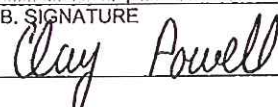


Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLGY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	1. Current permit I.D. WA0052078	T/A 14	C D 15
II. POLLUTANT CHARACTERISTICS				
INSTRUCTIONS: Complete A through J to determine whether you need to submit a NPDES permit application forms to Ecology. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.				
		MARK "X" YES NO FORM ATTACHED		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) Does this facility operate a cooling water intake structure? (FORM 2C Supplemental)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> FORM ATTACHED	D. Is this proposal facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> FORM ATTACHED	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> FORM ATTACHED	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> FORM ATTACHED	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY 1 <u>Darigold, Inc. - Sunnyside Plant</u>				
IV. FACILITY CONTACT				
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
1 <u>Clay Powell - Sr. Director of Plant Ops - ID</u>		509 999 5473		
B. EMAIL ADDRESS		C. Does the facility have or can it obtain broadband internet access?		
1 <u>Clay.Powell@Darigold.com</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
V. FACILITY MAILING ADDRESS				
A. STREET OR P.O. BOX		B. CITY OR TOWN		
1 <u>PO Box 876</u>		1 <u>Sunnyside</u>		
C. STATE		D. ZIP CODE		
1 <u>WA</u>		1 <u>98944</u>		
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VI. FACILITY LOCATION				
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				
1 <u>400 Alexander Rd.</u>				
B. COUNTY NAME				
1 <u>Yakima</u>				
C. CITY OR TOWN		D. STATE		E. ZIP CODE
1 <u>Sunnyside</u>		1 <u>WA</u>		1 <u>98944</u>
F. COUNTY CODE				
1				
D. LATITUDE/LONGITUDE (NAD 83 DATUM)				
LATITUDE AS DECIMAL DEGREES - <u>N46.3010556</u>				
LONGITUDE AS DECIMAL DEGREES - <u>W120.0162222</u>				

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VII. SIC, NAICS CODES (in order of priority) AND UBI NUMBER Place additional on an attachment.									
SIC FIRST					SIC SECOND				
C 7	2022	(specify) Cheese; Natural and Processed			7 7	2023	(specify) Dry, Condensed, and Evaporated Dairy Products		
EQUIVALENT NAICS FIRST					EQUIVALENT NAICS SECOND				
C 7	311513	(specify) Cheese Manufacturing			7 7	311511 311514	(specify) Fluid Milk Manufacturing Dry, Condensed and Evaporated Dairy Products		
UBI NUMBER									
VIII. OPERATOR INFORMATION									
A. NAME								B. Is the name listed in Item VIII-A also the owner?	
C 8	Darigold, Inc.							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)									
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		D. PHONE (area code & no.)			
S = STATE		O = OTHER (specify)				C A	206	248	7220
P = PRIVATE									
E. STREET OR PO BOX									
P.O. Box 79007									
F. CITY OR TOWN				G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C B	Seattle			WA		98119		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C 9	T N	I	WA0052078		C 9	T P	S		
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C 9	T U	I			C 9	T	S	NSRP-17-DG-14	
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C 9	T R	I	WAH000044617		C 9	T	S		
XI. MAP									
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.									
XII. NATURE OF BUSINESS (provide a brief description)									
Process raw milk into cheese (SIC 2022/NAICS 311513) and dry whey (SIC 2023/NAICS 311511 & 311514). A variety of milk products and process intermediates such as cream, condensed milk, whey protein concentrates, etc. may be brought in or shipped out for product standardization.									
XIII. CERTIFICATION (see instructions)									
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.									
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED	
Clay Powell, Senior Director of Plant Ops.								1-20-16	

To ask about the availability of this document in a version for the visually impaired, call the Water Quality Program at 360-407-6600, Relay Service 711, or TTY 877-833-6341.



EPA - Form 2C NPDES

Darigold, 400 Alexander Road, Sunnyside, Washington 98944

Please type or print in the unshaded areas only		EPA ID Number (Copy from Item 1 of Form 1) WA0052078		Form Approved OMB No. 2040-0086 Approval expires 8-31-98	
Form 2C NPDES				U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS Consolidated Permits Program	
I. Outfall Location					
For this outfall, list the latitude and longitude, (degrees, min.xxxx) and name of the receiving water(s)					
Outfall Number (list)	Latitude		Longitude		Receiving Water (name)
	Deg	Min	Deg	Min	
001	46	18.072	120	01.194	Joint Drain 33.4
II. Flows, Sources of Pollution, and Treatment Technologies					
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed description in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.					
B. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.					
1. Outfall No. (list)	2. Operations Contributing Flow		3. Treatment		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Evaporator #1 Water	90,000 GPD	Reverse Osmosis, pH neutralization, & cooling	1-S	2-K
001	Evaporator #2 Water	30,000 GPD	Reverse Osmosis, pH neutralization, & cooling	1-S	2-K
001	Dairy Product RO Permeate	60,000 GPD	Reverse Osmosis, pH neutralization, & cooling	1-S	2-K
001	Non-Contact Cooling Water	60,000 GPD	Reverse Osmosis, pH neutralization, & cooling	2-K	

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

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

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
YES (complete Item III-B) **NO (go to Section IV)**

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

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

IV. IMPROVEMENTS

10. 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 IV-B)

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 PROGRAM IS ATTACHED

V. INTAKE AND EFFLUENT CHARACTERISTICS

NOTE: Tables V-A, V-B, and V-C are included on separate sheets number V-1 through V-9.

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

	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

YES (list all such pollutants below)

NO (go to Item VI-B)

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VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?
 YES (identify the test(s) and describe their purpose below) NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?
 YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Port of Sunnyside	PO Box 329, Sunnyside WA 98944	(509) 466-8437	pH, Temp, BOD, NH3, TN, T-Phos, Chloride, DO, Alkalinity & Turbidity
Lab Test	203 E. D, Yakima, WA 98901	(509) 575-3999	See Attached Data

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print) Clay Powell - Sr. Director of Plan Ops - ID	B. PHONE NO. (area code & no.) (509) 999-5473
C. SIGNATURE Clay Powell	D. DATE SIGNED 1-20-16

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

EPA I.D. NUMBER (copy from Item 1 of Form 1)
WA0052078WA0052078

Outfall 001

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

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

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each unit. See instructions on page 1.												
1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS		(1) CONCENTRATION	(2) MASS
a. Biochemical Oxygen Demand (BOD)	20		16.80	15.40	4.33	4.83	156	mg/L	lbs/day			
b. Chemical Oxygen Demand (COD)	60						1	mg/L	lb/day			
c. Total Organic Carbon (TOC)	2.21						1	mg/L	lb/day			
d. Total Suspended Solids (TSS)	26						1	mg/L	lb/day			
e. Ammonia (as N)	8.60		8.60	7.11	2.05	2.34	1095	mg/L	lbs/day			
f. Flow	Value 258,793		Value 174,932		Value 133,949		NA	GPD		Value		
g. Temperature (winter)	Value 27.7		Value 27.7		Value		NA	°C		Value		
h. Temperature (summer)	Value 28		Value 28		Value		NA	°C		Value		
i. pH	Minimum 6.00	Maximum 8.99	Minimum 6.00	Maximum 8.99			NA	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

analysis for that pollutant. For other pollutants, use the same table for analysis for that pollutant. See the instructions for additional details and requirements.														
Complete one table for each outfall. Use the instructions for additional details and requirements.														
1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						d. NO. OF ANALYSIS	4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES
	a. BELIEVE PRESENT	b. BELIEVE ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
a. Bromide (24959-67-9)		<input checked="" type="checkbox"/>	ND							1	mg/L			
b. Chlorine, Total Residual		<input checked="" type="checkbox"/>												
c. Color		<input checked="" type="checkbox"/>												
d. Fecal Coliform	<input checked="" type="checkbox"/>		330							1	CFU/100ml			
e. Fluoride (16984-48-8)		<input checked="" type="checkbox"/>	ND							1	mg/L			
f. Nitrate-Nitrite (as N)		<input checked="" type="checkbox"/>	ND							1	mg/L			

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS (specify if blank)	5. INTAKE (optional)			
	A. BE-LIEVE D PRESENT	B. BE-LIEVE D ASSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			d. NO. OF ANALYSIS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>		40.0						1	mg/L			
h. Oil and Grease	<input checked="" type="checkbox"/>		4.67						1	mg/L			
i. Phosphorus (as P), Total (7723-14-0)	<input checked="" type="checkbox"/>		0.10		0.10	0.06	0.00	0.00	36	mg/L			
j. Radioactivity													
(1) Alpha, Total		<input checked="" type="checkbox"/>											
(2) Beta, Total		<input checked="" type="checkbox"/>											
(3) Radium, Total		<input checked="" type="checkbox"/>											
(4) Radium 226, Total		<input checked="" type="checkbox"/>											
k. Sulfate (as SO ₄) (14808-79-5)	<input checked="" type="checkbox"/>		33.6						1	mg/L			
l. Sulfide (as S)		<input checked="" type="checkbox"/>							1	mg/L			
m. Sulfite (as SO ₃) (14265-45-3)		<input checked="" type="checkbox"/>	ND						1	mg/L			
n. Surfactants		<input checked="" type="checkbox"/>	ND						1	mg/L			
o. Aluminum, Total (7429-90-5)		<input checked="" type="checkbox"/>	ND						1	mg/L			
p. Barium, Total (7440-39-3)		<input checked="" type="checkbox"/>	ND						1	mg/L			
q. Boron, Total (7440-42-8)		<input checked="" type="checkbox"/>	ND						1	mg/L			
r. Cobalt, Total (7440-48-4)		<input checked="" type="checkbox"/>	ND						1	mg/L			
s. Iron, Total (7439-89-4)		<input checked="" type="checkbox"/>	ND						1	mg/L			
t. Magnesium, Total (7439-95-4)		<input checked="" type="checkbox"/>	ND						1	mg/L			
u. Molybdenum, Total (7439-98-7)		<input checked="" type="checkbox"/>	ND						1	mg/L			
v. Manganese, Total (7439-95-5)		<input checked="" type="checkbox"/>	ND						1	mg/L			
w. Tin, Total (7440-31-5)		<input checked="" type="checkbox"/>	ND						1	mg/L			
x. Titanium, Total (7440-32-6)		<input checked="" type="checkbox"/>	ND						1	mg/L			

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)
WA0052078WA0052078Outfall Number
001

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

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT								4. UNITS (specify if blank)		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1m. Antimony, Total (7440-36-0)			<input checked="" type="checkbox"/>												
2M. Arsenic, Total (7440-38-2)			<input checked="" type="checkbox"/>	ND						1	mg/L				
3M. Beryllium, Total (7440-41-7)			<input checked="" type="checkbox"/>							1	mg/L				
4M. Cadmium, Total (7440-43-9)			<input checked="" type="checkbox"/>	ND						1	mg/L				
5M. Chromium, Total (7440-47-3)			<input checked="" type="checkbox"/>	ND						1	mg/L				
6M. Copper, Total (7440-50-8)			<input checked="" type="checkbox"/>	ND						1	mg/L				
7M. Lead, Total (7439-92-1)			<input checked="" type="checkbox"/>	ND						1	mg/L				
8M. Mercury, Total (7439-97-6)			<input checked="" type="checkbox"/>	ND						1	mg/L				
9M. Nickel, Total (7440-02-0)			<input checked="" type="checkbox"/>	ND						1	mg/L				
10M. Selenium, Total (7782-49-2)			<input checked="" type="checkbox"/>	ND						1	mg/L				
11M. Silver, Total (7440-22-4)			<input checked="" type="checkbox"/>												
12M. Thallium, Total (7440-28-0)			<input checked="" type="checkbox"/>							1	mg/L				
13M. Zinc, Total (7440-66-6)			<input checked="" type="checkbox"/>	ND											
14M. Cyanide, Total (57-12-6)			<input checked="" type="checkbox"/>												
15M. Phenols, Total			<input checked="" type="checkbox"/>												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1784-01-6)			<input checked="" type="checkbox"/>	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT				3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)			
1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	a. TEST-ING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS - VOLATILE COMPOUNDS															
1V. Acetone (107-02-9)			<input checked="" type="checkbox"/>												
2V. Acrylonitrile (107-13-1)			<input checked="" type="checkbox"/>												
3V. Benzene (71-43-2)			<input checked="" type="checkbox"/>												
4V. Bis (Chloromethyl) Ether (542-85-7)			<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)			<input checked="" type="checkbox"/>												
6V. Carbon Tetrachloride (56-23-5)			<input checked="" type="checkbox"/>												
7V. Chlorobenzene (106-90-7)			<input checked="" type="checkbox"/>												
8V. Chlorobromomethane (72-44-5)			<input checked="" type="checkbox"/>												
9V. Chloroethane (75-00-3)			<input checked="" type="checkbox"/>												
10V. 2-Chloroethylvinyl Ether (115-75-8)			<input checked="" type="checkbox"/>												
11V. Chloroform (67-66-3)			<input checked="" type="checkbox"/>												
12V. Dichlorobromomethane (75-27-4)			<input checked="" type="checkbox"/>												
13V. Dichlorodifluoromethane (75-71-5)			<input checked="" type="checkbox"/>												
14V. 1,1-Dichloroethane (107-06-2)			<input checked="" type="checkbox"/>												
15V. 1,2-Dichloroethane (107-06-2)			<input checked="" type="checkbox"/>												
16V. 1,1-Dichloroethane (107-06-2)			<input checked="" type="checkbox"/>												
17V. 1,2-Dichloropropane (78-87-5)			<input checked="" type="checkbox"/>												
18V. 1,3-Dichloropropane (642-75-6)			<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)			<input checked="" type="checkbox"/>												
20V. Methyl Bromide (74-83-9)			<input checked="" type="checkbox"/>												
21V. Methyl Chloride (74-87-3)			<input checked="" type="checkbox"/>												

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT								d. NO. OF ANALYSES	4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES
	a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		a. CON- CENTRATION	b. MASS		a. LONG TERM AVERAGE VALUE				
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS - VOLATILE COMPOUNDS (continued)																	
22 V. Methylene Chloride (75-09-2)			<input checked="" type="checkbox"/>														
23 V. 1,1,2,2-Tetrachloroethane (79-34-9)			<input checked="" type="checkbox"/>														
24 V. Trichloroethylene (127-18-6)			<input checked="" type="checkbox"/>														
25 V. Toluene (108-88-3)			<input checked="" type="checkbox"/>														
26 V. 1,2-Dichloroethylene (155-60-9)			<input checked="" type="checkbox"/>														
27 V. 1,1,1-Trichloroethane (71-55-6)			<input checked="" type="checkbox"/>														
28 V. 1,1,2-Trichloroethane (78-07-9)			<input checked="" type="checkbox"/>														
29 V. Trichloroethylene (79-01-5)			<input checked="" type="checkbox"/>														
30 V. Trichlorofluoromethane (75-69-4)			<input checked="" type="checkbox"/>														
31 V. Vinyl Chloride (75-01-4)			<input checked="" type="checkbox"/>														
GC/MS FRACTION - ACID COMPOUNDS																	
1A. 2-Chlorophenol (95-67-8)			<input checked="" type="checkbox"/>														
2A. 2,4-Dichlorophenol (120-83-7)			<input checked="" type="checkbox"/>														
3A. 2,4-Dimethylphenol (105-67-9)			<input checked="" type="checkbox"/>														
4A. 4,6-Dinitro-O-cresol (534-52-1)			<input checked="" type="checkbox"/>														
5A. 2,4-Dinitrophenol (81-09-9)			<input checked="" type="checkbox"/>														
6A. 5-Nitrophenol (89-79-9)			<input checked="" type="checkbox"/>														
7A. 4-Nitrophenol (100-02-7)			<input checked="" type="checkbox"/>														
8A. p-Chloro-O-cresol (68-50-7)			<input checked="" type="checkbox"/>														
9A. p-Nitrophenol (87-86-9)			<input checked="" type="checkbox"/>														
10A. Phenol (108-95-2)			<input checked="" type="checkbox"/>														
11A. 2,4,6-Trichlorophenol (68-66-7)			<input checked="" type="checkbox"/>														

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						d. NO. OF ANALYSES	4. UNITS (specify if blank)		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		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)			<input checked="" type="checkbox"/>												
2B. Acenaphthylene (208-96-8)			<input checked="" type="checkbox"/>												
3B. Anthracene (120-12-7)			<input checked="" type="checkbox"/>												
4B. Benzidine (92-87-5)			<input checked="" type="checkbox"/>												
5B. Benzo (a) Anthracene (55-56-2)			<input checked="" type="checkbox"/>												
6B. Benzo (a) Pyrene (50-32-8)			<input checked="" type="checkbox"/>												
7B. 3,4-Benzofluoranthene (205-99-2)			<input checked="" type="checkbox"/>												
8B. Benzo (ghi) Perylene (191-24-2)			<input checked="" type="checkbox"/>												
9B. Benzo (k) Fluoranthene (207-08-9)			<input checked="" type="checkbox"/>												
10B. Bis (p-Chloroethoxy) Methane (111-91-1)			<input checked="" type="checkbox"/>												
11B. Bis (p-Chloroethoxy) Ether (111-44-0)			<input checked="" type="checkbox"/>												
12B. Bis (p-Chloropropoxy) Ether (108-60-1)			<input checked="" type="checkbox"/>												
13B. Bis (p-Ethoxyoxy) Propane (117-81-7)			<input checked="" type="checkbox"/>												
14 B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			<input checked="" type="checkbox"/>												
15B. Butyl Benzyl Phosphate (85-69-7)			<input checked="" type="checkbox"/>												
16B. 2-Chloronaphthalene (91-58-7)			<input checked="" type="checkbox"/>												
17B. 4-Chloro-phenyl Phenyl Ether (7056-72-3)			<input checked="" type="checkbox"/>												
18B. Chrysene (218-01-9)			<input checked="" type="checkbox"/>												
19B. Dibenz (a,h) Anthracene (53-70-3)			<input checked="" type="checkbox"/>												
20B. 1,2-Dichlorobenzene (95-50-1)			<input checked="" type="checkbox"/>												
21B. 1,3-Dichlorobenzene (541-73-1)			<input checked="" type="checkbox"/>												

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. If blank		5. INTAKE (optional)		b. NO. OF ANALYSES	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION		(2) MASS
GC/MS - BASE/NEUTRAL COMPOUNDS (continued)															
228. 1,4-Dichlorobenzene (105-46-7)			<input checked="" type="checkbox"/>												
238. 3,3'-Dichlorobenzidine (91-94-1)			<input checked="" type="checkbox"/>												
248. Diethyl Phthalate (84-66-2)			<input checked="" type="checkbox"/>												
258. Dimethyl Phthalate (131-11-3)			<input checked="" type="checkbox"/>												
258. Di-N-Butyl Phthalate (84-74-2)			<input checked="" type="checkbox"/>												
278. 2,4-Dichlorotoluene (121-14-2)			<input checked="" type="checkbox"/>												
288. 2,6-Dichlorotoluene (806-20-2)			<input checked="" type="checkbox"/>												
288. Di-N-Octyl Phthalate (117-84-0)			<input checked="" type="checkbox"/>												
308. 1,2-Dichloro-4-hydroxylbenzene (as Azo-benzene) (122-66-7)			<input checked="" type="checkbox"/>												
318. Fluoranthene (206-44-0)			<input checked="" type="checkbox"/>												
328. Fluorene (86-73-7)			<input checked="" type="checkbox"/>												
338. Hexachlorobenzene (118-74-1)			<input checked="" type="checkbox"/>												
348. Hexachlorobutadiene (17-60-3)			<input checked="" type="checkbox"/>												
358. Hexachlorocyclopentadiene (77-47-4)			<input checked="" type="checkbox"/>												
368. Hexachloroethane (67-72-1)			<input checked="" type="checkbox"/>												
378. Indeno (1,2,3-cd) Pyrene (193-32-5)			<input checked="" type="checkbox"/>												
388. Isophthalene (78-59-1)			<input checked="" type="checkbox"/>												
398. Naphthalene (91-20-3)			<input checked="" type="checkbox"/>												
408. Nitrobenzene (98-95-3)			<input checked="" type="checkbox"/>												
418. N-Nitrosodimethylamine (62-75-9)			<input checked="" type="checkbox"/>												
428. N-Nitrosodi-N-Propylamine (621-64-7)			<input checked="" type="checkbox"/>												

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	e. CONCENTRATION	f. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	(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,N-Dimethylaniline (26-30-5)			<input checked="" type="checkbox"/>														
44B. Phenanthrene (95-01-4)			<input checked="" type="checkbox"/>														
45B. Pyrene (129-00-0)			<input checked="" type="checkbox"/>														
46B. 1,2,4-Trichlorobenzene (120-82-1)			<input checked="" type="checkbox"/>														
GC/MS FRACTION - PESTICIDES																	
1P. Aldrin (50-00-2)			<input checked="" type="checkbox"/>														
2P. α-BHC (519-84-6)			<input checked="" type="checkbox"/>														
3P. β-BHC (519-85-7)			<input checked="" type="checkbox"/>														
4P. γ-BHC (50-83-9)			<input checked="" type="checkbox"/>														
5P. δ-BHC (519-86-8)			<input checked="" type="checkbox"/>														
6P. Chlordane (57-74-9)			<input checked="" type="checkbox"/>														
7P. 4,4'-DDT (50-29-3)			<input checked="" type="checkbox"/>														
8P. 4,4'-DDE (72-05-9)			<input checked="" type="checkbox"/>														
9P. 4,4'-DDD (72-84-8)			<input checked="" type="checkbox"/>														
10P. Dieldrin (60-57-1)			<input checked="" type="checkbox"/>														
11P. α-Endosulfan (115-29-7)			<input checked="" type="checkbox"/>														
12P. β-Endosulfan (115-29-7)			<input checked="" type="checkbox"/>														
13P. Endosulfan Sulfate (1531-07-8)			<input checked="" type="checkbox"/>														
14P. Endrin (72-23-8)			<input checked="" type="checkbox"/>														
15P. Endrin Acetate (7431-93-4)			<input checked="" type="checkbox"/>														
16P. Heptachlor (76-44-8)			<input checked="" type="checkbox"/>														

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1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT								4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES
	a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES			
				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS		a. CONCENT- RATION	b. MASS		(1) CONCENTRA- TION	(2) MASS	
GC/MS - PESTICIDES (continued)																
17P, Heptachlor Epoxide (1024-57-3)			<input checked="" type="checkbox"/>													
16P, PCB-1242 (53469-21-9)			<input checked="" type="checkbox"/>													
18P, PCB-1254 (11087-42-1)			<input checked="" type="checkbox"/>													
20P, PCB-1221 (11104-25-2)			<input checked="" type="checkbox"/>													
21P, PCB-1232 (11141-16-5)			<input checked="" type="checkbox"/>													
22P, PCB-1245 (12672-23-6)			<input checked="" type="checkbox"/>													
23P, PCB-1260 (11006-32-5)			<input checked="" type="checkbox"/>													
24P, PCB-1016 (12674-11-2)			<input checked="" type="checkbox"/>													
25P, Toxaphene (8001-35-7)			<input checked="" type="checkbox"/>													