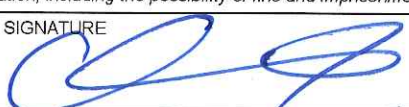
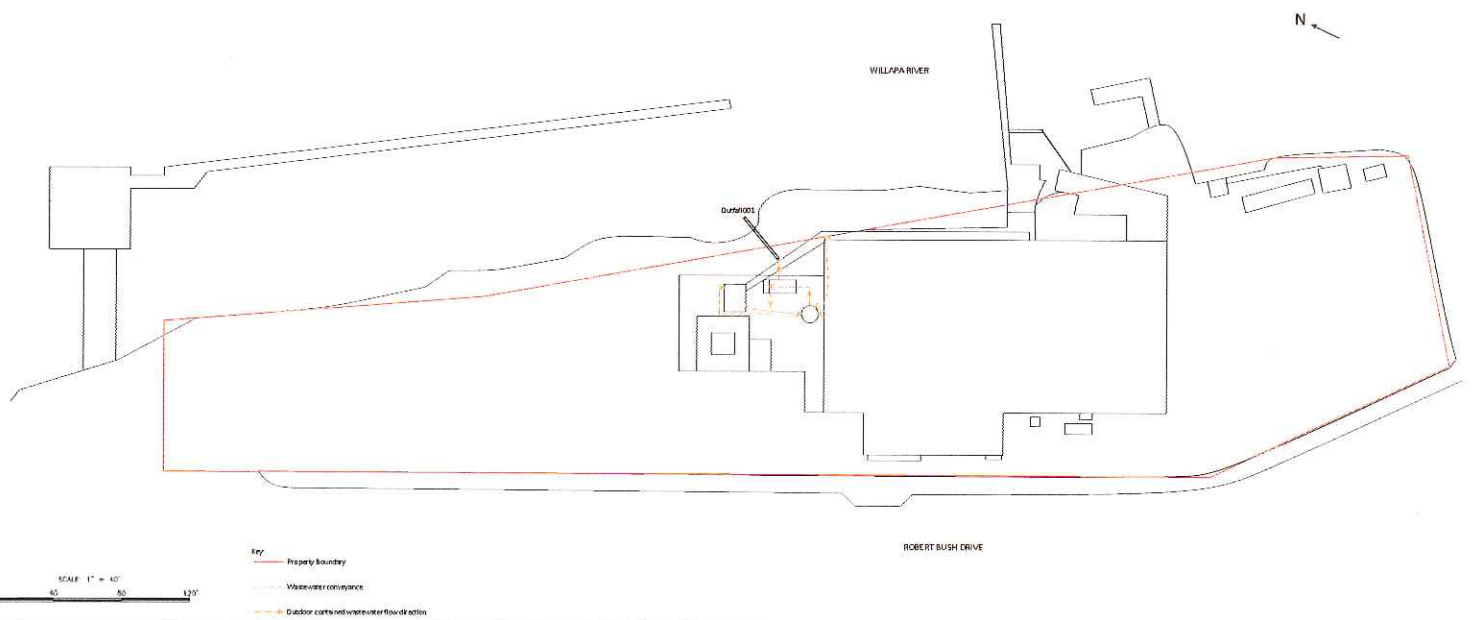


FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		S	
I. EPA I.D. NUMBER				F	
III. FACILITY NAME				WA0002186	
V. FACILITY MAILING ADDRESS				T/A	
VI. FACILITY LOCATION				C	
II. POLLUTANT CHARACTERISTICS		1		2	
		13		14	
		15		16	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. 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 .				GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
SPECIFIC QUESTIONS		Mark "X"		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)		X		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 a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed 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)		X		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 or 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)		X		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)		X		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		C		1	
SKIP		Coast Seafoods Company		15	
IV. FACILITY CONTACT		A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
Chris Jones		(360) 774-6315		15	
V. FACILITY MAILING ADDRESS		A. STREET OR P.O. BOX		B. CITY OR TOWN	
PO Box 166		C. STATE		D. ZIP CODE	
South Bend		WA		98586	
VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME	
1200 Robert Bush Dr		Pacific		C. CITY OR TOWN	
D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
WA		98586			
South Bend					

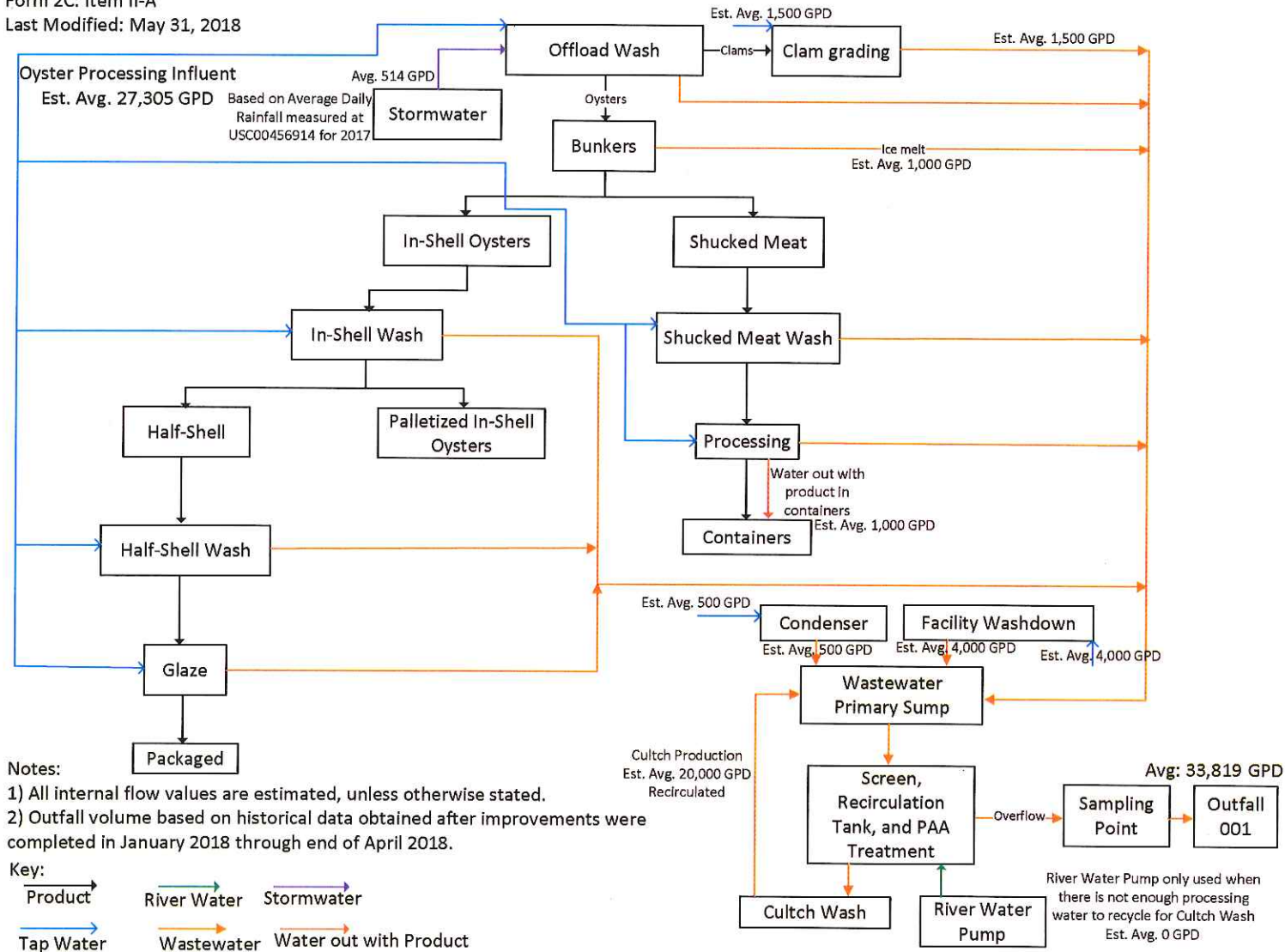
CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
C	7	2	0	9	(specify)	Prepared fresh or frozen fish and seafoods	C	7	(specify)
15	16	17	18	19			15	16	19
C. THIRD					D. FOURTH				
C	7	(specify)			C	7	(specify)		
15	16	17	18	19	15	16	17	18	19
VIII. OPERATOR INFORMATION									
A. NAME								B. Is the name listed in Item VIII-A also the owner?	
C	8	Coast Seafoods Company						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15	16							55 66	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)								D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				P (specify) Mr. Chris Jones	
				56				C A	
								15 16 18 19 21 22 26	
E. STREET OR P.O. BOX									
PO Box 166									
28 55									
F. CITY OR TOWN						G. STATE	H. ZIP CODE	IX. INDIAN LAND	
C	B	South Bend				WA	98586	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16					40 41	42 47	52	
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C	T	I			C	T	I		
9	N		WA0002186		9	P			
15	16	17	18	30	15	16	17	18	30
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C	T	I			C	T	I		
9	U				9		WAR002920		(specify) Industrial Stormwater General Permit
15	16	17	18	30	15	16	17	18	30
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C	T	I			C	T	I		
9	R				9				(specify)
15	16	17	18	30	15	16	17	18	30
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)									
Shucker and packer of fresh oyster meats, processor of whole live oysters, and packer of fresh 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	
Chris Jones, Plant Manager								6-1-2018	
COMMENTS FOR OFFICIAL USE ONLY									
C									
C									
15	16								55

Form 1: Item XI



Coast Seafood Company
 Form 2C: Item II-A
 Last Modified: May 31, 2018





WA0002186

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

[illegible]

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
1	Oyster processing, clam grading, facility washdown, cultch production	5	12	0.0338	.0622	33,819 GPD	62,242 GPD	270
III. PRODUCTION								
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input checked="" type="checkbox"/> YES (complete Item III-B) <input type="checkbox"/> NO (go to Section IV)								
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input checked="" type="checkbox"/> YES (complete Item III-C) <input type="checkbox"/> NO (go to Section IV)								
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.								
1. AVERAGE DAILY PRODUCTION							2. AFFECTED OUTFALLS (list outfall numbers)	
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)						
12,000 Jan. thru Oct.	lbs. product	Oyster Processing					1	
25,000 Nov and Dec.	lbs. product	Oyster Processing					1	
IV. IMPROVEMENTS								
A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations 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. <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Item IV-B)								
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE				
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED			
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. <input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED								

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

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

D. Use the space below to list any of the pollutants listed in Table 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.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Fecal coliform	All: Oyster processing, washdown, clam grading, cultch production		
Total Suspended Solids			
Oil & Grease			
Temperature			
CBOD			
BOD			
Ammonia			
pH			
Ortho-phosphorus			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

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 purposes 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)
AmTest	13600 NE 126th Pl, Kirkland, WA 98034	(425) 885-1664	Fecal Coliform, TSS, BOD5, O&G, Ammonia, CBOD5, Otho-phosphorus
Dragon Analytical	627 Durell Rd SE Suite B-105, Tumwater, WA 98501	(360) 866-0543	Same

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) Chris Jones, Plant Manager	B. PHONE NO. (area code & no.) (360) 774-6315
C. SIGNATURE 	D. DATE SIGNED 6-1-2018

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)
WA0002186

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 1
--	------------------

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							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)		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	
a. Biochemical Oxygen Demand (BOD)	300	92			237	68	4	mg/L	lbs/dy			
b. Chemical Oxygen Demand (COD)	Analysis	not	completed	by	due	date.	Will	amend	once	receive	lab	results
c. Total Organic Carbon (TOC)	Analysis	not	completed	by	due	date.	Will	amend	once	receive	lab	results
d. Total Suspended Solids (TSS)	760	174			381	101	5	mg/L	lbs/dy			
e. Ammonia (as N)	2	0.46			1.2	0.36	2	mg/L	lbs/dy			
f. Flow	VALUE	62,242	VALUE		VALUE	33,819	66	GPD		VALUE		
g. Temperature (winter)	VALUE	13.5	VALUE		VALUE	10.2	62	°C		VALUE		
h. Temperature (summer)	VALUE	11.3	VALUE		VALUE	9.48	20	°C		VALUE		
i. pH	MINIMUM 6.7	MAXIMUM 8.7	MINIMUM	MAXIMUM			83	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 limitations 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						4. UNITS		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 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	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform	X		600					207		#/100 mL				3
e. Fluoride (18684-49-8)		X												
f. Nitrate-Nitrite (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		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 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			
g. Nitrogen, Total Organic (as N)		X														
h. Oil and Grease	X		7	2			3.5	1.0	4	mg/L	lbs/d					
i. Phosphorus (as P), Total (7723-14-0)		X														
j. Radioactivity																
(1) Alpha, Total		X														
(2) Beta, Total		X														
(3) Radium, Total		X														
(4) Radium 226, Total		X														
k. Sulfate (as SO ₄) (14808-79-8)		X														
l. Sulfide (as S)		X														
m. Sulfite (as SO ₃) (14265-45-3)		X														
n. Surfactants		X														
o. Aluminum, Total (7429-90-5)		X														
p. Barium, Total (7440-39-3)		X														
q. Boron, Total (7440-42-8)		X														
r. Cobalt, Total (7440-48-4)		X														
s. Iron, Total (7439-89-6)		X														
t. Magnesium, Total (7439-95-4)		X														
u. Molybdenum, Total (7439-98-7)		X														
v. Manganese, Total (7439-96-5)		X														
w. Tin, Total (7440-31-5)		X														
x. Titanium, Total (7440-32-6)		X														

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

OUTFALL NUMBER

WA0002186

1

CONTINUED FROM PAGE 3 OF FORM 2-C

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 nonrequired 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 NUMBER (if available)	2. MARK 'X'			3. EFFLUENT								4. UNITS		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			
																(1) CONCENTRATION	(2) MASS
METALS, CYANIDE, AND TOTAL PHENOLS																	
1M. Antimony, Total (7440-36-0)			X														
2M. Arsenic, Total (7440-38-2)			X														
3M. Beryllium, Total (7440-41-7)			X														
4M. Cadmium, Total (7440-43-9)			X														
5M. Chromium, Total (7440-47-3)			X														
6M. Copper, Total (7440-50-8)			X														
7M. Lead, Total (7439-92-1)			X														
8M. Mercury, Total (7439-97-6)			X														
9M. Nickel, Total (7440-02-0)			X														
10M. Selenium, Total (7782-49-2)			X														
11M. Silver, Total (7440-22-4)			X														
12M. Thallium, Total (7440-28-0)			X														
13M. Zinc, Total (7440-66-6)			X														
14M. Cyanide, Total (57-12-5)			X														
15M. Phenols, Total			X														
DIOXIN																	
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1784-01-8)			X	DESCRIBE RESULTS													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		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			
																(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - VOLATILE COMPOUNDS																	
1V. Acrolein (107-02-8)			X														
2V. Acrylonitrile (107-13-1)			X														
3V. Benzene (71-43-2)			X														
4V. Bis (Chloromethyl) Ether (542-88-1)			X														
5V. Bromoform (75-25-2)			X														
6V. Carbon Tetrachloride (56-23-5)			X														
7V. Chlorobenzene (108-90-7)			X														
8V. Chlorodibromomethane (124-48-1)			X														
9V. Chloroethane (75-00-3)			X														
10V. 2-Chloroethylvinyl Ether (110-75-8)			X														
11V. Chloroform (67-66-3)			X														
12V. Dichlorobromomethane (75-27-4)			X														
13V. Dichlorodifluoromethane (75-71-9)			X														
14V. 1,1-Dichloroethane (75-34-3)			X														
15V. 1,2-Dichloroethane (107-06-2)			X														
16V. 1,1-Dichloroethylene (75-35-4)			X														
17V. 1,2-Dichloropropane (78-87-5)			X														
18V. 1,3-Dichloropropylene (542-75-6)			X														
19V. Ethylbenzene (100-41-4)			X														
20V. Methyl Bromide (74-83-9)			X														
21V. Methyl Chloride (74-87-3)			X														

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		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			
																(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)																	
22V. Methylene Chloride (75-09-2)			X														
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X														
24V. Tetrachloroethylene (127-18-4)			X														
25V. Toluene (108-88-3)			X														
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X														
27V. 1,1,1-Trichloroethane (71-55-6)			X														
28V. 1,1,2-Trichloroethane (79-00-5)			X														
29V. Trichloroethylene (79-01-6)			X														
30V. Trichlorofluoromethane (75-69-4)			X														
31V. Vinyl Chloride (75-01-4)			X														
GC/MS FRACTION - ACID COMPOUNDS																	
1A. 2-Chlorophenol (95-57-8)			X														
2A. 2,4-Dichlorophenol (120-83-2)			X														
3A. 2,4-Dimethylphenol (105-67-9)			X														
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X														
5A. 2,4-Dinitrophenol (51-28-5)			X														
6A. 2-Nitrophenol (88-75-5)			X														
7A. 4-Nitrophenol (100-02-7)			X														
8A. P-Chloro-M-Cresol (59-50-7)			X														
9A. Pentachlorophenol (87-86-5)			X														
10A. Phenol (108-95-2)			X														
11A. 2,4,6-Trichlorophenol (88-05-2)			X														

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		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			
																(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS																	
1B. Acenaphthene (83-32-9)			X														
2B. Acenaphthylene (208-96-8)			X														
3B. Anthracene (120-12-7)			X														
4B. Benzidine (92-87-5)			X														
5B. Benzo (a) Anthracene (56-55-3)			X														
6B. Benzo (a) Pyrene (50-32-8)			X														
7B. 3,4-Benzo-fluoranthene (205-99-2)			X														
8B. Benzo (ghi) Perylene (191-24-2)			X														
9B. Benzo (k) Fluoranthene (207-08-9)			X														
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X														
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X														
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)			X														
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X														
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X														
15B. Butyl Benzyl Phthalate (85-68-7)			X														
16B. 2-Chloro-naphthalene (91-58-7)			X														
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X														
18B. Chrysene (218-01-9)			X														
19B. Dibenzo (a,h) Anthracene (53-70-3)			X														
20B. 1,2-Dichloro-benzene (95-50-1)			X														
21B. 1,3-Dichloro-benzene (541-73-1)			X														

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		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 (continued)																	
22B. 1,4-Dichlorobenzene (106-46-7)			X														
23B. 3,3-Dichlorobenzidine (91-94-1)			X														
24B. Diethyl Phthalate (84-66-2)			X														
25B. Dimethyl Phthalate (131-11-3)			X														
26B. Di-N-Butyl Phthalate (84-74-2)			X														
27B. 2,4-Dinitrotoluene (121-14-2)			X														
28B. 2,6-Dinitrotoluene (605-20-2)			X														
28B. Di-N-Octyl Phthalate (117-84-0)			X														
30B. 1,2-Diphenylhydrazine (as Azo-benzene) (122-66-7)			X														
31B. Fluoranthene (206-44-0)			X														
32B. Fluorene (86-73-7)			X														
33B. Hexachlorobenzene (118-74-1)			X														
34B. Hexachlorobutadiene (87-68-3)			X														
35B. Hexachlorocyclopentadiene (77-47-4)			X														
36B. Hexachloroethane (67-72-1)			X														
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X														
38B. Isophorone (78-59-1)			X														
39B. Naphthalene (91-20-3)			X														
40B. Nitrobenzene (98-95-3)			X														
41B. N-Nitrosodimethylamine (62-75-9)			X														
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X														

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		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			
																(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																	
43B. N-Nitrosodiphenylamine (86-30-8)			X														
44B. Phenanthrene (85-01-8)			X														
45B. Pyrene (129-00-0)			X														
46B. 1,2,4-Trichlorobenzene (120-82-1)			X														
GC/MS FRACTION - PESTICIDES																	
1P. Aldrin (309-00-2)			X														
2P. α -BHC (319-84-8)			X														
3P. β -BHC (319-85-7)			X														
4P. γ -BHC (58-89-9)			X														
5P. δ -BHC (319-88-8)			X														
6P. Chlordane (57-74-9)			X														
7P. 4,4'-DDT (50-29-3)			X														
8P. 4,4'-DDE (72-55-9)			X														
9P. 4,4'-DDD (72-54-8)			X														
10P. Dieldrin (60-57-1)			X														
11P. α -Endosulfan (115-29-7)			X														
12P. β -Endosulfan (115-29-7)			X														
13P. Endosulfan Sulfate (1031-07-8)			X														
14P. Endrin (72-20-8)			X														
15P. Endrin Aldehyde (7421-83-4)			X														
16P. Heptachlor (76-44-8)			X														

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

OUTFALL NUMBER

WA0002186

1

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		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		
GC/MS FRACTION - PESTICIDES (continued)																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

