

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/ECOLOGY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	1. Current permit I.D.			
		WA0002186	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"				MARK "X"		
	YES	NO	FORM ATTACHED		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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 lowest 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		Coast Seafoods
1		

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
C	Darrell moudry/ Plant Manager	360	875	5557
2				

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C	PO 166		
3			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	South Bend	WA	98586
4			

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
C	1200 Robert bush Drive				
5					
B. COUNTY NAME					
Pacific					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE
C	South Bend		WA	98586	
6					
D. LATITUDE/LONGITUDE (NAD 83 DATUM)					
LATITUDE AS DECIMAL DEGREES- N46.40'02.73					
LONGITUDE AS DECIMAL DEGREES - W123.48'44.01					

CONTINUED FROM THE FRONT

VII. SIC, NAICS CODES (in order of priority) **AND UBI NUMBER** Place additional on an attachment.

SIC FIRST			SIC SECOND		
C 7	2092	(specify) Seafood Processor	7 7	(specify)	
EQUIVALENT NAICS FIRST			EQUIVALENT NAICS SECOND		
C 7		(specify)	7 7	(specify)	

VIII. OPERATOR INFORMATION

A. NAME				B. Is the name listed in Item VIII-A also the owner?		
C 8	Frank Dulcich			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)				D. PHONE (area code & no.)		
F = FEDERAL	M = PUBLIC (other than federal or state)	0	(specify) Owner/Operator	C A	503	905 4500
S = STATE	O = OTHER (specify)					
P = PRIVATE						
E. STREET OR PO BOX						
16797 SE 130th Ave						

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND	
C B	Clackamas	OR	97015	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 Industrial Stormwater Permit	C 9	T P	8
B. UIC (Underground Injection of Fluids)			E. OTHER (specify)		
C 9	T U	I	C 9	T	8
C. RCRA (Hazardous Wastes)			E. OTHER (specify)		
C 9	T R	I	C 9	T	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)

Coast Seafoods is a shucker packer of fresh oyster meats, processor of whole live oysters, and packer of fresh whole manila clams.

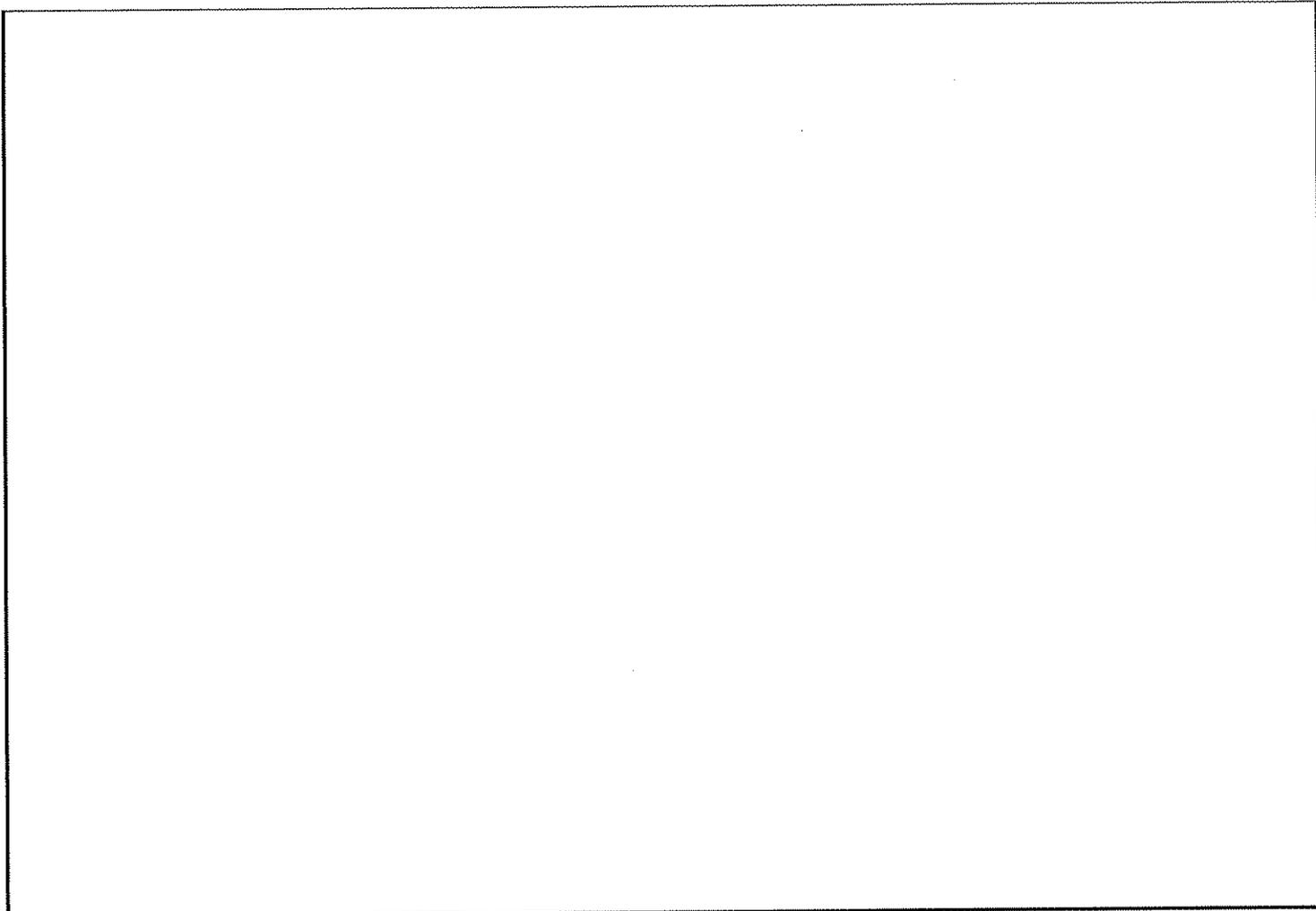
XIII. CERTIFICATION (see instructions)

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
Darrell Moudry/Plant Manager		3/18/15

To ask about the availability of this document in a version for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

<p>.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.</p>					
<p><input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED</p>					



C. SIGNATURE <i>Debbie Staley</i>	D. DATE SIGNED 3/18/15
--------------------------------------	---------------------------

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)

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)	
	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)	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)	220 mg/l				16				
b. Chemical Oxygen Demand (COD)	N/A								
c. Total Organic Carbon (TOC)	N/A								
d. Total Suspended Solids (TSS)	32 lbs. day				monthly				
e. Ammonia (as N)	8.5 mg/l				16				
f. Flow	Value		Value		Value		Value		
g. Temperature (winter)	Value		Value		Value		Value		
h. Temperature (summer)	Value		Value		Value		Value		
i. pH	Minimum 7.5	Maximum 8.0	Minimum	Maximum			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)		
	a. BE LIEVE D PRES- ENT	b. BE LIEVE D AB- SENT	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)
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS
a. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
b. Chlorine Total Residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
c. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	450 cfu/10 OmI									

e. Fluoride (1994-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		
f. Nitrate- Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. NO. OF ANALYSIS	4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES	
	a. BE- LIEVE D PRES- ENT	b. BE- LIEVE D AB- SENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS		c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	a. CONCENTRATION	b. MASS		a. LONG TERM AVERAGE VALUE (1) CONCENTRATION
g. Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31 mg/l					4					
h. Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.4 lbs. day					month/ y					
i. Phosphorus (as P), Total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
j. Radioactivity													
(1) Alpha, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
(2) Beta, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
(3) Radium, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
(4) Radium 226, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
l. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
s. Iron, Total (7439-89-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>											

x: Titanium Total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
-------------------------------------	--------------------------	-------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 each of these pollutants which you know or have reason to believe is discharged in concentrations of 10 ppb or greater. If you mark column 2c 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. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
2M. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
DIOXIN													
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
DESCRIBE RESULTS													

CONTINUED FROM THE FRONT

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	
1V. Acrolein (107-02-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
6V. Carbon Tetrachloride (68-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
8V. Chlorobromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9V. Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
10V. 2-Chloroethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
11V. Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
12V. Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
13V. Dichlorodibromomethane (52-71-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
14V. 1,1-Dichloroethane (78-27-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
16V. 1,1,2-Dichloroethane (7535-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
18V. 1,3-Dichloropropane (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												

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 (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
22 V. Methylene Chloride (76-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
23V. 1,1,2-Tetra-Chloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
24V. Tetrachloro-ethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
27V. 1,1,1-Trichloroethane (71-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
28V. 1,1,2-Trichloro-ethylene (79-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
30V. Trichloro-fluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (85-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
3A. 2,4-Dinitrophenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
4A. 4,6-Dinitro-O-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
6A. 2-Nitrophenol (89-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
8A. p-Chloro-Nitro-Cresol (89-69-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. p-Nitro-chlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
11A. 2,4,6-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												

CONTINUED FROM THE FRONT

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. CONCEN-TRATION	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	
7B. Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
7E. Acenaphthylene (208-96-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
35. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5B. Benzofuran (98-52-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5B. Benzofuran (98-52-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5B. Benzofuran (98-52-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
7B. 3,4-Benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
8B. Benzofuran (98-52-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
8B. Benzofuran (98-52-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
8B. Benzofuran (98-52-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
11B. Bis (2-Chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
12B. Bis (2-Chloroisopropyl) Ether (108-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
14 B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
15B. Butyl Benzyl Phthalate (65-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
17B. 4-Chlorophenyl Phenyl Ether (2035-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19B. Dibenz (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. 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. CONDENSATION TREATMENT	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	
228. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
239. 3,3'-Dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
248. Diethyl Phthalate (84-86-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
258. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
268. Di-N-butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
278. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
288. 2,6-Dinitrotoluene (895-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
288. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
308. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
318. Fluoranthene (208-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
335. Fluorene (85-13-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
338. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
348. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
358. Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
368. Hexachloroethane (87-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
378. Indeno (1,2,3-cd) Pyrene (193-36-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
388. Isophorone (76-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
398. Naphthalene (81-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
408. Nitrobenzene (98-96-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
418. N,N-Dimethylsodiumamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
428. N-Nitrosodipropylamine (921-94-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT						3. UNITS (specify if blank)			4. 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 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		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B, N,N-Diethylacetamide (65-50-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
44B, Phenanthrene (85-01-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
45B, Pyrene (129-00-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
46B, 1,2,4-Trichlorobenzene (120-92-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
GC/MS FRACTION - PESTICIDES															
1P, Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
2P, α-BHC (319-84-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
3P, β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
4P, γ-BHC (35-88-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5P, δ-BHC (319-88-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
6P, Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
7P, 4,4'-DDE (30-28-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
8P, 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9P, 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
10P, Dieldrin (60-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
11P, α-Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
12P, β-Endosulfan (115-28-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
13P, Endosulfan Sulfate (103-10-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
14P, Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
15P, Endrin Aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
16P, Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												

CONTINUED FROM PAGE V-6

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

OUTFALL NUMBER

1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)				
	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. CONCENT- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRA- TION	(2) MASS	b. NO. OF ANALYSES
GC/MS - PESTICIDES (continued)																
17P Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
18P PCB-1242 (69469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
19P PCB-1234 (11097-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
20P PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
21P PCB-1232 (11141-18-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
22P PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
23P PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
24P PCB-1016 (12614-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
25P Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													