

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	 DEPARTMENT OF ECOLOGY State of Washington	U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	1. Current permit I.D. WA0052078	T/A	C		
				14	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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. NAME OF FACILITY							
C 1	Darigold, Inc. - Sunnyside Plant						
IV. FACILITY CONTACT							
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)				
C 2	Clay Powell - Sr. Director of Plant Ops - ID		509	999	5473		
B. EMAIL ADDRESS			C. Does the facility have or can it obtain broadband internet access?				
C 2	Clay.Powell@Darigold.com		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
V. FACILITY MAILING ADDRESS							
A. STREET OR P.O. BOX							
C 3	PO Box 876						
B. CITY OR TOWN			C. STATE	D. ZIP CODE			
C 4	Sunnyside		WA	98944			
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
C 5	400 Alexander Rd.						
B. COUNTY NAME							
Yakima							
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE		
C 6	Sunnyside		WA	98944			
7	D. LATITUDE/LONGITUDE (NAD 83 DATUM)						
	LATITUDE AS DECIMAL DEGREES - N46.3010556						
	LONGITUDE AS DECIMAL DEGREES - W-120.0162222						

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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

C 8	A. NAME Darigold, Inc.				B. Is the name listed in Item VIII-A also the owner? <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) S = STATE O = OTHER (specify) P = PRIVATE				D. PHONE (area code & no.)			
				C A	206	248	7220
E. STREET OR PO BOX P.O. Box 79007							
F. CITY OR TOWN Seattle				G. STATE WA	H. ZIP CODE 98119	IX. INDIAN LAND 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	8	C 9	T P	I	8
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C 9	T U	I	8	C 9	T	I NSRP-17-DG-14	8
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C 9	T R	I WAH000044617	8	C 9	T	I	8

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) Clay Powell, Senior Director of Plant Ops.	B. SIGNATURE <i>Clay Powell</i>	C. DATE SIGNED 1-20-16
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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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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 <i>Clay Powell</i>	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.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		b. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	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.

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. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/L				
b. Chlorine, Total Residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	330						1	CFU/100ml				
e. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/L				
f. Nitrate-Nitrite (as N)	<input checked="" type="checkbox"/>	<input 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. BELIEVED PRESENT	B. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
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 (723-14-0)	<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) (14808-79-8)	<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) **WA0052078WA0052078** Outfall 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				d. NO. OF ANALYSES	4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)			c. LONG TERM AVRG. VALUE (if available)		a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES	
				(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"/>	ND									
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			<input checked="" type="checkbox"/>	DESCRIBE RESULTS									
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1784-01-6)			<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 ANALYSES	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		a. CONCENTRATION	b. MASS	
GC/MS - VOLATILE COMPOUNDS													
1V. Acetone (107-029)			<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. Chlorobromobenzene (124-46-1)			<input checked="" type="checkbox"/>										
9V. Chloroethane (75-00-3)			<input checked="" type="checkbox"/>										
10V. 2-Chloroethyl Ethyl Ether (115-75-8)			<input checked="" type="checkbox"/>										
11V. Chloroform (67-66-3)			<input checked="" type="checkbox"/>										
12V. Dichloroacetylene (75-27-4)			<input checked="" type="checkbox"/>										
13V. Dichlorodifluoromethane (75-71-3)			<input checked="" type="checkbox"/>										
14V. 1,1-Dichloroethane (75-27-3)			<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 (542-75-6)			<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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EPA I.D. NUMBER (copy from Item 1 of Form 1)
WA0052078WA0052078

OUTFALL NUMBER
001

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		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 - VOLATILE COMPOUNDS (continued)															
22 V. Methylene Chloride (75-09-2)			<input checked="" type="checkbox"/>												
23 V. 1,1,2-Trichloroethane (78-34-9)			<input checked="" type="checkbox"/>												
24 V. Tetrachloroethylene (127-18-4)			<input checked="" type="checkbox"/>												
25 V. Toluene (108-98-3)			<input checked="" type="checkbox"/>												
25 V. 1,2-Dichloroethylene (156-60-9)			<input checked="" type="checkbox"/>												
27 V. 1,1,1-Trichloroethane (71-55-6)			<input checked="" type="checkbox"/>												
28 V. 1,1,2-Trichloroethane (78-00-9)			<input checked="" type="checkbox"/>												
29 V. Tetrachloroethylene (78-01-5)			<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 (95-87-8)			<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. 2-Nitrophenol (89-73-9)			<input checked="" type="checkbox"/>												
7A. 4-Nitrophenol (100-02-7)			<input checked="" type="checkbox"/>												
8A. p-Chloro-M-Dioxol (68-92-7)			<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 (88-06-2)			<input checked="" type="checkbox"/>												

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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	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			<input checked="" type="checkbox"/>												
2R. Acenaphthylene (209-96-8)			<input checked="" type="checkbox"/>												
3S. Anthracene (120-12-7)			<input checked="" type="checkbox"/>												
4B. Benzidine (92-87-5)			<input checked="" type="checkbox"/>												
5B. Benzo (a) Anthracene (56-55-7)			<input checked="" type="checkbox"/>												
6B. Benzo (a) Pyrene (50-32-8)			<input checked="" type="checkbox"/>												
7B. 3,4-Benzofluoranthene (252-92-7)			<input checked="" type="checkbox"/>												
8B. Benzo (ghi) Perylene (197-24-2)			<input checked="" type="checkbox"/>												
9B. Benzo (k) Fluoranthene (207-08-9)			<input checked="" type="checkbox"/>												
10B. Bis (p-Chlorophenyl) Methane (111-91-3)			<input checked="" type="checkbox"/>												
11B. Bis (p-Chlorophenyl) Ether (111-44-0)			<input checked="" type="checkbox"/>												
12B. Bis (p-Chlorophenyl) Ether (108-60-1)			<input checked="" type="checkbox"/>												
13B. Bis (p-Ethoxyphenyl) Propane (117-81-7)			<input checked="" type="checkbox"/>												
14B. 4-Bis (p-phenyl) Ether (101-55-3)			<input checked="" type="checkbox"/>												
15B. Bis (p-Benzyl) Furan (85-68-7)			<input checked="" type="checkbox"/>												
16B. 2-Chloronaphthalene (91-58-7)			<input checked="" type="checkbox"/>												
17B. 4-Chlorophenyl Phenyl Ether (705-72-3)			<input checked="" type="checkbox"/>												
18B. Chrysene (218-61-9)			<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 (541-75-3)			<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 (105-45-7)			<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-4,5-dicyano (as Azobenzene) (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 (87-63-3)			<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. Isophthalone (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 (62-78-9)			<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'			2. EFFLUENT						d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		b. NO. OF ANALYSES
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B. N,N-Dimethylphenylamine (86-30-5)			<input checked="" type="checkbox"/>												
44B. Phenanthrene (85-01-4)			<input checked="" type="checkbox"/>												
45B. Pyrene (128-00-0)			<input checked="" type="checkbox"/>												
46B. 1,2,4-Trichlorobenzene (120-82-3)			<input checked="" type="checkbox"/>												
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (509-00-2)			<input checked="" type="checkbox"/>												
2P. o-BHC (519-84-6)			<input checked="" type="checkbox"/>												
3P. p-BHC (519-85-7)			<input checked="" type="checkbox"/>												
4P. γ-BHC (50-99-9)			<input checked="" type="checkbox"/>												
5P. D-DEH (519-86-8)			<input checked="" type="checkbox"/>												
6P. Chlordane (57-74-9)			<input checked="" type="checkbox"/>												
7P. 4,4'-DDE (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 (7421-93-4)			<input checked="" type="checkbox"/>												
16P. Heptachlor (76-44-8)			<input checked="" type="checkbox"/>												

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	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(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 (11087-43-1)			<input checked="" type="checkbox"/>													
20P, PCB-1221 (11104-28-2)			<input checked="" type="checkbox"/>													
21P, PCB-1232 (11141-16-5)			<input checked="" type="checkbox"/>													
22P, PCB-1248 (12672-23-6)			<input checked="" type="checkbox"/>													
23P, PCB-1260 (11006-32-5)			<input checked="" type="checkbox"/>													
24P, PCB-1016 (12874-11-2)			<input checked="" type="checkbox"/>													
25P, Toxaphene (8001-35-2)			<input checked="" type="checkbox"/>													