



**TransAlta Centralia
Generation LLC**

T (360) 736-9901
www.transalta.com

913 Big Hanaford Road
Centralia, Washington
USA 98531

**Sam Bocook
EHS Manager**

Direct Line: 360-330-2363
Email: David_Raastad@transalta.com

April 15, 2020

Mr. Aziz Mahar
Department of Ecology
Industrial Operations Unit, Water Quality Program
Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775

Dear Mr. Mahar:

**RE: National Pollution Discharge Elimination System Permit Renewal (No. WA0001546) for
TransAlta Centralia Generation, LLC**

Please accept the enclosed NPDES renewal application for TransAlta Centralia Generation, LLC. Documentation supporting the renewal application has been emailed directly to you, and much of it has been uploaded already through the WQWebPortal at the Secure Access Washington website.

Should you have any questions or require further information, please contact Sam Bocook via email at sam_bocook@transalta.com or by phone at 360-330-2306.

Yours truly,

TRANSALTA CENTRALIA GENERATION LLC

A handwritten signature in blue ink, appearing to read 'David Raastad', is written over a horizontal line.

DAVID RAASTAD
Environmental, Health, and Safety Manager

Encl

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">1. Current permit I.D.</td> <td style="width:10%; text-align: center;">T/A</td> <td style="width:10%; text-align: center;">C</td> </tr> <tr> <td colspan="2" style="text-align: center; font-weight: bold;">WA0001546</td> <td></td> <td style="text-align: center;">D</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> </tr> </table>	1. Current permit I.D.		T/A	C	WA0001546			D			14	15
1. Current permit I.D.		T/A	C											
WA0001546			D											
		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 from 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"														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> <td style="width:10%; text-align: center;">FORM ATTACHED</td> <td style="width:33%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> <td style="width:10%; text-align: center;">FORM ATTACHED</td> </tr> </table>					YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED			
	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 (<i>either existing or proposed</i>) 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 checked="" type="checkbox"/>	D. Is this proposal facility (<i>other than those described in A or B above</i>) 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	TransAlta Centralia Generation, LLC													
IV. FACILITY CONTACT														
A. NAME & TITLE (<i>last, first, & title</i>)				B. PHONE (<i>area code & no.</i>)										
C 2	Raastad, David - Environmental, Health, and Safety Manager			(360)	330	2363								
V. FACILITY MAILING ADDRESS														
A. STREET OR P.O. BOX														
C 3	913 Big Hanaford Road													
B. CITY OR TOWN				C. STATE	D. ZIP CODE									
C 4	Centralia			WA	98531									
VI. FACILITY LOCATION														
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER														
C 5	913 Big Hanaford Road													
B. COUNTY NAME														
Lewis														
C. CITY OR TOWN				D. STATE	E. ZIP CODE	F. COUNTY CODE								
C 6	Centralia			WA	98531	041								
7	D. LATITUDE/LONGITUDE (NAD 83 DATUM)													
LATITUDE AS DECIMAL DEGREES - N46.755283														
LONGITUDE AS DECIMAL DEGREES - W122.861095														

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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	4911 (specify) Electric Power Generation	7 7	(specify)
EQUIVALENT NAICS FIRST		EQUIVALENT NAICS SECOND	
C 7	22111 (specify) Electric Power Generation	7 7	(specify)

UBI NUMBER -601985591

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
C 8	TransAlta Centralia Generation, LLC	<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 S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	(360) 736 9901

E. STREET OR PO BOX	
913 Big Hanaford Road	

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
C B Centralia	WA	98531	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 WA0001546	C 9	T P PSD 01-01 Amd 1	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)		(Specify)
C 9	T U N/A	C 9	T 8 SW98-8-R5	SWCAA Title V Permit
C. RCRA (Hazardous Wastes)		E. OTHER (specify)		(Specify)
C 9	T R N/A	C 9	T 8 N/A	

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)

TransAlta Centralia Generation, LLC operates a coal-fired steam electric generation plant near Centralia, Washington. Current generation capacity of the facility is 1340 MW (net). One unit will cease operation no later than 23:59 on December 31, 2020. Single unit operation will provide a generation capacity of 670 MW (net). The second unit will cease operation no later than 23:59 on December 31, 2025.

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
David Raastad, EHS Manager		4/15/2020

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.



EPA Form 2-C Supplemental Cooling Water Intake Structures

CWA §316(b) requires that the location, design, construction, and capacity of cooling water intake structures reflect the best technology available for minimizing adverse environmental impact. EPA has promulgated rules for new facilities at 40 CFR 125 Subpart I and has proposed but not finalized rules for existing facilities. This form requests information from applicants using EPA Form 2-C to determine applicability of CWA 316(b) requirements and inform applicants of additional application requirements that may apply to the facility.

Facility Name: TransAlta Centralia Generation LLC **NPDES Permit Number:** WA0001546

SECTION A. APPLICABILITY

☒ **Yes** ☐ **No**

Is there a cooling water intake associated with this facility? Cooling water intake means a structure withdrawing cooling water, for contact or noncontact cooling, from a surface water source. Withdrawal from groundwater or a public water system is not applicable. If No, STOP.

1. What is the design intake flow (in gallons per day)? 34,560,000
2. What percentage of the flow is used exclusively for cooling? Approximately 70-90%
3. What is the maximum intake velocity? 0.5fps
4. Describe the cooling water system (e.g., once-through, closed-cycle). recirculated approximately 10 cycles, blowdown rate approximately 1000 gpm
5. Name the surface water body from which cooling water is withdrawn. Skookumchuck River
6. Provide latitude/longitude of the cooling water intake(s) (NAD83/WGS84). N46.777294 / W122.91075
To ensure accurate locations provide at least 5 significant digits.
7. Describe the configuration of the intake(s) (e.g., dimensions, screen type). Traveling screens. See attached as-built plans
If as-built plans and specifications are available, please provide.
8. When was the intake(s) installed, including any major modifications? 1971
9. When was the intake(s) last inspected? If regular inspections are scheduled, provide frequency. 8-7-2013, Annual
10. Have there been any studies to determine the impact of the intake(s) on aquatic organisms (e.g., impingement/entrainment studies). ☐ **Yes** ☒ **No**
If yes, please provide

SECTION B. APPLICATION REQUIREMENTS

CWA §316(b) requirements apply to all NPDES permitted facilities with cooling water intake structures. EPA has promulgated best technology available (BTA) effluent guidelines for facilities meeting certain thresholds:

- Design intake flow greater than two million gallons per day.
- Greater than 25 percent of the water withdrawn is used for cooling purposes.

Submittal requirements for facilities subject to BTA effluent guidelines:

- New facilities must submit information as specified in 40 CFR 122.21(r)(i) and 40 CFR 125.86.
- Note: EPA proposed, but has not finalized, BTA effluent guidelines for existing facilities.

Facilities subject to BTA guidelines are encouraged to contact Ecology early in the application process. Ecology may consider this application administratively incomplete until the required information is received.

Submittal requirements for existing facilities and new facilities below BTA thresholds:

- Ecology will evaluate the information submitted with this form and may request additional information to assess the need for requirements under 40 CFR 125.90(b) or 40 CFR 125.80(c).

SECTION C. INSTRUCTIONS

All applicants required to submit EPA Form 2C, available here: www.ecy.wa.gov/programs/wq/permits/forms.html must also submit this supplemental form to determine the applicability of CWA §316(b) and any additional application requirements. Enter your facility name and NPDES permit number (if applicable) and submit this form as an attachment to Form 2C.

APPLICABILITY

CWA §316(b) requirements apply only to point sources (facilities that have or are required to have an NPDES permit) withdrawing cooling water from waters of the U.S. (surface waters). Withdrawal from groundwater, a public water system, or the use of treated effluent that would otherwise be discharged to waters of the state does not constitute use of a cooling water intake structure. Select Yes or No to the first question. If you answer No, you do not need to complete the remainder of the form.

1. Design intake flow means the value assigned during the facility's design to the maximum volume of water the cooling water intake system is capable of withdrawing over a specific time period. Existing facilities may adjust this value to reflect any permanent changes to the maximum capabilities of the intake system including but not limited to permanent removal of pumps, flow limit devices, and physical limitations of piping. Report this value in gallons per day (gpd).
2. Report the percentage of water withdrawn that is used exclusively for cooling purposes, measured on an average monthly (new facilities) or average annual (existing facilities) basis. Cooling water that is used in a manufacturing process either before or after it is used for cooling is not considered cooling water for the purposes of calculating this percentage.
3. Provide the maximum actual or design intake velocity as water passes through the structural components of the intake screen, measured perpendicular to the screen mesh. Report this value in feet per second (fps).
4. Describe the cooling water system, including if the water is used once (once-through) or recirculated (closed-cycle). If recirculated, provide the minimum number of cycles the water is recirculated and average blowdown flow in gpd.
5. Provide the name of the surface water body your intake structure withdraws water from (e.g., ABC river)
6. Provide an accurate location for each intake structure associated with the facility.
7. Describe the cooling water system including a description of the intake screen dimensions, perforation sizes (if known), and screen type (e.g., traveling screens, wedgewire, barrier nets, trash racks). Provide any design drawings and specifications available.
8. Give the date the intake was first installed and the date(s) of any major modifications to the structure(s).
9. Provide the date of last intake inspection and the frequency of any regularly scheduled inspections.
10. Please provide any available studies of the impact to aquatic life from your cooling water intake structure. These may include studies of entrainment and impingement of fish and shellfish.

APPLICATION REQUIREMENTS

Facilities with design intake flows greater than two million gallons per day, of which greater than 25 percent of the water withdrawn is used exclusively for cooling purposes, must comply with applicable application requirements in federal rule. Please refer directly to the applicable rules, cited in Section B. to determine requirements specific to your facility. Existing facilities should also contact their permit manager for technical assistance. New facility applicants should contact their regional office permit coordinator (www.ecy.wa.gov/programs/wq/permits/permit_coord.html) for assistance.

All applicants are encouraged to provide thorough answers to the questions on this form, along with any additional information that may be useful in determining applicability and application requirements. Ecology may request additional information from facilities with cooling water intake structures operating below the design intake and percentage flow thresholds. Ecology will use the information provided to make a case-by-case determination of the need for additional requirements per 40 CFR 125.80(c) and 40 CFR 125.90(b).

For special accommodations or documents in alternate format, 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.

Please type or print in the unshaded areas only				EPA ID Number (Copy from Item 1 of Form 1) WA-000154-6			Form Approved OMB No. 2040-0086 Approval expires 7-31-88		
Form 2C NPDES				U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICUTLRAL OPERATIONS Consolidated Permits Program					
I. Outfall Location									
For this outfall, list the latitude and longitude, and name of the receiving water(s)									
Outfall Number (list)	Latitude			Longitude			Receiving Water (name)		
	Deg	Min	Sec	Deg	Min	Sec			
001	46	45	38	122	51	34	Hanaford Creek		
002	46	45	28	122	51	24	Hanaford Creek via Outfall 001 or 3E		
3E	46	45	58	122	50	47	Hanaford Creek via TCM Pond 20 System		
003	46	45	22	122	51	24	Hanaford Creek via Outfall 001 or 3E		
II. Flows, Sources of Pollution, and Treatment Technologies									
A. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.									
B. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater 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 Number	2. Operations Contributing Flow					3. Treatment			
	a. OPERATION (list)		b. AVERAGE FLOW			a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1		
001 or 3E	Coal Pile Runoff		0.5 mgd			Settling Pond	1-U, 1-G		4-A
001 or 3E	Stormwater Runoff		0.4 mgd			Settling Pond	1-U, 1-G		4-A
001 or 3E	Cooling Tower Blowdown		1.8 mgd			Settling Pond	1-U,2-K,4-C		4-A
001 or 3E	Waterplant Blowdown		0.3 mgd			Settling Pond	1-U,2-K,4-C		4-A
001 or 3E	Boiler Blowdown		0.05 mgd			Settling Pond	1-U,2-K,4-C		4-A
001 or 3E	Treated FGD Blowdown via Outfall 003		0.05 mgd			Settling Pond	1-U,2-C,4-C		4-A
001 or 3E	Treated Sanitary Effluent from 002		0.01 mgd			Settling Pond	1-U, 1-G		4-A
002	Restrooms and Lunchrooms		0.01 mgd			Activated Sludge	3-A, 2-F, 5-Q		4-A
003	FGD Blowdown		0.05 mgd			Lime Precipitation	1-U,2-C,4-C		4-A

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

☒ **YES** (complete the following table)

☐ **NO** (go to Section III)

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. DUR- ATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
001	Coal pile runoff, Stormwater runoff, Cooling tower blowdown, Water plant blowdown, Boiler blowdown, FGD blowdown, Treated sanitary effluent	7	6	1.7	4.9	1.7 million gallons	4.9 million gallons	176
002	Treated sanitary effluent	7	12	0.0091	0.0239	9100 gallons	23,900 gallons	365
3E	Coal pile runoff, Stormwater runoff, Cooling tower blowdown, Water plant blowdown, Boiler blowdown, FGD blowdown, Treated sanitary effluent	7	6	1.4	2.5	1.4 million gallons	2.5 million gallons	189

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ **YES** (complete Item III-B)

☐ **NO** (go to Section IV)

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

☐ **YES** (complete Item III-C)

☒ **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)	

IV. IMPROVEMENTS

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

☐ **YES** (complete the following table)

☒ **NO** (go to Item IV-B)

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. REQ- UIRED	b. PRO- JECTED

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

☐ **MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED**

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

[illegible]

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

☐ **YES** (list all such pollutants below)

☐ **NO** (go to Item VI-B)

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** (list the test(s) and describe their purpose below)

☐ **NO** (go to Section VIII)

**Bioassay monitoring of plant effluent to satisfy conditions of NPDES Permit WA0001546
Ongoing TIE/TRE due to failed Chronic WET results**

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)
ALS Environmental – Kelso, WA	1317 S 13th Avenue, Kelso, WA 98626	(360) 577-7222	Oil & Grease, TSS, As, Zn, Cu, Hg, Cr (total), Cr (hex), Se, BOD, Fecal Coliform, Nitrate/Nitrite, Priority Pollutants
Test America Applied Sciences Laboratory	1100 NE Circle Blvd, Suite 310, Corvallis, OR 97330	(541) 207-0995	Acute and Chronic Toxicity
		()	
		()	

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)

David Raastad, EHS Manager

B. PHONE NO. (area code & no.)

(360) 736-9901

C. SIGNATURE

David Raastad

D. DATE SIGNED

4/15/2020

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)
WA-000154-6 Outfall 001 and 3E

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							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 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	
a. Biochemical Oxygen Demand (BOD)	ND	N/A	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A
b. Chemical Oxygen Demand (COD)	18	N/A	N/A	N/A	N/A	N/A	1	mg/L	N/A	N/A	N/A	N/A
c. Total Organic Carbon (TOC)	4.34	59.4	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A
d. Total Suspended Solids (TSS)	19.2	396	N/A	N/A	7.4	7	24	mg/L	lb	N/A	N/A	N/A
e. Ammonia (as N)	0.074	1.01	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A
f. Flow	Value 4.87		Value N/A		Value 1.57		daily	mgd	N/A	N/A		N/A
g. Temperature (winter)	Value 15.8		Value N/A		Value 9.17		176	°C		N/A		N/A
h. Temperature (summer)	Value N/A		Value N/A		Value N/A		N/A	°C		N/A		N/A
i. pH	Minimum 7.13	Maximum 8.89	Minimum n/a	Maximum n/a			25	STANDARD UNTIS				

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'		2. EFFLUENT							3. UNITS (specify if blank)		4. 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	
a. Bromide (24959-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24	328	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A
b. Chlorine, Total Residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<0.05	N/A	<0.05	N/A	<0.05	N/A	12	mg/L	N/A	N/A	N/A	N/A
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	N/A	N/A	N/A	N/A	N/A	1	cu	---	N/A	N/A	N/A
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9	N/A	N/A	N/A	N/A	N/A	1	Cfu/100ml	---	N/A	N/A	N/A
e. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.41	5.61	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A
f. Nitrate-Nitrite (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.75	51.3	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT							3. UNITS (specify if blank)		4. 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. 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"/>	<input type="checkbox"/>	2.63	35.97	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A		
h. Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.6	N/A	N/A	N/A	7.3	N/A	2	mg/L	lb	N/A	N/A	N/A		
i. Phosphorus (as P), Total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.04	0.53	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A		
j. Radioactivity																
(1) Alpha, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	N/A	N/A	N/A	N/A	N/A	1	pCi/L	mCi	N/A	N/A	N/A		
(2) Bets, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.6	N/A	N/A	N/A	N/A	N/A	1	pCi/L	mCi	N/A	N/A	N/A		
(3) Radium, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	N/A	N/A	N/A	N/A	N/A	1	pCi/L	mCi	N/A	N/A	N/A		
(4) Radium 226, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	N/A	N/A	N/A	N/A	N/A	1	pCi/L	mCi	N/A	N/A	N/A		
k. Sulfate (as SO ₄) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	311	4253	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A		
l. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	N/A	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A		
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	N/A	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A		
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.07	0.93	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A		
o. Aluminum, Total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	138	1.89	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
p. Barium, Total (7440-39-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	125	1.71	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
q. Boron, Total (7440-42-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	723	9.89	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.12	0.002	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
s. Iron, Total (7439-89-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30.9	0.42	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
t. Magnesium, Total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.7	146	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A		
u. Molybdenum, Total (7439-98-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.5	0.27	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
v. Manganese, Total (7439-96-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65.7	0.89	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.2	0.06	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		

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

WA-000154-6

OUTFALL NUMBER

001 and 3E

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'			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 AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
METALS, CYANIDE, AND TOTAL PHENOLS																
1m. Antimony, Total (7440-36-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.865	0.01	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
2M. Arsenic, Total (7440-38-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.3	0.22	N/A	N/A	5.4	0.073	12	ug/L	lb	N/A	N/A	N/A	
3M. Beryllium, Total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.02	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
4M. Cadmium, Total (7440-43-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.02	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
5M Chromium, Total (7440-47-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.9	0.17	N/A	N/A	3.9	0.053	12	ug/L	lb	N/A	N/A	N/A	
6M Copper, Total (7440-50-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.76	0.15	N/A	N/A	3.5	0.047	12	ug/L	lb	N/A	N/A	N/A	
7M lead, Total (7439-92-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.117	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
8M Mercury, Total (7439-97-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15.6	0.0003	N/A	N/A	7.59	0.0001	12	ng/L	lb	N/A	N/A	N/A	
9M Nickel, Total (7440-02-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.22	0.02	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
10M Selenium, Total (7782-49-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.7	0.07	N/A	N/A	1.61	0.022	12	ug/L	lb	N/A	N/A	N/A	
11M Silver, Total (7440-22-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.02	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
12M Thallium, Total (7440-28-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.02	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
13M Zinc, Total (7440-66-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.1	0.21	N/A	N/A	5.2	0.070	12	ug/L	lb	N/A	N/A	N/A	
14M Cyanide, Total (57-12-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A	
15M Phenols, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.039	0.53	N/A	N/A	N/A	N/A	1	mg/L	lb	N/A	N/A	N/A	
DIOXIN																
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DESCRIBE RESULTS ND for 2,3,7,8 Tetrachlorodibenzo-P-Dioxin at MRL of 8.35 pg/L												

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1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 AVR.G. VALUE (if available)		d. NO. OF ANALYSI S			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSE S		
				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS				(1) CONCENTRATIO N	(2) MASS			
GC/MS - VOLATILE COMPOUNDS																	
1V. Acrolein (107-02-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<50	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
2V Acrylonitrile (107-13-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<10	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
3V Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
4V Bis (Chloro- methyl) Ether (542-88-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
5V Bromoform (75-25-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
6V Carbon Tetrachloride (56-23-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
7V Chlorobenzene (108-90-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
8V Chlorodi- bromomethane (124-48-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
9V Chloroethane (75-00-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
10V 2-Chloro- ethylvinyl Ether (110-75-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<10	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
11V Chloroform (67-66-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
12V Dichloro- bromoethane (75-71-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<1.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
13V Dichloro- difluoromethane (75-71-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
14V 1,1-Dichloro- ethane (75-34-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
15V 1,2-Dichloro- ethane (107-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
16V 1,1-Dichloro- ethylene (75335-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
17V 1,2-Dichloro- propane (78-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
18V 1,3-Dichloro- propylene (542-76-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
19V Ethylbenzene (100-41-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
20V Methyl Bromide (74-83-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
21V Methyl Chloride (74-87-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		

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EPA I.D. NUMBER (copy from Item 1 of Form 1)
WA-000154-6OUTFALL NUMBER
001 and 3E

1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT								3. UNITS (specify if blank)		4. 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 ANALYSI S	a. CON- CENT- RATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSE S	
				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS - VOLATILE COMPOUNDS (continued)																
22 V Methylene Chloride (75-09-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
23V 1,1,2,2-Tetra-Chloroethane (79-34-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
24V Tetrachloro-ethylene (127-18-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
25V Toluene (108-88-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
26V 1,2-Trans-Dichloroethylene (156-60-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
27V 1,1,1-Trichloroethylene (71-55-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
28V 1,1,2-Trichloroethane (79-00-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
29V Trichloro-ethylene (79-01-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
30V Trichloro-fluoromethane (75-69-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
31V Vinyl Chloride (75-01-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
GC/MS FRACTION - ACID COMPOUNDS																
1A 2-Chlorophenol (95-57-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.48	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
2A 2,4-Dichloro-phenol (120-83-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.48	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
3A 2,4-Dimethyl-phenol (105-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<3.8	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
4A 4,6-Dinitro-O-cresol (534-52-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<2.3	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
5A 2,4-Dinitro-phenol (51-28-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<3.8	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
6A 2-Nitro-phenol (88-75-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.48	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
7A 4-Nitro-phenol (100-02-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<2.3	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
8A P-Chloro-M-Cresol (59-50-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.48	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
9A Penta-chlorophenol (87-86-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.95	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
10A Phenol (10/-95-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.48	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	
11A 2,4,6-Trichlorophenol (88-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.48	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A	

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1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSI S			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSE S	
				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS																
1B Acenaphthene (83-32-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.27	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
2B Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.29	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
3B Anthracene (120-12-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.33	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
4B Benzidine (92-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<48	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
5B Benzo (a) Anthracene (56-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.25	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
6B Benzo (a) Pyrene (50-32-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.37	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
7B 3,4-Benzo- fluoranthene (205-99-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.27	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
8B Benzo (ghi) Perylene (191-24-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.41	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
9B Benzo (k) Fluoranthene (207-08-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.32	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
10B Bis (2- Chloroethoxy) Methane (111-91-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.31	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
11B Bis (2-Chloro- ethyl) Ether (111-44-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.37	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
12B Bis (2- Chloroisopropyl) Ether (102-60-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
13B Bis(2-Ethyl- hexyl) Phthalate (117-81-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.95	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
14 B 4-Bromo- phenyl Phenyl Ether (101-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.35	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
15B Butyl Benzyl Phthalate (85-68-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.55	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
16B 2-Chloro- naphthalene (91-68-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.43	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
17B 4-Chloro- phenyl Phenyl Ether (7005-72-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.26	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
18B Chrysene (218-01-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.40	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
19B Dibenzo (a,h) Anthracene (53-70-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.41	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
20B 1,2-Dichloro- benzene (95-50-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A
21B 1,3-Dichloro- benzene (541-73-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1		ug/L	lb	N/A	N/A	N/A

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EPA I.D. NUMBER (copy from Item 1 of Form 1)
WA-000154-6OUTFALL NUMBER
001 and 3E

1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSI S	a. CONCENT- RATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSE S
				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS - BASE/NEUTRAL COMPOUNDS (continued)															
22B 1,4-Dichloro- benzene (106-46-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<5.0	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
23B 3,3'-Dichloro- benzidine (91-94-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<1.9	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
24B Diethyl Phthalate (84-66-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.33	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
25B Dimethyl Phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.71	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
26B Di-N-Butyl Phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
27B 2,4-Dinitro- toluene (121-14-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.26	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
28B 2,6-Dinitro- toluene (606-20-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.27	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
29B Di-N-Octyl Phthalate (117-84-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.38	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
30B 1,2-Diphenyl- hydrazine (as Azo-benzene) (122-66-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.23	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
31B Fluoranthene (206-44-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.45	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
32B Fluorene (86-73-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.23	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
33B Hexa- chlorobenzene (118-74-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.27	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
34B Hexa- chlorobutadiene (87-68-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.22	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
35B Hexachloro- cyclopentadiene (77-47-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.95	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
36B Hexa- chloroethane (67-72-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.26	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
37B Indeno (1,2,3-cd) Pyrene (193-39-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.45	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
38B Isophorone (78-59-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.35	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
39B Naphthalene (91-20-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.31	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
40B Nitrobenzene (98-95-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.36	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
41B N-Nitro- sodimethylamine (62-75-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<1.9	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A
42B N-Nitrosdi-N- Propylamine (621-64-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.51	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A

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1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 AVR. VALUE (if available)		d. NO. OF ANALYSI S			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSE S		
				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS				(1) CONCENTRATIO N	(2) MASS			
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																	
43B N-Nitro- sodiphenylamine (86-30-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.34	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
44B Phenanthrene (85-01-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.24	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
45B Pyrene (129-00-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.47	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
46B 1,2,4-Tri- chlorobenzene (120-82-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.32	N/A	N/A	N/A	N/A	N/A	1	ug/L	lb	N/A	N/A	N/A		
GC/MS FRACTION - PESTICIDES																	
1P Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
2P β-Bhc (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
4P γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
5P δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
6P Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.2	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
7P 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
8P 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
9P 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
10P Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
11P α-Endo- sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
12P β-Endo- sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
13P Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
14P Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
15P Endrin Aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		
16P Hepta- chlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A		

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EPA I.D. NUMBER (copy from Item 1 of Form 1)
WA-000154-6OUTFALL NUMBER
001 and 3E

1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSI S	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSE S
				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS				(1) CONCENTRATIO N	(2) MASS	
GC/MS - PESTICIDES (continued)															
17P Heptachlor Expxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.01	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A
18P PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.096	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A
19P PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.096	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A
20P PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.096	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A
21P PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.096	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A
22P PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.096	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A
23P PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.096	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A
24P PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.048	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A
25P Toxa- phene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.048	N/A	N/A	N/A	N/A	N/A	1	ug/L	N/A	N/A	N/A	N/A

Please type or print in the unshaded areas only			EPA ID Number (Copy from Item 1 of Form 1) WA0001546			Form Approved OMB No. 2040-0086 Approval expires 7-31-88		
Form 2E NPDES		Facilities Which Do Not Discharge Process Wastewater						
I. Receiving Water								
For this outfall, list the latitude and longitude, and name of the receiving water(s)								
Outfall Number (list)	Latitude			Longitude			Receiving Water (name)	
	Deg	Min	Sec	Deg	Min	Sec		
002	46	45	27	122	51	20	Big Hanaford Creek via Outfall 001	
II. Discharge Date (If a new discharger, the date you expect to begin discharging)								
III. Type of Waste								
A. Check the box(es) indicating the general type(s) of wastes discharged. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <input checked="" type="checkbox"/> Sanitary Wastes </div> <div style="width: 20%;"> <input type="checkbox"/> Restaurant or Cafeteria Wastes </div> <div style="width: 20%;"> <input type="checkbox"/> Noncontact Cooling Water </div> <div style="width: 20%;"> <input type="checkbox"/> Other Nonprocess Wastewater (Identify) </div> </div>								
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. <div style="height: 100px; border: 1px solid black;"></div>								
IV. Effluent Characteristics								
A. Existing Sources - Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). B. New Dischargers - Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).								
Pollutant or Parameter	(1) Maximum Daily Value (including units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)		
	Mass	Concentration	Mass	Concentration				
Biochemical Oxygen Demand (BOD)	1.73 lb/d	17 mg/L	0.39 lb/d	5.06 mg/L	52	N/A		
Total Suspended Solids (TSS)	1.47 lb/d	14 mg/L	0.33 lb/d	4.01 mg/L	52	N/A		
Fecal Coliform (if believed present or if sanitary waste is discharged)	N/A	4 #/100ml	N/A	1.2 #/100ml	24	N/A		
Total Residual Chlorine (if chlorine is used)	0.078 lb/d	1.44 mg/L	0.036 lb/d	0.48 mg/L	216	N/A		
Oil and Grease	N/A	N/A	N/A	N/A	N/A	N/A		
*Chemical oxygen demand (COD)	N/A	N/A	N/A	N/A	N/A	N/A		
*Total organic carbon (TOC)	N/A	N/A	N/A	N/A	N/A	N/A		
Ammonia (as N)		1.25 mg/L	N/A	N/A	1	N/A		
Discharge Flow	Value 0.024 mgd		0.009 mgd		365	N/A		
pH (give range)	Value 6.5 - 7.9		7.1		218	N/A		
Temperature (Winter)	N/A °C		N/A °C		N/A	N/A		
Temperature (Summer)	N/A °C		N/A °C		N/A	N/A		

V. Expect for leaks or spills, will the discharge described in this form be intermittent or seasonal?

If yes, briefly describe the frequency of flow and duration.

☐

Yes

☒

No

VI. Treatment System (Describe briefly any treatment system(s) used or to be used)

TCG operates a small, packaged, activated sludge sewage treatment plant designed for a flow rate of 14 gpm. This extended aeration, activated sludge, secondary treatment plant handles normal plant sewage from TCG and TCM facilities. The process consists of four major components: 1) raw sewage pump house, 2) treatment plant, 3) oxidation pond, and 4) chlorination contact chamber.

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional Sheets, if necessary.

The treated sanitary effluent discharges to the CPRO treatment system and is then discharged through Outfall 001 in the winter or to Pond 3E in the summer.

VIII. 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 designated 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 of Official Title

David Raastad, EHS Manager

B. Phone No. (area code & no.)

(360) 736-9901

C. Signature



D. Date Signed

4/15/2020