Fractions)

**Item 7.9.** Applicants are exempt from the reporting requirements associated with Table D if they expect to have gross sales of less than \$100,000 per year for the next three years; also exempt are coal mines with expected average production of less than 100,000 tons of coal per year. If you believe you meet one of these criteria, answer "Yes" to Item 7.9, check the small business box at the top of Table D, and attach projected sales or production figures. Skip to Item 7.12.

The sales or production figures must be for the facility that will be the source of the discharge. The data should not be limited only to production or sales for the process or processes that will contribute to the discharge, unless those are the only processes at the facility.

For sales data, where intra-corporate transfers of goods and services will be involved, the transfer price per unit should approximate market process for those goods and services as closely as possible. If necessary, you may index your sales figures to the second quarter of 1980 to demonstrate your eligibility for a small business exemption. You may accomplish this by using the gross national product price deflator (second quarter of 1980 = 100). This index is available online from the U.S. Department of Commerce, Bureau of Economic Analysis at <http://bea.gov/national/pdf/SNTables.pdf>.

**Item 7.10 and 7.11 and Table D.** Complete one table for each outfall, including outfalls discharging only noncontact cooling water or nonprocess wastewater. Check the box at the top of Table D if you believe *all* pollutants listed will be absent in the discharge from the outfall. If so, you do not need to complete Table D for the noted outfall (unless you have quantitative data available). Otherwise, for *each* pollutant listed, indicate whether you believe it will be present or absent in the discharge. For those you believe will be present, provide an estimated maximum daily and average daily value and the source of the information. Also, on Table D, indicate whether you believe the pollutant is or will be present in your facility's intake water. See "Reporting of Intake Data" above for further information. Finally, answer "Yes" to Items 7.10 and 7.11 when you have completed the above tasks.

### 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)

**Item 7.12.** Answer whether the facility uses or manufactures one or more of the 2,3,7,8-TCDD congeners listed below or if you know or have reason to believe that TCDD is or may be present in effluent from any of your outfalls:

- 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) (CAS # 93-765).
- 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) (CAS # 93-72-1).
- 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) (CAS # 136-25-4).
- 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) (CAS # 299-84-3).
- 2,4,5-trichlorophenol (TCP) (CAS # 95-95-4).
- Hexachlorophene (HCP) (CAS # 70-30-4).

### Certain Hazardous Substances and Asbestos

**Table E.** Complete Table E for each outfall. Check the box at the top of Table E if you believe *all* pollutants listed will be absent in the discharge. Otherwise, for *each* pollutant listed in Table E, indicate whether you believe it will be present or absent in the discharge. If you have quantitative estimates available for any of the pollutants listed, provide the maximum daily and average daily average value and the source of the information. Also, on Table E, if you believe the pollutant is or will be present in your facility's intake water, state so in the "Reason Pollutant Believed Present in Discharge" column.

**Item 7.13.** Indicate whether, for each of your outfalls, you have indicated whether you know or have reason to believe that any pollutants listed in Table E are discharged.

**Item 7.14.** Indicate whether, for each of your outfalls, you have completed and attached Table E to the application describing the reasons the applicable pollutants are expected to be discharged and providing quantitative data if available.

Under 40 CFR 117.12(a)(2), certain discharges of hazardous substances (listed in Exhibit 2D-3 at the end of these instructions) may be exempted from the requirements of Section 311 of the CWA, which establishes reporting requirements, civil penalties, and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance can be exempted if the origin, source, and amount of the discharged substances are identified in the NPDES permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place.

Exemptions are allowed from the requirements of CWA Section 311. Applications for exemptions must set forth the following information:

1. The substance and the amount of each substance that may be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment to be provided for the discharge by:
  - a. An onsite treatment system separate from any treatment system treating your normal discharge;
  - b. A treatment system designed to treat your normal discharge and that is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
  - c. Any combination of the above.

See 40 CFR 117.12(a)(2) and (c) or contact your NPDES permitting authority for further information on exclusions from CWA Section 311.

### Intake Credits

**Item 7.15.** Answer whether you are seeking to obtain credits for any of the pollutants or parameters listed in Section 7 (Tables A through E) in your intake water for any of the facility's outfalls.

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**FORM 2D—INSTRUCTIONS CONTINUED**

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**Section 8. Engineering Report**

**Item 8.1.** Indicate if any technical evaluations have been conducted of your wastewater treatment, including engineering reports or pilot plant studies. If yes, continue to Item 8.2. If no, skip to Item 8.3.

**Item 8.2.** Attach the technical evaluation(s) you considered when responding to Item 8.1 and any related documentation, then answer "Yes" to Item 8.2. The NPDES permit writer will use this information to determine appropriate treatment methods and associated permit conditions and limits.

**Item 8.3.** Answer "Yes" if you are aware of any existing plant(s) that resemble your production processes, wastewater constituents, or wastewater treatment. If you are unaware of such plants, answer "No" and skip to Section 9.

**Item 8.4.** Provide the name and location of any existing plant(s) that resemble(s) your production facility. You do not need to conduct any studies to respond to this item.

**Section 9. Other Information**

**Item 9.1.** Indicate whether you have attached to the application any optional information that you would like considered as part of the application review process. These should be items beyond those you have already noted as being included in the package. Skip to Section 10 if you do not have further information to provide.

**Item 9.2.** List the additional materials attached and note why you think the NPDES permitting authority should consider them when reviewing your application and developing your permit.

**Section 10. Checklist and Certification Statement**

**Item 10.1.** Review the checklist provided. In column 1, mark the sections of Form 2D that you have completed and are submitting with your application. For each section, indicate in column 2 whether you are submitting attachments.

**Item 10.2.** The CWA provides for severe penalties for submitting false information on this application form. Section 309(c)(2) of the CWA provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both."

**FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:**

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

**END**

**Submit your completed Form 1, Form 2D, and  
all associated attachments  
(and any other required NPDES application forms)  
to your NPDES permitting authority.**

## Exhibit 2D–1. Codes for Treatment Units and Disposal of Wastes Not Discharged

### 1. PHYSICAL TREATMENT PROCESSES

|          |                                 |          |                                            |
|----------|---------------------------------|----------|--------------------------------------------|
| 1-A..... | Ammonia stripping               | 1-M..... | Grit removal                               |
| 1-B..... | Dialysis                        | 1-N..... | Microstraining                             |
| 1-C..... | Diatomaceous earth filtration   | 1-O..... | Mixing                                     |
| 1-D..... | Distillation                    | 1-P..... | Moving bed filters                         |
| 1-E..... | Electrodialysis                 | 1-Q..... | Multimedia filtration                      |
| 1-F..... | Evaporation                     | 1-R..... | Rapid sand filtration                      |
| 1-G..... | Flocculation                    | 1-S..... | Reverse osmosis ( <i>hyperfiltration</i> ) |
| 1-H..... | Flotation                       | 1-T..... | Screening                                  |
| 1-I..... | Foam fractionation              | 1-U..... | Sedimentation ( <i>settling</i> )          |
| 1-J..... | Freezing                        | 1-V..... | Slow sand filtration                       |
| 1-K..... | Gas-phase separation            | 1-W..... | Solvent extraction                         |
| 1-L..... | Grinding ( <i>comminutors</i> ) | 1-X..... | Sorption                                   |

### 2. CHEMICAL TREATMENT PROCESSES

|          |                                  |          |                               |
|----------|----------------------------------|----------|-------------------------------|
| 2-A..... | Carbon adsorption                | 2-G..... | Disinfection ( <i>ozone</i> ) |
| 2-B..... | Chemical oxidation               | 2-H..... | Disinfection ( <i>other</i> ) |
| 2-C..... | Chemical precipitation           | 2-I..... | Electrochemical treatment     |
| 2-D..... | Coagulation                      | 2-J..... | Ion exchange                  |
| 2-E..... | Dechlorination                   | 2-K..... | Neutralization                |
| 2-F..... | Disinfection ( <i>chlorine</i> ) | 2-L..... | Reduction                     |

### 3. BIOLOGICAL TREATMENT PROCESSES

|          |                               |          |                                   |
|----------|-------------------------------|----------|-----------------------------------|
| 3-A..... | Activated sludge              | 3-E..... | Pre-aeration                      |
| 3-B..... | Aerated lagoons               | 3-F..... | Spray irrigation/land application |
| 3-C..... | Anaerobic treatment           | 3-G..... | Stabilization ponds               |
| 3-D..... | Nitrification–denitrification | 3-H..... | Trickling filtration              |

### 4. OTHER PROCESSES

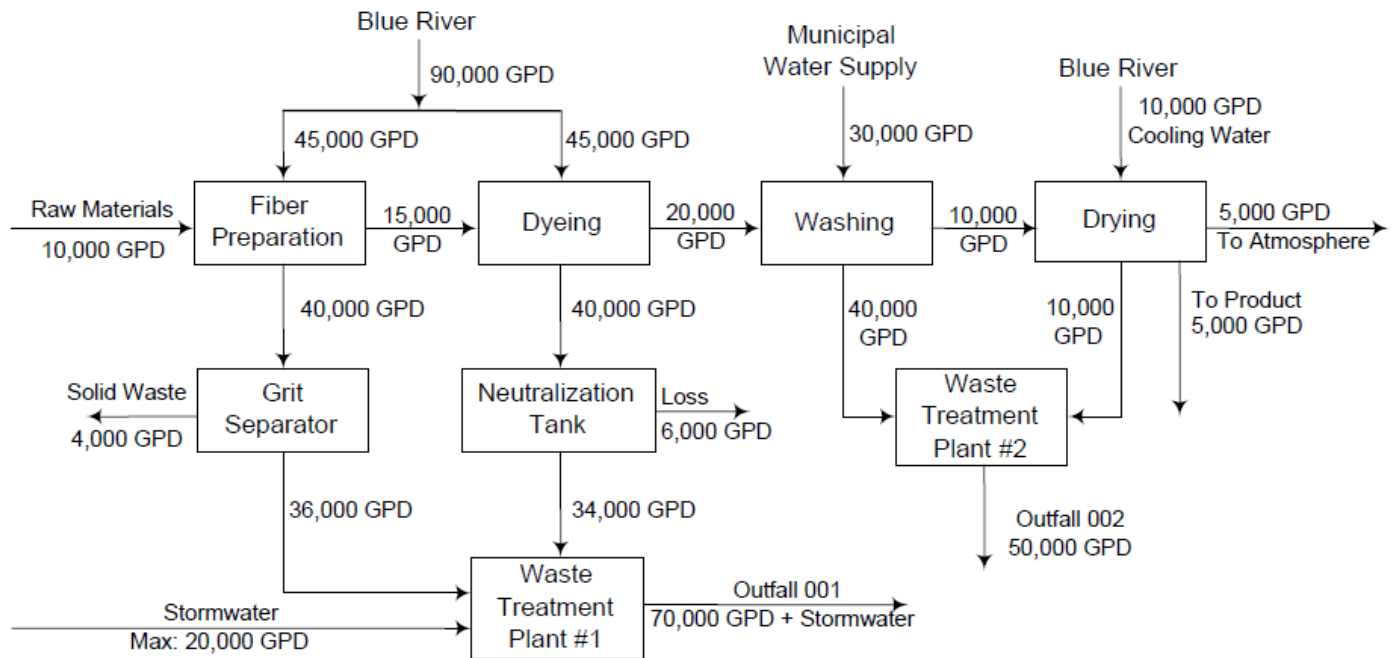
|          |                                 |          |                                   |
|----------|---------------------------------|----------|-----------------------------------|
| 4-A..... | Discharge to surface water      | 4-C..... | Reuse/recycle of treated effluent |
| 4-B..... | Ocean discharge through outfall | 4-D..... | Underground injection             |

### 5. SLUDGE TREATMENT AND DISPOSAL PROCESSES

|          |                       |          |                     |
|----------|-----------------------|----------|---------------------|
| 5-A..... | Aerobic digestion     | 5-M..... | Heat drying         |
| 5-B..... | Anaerobic digestion   | 5-N..... | Heat treatment      |
| 5-C..... | Belt filtration       | 5-O..... | Incineration        |
| 5-D..... | Centrifugation        | 5-P..... | Land application    |
| 5-E..... | Chemical conditioning | 5-Q..... | Landfill            |
| 5-F..... | Chlorine treatment    | 5-R..... | Pressure filtration |
| 5-G..... | Composting            | 5-S..... | Pyrolysis           |
| 5-H..... | Drying beds           | 5-T..... | Sludge lagoons      |
| 5-I..... | Elutriation           | 5-U..... | Vacuum filtration   |
| 5-J..... | Flotation thickening  | 5-V..... | Vibration           |
| 5-K..... | Freezing              | 5-W..... | Wet oxidation       |
| 5-L..... | Gravity thickening    |          |                     |



Exhibit 2D-2. Example Line Drawing



Schematic of Water Flow  
Brown Mills, Inc.  
City, County, State

## Exhibit 2D–3. Hazardous Substances

1. Acetaldehyde
2. Acetic acid
3. Acetic anhydride
4. Acetone cyanohydrin
5. Acetyl bromide
6. Acetyl chloride
7. Acrolein
8. Acrylonitrile
9. Adipic acid
10. Aldrin
11. Allyl alcohol
12. Allyl chloride
13. Aluminum sulfate
14. Ammonia
15. Ammonium acetate
16. Ammonium benzoate
17. Ammonium bicarbonate
18. Ammonium bichromate
19. Ammonium bifluoride
20. Ammonium bisulfite
21. Ammonium carbamate
22. Ammonium carbonate
23. Ammonium chloride
24. Ammonium chromate
25. Ammonium citrate
26. Ammonium fluoroborate
27. Ammonium fluoride
28. Ammonium hydroxide
29. Ammonium oxalate
30. Ammonium silicofluoride
31. Ammonium sulfamate
32. Ammonium sulfide
33. Ammonium sulfite
34. Ammonium tartrate
35. Ammonium thiocyanate
36. Ammonium thiosulfate
37. Amyl acetate
38. Aniline
39. Antimony pentachloride
40. Antimony potassium tartrate
41. Antimony tribromide
42. Antimony trichloride
43. Antimony trifluoride
44. Antimony trioxide
45. Arsenic disulfide
46. Arsenic pentoxide
47. Arsenic trichloride
48. Arsenic trioxide
49. Arsenic trisulfide
50. Barium cyanide
51. Benzene
52. Benzoic acid
53. Benzonitrile
54. Benzoyl chloride
55. Benzyl chloride
56. Beryllium chloride
57. Beryllium fluoride
58. Beryllium nitrate
59. Butylacetate
60. n-butylphthalate
61. Butylamine
62. Butyric acid
63. Cadmium acetate
64. Cadmium bromide
65. Cadmium chloride
66. Calcium arsenate
67. Calcium arsenite
68. Calcium carbide
69. Calcium chromate
70. Calcium cyanide
71. Calcium dodecylbenzenesulfonate
72. Calcium hypochlorite
73. Captan
74. Carbaryl
75. Carbofuran
76. Carbon disulfide
77. Carbon tetrachloride
78. Chlordane
79. Chlorine
80. Chlorobenzene
81. Chloroform
82. Chloropyrifos
83. Chlorosulfonic acid
84. Chromic acetate
85. Chromic acid
86. Chromic sulfate
87. Chromous chloride
88. Cobaltous bromide
89. Cobaltous formate
90. Cobaltous sulfamate
91. Coumaphos
92. Cresol
93. Crotonaldehyde
94. Cupric acetate
95. Cupric acetoarsenite
96. Cupric chloride
97. Cupric nitrate
98. Cupric oxalate
99. Cupric sulfate
100. Cupric sulfate ammoniated
101. Cupric tartrate
102. Cyanogen chloride
103. Cyclohexane
104. 2,4-D acid (2,4-dichlorophenoxyacetic acid)
105. 2,4-D esters (2,4-dichlorophenoxyacetic acid esters)
106. DDT
107. Diazinon
108. Dicamba
109. Dichlobenil
110. Dichlone
111. Dichlorobenzene
112. Dichloropropane
113. Dichloropropene
114. Dichloropropene-dichloropropane mix
115. 2,2-dichloropropionic acid
116. Dichlorvos
117. Dieldrin
118. Diethylamine
119. Dimethylamine
120. Dinitrobenzene
121. Dinitrophenol
122. Dinitrotoluene
123. Diquat
124. Disulfoton
125. Diuron
126. Dodecylbenzenesulfonic acid
127. Endosulfan
128. Endrin
129. Epichlorohydrin
130. Ethion
131. Ethylbenzene
132. Ethylenediamine
133. Ethylene dibromide
134. Ethylene dichloride
135. Ethylene diaminetetracetic acid (EDTA)
136. Ferric ammonium citrate
137. Ferric ammonium oxalate
138. Ferric chloride
139. Ferric fluoride
140. Ferric nitrate
141. Ferric sulfate
142. Ferrous ammonium sulfate
143. Ferrous chloride
144. Ferrous sulfate
145. Formaldehyde
146. Formic acid
147. Fumaric acid
148. Furfural
149. Guthion
150. Heptachlor
151. Hexachlorocyclopentadiene
152. Hydrochloric acid
153. Hydrofluoric acid
154. Hydrogen cyanide
155. Hydrogen sulfide
156. Isoprene
157. Isopropanolamine dodecylbenzenesulfonate
158. Kelthane
159. Kepone
160. Lead acetate
161. Lead arsenate
162. Lead chloride
163. Lead fluoborate
164. Lead fluorite
165. Lead iodide
166. Lead nitrate
167. Lead stearate
168. Lead sulfate
169. Lead sulfide
170. Lead thiocyanate
171. Lindane
172. Lithium chromate
173. Malathion
174. Maleic acid
175. Maleic anhydride
176. Mercaptodimethur
177. Mercuric cyanide
178. Mercuric nitrate
179. Mercuric sulfate
180. Mercuric thiocyanate
181. Mercurous nitrate
182. Methoxychlor
183. Methyl mercaptan
184. Methyl methacrylate
185. Methyl parathion
186. Mevinphos
187. Mexacarbate
188. Monoethylamine
189. Monomethylamine
190. Naled
191. Naphthalene
192. Naphthenic acid
193. Nickel ammonium sulfate
194. Nickel chloride
195. Nickel hydroxide
196. Nickel nitrate
197. Nickel sulfate
198. Nitric acid
199. Nitrobenzene
200. Nitrogen dioxide
201. Nitrophenol
202. Nitrotoluene
203. Paraformaldehyde
204. Parathion
205. Pentachlorophenol
206. Phenol
207. Phosgene
208. Phosphoric acid
209. Phosphorus
210. Phosphorus oxychloride
211. Phosphorus pentasulfide
212. Phosphorus trichloride
213. Polychlorinated biphenyls (PCB)
214. Potassium arsenate
215. Potassium arsenite

### Exhibit 2D–3. Hazardous Substances

|                                     |                                                                          |                                   |
|-------------------------------------|--------------------------------------------------------------------------|-----------------------------------|
| 216. Potassium bichromate           | 245. Sodium phosphate (dibasic)                                          | 271. Uranyl acetate               |
| 217. Potassium chromate             | 246. Sodium phosphate (tribasic)                                         | 272. Uranyl nitrate               |
| 218. Potassium cyanide              | 247. Sodium selenite                                                     | 273. Vanadium penoxide            |
| 219. Potassium hydroxide            | 248. Strontium chromate                                                  | 274. Vanadyl sulfate              |
| 220. Potassium permanganate         | 249. Strychnine                                                          | 275. Vinyl acetate                |
| 221. Propargite                     | 250. Styrene                                                             | 276. Vinylidene chloride          |
| 222. Propionic acid                 | 251. Sulfuric acid                                                       | 277. Xylene                       |
| 223. Propionic anhydride            | 252. Sulfur monochloride                                                 | 278. Xylenol                      |
| 224. Propylene oxide                | 253. 2,4,5-T acid (2,4,5-trichlorophenoxyacetic acid)                    | 279. Zinc acetate                 |
| 225. Pyrethrins                     | 254. 2,4,5-T amines (2,4,5-trichlorophenoxy acetic acid amines)          | 280. Zinc ammonium chloride       |
| 226. Quinoline                      | 255. 2,4,5-T esters (2,4,5-trichlorophenoxy acetic acid esters)          | 281. Zinc borate                  |
| 227. Resorcinol                     | 256. 2,4,5-T salts (2,4,5-trichlorophenoxy acetic acid salts)            | 282. Zinc bromide                 |
| 228. Selenium oxide                 | 257. 2,4,5-TP acid (2,4,5-trichlorophenoxy propanoic acid)               | 283. Zinc carbonate               |
| 229. Silver nitrate                 | 258. 2,4,5-TP acid esters (2,4,5-trichlorophenoxy propanoic acid esters) | 284. Zinc chloride                |
| 230. Sodium                         | 259. TDE (tetrachlorodiphenyl ethane)                                    | 285. Zinc cyanide                 |
| 231. Sodium arsenate                | 260. Tetraethyl lead                                                     | 286. Zinc fluoride                |
| 232. Sodium arsenite                | 261. Tetraethyl pyrophosphate                                            | 287. Zinc formate                 |
| 233. Sodium bichromate              | 262. Thallium sulfate                                                    | 288. Zinc hydrosulfite            |
| 234. Sodium bifluoride              | 263. Toluene                                                             | 289. Zinc nitrate                 |
| 235. Sodium bisulfite               | 264. Toxaphene                                                           | 290. Zinc phenolsulfonate         |
| 236. Sodium chromate                | 265. Trichlorofon                                                        | 291. Zinc phosphide               |
| 237. Sodium cyanide                 | 266. Trichloroethylene                                                   | 292. Zinc silicofluoride          |
| 238. Sodium dodecylbenzenesulfonate | 267. Trichlorophenol                                                     | 293. Zinc sulfate                 |
| 239. Sodium fluoride                | 268. Triethanolamine dodecylbenzenesulfonate                             | 294. Zirconium nitrate            |
| 240. Sodium hydrosulfide            | 269. Triethylamine                                                       | 295. Zirconium potassium fluoride |
| 241. Sodium hydroxide               | 270. Trimethylamine                                                      | 296. Zirconium sulfate            |
| 242. Sodium hypochlorite            |                                                                          | 297. Zirconium tetrachloride      |
| 243. Sodium methylate               |                                                                          |                                   |
| 244. Sodium nitrite                 |                                                                          |                                   |

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|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--------------|
| EPA Identification Number                                              |     | NPDES Permit Number                                                                                                             |                      | Facility Name                                                                                                                                                                                                                                                  |  | Form Approved 03/05/19<br>OMB No. 2040-0004                      |              |
| Form<br>2D<br>NPDES                                                    |     |                                                |                      | <b>U.S. Environmental Protection Agency</b><br><b>Application for NPDES Permit to Discharge Wastewater</b><br><b>NEW MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS</b><br><b>THAT HAVE NOT YET COMMENCED DISCHARGE OF PROCESS WASTEWATER</b> |  |                                                                  |              |
| <b>SECTION 1. EXPECTED OUTFALL LOCATION (40 CFR 122.21(k)(1))</b>      |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
| Outfall Location                                                       | 1.1 | Provide information on each of the facility's outfalls in the table below.                                                      |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|                                                                        |     | Outfall Number                                                                                                                  | Receiving Water Name | Latitude                                                                                                                                                                                                                                                       |  | Longitude                                                        |              |
|                                                                        |     |                                                                                                                                 |                      | °   '   "                                                                                                                                                                                                                                                      |  | °   '   "                                                        |              |
|                                                                        |     |                                                                                                                                 |                      | °   '   "                                                                                                                                                                                                                                                      |  | °   '   "                                                        |              |
|                                                                        |     |                                                                                                                                 |                      | °   '   "                                                                                                                                                                                                                                                      |  | °   '   "                                                        |              |
| <b>SECTION 2. EXPECTED DISCHARGE DATE (40 CFR 122.21(k)(2))</b>        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
| Expected Discharge Date                                                | 2.1 | Month                                                                                                                           |                      | Day                                                                                                                                                                                                                                                            |  | Year                                                             |              |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
| <b>SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(k)(3)(i))</b> |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
| Average Flows and Treatment                                            | 3.1 | For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets as necessary. |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|                                                                        |     | <b>**Outfall Number**</b> _____                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|                                                                        |     | <b>Operations Contributing to Flow</b>                                                                                          |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|                                                                        |     | Operation                                                                                                                       |                      |                                                                                                                                                                                                                                                                |  |                                                                  | Average Flow |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  | mgd          |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  | mgd          |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  | mgd          |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  | mgd          |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  | mgd          |
|                                                                        |     | <b>Treatment Units</b>                                                                                                          |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|                                                                        |     | Description<br>(include size, flow rate through each treatment unit, retention time, etc.)                                      |                      | Code from Exhibit 2D-1                                                                                                                                                                                                                                         |  | Final Disposal of Solid or Liquid Wastes Other Than by Discharge |              |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |
|                                                                        |     |                                                                                                                                 |                      |                                                                                                                                                                                                                                                                |  |                                                                  |              |

|                           |  |                     |               |                                             |
|---------------------------|--|---------------------|---------------|---------------------------------------------|
| EPA Identification Number |  | NPDES Permit Number | Facility Name | Form Approved 03/05/19<br>OMB No. 2040-0004 |
|---------------------------|--|---------------------|---------------|---------------------------------------------|

|                                       |              |                                                                                                   |                               |                                                                         |
|---------------------------------------|--------------|---------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------|
| Average Flows and Treatment Continued | 3.1<br>Cont. | <b>**Outfall Number**</b> _____                                                                   |                               |                                                                         |
|                                       |              | <b>Operations Contributing to Flow</b>                                                            |                               |                                                                         |
|                                       |              | <b>Operation</b>                                                                                  |                               | <b>Average Flow</b>                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              | <b>Treatment Units</b>                                                                            |                               |                                                                         |
|                                       |              | <b>Description</b><br>(include size, flow rate through each treatment unit, retention time, etc.) | <b>Code from Exhibit 2D-1</b> | <b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b> |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              | <b>**Outfall Number**</b> _____                                                                   |                               |                                                                         |
|                                       |              | <b>Operations Contributing to Flow</b>                                                            |                               |                                                                         |
|                                       |              | <b>Operation</b>                                                                                  |                               | <b>Average Flow</b>                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              |                                                                                                   |                               | mgd                                                                     |
|                                       |              | <b>Treatment Units</b>                                                                            |                               |                                                                         |
|                                       |              | <b>Description</b><br>(include size, flow rate through each treatment unit, retention time, etc.) | <b>Code from Exhibit 2D-1</b> | <b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b> |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |
|                                       |              |                                                                                                   |                               |                                                                         |

#### SECTION 4. LINE DRAWING (40 CFR 122.21(k)(3)(ii))

|                     |     |                                                                                                                                                                                                                                                                                              |
|---------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Line Drawing</b> | 4.1 | Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2D-2 at end of instructions for example.)<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### SECTION 5. INTERMITTENT OR SEASONAL FLOWS (40 CFR 122.21(k)(3)(iii))

|                                       |                |                                                                                                                                                                                                                          |                   |                     |                         |                      |          |
|---------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|-------------------------|----------------------|----------|
| <b>Intermittent or Seasonal Flows</b> | 5.1            | Except for stormwater runoff, leaks, or spills, are any expected discharges described in Sections 1 and 3 intermittent or seasonal?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6. |                   |                     |                         |                      |          |
|                                       | 5.2            | Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.                                                                                                |                   |                     |                         |                      |          |
|                                       | Outfall Number | Operations (list)                                                                                                                                                                                                        | Frequency         |                     | Rate and Volume         |                      | Duration |
|                                       |                |                                                                                                                                                                                                                          | Average Days/Week | Average Months/Year | Maximum Daily Discharge | Maximum Total Volume |          |
|                                       |                |                                                                                                                                                                                                                          | days/week         | months/year         | mgd                     | gallons              | days     |
|                                       |                |                                                                                                                                                                                                                          | days/week         | months/year         | mgd                     | gallons              | days     |
|                                       |                |                                                                                                                                                                                                                          | days/week         | months/year         | mgd                     | gallons              | days     |
|                                       | Outfall Number | Operations (list)                                                                                                                                                                                                        | Frequency         |                     | Rate and Volume         |                      | Duration |
|                                       |                |                                                                                                                                                                                                                          | Average Days/Week | Average Months/Year | Maximum Daily Discharge | Maximum Total Volume |          |
|                                       |                |                                                                                                                                                                                                                          | days/week         | months/year         | mgd                     | gallons              | days     |
|                                       |                |                                                                                                                                                                                                                          | days/week         | months/year         | mgd                     | gallons              | days     |
|                                       |                |                                                                                                                                                                                                                          | days/week         | months/year         | mgd                     | gallons              | days     |
|                                       | Outfall Number | Operations (list)                                                                                                                                                                                                        | Frequency         |                     | Rate and Volume         |                      | Duration |
|                                       |                |                                                                                                                                                                                                                          | Average Days/Week | Average Months/Year | Maximum Daily Discharge | Maximum Total Volume |          |
|                                       |                |                                                                                                                                                                                                                          | days/week         | months/year         | mgd                     | gallons              | days     |
|                                       |                | days/week                                                                                                                                                                                                                | months/year       | mgd                 | gallons                 | days                 |          |
|                                       |                | days/week                                                                                                                                                                                                                | months/year       | mgd                 | gallons                 | days                 |          |

#### SECTION 6. PRODUCTION (40 CFR 122.21(k)(4))

|                   |     |                                                                                                                                                                                                    |                 |                     |
|-------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|
| <b>Production</b> | 6.1 | Do any effluent limitation guidelines (ELGs) promulgated by EPA under CWA Section 304 apply to your facility?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7. |                 |                     |
|                   | 6.2 | Provide the following information on applicable ELGs.                                                                                                                                              |                 |                     |
|                   |     | ELG Category                                                                                                                                                                                       | ELG Subcategory | Regulatory Citation |
|                   |     |                                                                                                                                                                                                    |                 |                     |
|                   |     |                                                                                                                                                                                                    |                 |                     |

|                             |                                                                       |                                                                                                                                                                                                   |                                        |                                                                      |                        |
|-----------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------|------------------------|
| <b>Production Continued</b> | 6.3                                                                   | Are the limitations in the applicable ELGs expressed in terms of production (or other measure of operation)?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7. |                                        |                                                                      |                        |
|                             | 6.4                                                                   | Provide an expected measure of average daily production expressed in terms and units of applicable ELGs.                                                                                          |                                        |                                                                      |                        |
|                             | <b>Expected Actual Average Daily Production for First Three Years</b> |                                                                                                                                                                                                   |                                        |                                                                      |                        |
|                             | <b>Outfall Number</b>                                                 | <b>Year</b>                                                                                                                                                                                       | <b>Operation, Product, or Material</b> | <b>Quantity per Day</b><br><small>(note basis if applicable)</small> | <b>Unit of Measure</b> |
|                             |                                                                       | Year 1                                                                                                                                                                                            |                                        |                                                                      |                        |
|                             |                                                                       | Year 2                                                                                                                                                                                            |                                        |                                                                      |                        |
|                             |                                                                       | Year 3                                                                                                                                                                                            |                                        |                                                                      |                        |
|                             |                                                                       | Year 1                                                                                                                                                                                            |                                        |                                                                      |                        |
|                             |                                                                       | Year 2                                                                                                                                                                                            |                                        |                                                                      |                        |
|                             |                                                                       | Year 3                                                                                                                                                                                            |                                        |                                                                      |                        |

**SECTION 7. EFFLUENT CHARACTERISTICS (40 CFR 122.21(k)(5))**

|                                 |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Effluent Characteristics</b> | See the instructions to determine the parameters and pollutants you are required to monitor and, in turn, the tables you must complete. Note that not all applicants need to complete each table. |                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                 | <b>Table A. Conventional and Non-Conventional Parameters</b>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                 | 7.1                                                                                                                                                                                               | Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A parameters for any of your outfalls?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3.                                                                                                                                                 |  |  |
|                                 | 7.2                                                                                                                                                                                               | If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.<br>Outfall number _____ Outfall number _____ Outfall number _____                                                                                                                                                                               |  |  |
|                                 | 7.3                                                                                                                                                                                               | Have you have provided estimates or actual data for all Table A parameters for each of your outfalls for which a waiver has not been requested and attached the results to this application package?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all parameters at all outfalls. |  |  |
|                                 | <b>Table B. Certain Conventional and Non-Conventional Pollutants</b>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                 | 7.4                                                                                                                                                                                               | Have you checked "Believed Present" for all pollutants listed in Table B that are limited directly or indirectly by an applicable ELG?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |  |  |
|                                 | 7.5                                                                                                                                                                                               | Have you checked "Believed Present" or "Believed Absent" for all remaining pollutants listed in Table B?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                 |  |  |
|                                 | 7.6                                                                                                                                                                                               | Have you provided estimated data for those Table B pollutants for which you have indicated are "Believed Present" in your discharge?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                     |  |  |



|                           |                     |               |                                             |
|---------------------------|---------------------|---------------|---------------------------------------------|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved 03/05/19<br>OMB No. 2040-0004 |
|---------------------------|---------------------|---------------|---------------------------------------------|

|                                                            |                                                                |                                                                                                                                                                                                                                                                                                                                    |  |
|------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effluent Characteristics Continued                         | <b>Table C. Toxic Metals, Total Cyanide, and Total Phenols</b> |                                                                                                                                                                                                                                                                                                                                    |  |
|                                                            | 7.7                                                            | Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>                                                                                  |  |
|                                                            | 7.8                                                            | Have you completed Table C by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>                                         |  |
|                                                            | <b>Table D. Organic Toxic Pollutants (GC/MS Fractions)</b>     |                                                                                                                                                                                                                                                                                                                                    |  |
|                                                            | 7.9                                                            | Do you qualify for a small business exemption under the criteria specified in the Instructions?<br><br><input type="checkbox"/> Yes → Note that you qualify at the top of Table D, then SKIP to Item 7.12. <span style="margin-left: 200px;"><input type="checkbox"/> No</span>                                                    |  |
|                                                            | 7.10                                                           | Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table D for all outfalls?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>                                                                                  |  |
|                                                            | 7.11                                                           | Have you completed Table D by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>                                         |  |
|                                                            | <b>2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)</b>              |                                                                                                                                                                                                                                                                                                                                    |  |
|                                                            | 7.12                                                           | Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the Instructions, or do you know or have reason to believe that TCDD is or may be present in effluent from any of your outfalls?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span> |  |
|                                                            | <b>Table E. Certain Hazardous Substances and Asbestos</b>      |                                                                                                                                                                                                                                                                                                                                    |  |
|                                                            | 7.13                                                           | Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table E for all outfalls?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>                                                                                  |  |
|                                                            | 7.14                                                           | Have you completed Table E by reporting the reason the pollutants are expected to be present and available quantitative data for pollutants you indicated are "Believed Present" for each applicable outfall?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>             |  |
|                                                            | <b>Intake Credits, Tables A through E</b>                      |                                                                                                                                                                                                                                                                                                                                    |  |
|                                                            | 7.15                                                           | Are you applying for net credits for the presence of any of the pollutants on Tables A through E for any of your outfalls?<br><br><input type="checkbox"/> Yes → Consult with your NPDES permitting authority. <span style="margin-left: 200px;"><input type="checkbox"/> No</span>                                                |  |
| <b>SECTION 8. ENGINEERING REPORT (40 CFR 122.21(k)(6))</b> |                                                                |                                                                                                                                                                                                                                                                                                                                    |  |
| Engineering Report                                         | 8.1                                                            | Do you have any technical evaluations of your wastewater treatment, including engineering reports or pilot plant studies?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 8.3.</span>                                                                             |  |
|                                                            | 8.2                                                            | Have you provided the technical evaluation and all related documents to this application package?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>                                                                                                                         |  |
|                                                            | 8.3                                                            | Are you aware of any existing plant(s) that resemble production processes, wastewater constituents, or wastewater treatment at your facility?<br><br><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Section 9.</span>                                                        |  |

|                           |                     |               |                                             |
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|                                         |     |                                                      |                                   |
|-----------------------------------------|-----|------------------------------------------------------|-----------------------------------|
| <b>Engineering Report<br/>Continued</b> | 8.4 | Provide the name and location of the similar plants. |                                   |
|                                         |     | <b>Name of Similar Plants</b>                        | <b>Location of Similar Plants</b> |
|                                         |     |                                                      |                                   |
|                                         |     |                                                      |                                   |
|                                         |     |                                                      |                                   |

| SECTION 9. OTHER INFORMATION (40 CFR 122.21(k)(7)) |     |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Other Information</b>                           | 9.1 | Have you attached any optional information that you would like considered as part of the application review process (i.e., material beyond that which you have already noted in the application as being attached)?<br><input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Section 10.</span> |
|                                                    | 9.2 | List the additional items and briefly note why you have included them.                                                                                                                                                                                                                                                                         |
|                                                    |     | 1.                                                                                                                                                                                                                                                                                                                                             |
|                                                    |     | 2.                                                                                                                                                                                                                                                                                                                                             |
|                                                    |     | 3.                                                                                                                                                                                                                                                                                                                                             |
|                                                    |     | 4.                                                                                                                                                                                                                                                                                                                                             |
|                                                    |     | 5.                                                                                                                                                                                                                                                                                                                                             |

| SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d)) |                          |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Checklist and Certification Statement</b>                                 | 10.1                     | In Column 1 below, mark the sections of Form 2D that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or tables, or provide attachments. |                                                                                                                                                                                                                                                                                            |
|                                                                              |                          | <b>Column 1</b>                                                                                                                                                                                                                                                                                                                         | <b>Column 2</b>                                                                                                                                                                                                                                                                            |
|                                                                              | <input type="checkbox"/> | Section 1: Expected Outfall Location                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)                                                                                                                                                                                                          |
|                                                                              | <input type="checkbox"/> | Section 2: Expected Discharge Date                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                    |
|                                                                              | <input type="checkbox"/> | Section 3: Average Flows and Treatment                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                    |
|                                                                              | <input type="checkbox"/> | Section 4: Line Drawing                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments                                                                                                                                                                                                |
|                                                                              | <input type="checkbox"/> | Section 5: Intermittent or Seasonal Flows                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                    |
|                                                                              | <input type="checkbox"/> | Section 6: Production                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                    |
|                                                                              | <input type="checkbox"/> | Section 7: Effluent Characteristics                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> w/ Table A waiver request or approval <input type="checkbox"/> Table A<br><input type="checkbox"/> Table B <input type="checkbox"/> Table C<br><input type="checkbox"/> Table D <input type="checkbox"/> Table E<br><input type="checkbox"/> w/ other attachments |
|                                                                              | <input type="checkbox"/> | Section 8: Engineering Report                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> w/ technical evaluations and related attachments                                                                                                                                                                                                                  |
|                                                                              | <input type="checkbox"/> | Section 9: Other Information                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> w/ optional information                                                                                                                                                                                                                                           |
|                                                                              | <input type="checkbox"/> | Section 10: Checklist and Certification Statement                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> w/ attachments                                                                                                                                                                                                                                                    |

|                                                    |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                             |
|----------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------|
| EPA Identification Number                          |      | NPDES Permit Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Facility Name | Form Approved 03/05/19<br>OMB No. 2040-0004 |
| Checklist and Certification Statement<br>Continued | 10.2 | <b>Certification Statement</b><br><br><i>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> |               |                                             |
|                                                    |      | Name (print or type first and last name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | Official title                              |
|                                                    |      | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | Date signed                                 |
|                                                    |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                             |

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| TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETER ESTIMATES (40 CFR 122.21(k)(5)(ii)) <sup>1</sup>                                                                     |                                     |                |                                       |                                           |                                                      |                                                              |                              |                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------|---------------------------------------|-------------------------------------------|------------------------------------------------------|--------------------------------------------------------------|------------------------------|-----------------------------|--|
| Pollutant                                                                                                                                                                 | Waiver Requested<br>(if applicable) | Units          | Effluent Data                         |                                           |                                                      |                                                              | Intake Water                 |                             |  |
|                                                                                                                                                                           |                                     |                | Maximum Daily Discharge<br>(required) | Average Daily Discharge<br>(if available) | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per parameter) |                              |                             |  |
| <input type="checkbox"/> Check here if you have applied to your NPDES authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall. |                                     |                |                                       |                                           |                                                      |                                                              |                              |                             |  |
| 1. Biochemical oxygen demand (BOD <sub>5</sub> )                                                                                                                          | <input type="checkbox"/>            | Concentration  |                                       |                                           |                                                      |                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|                                                                                                                                                                           |                                     | Mass           |                                       |                                           |                                                      |                                                              |                              |                             |  |
| 2. Chemical oxygen demand (COD)                                                                                                                                           | <input type="checkbox"/>            | Concentration  |                                       |                                           |                                                      |                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|                                                                                                                                                                           |                                     | Mass           |                                       |                                           |                                                      |                                                              |                              |                             |  |
| 3. Total organic carbon (TOC)                                                                                                                                             | <input type="checkbox"/>            | Concentration  |                                       |                                           |                                                      |                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|                                                                                                                                                                           |                                     | Mass           |                                       |                                           |                                                      |                                                              |                              |                             |  |
| 4. Total suspended solids (TSS)                                                                                                                                           | <input type="checkbox"/>            | Concentration  |                                       |                                           |                                                      |                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|                                                                                                                                                                           |                                     | Mass           |                                       |                                           |                                                      |                                                              |                              |                             |  |
| 5. Ammonia (as N)                                                                                                                                                         | <input type="checkbox"/>            | Concentration  |                                       |                                           |                                                      |                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|                                                                                                                                                                           |                                     | Mass           |                                       |                                           |                                                      |                                                              |                              |                             |  |
| 6. Flow                                                                                                                                                                   | <input type="checkbox"/>            | Rate           |                                       |                                           |                                                      |                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| 7. Temperature                                                                                                                                                            | <input type="checkbox"/>            | °C             | °C                                    |                                           |                                                      |                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|                                                                                                                                                                           | <input type="checkbox"/>            | °C             | °C                                    |                                           |                                                      |                                                              |                              |                             |  |
| 8. pH                                                                                                                                                                     | <input type="checkbox"/>            | Standard units | s.u.                                  |                                           |                                                      |                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|                                                                                                                                                                           | <input type="checkbox"/>            | Standard units | s.u.                                  |                                           |                                                      |                                                              |                              |                             |  |

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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| TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii)) <sup>1</sup> |                                                                                                                                                                                              |                                    |                          |                                                                                                                                                  |                                       |                                           |                                                      |                                                         |                                                          |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| Pollutant                                                                                            |                                                                                                                                                                                              | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to be Present or Limited by an ELG<br>(Provide both concentration and mass estimates for each pollutant.) |                                       |                                           |                                                      |                                                         |                                                          |
|                                                                                                      |                                                                                                                                                                                              | Believed Present                   | Believed Absent          | Effluent                                                                                                                                         |                                       |                                           |                                                      | Intake Water                                            |                                                          |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Units                                                                                                                                            | Maximum Daily Discharge<br>(required) | Average Daily Discharge<br>(if available) | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per item) |                                                          |
| <input type="checkbox"/>                                                                             | Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table B for the noted outfall <i>unless</i> you have quantitative data available. |                                    |                          |                                                                                                                                                  |                                       |                                           |                                                      |                                                         |                                                          |
| 1.                                                                                                   | Bromide<br>(24959-67-9)                                                                                                                                                                      | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 2.                                                                                                   | Chlorine, total residual                                                                                                                                                                     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 3.                                                                                                   | Color                                                                                                                                                                                        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 4.                                                                                                   | Fecal coliform                                                                                                                                                                               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 5.                                                                                                   | Fluoride<br>(16984-48-8)                                                                                                                                                                     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 6.                                                                                                   | Nitrate-nitrite                                                                                                                                                                              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 7.                                                                                                   | Nitrogen, total organic (as N)                                                                                                                                                               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 8.                                                                                                   | Oil and grease                                                                                                                                                                               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 9.                                                                                                   | Phosphorus (as P), total (7723-14-0)                                                                                                                                                         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 10.                                                                                                  | Sulfate (as SO <sub>4</sub> )<br>(14808-79-8)                                                                                                                                                | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 11.                                                                                                  | Sulfide (as S)                                                                                                                                                                               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                                                                                                                                                                              |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |

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| TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii)) <sup>1</sup> |                                               |                                    |                          |                                                                                                                                                  |                                       |                                           |                                                      |                                                         |                                                          |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| Pollutant                                                                                            |                                               | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to be Present or Limited by an ELG<br>(Provide both concentration and mass estimates for each pollutant.) |                                       |                                           |                                                      |                                                         |                                                          |
|                                                                                                      |                                               | Believed Present                   | Believed Absent          | Effluent                                                                                                                                         |                                       |                                           |                                                      | Intake Water                                            |                                                          |
|                                                                                                      |                                               |                                    |                          | Units                                                                                                                                            | Maximum Daily Discharge<br>(required) | Average Daily Discharge<br>(if available) | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per item) |                                                          |
| 12.                                                                                                  | Sulfite (as SO <sub>3</sub> )<br>(14265-45-3) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 13.                                                                                                  | Surfactants                                   | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 14.                                                                                                  | Aluminum, total<br>(7429-90-5)                | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 15.                                                                                                  | Barium, total<br>(7440-39-3)                  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 16.                                                                                                  | Boron, total<br>(7440-42-8)                   | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 17.                                                                                                  | Cobalt, total<br>(7440-48-4)                  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 18.                                                                                                  | Iron, total<br>(7439-89-6)                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 19.                                                                                                  | Magnesium, total<br>(7439-95-4)               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 20.                                                                                                  | Molybdenum, total<br>(7439-98-7)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 21.                                                                                                  | Manganese, total<br>(7439-96-5)               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 22.                                                                                                  | Tin, total<br>(7440-31-5)                     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                               |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |



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| TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii)) <sup>1</sup> |                                |                                    |                          |                                                                                                                                                  |                                       |                                           |                                                      |                                                         |                                                          |
|------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| Pollutant                                                                                            |                                | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to be Present or Limited by an ELG<br>(Provide both concentration and mass estimates for each pollutant.) |                                       |                                           |                                                      |                                                         |                                                          |
|                                                                                                      |                                | Believed Present                   | Believed Absent          | Effluent                                                                                                                                         |                                       |                                           |                                                      | Intake Water                                            |                                                          |
|                                                                                                      |                                |                                    |                          | Units                                                                                                                                            | Maximum Daily Discharge<br>(required) | Average Daily Discharge<br>(if available) | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per item) |                                                          |
| 23.                                                                                                  | Titanium, total<br>(7440-32-6) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 24.                                                                                                  | Radioactivity                  |                                    |                          |                                                                                                                                                  |                                       |                                           |                                                      |                                                         |                                                          |
| 24.1                                                                                                 | Alpha, total                   | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 24.2                                                                                                 | Beta, total                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 24.3.                                                                                                | Radium, total                  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |
| 24.4                                                                                                 | Radium 226, total              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                                    |                                       |                                           |                                                      |                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                      |                                |                                    |                          | Mass                                                                                                                                             |                                       |                                           |                                                      |                                                         |                                                          |

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE C. TOXIC METALS, TOTAL CYANIDE, AND TOTAL PHENOLS (40 CFR 122.21(k)(5)(iii)(A))<sup>1</sup>**

| Pollutant<br>(CAS Number, if available)                                                                                                                                                                               | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to be Present in Discharge<br>(Provide both concentration and mass estimates for each pollutant.) |                                       |                                           |                                                       |                                                               |                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|------------------------------|-----------------------------|
|                                                                                                                                                                                                                       | Believed Present                   | Believed Absent          | Effluent                                                                                                                                 |                                       |                                           |                                                       | Intake Water                                                  |                              |                             |
|                                                                                                                                                                                                                       |                                    |                          | Units                                                                                                                                    | Maximum Daily Discharge<br>(required) | Average Daily Discharge<br>(if available) | Source of Information<br>(Use codes in Instructions.) | Believed Present?<br>(Check only one response per pollutant.) |                              |                             |
| <input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table C for the noted outfall <i>unless</i> you have quantitative data available. |                                    |                          |                                                                                                                                          |                                       |                                           |                                                       |                                                               |                              |                             |
| 1. Antimony, Total (7440-36-0)                                                                                                                                                                                        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 2. Arsenic, Total (7440-38-2)                                                                                                                                                                                         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 3. Beryllium, Total (7440-41-7)                                                                                                                                                                                       | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 4. Cadmium, Total (7440-43-9)                                                                                                                                                                                         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 5. Chromium, Total (7440-47-3)                                                                                                                                                                                        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 6. Copper, Total (7440-50-8)                                                                                                                                                                                          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 7. Lead, Total (7439-92-1)                                                                                                                                                                                            | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 8. Mercury, Total (7439-97-6)                                                                                                                                                                                         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 9. Nickel, Total (7440-02-0)                                                                                                                                                                                          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 10. Selenium, Total (7782-49-2)                                                                                                                                                                                       | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 11. Silver, Total (7440-22-4)                                                                                                                                                                                         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 12. Thallium, Total (7440-28-0)                                                                                                                                                                                       | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 13. Zinc, Total (7440-66-6)                                                                                                                                                                                           | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 14. Cyanide, Total (57-12-5)                                                                                                                                                                                          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |
| 15. Phenols, Total                                                                                                                                                                                                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                            |                                       |                                           |                                                       |                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                       |                                    |                          | Mass                                                                                                                                     |                                       |                                           |                                                       |                                                               |                              |                             |

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See Instructions and 40 CFR 122.21(e)(3).

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| EPA Identification Number | Facility Name | Outfall Number | Form Approved 03/05/19<br>OMB No. 2040-0004 |  |
|---------------------------|---------------|----------------|---------------------------------------------|--|

| TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B)) <sup>1</sup>                             |                                        |                                    |                                                                                                                                                                                                                                            |                                                                                                                                         |                         |                         |                                                      |                                                              |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|
| Pollutant<br>(CAS Number, if available)                                                                                                                            |                                        | Presence or Absence<br>(check one) |                                                                                                                                                                                                                                            | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |                         |                         |                                                      |                                                              |                                                          |
|                                                                                                                                                                    |                                        | Believed Present                   | Believed Absent                                                                                                                                                                                                                            | Units                                                                                                                                   | Effluent                |                         |                                                      | Intake Water                                                 |                                                          |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            |                                                                                                                                         | Maximum Daily Discharge | Average Daily Discharge | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per pollutant) |                                                          |
|                                                                                                                                                                    |                                        | <input type="checkbox"/>           | Check here if all pollutants listed in Table D are expected to be absent from your facility's discharge.                                                                                                                                   |                                                                                                                                         |                         |                         |                                                      |                                                              |                                                          |
|                                                                                                                                                                    |                                        | <input type="checkbox"/>           | Check here if the facility believes it is exempt from Table D reporting requirements because it is a qualified small business. See the instructions for exemption criteria and for a list of materials you must attach to the application. |                                                                                                                                         |                         |                         |                                                      |                                                              |                                                          |
| <b>Note:</b> If you check either of the above boxes, you do not need to complete Table D for the noted outfall <i>unless</i> you have quantitative data available. |                                        |                                    |                                                                                                                                                                                                                                            |                                                                                                                                         |                         |                         |                                                      |                                                              |                                                          |
| 1. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            |                                                                                                                                         |                         |                         |                                                      |                                                              |                                                          |
| 1.1                                                                                                                                                                | Acrolein<br>(107-02-8)                 | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.2                                                                                                                                                                | Acrylonitrile<br>(107-13-1)            | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.3                                                                                                                                                                | Benzene<br>(71-43-2)                   | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.4                                                                                                                                                                | Bromoform<br>(75-25-2)                 | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.5                                                                                                                                                                | Carbon tetrachloride<br>(56-23-5)      | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.6                                                                                                                                                                | Chlorobenzene<br>(108-90-7)            | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.7                                                                                                                                                                | Chlorodibromomethane<br>(124-48-1)     | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.8                                                                                                                                                                | Chloroethane<br>(75-00-3)              | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.9                                                                                                                                                                | 2-chloroethylvinyl ether<br>(110-75-8) | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.10                                                                                                                                                               | Chloroform (67-66-3)                   | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 1.11                                                                                                                                                               | Dichlorobromomethane<br>(75-27-4)      | <input type="checkbox"/>           | <input type="checkbox"/>                                                                                                                                                                                                                   | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                    |                                        |                                    |                                                                                                                                                                                                                                            | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |

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| EPA Identification Number | Facility Name | Outfall Number |
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OMB No. 2040-0004

**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))<sup>1</sup>**

| Pollutant<br>(CAS Number, if available) |                                          | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |  |                         |                         |                                                      |                                                              |
|-----------------------------------------|------------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------|------------------------------------------------------|--------------------------------------------------------------|
|                                         |                                          | Believed Present                   | Believed Absent          | Units                                                                                                                                   |  | Effluent                |                         |                                                      | Intake Water                                                 |
|                                         |                                          |                                    |                          |                                                                                                                                         |  | Maximum Daily Discharge | Average Daily Discharge | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per pollutant) |
| 1.12                                    | 1,1-dichloroethane<br>(75-34-3)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.13                                    | 1,2-dichloroethane<br>(107-06-2)         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.14                                    | 1,1-dichloroethylene<br>(75-35-4)        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.15                                    | 1,2-dichloropropane<br>(78-87-5)         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.16                                    | 1,3-dichloropropylene<br>(542-75-6)      | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.17                                    | Ethylbenzene<br>(100-41-4)               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.18                                    | Methyl bromide<br>(74-83-9)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.19                                    | Methyl chloride<br>(74-87-3)             | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.20                                    | Methylene chloride<br>(75-09-2)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.21                                    | 1,1,2,2-tetrachloroethane<br>(79-34-5)   | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.22                                    | Tetrachloroethylene<br>(127-18-4)        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.23                                    | Toluene<br>(108-88-3)                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |
| 1.24                                    | 1,2-trans-dichloroethylene<br>(156-60-5) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                          |                                    |                          | Mass                                                                                                                                    |  |                         |                         |                                                      |                                                              |

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| EPA Identification Number | Facility Name | Outfall Number |
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**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))<sup>1</sup>**

| Pollutant<br>(CAS Number, if available)                            |                                    | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |  |                         |                         |  |                                                      | Intake Water                                                 |                             |
|--------------------------------------------------------------------|------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------|--|------------------------------------------------------|--------------------------------------------------------------|-----------------------------|
|                                                                    |                                    | Believed Present                   | Believed Absent          | Units                                                                                                                                   |  | Effluent                |                         |  | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per pollutant) |                             |
|                                                                    |                                    |                                    |                          |                                                                                                                                         |  | Maximum Daily Discharge | Average Daily Discharge |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
| 1.25                                                               | 1,1,1-trichloroethane<br>(71-55-6) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 1.26                                                               | 1,1,2-trichloroethane<br>(79-00-5) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 1.27                                                               | Trichloroethylene<br>(79-01-6)     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 1.28                                                               | Vinyl chloride<br>(75-01-4)        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| <b>2. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)</b> |                                    |                                    |                          |                                                                                                                                         |  |                         |                         |  |                                                      |                                                              |                             |
| 2.1                                                                | 2-chlorophenol<br>(95-57-8)        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.2                                                                | 2,4-dichlorophenol<br>(120-83-2)   | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.3                                                                | 2,4-dimethylphenol<br>(105-67-9)   | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.4                                                                | 4,6-dinitro-o-cresol<br>(534-52-1) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.5                                                                | 2,4-dinitrophenol<br>(51-28-5)     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.6                                                                | 2-nitrophenol<br>(88-75-5)         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.7                                                                | 4-nitrophenol<br>(100-02-7)        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.8                                                                | p-chloro-m-cresol<br>(59-50-7)     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.9                                                                | Pentachlorophenol<br>(87-86-5)     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                    |                                    |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |

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**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))<sup>1</sup>**

| Pollutant<br>(CAS Number, if available)                                     |                                            | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |  |                         |                         |  |                                                      | Intake Water                                                 |                             |
|-----------------------------------------------------------------------------|--------------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------|--|------------------------------------------------------|--------------------------------------------------------------|-----------------------------|
|                                                                             |                                            | Believed Present                   | Believed Absent          | Units                                                                                                                                   |  | Effluent                |                         |  | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per pollutant) |                             |
|                                                                             |                                            |                                    |                          |                                                                                                                                         |  | Maximum Daily Discharge | Average Daily Discharge |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
| 2.10                                                                        | Phenol<br>(108-95-2)                       | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 2.11                                                                        | 2,4,6-trichlorophenol<br>(88-05-2)         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| <b>3. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)</b> |                                            |                                    |                          |                                                                                                                                         |  |                         |                         |  |                                                      |                                                              |                             |
| 3.1                                                                         | Acenaphthene<br>(83-32-9)                  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.2                                                                         | Acenaphthylene<br>(208-96-8)               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.3                                                                         | Anthracene<br>(120-12-7)                   | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.4                                                                         | Benzidine<br>(92-87-5)                     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.5                                                                         | Benzo (a) anthracene<br>(56-55-3)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.6                                                                         | Benzo (a) pyrene<br>(50-32-8)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.7                                                                         | 3,4-benzofluoranthene<br>(205-99-2)        | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.8                                                                         | Benzo (ghi) perylene<br>(191-24-2)         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.9                                                                         | Benzo (k) fluoranthene<br>(207-08-9)       | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.10                                                                        | Bis (2-chloroethoxy) methane<br>(111-91-1) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.11                                                                        | Bis (2-chloroethyl) ether<br>(111-44-4)    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                                                             |                                            |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |



**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))<sup>1</sup>**

| Pollutant<br>(CAS Number, if available) |                                             | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |  |                         |                         |  |                                                      | Intake Water |                                                              |
|-----------------------------------------|---------------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------|--|------------------------------------------------------|--------------|--------------------------------------------------------------|
|                                         |                                             | Believed Present                   | Believed Absent          | Units                                                                                                                                   |  | Effluent                |                         |  | Source of Information<br>(use codes in instructions) |              | Believed Present?<br>(check only one response per pollutant) |
|                                         |                                             |                                    |                          |                                                                                                                                         |  | Maximum Daily Discharge | Average Daily Discharge |  |                                                      |              |                                                              |
| 3.12                                    | Bis (2-chloroisopropyl) ether<br>(102-80-1) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.13                                    | Bis (2-ethylhexyl) phthalate<br>(117-81-7)  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.14                                    | 4-bromophenyl phenyl ether<br>(101-55-3)    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.15                                    | Butyl benzyl phthalate<br>(85-68-7)         | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.16                                    | 2-chloronaphthalene<br>(91-58-7)            | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.17                                    | 4-chlorophenyl phenyl ether<br>(7005-72-3)  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.18                                    | Chrysene<br>(218-01-9)                      | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.19                                    | Dibenzo (a,h) anthracene<br>(53-70-3)       | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.20                                    | 1,2-dichlorobenzene<br>(95-50-1)            | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.21                                    | 1,3-dichlorobenzene<br>(541-73-1)           | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.22                                    | 1,4-dichlorobenzene<br>(106-46-7)           | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.23                                    | 3,3-dichlorobenzidine<br>(91-94-1)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.24                                    | Diethyl phthalate<br>(84-66-2)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |
| 3.25                                    | Dimethyl phthalate<br>(131-11-3)            | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                                         |                                             |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |              |                                                              |

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| EPA Identification Number | Facility Name | Outfall Number |
|---------------------------|---------------|----------------|

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**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))<sup>1</sup>**

| Pollutant<br>(CAS Number, if available) |                                                     | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |  |                         |                         |  |                                                      | Intake Water                                                 |                             |
|-----------------------------------------|-----------------------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------|--|------------------------------------------------------|--------------------------------------------------------------|-----------------------------|
|                                         |                                                     | Believed Present                   | Believed Absent          | Units                                                                                                                                   |  | Effluent                |                         |  | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per pollutant) |                             |
|                                         |                                                     |                                    |                          |                                                                                                                                         |  | Maximum Daily Discharge | Average Daily Discharge |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
| 3.26                                    | Di-n-butyl phthalate<br>(84-74-2)                   | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.27                                    | 2,4-dinitrotoluene<br>(121-14-2)                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.28                                    | 2,6-dinitrotoluene<br>(606-20-2)                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.29                                    | Di-n-octyl phthalate<br>(117-84-0)                  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.30                                    | 1,2-diphenylhydrazine<br>(as azobenzene) (122-66-7) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.31                                    | Fluoranthene<br>(206-44-0)                          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.32                                    | Fluorene<br>(86-73-7)                               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.33                                    | Hexachlorobenzene<br>(118-74-1)                     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.34                                    | Hexachlorobutadiene<br>(87-68-3)                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.35                                    | Hexachlorocyclopentadiene<br>(77-47-4)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.36                                    | Hexachloroethane<br>(67-72-1)                       | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.37                                    | Indeno (1,2,3-cd) pyrene<br>(193-39-5)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.38                                    | Isophorone<br>(78-59-1)                             | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |
| 3.39                                    | Naphthalene<br>(91-20-3)                            | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |  |                         |                         |  |                                                      | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
|                                         |                                                     |                                    |                          | Mass                                                                                                                                    |  |                         |                         |  |                                                      |                                                              |                             |

|                           |  |               |  |                |  |                                             |  |
|---------------------------|--|---------------|--|----------------|--|---------------------------------------------|--|
| EPA Identification Number |  | Facility Name |  | Outfall Number |  | Form Approved 03/05/19<br>OMB No. 2040-0004 |  |
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| TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B)) <sup>1</sup> |                                         |                                    |                          |                                                                                                                                         |                         |                         |                                                      |                                                              |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|
| Pollutant<br>(CAS Number, if available)                                                                                                |                                         | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |                         |                         |                                                      |                                                              |                                                          |
|                                                                                                                                        |                                         | Believed Present                   | Believed Absent          | Units                                                                                                                                   | Effluent                |                         |                                                      | Intake Water                                                 |                                                          |
|                                                                                                                                        |                                         |                                    |                          |                                                                                                                                         | Maximum Daily Discharge | Average Daily Discharge | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per pollutant) |                                                          |
| 3.40                                                                                                                                   | Nitrobenzene<br>(98-95-3)               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 3.41                                                                                                                                   | N-nitrosodimethylamine<br>(62-75-9)     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 3.42                                                                                                                                   | N-nitrosodi-n-propylamine<br>(621-64-7) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 3.43                                                                                                                                   | N-nitrosodiphenylamine<br>(86-30-6)     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 3.44                                                                                                                                   | Phenanthrene<br>(85-01-8)               | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 3.45                                                                                                                                   | Pyrene<br>(129-00-0)                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 3.46                                                                                                                                   | 1,2,4-trichlorobenzene<br>(120-82-1)    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| <b>4. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)</b>                                                                         |                                         |                                    |                          |                                                                                                                                         |                         |                         |                                                      |                                                              |                                                          |
| 4.1.                                                                                                                                   | Aldrin<br>(309-00-2)                    | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.2                                                                                                                                    | α-BHC<br>(319-84-6)                     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.3                                                                                                                                    | β-BHC<br>(319-85-7)                     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.4                                                                                                                                    | γ-BHC<br>(58-89-9)                      | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.5                                                                                                                                    | δ-BHC<br>(319-86-8)                     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.6                                                                                                                                    | Chlordane<br>(57-74-9)                  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                         |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |

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**TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))<sup>1</sup>**

| Pollutant<br>(CAS Number, if available) |                                    | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |                         |                         |                                                      |                                                              |  |
|-----------------------------------------|------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------------------|--------------------------------------------------------------|--|
|                                         |                                    | Believed Present                   | Believed Absent          | Units                                                                                                                                   | Effluent                |                         |                                                      | Intake Water                                                 |  |
|                                         |                                    |                                    |                          |                                                                                                                                         | Maximum Daily Discharge | Average Daily Discharge | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per pollutant) |  |
| 4.7                                     | 4,4'-DDT<br>(50-29-3)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |
| 4.8                                     | 4,4'-DDE<br>(72-55-9)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |
| 4.9                                     | 4,4'-DDD<br>(72-54-8)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |
| 4.10                                    | Dieldrin<br>(60-57-1)              | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |
| 4.11                                    | $\alpha$ -endosulfan<br>(115-29-7) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |
| 4.12                                    | $\beta$ -endosulfan<br>(115-29-7)  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |
| 4.13                                    | Endosulfan sulfate<br>(1031-07-8)  | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |
| 4.14                                    | Endrin<br>(72-20-8)                | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |
| 4.15                                    | Endrin aldehyde<br>(7421-93-4)     | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
|                                         |                                    |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |  |

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| TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B)) <sup>1</sup> |                                   |                                    |                          |                                                                                                                                         |                         |                         |                                                      |                                                              |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|
| Pollutant<br>(CAS Number, if available)                                                                                                |                                   | Presence or Absence<br>(check one) |                          | Estimated Data for Pollutants Expected to Be Present in Discharge<br>(provide both concentration and mass estimates for each pollutant) |                         |                         |                                                      |                                                              |                                                          |
|                                                                                                                                        |                                   | Believed Present                   | Believed Absent          | Units                                                                                                                                   | Effluent                |                         |                                                      | Intake Water                                                 |                                                          |
|                                                                                                                                        |                                   |                                    |                          |                                                                                                                                         | Maximum Daily Discharge | Average Daily Discharge | Source of Information<br>(use codes in instructions) | Believed Present?<br>(check only one response per pollutant) |                                                          |
| 4.16                                                                                                                                   | Heptachlor<br>(76-44-8)           | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.17                                                                                                                                   | Heptachlor epoxide<br>(1024-57-3) | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.18                                                                                                                                   | PCB-1242<br>(53469-21-9)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.19                                                                                                                                   | PCB-1254<br>(11097-69-1)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.20                                                                                                                                   | PCB-1221<br>(11104-28-2)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.21                                                                                                                                   | PCB-1232<br>(11141-16-5)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.22                                                                                                                                   | PCB-1248<br>(12672-29-6)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.23                                                                                                                                   | PCB-1260<br>(11096-82-5)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.24                                                                                                                                   | PCB-1016<br>(12674-11-2)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |
| 4.25                                                                                                                                   | Toxaphene<br>(8001-35-2)          | <input type="checkbox"/>           | <input type="checkbox"/> | Concentration                                                                                                                           |                         |                         |                                                      |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                        |                                   |                                    |                          | Mass                                                                                                                                    |                         |                         |                                                      |                                                              |                                                          |

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))<sup>1</sup>**

| Pollutant                                                                                                                                                                                                             | Presence or Absence<br>(check one) |                          | Reason Pollutant Believed Present in Discharge | Available Quantitative Data<br>(specify units) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|------------------------------------------------|------------------------------------------------|
|                                                                                                                                                                                                                       | Believed Present                   | Believed Absent          |                                                |                                                |
| <input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table E for the noted outfall <i>unless</i> you have quantitative data available. |                                    |                          |                                                |                                                |
| 1. Asbestos                                                                                                                                                                                                           | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 2. Acetaldehyde                                                                                                                                                                                                       | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 3. Allyl alcohol                                                                                                                                                                                                      | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 4. Allyl chloride                                                                                                                                                                                                     | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 5. Amyl acetate                                                                                                                                                                                                       | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 6. Aniline                                                                                                                                                                                                            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 7. Benzonitrile                                                                                                                                                                                                       | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 8. Benzyl chloride                                                                                                                                                                                                    | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 9. Butyl acetate                                                                                                                                                                                                      | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 10. Butylamine                                                                                                                                                                                                        | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 11. Captan                                                                                                                                                                                                            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 12. Carbaryl                                                                                                                                                                                                          | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 13. Carbofuran                                                                                                                                                                                                        | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 14. Carbon disulfide                                                                                                                                                                                                  | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 15. Chlorpyrifos                                                                                                                                                                                                      | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 16. Coumaphos                                                                                                                                                                                                         | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 17. Cresol                                                                                                                                                                                                            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 18. Crotonaldehyde                                                                                                                                                                                                    | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |

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**TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))<sup>1</sup>**

| Pollutant                                  | Presence or Absence<br>(check one) |                          | Reason Pollutant Believed Present in Discharge | Available Quantitative Data<br>(specify units) |
|--------------------------------------------|------------------------------------|--------------------------|------------------------------------------------|------------------------------------------------|
|                                            | Believed Present                   | Believed Absent          |                                                |                                                |
| 19. Cyclohexane                            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 20. 2,4-D (2,4-dichlorophenoxyacetic acid) | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 21. Diazinon                               | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 22. Dicamba                                | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 23. Dichlobenil                            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 24. Dichlone                               | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 25. 2,2-dichloropropionic acid             | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 26. Dichlorvos                             | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 27. Diethyl amine                          | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 28. Dimethyl amine                         | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 29. Dinitrobenzene                         | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 30. Diquat                                 | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 31. Disulfoton                             | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 32. Diuron                                 | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 33. Epichlorohydrin                        | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 34. Ethion                                 | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 35. Ethylene diamine                       | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 36. Ethylene dibromide                     | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 37. Formaldehyde                           | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |



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**TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))<sup>1</sup>**

| Pollutant |                     | Presence or Absence<br>(check one) |                          | Reason Pollutant Believed Present in Discharge | Available Quantitative Data<br>(specify units) |
|-----------|---------------------|------------------------------------|--------------------------|------------------------------------------------|------------------------------------------------|
|           |                     | Believed Present                   | Believed Absent          |                                                |                                                |
| 38.       | Furfural            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 39.       | Guthion             | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 40.       | Isoprene            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 41.       | Isopropanolamine    | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 42.       | Kelthane            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 43.       | Kepone              | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 44.       | Malathion           | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 45.       | Mercaptodimethur    | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 46.       | Methoxychlor        | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 47.       | Methyl mercaptan    | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 48.       | Methyl methacrylate | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 49.       | Methyl parathion    | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 50.       | Mevinphos           | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 51.       | Mexacarbate         | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 52.       | Monoethyl amine     | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 53.       | Monomethyl amine    | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 54.       | Naled               | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 55.       | Naphthenic acid     | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 56.       | Nitrotoluene        | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |

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**TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))<sup>1</sup>**

| Pollutant |                                                      | Presence or Absence<br>(check one) |                          | Reason Pollutant Believed Present in Discharge | Available Quantitative Data<br>(specify units) |
|-----------|------------------------------------------------------|------------------------------------|--------------------------|------------------------------------------------|------------------------------------------------|
|           |                                                      | Believed Present                   | Believed Absent          |                                                |                                                |
| 57.       | Parathion                                            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 58.       | Phenolsulfonate                                      | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 59.       | Phosgene                                             | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 60.       | Propargite                                           | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 61.       | Propylene oxide                                      | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 62.       | Pyrethrins                                           | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 63.       | Quinoline                                            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 64.       | Resorcinol                                           | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 65.       | Strontium                                            | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 66.       | Strychnine                                           | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 67.       | Styrene                                              | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 68.       | 2,4,5-T (2,4,5-trichlorophenoxyacetic acid)          | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 69.       | TDE (tetrachlorodiphenyl ethane)                     | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 70.       | 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid] | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 71.       | Trichlorofon                                         | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 72.       | Triethanolamine                                      | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 73.       | Triethylamine                                        | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 74.       | Trimethylamine                                       | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 75.       | Uranium                                              | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |

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| TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v)) <sup>1</sup> |               |                                    |                          |                                                |                                                |
|------------------------------------------------------------------------------------------|---------------|------------------------------------|--------------------------|------------------------------------------------|------------------------------------------------|
| Pollutant                                                                                |               | Presence or Absence<br>(check one) |                          | Reason Pollutant Believed Present in Discharge | Available Quantitative Data<br>(specify units) |
|                                                                                          |               | Believed Present                   | Believed Absent          |                                                |                                                |
| 76.                                                                                      | Vanadium      | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 77.                                                                                      | Vinyl acetate | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 78.                                                                                      | Xylene        | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 79.                                                                                      | Xylenol       | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |
| 80.                                                                                      | Zirconium     | <input type="checkbox"/>           | <input type="checkbox"/> |                                                |                                                |

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).