West Virginia Department of Environmental Protection

Personal Information Policy Statement

We will process your personal information (email address, mailing address and/or telephone number) in accordance with the State of West Virginia's Privacy Policy for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. The Division of Water and Waste Management will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact the DEP's Chief Privacy officer at depprivacyofficer@wv.gov.

State of West Virginia - Department of Environmental Protection
Division of Water and Waste Management
Form I NPDES Industrial
Application for NPDES Water Pollution Control Permit
Manufacturing and Commercial Operations
Revised 5/91 *Please print or type in the unshaded areas only*

Application No. WV

Existing Permit No.
WV_____
IW _____
IWL_____

I. NAME OF FACILITY

II. FACILITY CONTACT

A. Name and Title (last, first, and title) | B. Phone (area code & number)

III. FACILITY MAILING ADDRESS

A. Street or Post Office Box

B. City or Town | C. State | D. Zip Code

IV. FACILITY LOCATION

A. Street, Route No. or other specific identifier

B. City, Town or nearest Post Office | C. County | D. Zip Code

V. OPERATOR AND OWNERSHIP INFORMATION

A. Name and Address of Operator | B. Phone

C. Is name listed in Item V-A also owner ☐ Yes (go to Item V-E) ☐ No (complete V-D)

D. Name and Address of Owner

E. Status of Operator (Enter appropriate letter into the answer box, if "Other" specify)
F-Federal S-State P-Private M-Public O-Other Specify: ☐

VI. APPLICANT REQUEST

A. Reissue existing State Water Pollution Control Permit or State NPDES Permit (go to Item VII) ☐

B. Modify existing State Water Pollution Control Permit or State NPDES Permit (see instructions) ☐

C. 1. Allow sewage, industrial wastes or other wastes, or effluent therefrom, produced by or emanating from any point source, to flow into the waters of this State; ☐

2. Make, cause or permit to be made any outlet, or substantially enlarge or add to the load of any existing outlet, for the discharge of sewage, industrial wastes or other wastes, or the effluent therefrom, into the waters of this State; ☐

3. Acquire, construct, install, modify, or operate a disposal system or part thereof for the direct or indirect discharge or deposit of treated or untreated sewage, industrial wastes or other wastes, or the effluent therefrom, into the waters of this State, or any extension to or addition to such disposal system; ☐

4. Increase in volume or concentration of any sewage, industrial wastes or other wastes in excess of the discharges or disposition specified or permitted under any existing permit; ☐

5. Extend, modify or add to any point source, the operation of which would cause an increase in the volume or concentration of any sewage, industrial wastes or other wastes discharging or flowing into the waters of the State: ☐

VII. REISSUANCE OF EXISTING PERMITS

A. Since issuance of your existing permit have you added any outlets, modified or added to your treatment or disposal system in any way, increased the volume or concentration or your waste(s) or waste stream(s), or extended, modified or added to your facility any operation which would cause an increase in the volume or concentration of waste(s) discharged?

☐ Yes ☐ No (see instructions before completing remainder of this form)

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

A. First	B. Second	C. Third	D. Fourth

IX. EXISTING ENVIRONMENTAL PERMITS (including other Office of Water Resources Permits)

A. Issuing Agency and Address	B. Type of Permit	C. Permit Number	D. Date Issued	E. Expiration Date

X. MAP OR DRAWING

A. Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all wells, sinkholes, springs, rivers and other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant in the map area. See instructions for precise requirements.

XI. NATURE OF BUSINESS (provide a brief description)

A. Provide a brief description of the business.

B. Do you qualify as a small business? (See instructions for qualification criteria) ☐ Yes ☐ No

XII. CERTIFICATION (see instructions)

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 upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME AND OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED

XIII. OUTLET LOCATION

For each outlet, list the latitude and longitude to the nearest second, the River Mile Point (if known) and the name of the immediate receiving water. (see instructions)

A. Outlet Number (list)	B. *Latitude*			C. *Longitude*			D. River Mile Point	E. Immediate Receiving Water (include all streams To Major Basin)
	1. Deg	2. Min	3. Sec	1. Deg	2. Min	3. Sec		

XIV. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

A. Include with this application: (1) A site layout drawing (see instructions for precise details); (2) A line drawing showing the water flow through the facility (see details and Figure 1 of the instructions for an example); and (3) Details and drawings of each treatment unit (see instructions for precise details).

B. For each outlet provide a description of: (1)(a) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff (including material handling and storage area run-off and areas where pesticides, herbicides, soil conditioners and fertilizers are applied); (1)(b) The average flow contributed by each operation; and (2) The treament received by the wastewater. Continue on additional sheets if necessary.

Outlet Number (list)	1. *Operation(s) Contributing to Flow*		2. *Treatment*	
	a. Operation (list)	b. Average Flow (mgd)	a. Description	b. List Codes from Table 1 (see instructions)

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

☐ Yes (complete the following table) ☐ No (go to Section XV)

1. Outlet Number (list)	2. Operation(s) Contributing Flow (list)	3. Frequency (Avg)		4. Flow		
		a. Days Per Week	b. Months Per Year	a. Flow Rate (mgd) 1. Long Term Avg.	a. Flow Rate (mgd) 2. Max Daily	b. Duration (in days)

XV. EFFLUENT GUIDELINE INFORMATION (see instructions)

A. Does an effluent guideline limitation promulgated by EPA under 304 of the Clean Water Act apply to your facility? ☐ Yes (complete Item XV-B&C) ☐ No (go to Item XVI)

B. What specific effluent guideline(s) apply to your operation? Include appropriate subcategory of industry.

C. Are limitations in the applicable effluent guideline expressed in terms of production? ☐ Yes (complete XV-D) ☐ No (go to XV-E)

D. List the quantity which represents an actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outlets.

E. Provide the appropriate basis for calculating guideline based effluent limitations.

1. MAXIMUM QUANTITY		c. Operation, product, material, etc. (specify)	2. AFFECTED OUTLETS (list outlet numbers)
a. Quantity/day	b. Units of Measure		

XVI. IMPROVEMENTS

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

☐ Yes (complete the following table) ☐ No (go to Item XVI-B)

1. Identification of Condition Agree - ment, etc.	2. Affected Outlets		3. Brief Description of Project	4. Final Compliance Date	
	a. Number	b. Source of Discharge		a. Required	b. Projected

XVI. IMPROVEMENTS (continued)

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ Mark "X" if description of additional control programs is attached.

XVII. INTAKE AND EFFLUENT CHARACTERISTICS

A,B,C & D,E,F & G See instructions before proceeding - Complete one set of tables for each outlet. Annotate the outlet number in the space provided. NOTE: Tables XVII-A,XVII-B,XVII-D,XVII-E, XVII-F, and XVII-G are included on separate sheets numbered XVII-1 through XVII-11.

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

1. Pollutant	2. Source	1. Pollutant	2. Source

XVIII. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Provide a list of any toxic pollutant not otherwise listed in Item XVII-C which you do or expect that you will over the next 5 years use or manufacture as an immediate of final product or byproduct. Also list sources and expected levels of such pollutants and provide MATERIAL SAFETY DATA SHEETS (MSDS) for each pollutant listed. Continue on additional sheets if necessary.

B. Provide a listing and frequency of all chemical or treatment agents used in cooling water systems, boiler water systems, well redevelopment operations, and each wastewater treatment system utilized. Also list all pesticides, hebicides, soil conditioners and fertilizers used at this site, and provide MSDS Sheets for each agent listed. Continue on additional sheets if necessary.

XIX. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (identify the test(s) and describe their purpose) ☐ No (go to Item XX)

XX. SAMPLING AND ANALYSIS INFORMATION

A. Sampling Method: Briefly describe procedure followed including type of equipment or collection apparatus used.

B. Were sample fixations used? ☐ Yes ☐ No

C. Was the lastest approved edition of Standard Methods used during analysis?
☐ Yes (go to XX-E) ☐ No (complete Item XX-D)

D. Describe method used during analysis.

E. Outlet Sampled	F. Time Sampled	G. Date Sampled	H. Date Analyzed	I. Name and Address of Laboratory

J. Has the laboratory in Item XX-I received any required certification to perform the waste analysis associated with this application?
☐ Yes (complete Item XX-K) ☐ No (go to Item XX-L)

K. Provide the name and address of certifying agency.

L. Has any Performance Audit Inspection (PAI) been performed at the laboratory listed in Item XX-I?
☐ Yes (complete Item XX-M) ☐ No (go to Item XXI)

M. Provide the name and address of the agency conducting the audit and the date of the most recent audit performed.

XXI. SLUDGE DISPOSAL

Does or will your facility generate sludges, other solid wastes, or other pollutants for disposal?

☐ Yes (complete A and B below) ☐ No (go to XXII)

A. Describe method of disposal (landfill, incineration, other)

B. Submit name, location, Agency issuing permit for landfill and attach letter of acceptance of wastes from disposal operator if other than "on-site".

XXII. OPERATION AND MAINTENANCE

A. Has a Best Management Practicec (BMP) plan been developed for your facility?

☐ Yes ☐ No

B. Specify a plan of maintenance for each treatment unit described in Item XIV-B.

1. Outlet Number	2. Treatment Unit	3. Plan of Maintenance

C. Describe means of coping with inplant spills and upsets and practices to be employed during idle periods caused by power failures, repairs, etc. in the treatment units.

D. Describe provisions for coping with spills at barge, rail or truck loading and unloading facilities.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

OUTLET NO.

XVII. INTAKE AND EFFLUENT CHARACTERISTICS (cont'd from page 5)

TABLE A. You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outlet. See instructions for additional details.

1. Pollutant	2. EFFLUENT							3. UNITS (*specify if blank*)		4.INTAKE (*optional*)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a.Biochemical Oxygen Demand (BOD)												
b.Chemical Oxygen Demand												
c.Total Organic Carbon (TOC)												
d.Total Suspended Solids (TSS)												
e.Ammonia (*as N*)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE					VALUE		
g. Temperature (*summer*)	VALUE		VALUE		VALUE					VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

TABLE B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outlet. See instructions for additional details and requirements.

1. Pollutant and CAS NO. (*If available*)	2.MARK 'X'		3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Believed Present	b. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)														
b. Chloride														
c. Chlorine Residual														
d. Color														
e. Fecal Coliform														
f. Fluoride (16984-48-8)														
g. Nitrate-Nitrite (*as N*)														

OUTLET NO.

1. Pollutant and CAS NO. (*If available*)	2.MARK 'X'		3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Believed Present	b. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
h. Nitrogen, Total Organic (*as N*)														
i. Oil and Grease														
j. Phosphorus (*as P*), Total (7723-14-0)														
k.Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium, Total														
(4) Radium 226, Total														
l. Sulfate (*as SO4*) (14808-79-8)														
m. Sulfide (*as S*)														
n. Sulfite (as SO3) (14265-45-3)														
o. Surfactants														
p. Aluminum, Total (7429-90-5)														
q. Barium,Total (7440-39-3)														
r. Boron,Total (7440-42-8)														
s. Cobalt,Total (7440-48-4)														
t. Iron, Total (7439-89-6)														
u. Magnesium, Total (7439-95-4)														
v.Molybdenum, Total (7439-98-7)														
w. Manganese, Total (7439-96-5)														
x. Tin, Total (7440-31-5)														
y. Titanium, Total (7440-32-6)														

OUTLET NO.

TABLE C - If you are a primary industry and this outlet contains process wastewater, refer to Table 2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary indusrties, non-process wastewater outlet, and non-required GC/MS fractions) mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe to be absent. If you mark either column 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outlet. See instructions for additional details and requirements.

1. Pollutant and CAS NO. (*If available*)	2. MARK 'X'			3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Testing Required	b. Believed Present	c. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-38-2)															
2M. Arsenic, Total (7440-38-2)															
3M. Beryllium, Total(74440-41-7)															
4M. Cadmium, Total (7440-43-9)															
5M. Chromium, Total (7440-47-3)															
6M. Copper, Total (7550-50-8)															
7M. Lead, Total (7439-97-6)															
8M. Mercury, Total (7439-97-8)															
9M. Nickel, Total (7440-02-0)															
10M. Selenium, Total (7782-49-2)															
11M. Silver, Total (7440-22-4)															
12M. Thallium, Total (7440-28-0)															
13M. Zinc, Total (7440-66-6)															
14M. Cyanide, Total (57-12-5)															
15M. Phenols, Total															
DIOXIN															
2,3,7,8-Tetra-chlorobibenzo-P-Dioxin(1764-01-6)				DESCRIBE RESULTS											

OUTLET NO.

1. Pollutant and CAS NO. (*If available*)	2. MARK 'X'			3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Testing Required	b. Believed Present	c. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
4V. Bromoform (75-25-2)															
5V. Carbon Tetrachloride (56-23-5)															
6V. Chlorobenzene (108-90-7)															
7V. Chlorodi-bromomethane (124-48-1)															
8V. Chloroethane (75-00-3)															
9V. 2-Chloro-ethylvinyl Ether (110-75-8)															
10V. Chloroform (67-66-3)															
11V. Dichloro-bromomethane (75-27-4)															
12V. 1,1-Dichloro-ethane (75-34-3)															
13V. 1,2-Dichloro-ethane (107-06-2)															
14V. 1,1-Dichloro-ethylene(75-35-4)															
15V. 1,2-Dichloro-propane (78-87-5)															
16V. 1,3-Dichloro-propylene (542-75-6)															
17V. Ethylbenzene (100-41-4)															
18V. Methyl Bromide(74-83-9)															
19V. Methyl Chloride(74-87-3)															

OUTLET NO.

1. Pollutant and CAS NO. (*If available*)	2. MARK 'X'			3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Testing Required	b. Believed Present	c. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS (*continued*)															
20V. Methylene Chloride(75-09-2)															
21V.1,1,2,2-Tetra - chloroethane (79-34-5)															
22V. Tetrachloro-ethylene(127-18-4)															
23V. Toluene (108-88-3)															
24V. 1,2-Trans-Dichloroethylene (156-60-5)															
25V. 1,1,1-Tri-chloroethane (71-55-6)															
26V. 1,1,2-Tri-chloroethane (79-00-5)															
27V. Trichloro-ethylene (79-01-61)															
28V. Vinyl Chloride(75-01-4)															
GC/MS FRACTION - ACID COMPOUNDS															
1A.2-Chlorophenol (95-57-8)															
2A. 2,4-Dichloro-phenol (120-83-2)															
3A.2,4-Dimethyl-phenol (105-67-9)															
4A. 4,6-Dinitro-O- Cresol (534-52-1)															
5A. 2,4-Dinitro-phenol (51-28-5)															
6A. 2-Nitro-phenol(88-75-5)															
7A. 4-Nitro-phenol(100-02-7)															
8A. P-Chloro-M-Cresol (59-50-7)															
9A. Pentachloro-phenol (87-86-5)															
10A. Phenol (108-95-2)															
11A. 2,4,6-Tri-chlorophenol (88-06-2)															

OUTLET NO.

1. Pollutant and CAS NO. (*If available*)	2. MARK 'X'			3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Testing Required	b. Believed Present	c. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B.Acenaphthene (83-32-9)															
2B.Acenaphtylene (208-96-8)															
3B. Anthracene (120-12-7)															
4B. Benzidine (92-87-5)															
5B. Benzo (a) Anthracene (56-55-3)															
6B.Benzo(a)Pyrene (50-32-8)															
7B. 3,4-Benzo-fluoranthene (205-99-2)															
8B. Benzo (ghi) Perylene(191-24-2)															
9B. Benzo (k) Fluoranthene (207-08-9)															
10B.Bis(*2-Chloro-ethoxy*) Methane (111-91-1)															
11B.Bis(*2-Chloro-ethyl*) Ether(111-44-4)															
12B.Bis(*2-Chloro-isopropyl*) Ether (39638-32-9)															
13B.Bis(*2-Ethyl-hexyl*) Phthalate (117-81-7)															
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)															
15B. Butyl Benzyl Phthalate (85-68-7)															
16B. 2-Chloro-naphthalene (91-58-7)															
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)															
18B. Chrysene (218-01-9)															
19B. Dibenzo (a,h) Anthracene (53-70-3)															
20B. 1,2-Dichloro-benzene(95-50-1)															
21B. 1,3-Dichloro-benzene(541-73-1)															

OUTLET NO.

1. Pollutant and CAS NO. (*If available*)	2. MARK 'X'			3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Testing Required	b. Believed Present	c. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/ MS FRACTION - BASE/NEUTRAL COMPOUNDS															
22B. 1,4-Dichloro-benzene(106-46-7)															
23B. 3,3-Dichloro-benzidine (91-94-1)															
24B. Diethyl Phthalate (84-66-2)															
25B. Dimethyl Phthalate (131-11-3)															
26B. Di-N-Butyl Phthalate(84-74-2)															
27B. 2,4-Dinitro-toluene (121-14-2)															
28B. 2,6-Dinitro-toluene (206-20-2)															
29B.Di-N-Octyl Phthalate (117-84-0)															
30B.1,2-Diphenyl-hydrazine (*as Azo-benzene*)(122-66-7)															
31B. Fluoranthene (206-44-0)															
32B. Fluorene (86-73-7)															
33B. Hexa-chlorobenzene (118-71-1)															
34B. Hexa-chlorobutadiene (87-68-3)															
35B. Hexachloro-cyclopentadiene (77-47-4)															
36B. Hexachloro-ethane (67-72-1)															
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)															
38B. Isophorone (78-59-1)															
39B. Naphthalene (91-20-3)															
40B. Nitrobenzene (98-95-3)															
41B. N-Nitro-sodimethylamine (62-75-9)															
42B. N-Nitrosodi-N-Propylamine (621-64-7)															

OUTLET NO.

1. Pollutant and CAS NO. (*If available*)	2. MARK 'X'			3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Testing Required	b. Believed Present	c. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitro-sodiphenylamine (86-30-6)															
44B. Phenanthrene (85-01-8)															
45B. Pyrene (129-00-0)															
46B. 1,2,4-Tri-chlorobenzene (120-82-1)															
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)															
2P. "-BHC (319-84-6)															
3P. $-BHC (319-85-7)															
4P. (-BHC (58-89-9)															
5P. *-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4-DDT (50-29-3)															
8P. 4,4-DDE (72-55-9)															
9P. 4,4-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. "-Endosulfan (115-29-7)															
12P. $-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

OUTLET NO.

1. Pollutant and CAS NO. (*If available*)	2. MARK 'X'			3. EFFLUENT							4. UNITS (*specify if blank*)		5.INTAKE (*optional*)		
	a. Testing Required	b. Believed Present	c. Believed Absent	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVG. VALUE (*if available*)		d. No. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVG. VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)															
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)															
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															

Outlet No.

XVII. STORMWATER DISCHARGE INFORMATION

Part D - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outlet. See instructions for additional details.

Pollutant and CAS Number (*if available*)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow Weighted Composite	GrabSample Taken During First 30 Minutes	Flow Weighted Composite		
Oil and Grease						
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Kjeldahl Nitrogen						
Nitrite plus Nitrate Nitrogen						
Total Phosphorus						

pH Minimum Maximum

Part E - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outlet. See instructions for additional details and requirements.

Pollutant and CAS Number (*if available*)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow Weighted Composite	GrabSample Taken During First 30 Minutes	Flow Weighted Composite		

Outlet No.

XVII. STORMWATER DISCHARGE INFORMATION

Part F - List each pollutant shown in Tables B and C of this application that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outlet.

Pollutant and CAS Number (*if available*)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow Weighted Composite	GrabSample Taken During First 30 Minutes	Flow Weighted Composite		

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

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total Rainfall during storm event (in inches)	4. Number of days and/or hours between beginning of storm measured and the end of previous measurable rain event	5. Maximum during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)	Season sample was taken	Form of Precipitation (rainfall, snowmelt)

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