



WESTERN WOOD PRESERVING CO.

P.O. Box 1250 Sumner, WA 98390 (253) 863-8191

December 11, 2020

John Diamant, P.E.
Industrial Facility Manager
South Puget Sound Basin
WA State Department of Ecology
Water Quality Program
P.O. Box 47775
Olympia, WA 98504-7775

RECEIVED

DEC 14 2020

WA State Department
of Ecology (SWRO)

Re: Storm Water Permit NPDES Renewal Application of Permit No. WA 0040738

Dear Mr. Diamant:

Enclosed you will find the Stormwater permit renewal application. Following is the necessary and requested information for the storm water permit renewal application.

Background Information:

Western Wood Preserving Co. (WWPC) is located in Sumner, WA, and has been a manufacturer of pressure treated wood products since 1971. The facility includes 12 acres of treatment and wood storage facilities, drying and shipping areas, and produces preserved wood products for residential and commercial end uses to be sold to the wholesale market.

Since the first issuance of WWPC's agreed upon NPDES permit in 1995, the facility has implemented the required Best Management Practices (BMP's), characterized the toxicity of the effluent, developed and meticulously followed a Stormwater Pollution Prevention Plan (SWPPP), developed and meticulously practiced procedures in the Oil & Hazardous Material Spill Plan (OHMSP), and followed the guidelines of the solid waste control plan.

No process related wastewater is discharged from the site; the only discharge is storm water into the City of Sumner storm sewer. See the Fact Sheet (FS) for more detail. The facility is divided by Pease Ave. into two distinct areas. The area east of Pease Ave. is the untreated white wood area where untreated wood is stored.

The area west of Pease Ave. contains the storage area for treated wood, the preservative plant, and the process and handling systems for stacking and wrapping the preserved wood.

Industrial Process:

WWPC continues to preserve wood using 4 preservative systems: FlamePRO fire retardant, Naturewood (CA), Advance Guard Borate, and chromated copper arsenate (CCA) for industrial uses. All preservative solutions are water-borne.

Some lumber is treated with a water-borne copper azole (CA) preservative consisting of a Copper Ethanolamine Complex. The CA solution is delivered via tanker truck to the site as a 33% solution, with a copper equivalent of 9.3% of the total solution, and 67% water.

Other lumber and plywood in a much lesser quantity is treated, for industrial use only, with a water-borne type C chromated copper arsenate (CCA) preservative delivered as a 60% solution strength, consisting of chromic acid (CAS 1333-82-0), arsenic acid expressed as As₂O₅ (CAS 7778-39-4), and cupric oxide (CAS 1317-39-1), and 40% water.

The tanker unloading area is designed to contain the volume of one tanker truck. The tank farm building containing the tanker unloading area, and concentrated preservatives and their various dilutions is completely enclosed. A 10,000 gallon tank is used to store the concentrated preservative while four 30,000 gallon tanks are used to store the preservatives at various concentrations.

These tanks have conical bottoms with drains to facilitate removal of any sediment. The tank farm has two 20,000 gallon recovery tanks to store make-up water obtained from the kiln condensate, drippage, incidental rain onto the drip pad area, and any rainwater collected in the retort area sumps. Spent solution as well as any sediment accumulated at the tank bottoms are filtered at the pump filter and the liquid preservative is reused. It is a completely closed system, releasing no spent water or liquid.

WWPC does not currently have plans to enlarge or change facility size or process operations.

As of Fall of 2020, alkaline copper quaternary (ACQ) is no longer available. To replace it, copper azole (CA) is the primary copper preservative system now in use. The switch away from ACQ was necessary due to Covid-19 and the hand sanitizer market consuming most of the available biocide contained in quat, with very little remaining for the preservative wood market. Our supplier informed us that they would no longer be supplying us with ACQ, thus, the switch to copper azole (CA).

Waivers Requested and Attachments Included:

Form 1.

Section 1.2.5 Activities Requiring an NPDES Permit (40 CFR 122.21 (f) and (f)(1)).

Western Wood Preserving Co. is an existing facility whose discharge is composed entirely of storm water associated with industrial activity. No process waste water is discharged from the facility; it is a closed preservative system facility.

Section 6.1 Existing Environmental Permits

Western Wood Preserving Co. (WWPC) currently has the NPDES Storm water Permit WA0040738 monitoring storm water discharges to surface water, and the RCRA Hazardous Waste Permit WAD 055498232 regulating hazardous waste.

Section 7.1 Map (40 CFR 122.21 (f)(7))

Topographic map containing required information attached. See Attachment #1.

Section 9. Cooling water intake structures (40 CFR 122.21 (f)(9))

The WWPC facility does not use cooling water for contact or noncontact cooling from a surface water source. There are no systems currently used within the facility that use cooling water. Pressure preservative retorts, preservative recovery system, pumps, and preservative storage tanks operate at ambient temperature.

See also Form 2C Supplemental included. See Attachment #2.

Form 2C.**Section 7.1 Table A - Effluent and Intake Characteristics (40 CFR 122.21(g)(7))**

WWPC is hereby requesting a waiver for the following Table A substances for both Outfalls 001 & 002.

1. Biochemical oxygen demand (BOD)
2. Chemical oxygen demand (COD)
3. Total organic carbon (TOC)
4. Temperature (winter & summer)

WWPC has not regularly tested the level, presence, or absence of these substances #1-4 listed above as part of the parameter testing required in the NPDES permits issued by Ecology in the past.

WWPC regularly tests storm water for substances from two Outfalls.

Outfall 001 is located west of Pease Avenue located in the treated wood side of the facility and is tested monthly September- May each year for the presence/level of oil & grease, arsenic, chromium, copper, total suspended solids, ammonia, pH, and flow.

Outfall 002 is located east of Pease Avenue located in the white wood, untreated side of the facility and is tested bi-monthly September-May each year for the presence/level of oil & grease, arsenic, chromium, copper, total suspended solids, ammonia, pH, and flow.

WWPC would also like to continue the monitoring frequency for Outfall 001 to be once a month September through May, except for Oil & Grease and arsenic, which have been bi-monthly, for a total of nine samples per sampling season.

Per the permit requirements, samples from the two outfalls are required to be conducted on the same date and time. If there has been a discrepancy in the date of the sampling within a certain month, this is because it often takes Outfall 002 longer to produce flow. Outfall flow depends upon time of year, current rainfall soil saturation, and catch basin design differences between the Outfall 001 collection area and the Outfall 002 collection area. And, the Outfall 002 surface collection area is less than the Outfall 001 surface collection area.

Testing results from an independent laboratory are then reported as required on the Department of Ecology WQWebPortal website.

Section 7.9 Table B, Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants

Quantitative data is provided monthly when required on the WQWebPortal Department of Ecology website for the Section 1, Table B substances for which testing is required. The independent Contracting Laboratory is Spectra Laboratories, 2221 Ross Way, Tacoma, WA 98421. **See Attachment #3.**

Section 7.13 Table C, Certain Conventional and Non-Conventional Pollutants

Explanation of substances "believed present".

Table C, 3. Color: Color is slight, possibly due to the natural presence of vegetation in the pond area for Outfall 001, and the bioswale for Outfall 002.

Table C, 4. Fecal Coliform: Fecal coliform is believed present due to the ducks, pigeons, and other waterfowl seasonally swimming in and/or nesting near the pond for Outfall 001, and the bioswale for Outfall 002.

Section 7.14 Table D, Certain Hazardous Substances and Asbestos

It is indicated that all certain hazardous substances listed in Table D are "believed absent".

Section 10. Contract Analysis (40 CFR 122.21(g)(12))

The contract laboratory for the Discharge Monitoring Report (DMR) analysis is:

Spectra Laboratories

2221 Ross Way

Tacoma, WA 98421

Substances analyzed by the lab are: Oil & Grease, Arsenic, Chromium, Copper, Total Suspended Solids, and Ammonia. Chain of Custody's carry signatures and are maintained and kept on file.

Sample of Analysis Report by the contract laboratory attached. **See Attachment #4.**

EPA Form 2C Supplemental Cooling Water Intake Structures:

There are no cooling water intake structures used at WWPC. Systems operate at ambient temperature. **See Attachment #2.**

Forms are completed and accompanying documentation is enclosed hopefully completing this permit application renewal. Please let me know if any additional information is needed, or if there are any questions.

Thank you for your consideration of this Application for Permit Renewal, respectfully submitted this December 11, 2020.


Sincerely,


Janis L. Kristiansen

Vice President/ Environmental Coordinator

JLK/jlk

Enclosures

EPA Identification Number WAD 055498232		NPDES Permit Number WA0040738		Facility Name Western Wood Preserving Co.		Form Approved 03/05/19 OMB No. 2040-0004	
Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION					
SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))							
Activities Requiring an NPDES Permit	1.1 Applicants Not Required to Submit Form 1						
	1.1.1	Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input checked="" type="checkbox"/> No	1.1.2	Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input type="checkbox"/> No			
	1.2 Applicants Required to Submit Form 1						
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No	1.2.2	Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input checked="" type="checkbox"/> No			
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input checked="" type="checkbox"/> No	1.2.4	Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No			
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). <input checked="" type="checkbox"/> No					
SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))							
Name, Mailing Address, and Location	2.1 Facility Name						
	Western Wood Preserving Co.						
	2.2 EPA Identification Number						
	WAD 055498232						
	2.3 Facility Contact						
	Name (first and last) Janis Kristiansen		Title Environmental Coordinator		Phone number (253) 863-8191		
	Email address JanisK@WesternWoodPreserving.com						
	2.4 Facility Mailing Address						
Street or P.O. box PO Box 1250							
City or town Sumner		State WA		ZIP code 98390			

EPA Identification Number WAD 055498232		NPDES Permit Number WA0040738		Facility Name Western Wood Preserving Co.		Form Approved 03/05/19 OMB No. 2040-0004	
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Name, Mailing Address, and Location Continued	2.5	Facility Location						
		Street, route number, or other specific identifier 1313 Zehnder St.						
		County name Pierce			County code (if known)			
		City or town Sumner		State WA		ZIP code 98390		

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))					
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)	
		2491		Wood preserving	
	3.2	NAICS Code(s)		Description (optional)	

SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))			
Operator Information	4.1	Name of Operator	
	Western Wood Preserving Co.		
	4.2	Is the name you listed in Item 4.1 also the owner?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	4.3	Operator Status	
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____	
	4.4	Phone Number of Operator	
		(253) 863-8191	

Operator Information Continued	4.5	Operator Address						
		Street or P.O. Box PO Box 1250						
		City or town Sumner			State WA		ZIP code 98390	
		Email address of operator JanisK@WesternWoodPreserving.com						

SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))	
Indian Land	5.1 Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
	<input checked="" type="checkbox"/>	NPDES (discharges to surface water) WA0040738	<input checked="" type="checkbox"/>	RCRA (hazardous wastes) WAD 055498232
	<input type="checkbox"/>	PSD (air emissions)	<input type="checkbox"/>	Nonattainment program (CAA)
	<input type="checkbox"/>	Ocean dumping (MPRSA)	<input type="checkbox"/>	Dredge or fill (CWA Section 404)
			<input type="checkbox"/>	UIC (underground injection of fluids)
			<input type="checkbox"/>	NESHAPs (CAA)
			<input type="checkbox"/>	Other (specify)

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)	

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business.
	<p>Western Wood Preserving Co. is engaged in the production and sale of pressure preserved wood products preserved for protection against decay, rot, and insect attack. The wood preservative systems currently used are Copper Azole (CA), Advance Guard Borate, FlamePRO fire retardant, and Chromated Copper Arsenate (CCA) Type-C for industrial uses.</p> <p>Located in Sumner, WA, the facility includes 12 total acres, drying and storage areas, and produces preserved wood for the residential and commercial wholesale markets.</p> <p>No process related wastewater is discharged from the site; the only discharge is stormwater.</p> <p>The facility is divided into two (2) distinct areas: one on each side of Pease Avenue which runs northerly and southerly through the facility. The area east of Pease Ave. is referred to as the white wood area where only untreated wood is stored. The area west of Pease Ave. contains the tank farm building, pressure cylinders, support systems to handle and process the wood, and the storage areas for paper-wrapped treated wood.</p>	

SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))


Cooling Water Intake Structures	9.1	Does your facility use cooling water?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.	
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)


SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)	
	<input type="checkbox"/>	Fundamentally different factors (CWA Section 301(n))	<input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))
	<input type="checkbox"/>	Non-conventional pollutants (CWA Section 301(c) and (g))	<input type="checkbox"/> Thermal discharges (CWA Section 316(a))
	<input checked="" type="checkbox"/>	Not applicable	

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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	11.2	Certification Statement <i>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.</i>	
	Name (print or type first and last name) Janis L Kristiansen	Official title Vice President/ Environmental Coordinator	
	Signature 	Date signed 12-11-20	

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Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS					
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.					
		Outfall Number	Receiving Water Name	Latitude			Longitude
		001	City of Sumner storm sewer	47°	12'	30"	122° 14' 13"
		002	City of Sumner storm sewer	47°	12'	30"	122° 14' 13"
				°	'	"	° ' "
SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))							
Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))							
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.					
		Outfall Number 001					
		Operations Contributing to Flow					
		Operation	Average Flow				
		stormwater runoff	26.5 gpm mgd				
			mgd				
			mgd				
			mgd				
		Treatment Units					
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge			
		Stabilization pond with gravity flow	3-G	N/A			

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Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** 002					
		Operations Contributing to Flow					
		Operation			Average Flow		
		stormwater runoff			18.1 gpm mgd		
					mgd		
					mgd		
					mgd		
		Treatment Units					
		Description (include size, flow rate through each treatment unit, retention time, etc.)			Code from Table 2C-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge
		bioswale w/ trickling filtration			3-H		N/A
		Outfall Number					
		Operations Contributing to Flow					
		Operation			Average Flow		
					mgd		
					mgd		
					mgd		
					mgd		
		Treatment Units					
		Description (include size, flow rate through each treatment unit, retention time, etc.)			Code from Table 2C-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 4.					
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	Duration
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		
	5.2	Provide the following information on applicable ELGs.		
		ELG Category	ELG Subcategory	Regulatory Citation

Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.			
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.			
		Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure

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SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements	6.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 6.3.			
	6.2	Briefly identify each applicable project in the table below.			
		Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates Required Projected
	6.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (optional item)			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable			

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.			
	Table A. Conventional and Non-Conventional Pollutants			
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3.		
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.		
		Outfall Number 001	Outfall Number 002	Outfall Number
	7.3	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.		
	Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants			
	7.4	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.8.			
7.5	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.6	List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.			
	Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)		
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide	
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide	
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide	

EPA Identification Number WAD 055498232	NPDES Permit Number WA0040738	Facility Name Western Wood Preserving Co.	Form Approved 03/05/19 OMB No. 2040-0004
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Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No	
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Table C. Certain Conventional and Non-Conventional Pollutants		
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Table D. Certain Hazardous Substances and Asbestos		
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)		
	7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))			
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.	
	8.2	List the pollutants below.	
	1. Copper	4.	7.
	2. Arsenic	5.	8.
	3. Chromium	6.	9.

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SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.		
	9.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.		
	10.2	Provide information for each contract laboratory or consulting firm below.		
			Laboratory Number 1	Laboratory Number 2
		Laboratory Number 3		
		Name of laboratory/firm	Spectra Laboratories	
		Laboratory address	2221 Ross Way Tacoma, WA 98421	
	Phone number	(253) 272-4850		
	Pollutant(s) analyzed	Oil & Grease, Arsenic, Chromium, Copper, Total Suspended Solids, Ammonia		

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Has the NPDES permitting authority requested additional information?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.		
	11.2	List the information requested and attach it to this application.		
		1.	4.	
		2.	5.	
		3.	6.	

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SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
	Column 1	Column 2
	<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 2: Line Drawing	<input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input checked="" type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls
		<input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments
		<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B
		<input checked="" type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table D
		<input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ analytical results as an attachment
	<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input checked="" type="checkbox"/> w/ attachments	
<input type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

12.2	Certification Statement	
	<i>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.</i>	
	Name (print or type first and last name)	Official title
	Janis L Kristiansen	Vice President/ Environmental Coordinator
Signature	Date signed	
	12-11-20	

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

	Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/>	Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.								
1.	Biochemical oxygen demand (BOD ₅)	<input checked="" type="checkbox"/>	Concentration	mg/L	<2.0			1	
			Mass						
2.	Chemical oxygen demand (COD)	<input checked="" type="checkbox"/>	Concentration	mg/L	<2.0			1	
			Mass						
3.	Total organic carbon (TOC)	<input checked="" type="checkbox"/>	Concentration	mg/L	<2.0			1	
			Mass						
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	18		4.4	40	
			Mass						
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L-N	3.5		0.6	40	
			Mass						
6.	Flow	<input type="checkbox"/>	Rate	gpm	79.6		26.5	41	
7.	Temperature (winter)	<input checked="" type="checkbox"/>	°C		ambient				
	Temperature (summer)	<input checked="" type="checkbox"/>	°C		ambient				
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	7.0			41	
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	7.3			41	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.										
Section 1. Toxic Metals, Cyanide, and Total Phenols										
1.1 Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
1.2 Arsenic, total (7440-38-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	9.9	5	22		
1.3 Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
1.4 Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		11		
1.5 Chromium, total (7440-47-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	132	8	40		
1.6 Copper, total (7440-50-8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	87.5	8	40		
1.7 Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
1.8 Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ng/L	9.88		1		
1.9 Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
1.10 Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
1.11 Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
1.12 Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.5		1		
1.13 Zinc, total (7440-66-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L Mass	541		1		
1.14 Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.01		1		
1.15 Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.01		1		

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1 Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<10		1		
2.2 Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<2		1		
2.3 Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.4 Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.5 Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.6 Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.7 Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.8 Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent							
2.9 2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<2			1	
2.10 Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.11 Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	
2.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<5			1	
2.21 1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1	

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1		1		
2.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1		1		
2.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1		1		
2.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1		1		
2.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1		1		
2.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1		1		
2.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1		1		
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)										
3.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
3.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
3.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
3.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
3.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
3.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
3.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
3.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
3.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25		1		
3.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
3.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base/Neutral Compounds)										
4.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25		1		
4.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25		1		
4.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25		1		
4.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<20		1		
4.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25		1		
4.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.25			1		
4.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.25			1		
4.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.25			1		
4.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.40			1		
4.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.40			1		
4.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.40			1		
4.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L 0.53			1		
4.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.40			1		
4.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L 1.04			1		
4.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.40			1		
4.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.40			1		
4.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.25			1		
4.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.25			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
4.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
4.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.4		1		
4.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
4.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.5		1		
4.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.5		1		
4.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.5		1		
4.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.4		1		
4.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.4		1		
4.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.5		1		
4.30 1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.4		1		
4.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.25		1		
4.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.25		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent					Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses		
4.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.4				1		
4.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.4				1		
4.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.4				1		
4.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.4				1		
4.37 Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25				1		
4.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40				1		
4.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25				1		
4.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40				1		
4.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40				1		
4.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40				1		
4.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40				1		
4.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25				1		
4.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25				1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1		1		
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)										
5.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		
5.11 α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.01		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
	Testing Required	Believed Present	Believed Absent	Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.12 β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01		1		
5.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass					
5.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01		1		
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass					
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01		1		
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass					
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01		1		
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass					
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01		1		
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass					
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01		1		
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass					
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L Mass	<0.5			1		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.									
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.									
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<0.01		1		
3. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	color units	>60		1		
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	CFU/100ml	2100		1		
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<0.2		1		
6. Nitrate-nitrite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L-N	0.33		1		
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	1.86		1		
8. Oil and grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<2		22		
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	0.08		1		
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	8.4		1		
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<0.2		1		

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.5			1		
13. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	34.8			1		
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	2.8			1		
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	57			1		
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.5			1		
18. Iron, total (7439-89-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	637			1		
19. Magnesium, total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	473			1		
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.5			1		
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	18.9			1		
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<20			1		
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24. Radioactivity									
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
1. Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Benzotrifluoride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10. Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13. Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14. Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15. Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16. Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17. Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18. Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19. Cyclohexane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
20. 2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21. Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22. Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23. Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24. Diclhone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25. 2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26. Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27. Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28. Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29. Dinitrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30. Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31. Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32. Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33. Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34. Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35. Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36. Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37. Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38. Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
39. Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40. Isoprene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
41. Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42. Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43. Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44. Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45. Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46. Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47. Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48. Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49. Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50. Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51. Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52. Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53. Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54. Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55. Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56. Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57. Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
58. Phenolsulfonate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59. Phosgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
60. Propargite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
61. Propylene oxide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62. Pyrethrins	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63. Quinoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
64. Resorcinol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
65. Strontium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
66. Strychnine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
67. Styrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
68. 2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
69. TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
70. 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
71. Trichlorofon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
72. Triethanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
73. Triethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
74. Trimethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
75. Uranium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
76. Vanadium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
77. Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78. Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79. Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80. Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS					
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.					
	Outfall Number	Receiving Water Name	Latitude			Longitude	
	001	City of Sumner storm sewer	47°	12'	30"	122°	14' 13"
	002	City of Sumner storm sewer	47°	12'	30"	122°	14' 13"
			°	'	"	°	' "
SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))							
Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))							
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.					
	Outfall Number 001						
	Operations Contributing to Flow						
	Operation			Average Flow			
	stormwater runoff			26.5 gpm mgd			
				mgd			
				mgd			
				mgd			
	Treatment Units						
	Description (include size, flow rate through each treatment unit, retention time, etc.)			Code from Table 2C-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
	Stabilization pond with gravity flow			3-G		N/A	

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Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** 002		
		Operations Contributing to Flow		
		Operation	Average Flow	
		stormwater runoff	18.1 gpm	mgd
				mgd
				mgd
				mgd
		Treatment Units		
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge
		bioswale w/ trickling filtration	3-H	N/A
		Outfall Number		
		Operations Contributing to Flow		
		Operation	Average Flow	
				mgd
				mgd
				mgd
				mgd
		Treatment Units		
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 4.
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.					
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.					
	Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
			Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
			days/week	months/year	mgd	mgd	days
			days/week	months/year	mgd	mgd	days
			days/week	months/year	mgd	mgd	days
			days/week	months/year	mgd	mgd	days
			days/week	months/year	mgd	mgd	days
			days/week	months/year	mgd	mgd	days

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		
	5.2	Provide the following information on applicable ELGs.		
	ELG Category	ELG Subcategory	Regulatory Citation	

Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.		
	Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure

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SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements	6.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 6.3.			
	6.2	Briefly identify each applicable project in the table below.		
	Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates
				Required Projected
	6.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? <i>(optional item)</i>		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable		

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.			
	Table A. Conventional and Non-Conventional Pollutants			
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3.			
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.		
	Outfall Number <u>001</u> Outfall Number <u>002</u> Outfall Number _____			
	7.3	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.			
	Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants			
	7.4	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.8.			
	7.5	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
7.6	List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.			
	Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)		
		<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide		
		<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide		
		<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide		

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Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No				
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	Table C. Certain Conventional and Non-Conventional Pollutants					
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Table D. Certain Hazardous Substances and Asbestos					
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)					
	7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input checked="" type="checkbox"/> No → SKIP to Section 8.				
	7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))					
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.				
	8.2	List the pollutants below.				
	1.	Copper	4.		7.	
	2.	Arsenic	5.		8.	
	3.	Chromium	6.		9.	

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SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.			
	9.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))


Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.		
	10.2	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
	Name of laboratory/firm	Spectra Laboratories		
	Laboratory address	2221 Ross Way Tacoma, WA 98421		
	Phone number	(253) 272-4850		
	Pollutant(s) analyzed	Oil & Grease, Arsenic, Chromium, Copper, Total Suspended Solids, Ammonia		

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Has the NPDES permitting authority requested additional information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.		
	11.2	List the information requested and attach it to this application.		
		1.	4.	
		2.	5.	
		3.	6.	

SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
	Column 1	Column 2
	<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 2: Line Drawing	<input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input checked="" type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments <input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ analytical results as an attachment
	<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input checked="" type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
12.2	Certification Statement <i>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.</i>	
	Name (print or type first and last name)	Official title
	Janis L Kristiansen	Vice President/ Environmental Coordinator
	Signature 	Date signed 12-11-20

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

TABLE A. CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(1)(ii))									
Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)		
			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
<input type="checkbox"/>	Check here if you have applied to your NPDES permitting authority for a waiver for all of the pollutants listed on this table for the noted outfall.								
1. Biochemical oxygen demand (BOD ₅)	<input checked="" type="checkbox"/>	Concentration	mg/L	<2.0			1		
		Mass							
2. Chemical oxygen demand (COD)	<input checked="" type="checkbox"/>	Concentration	mg/L	<2.0			1		
		Mass							
3. Total organic carbon (TOC)	<input checked="" type="checkbox"/>	Concentration	mg/L	5			1		
		Mass							
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	32		5.8	21		
		Mass							
5. Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L-N	0.9		0.4	21		
		Mass							
6. Flow	<input type="checkbox"/>	Rate	gpm	49.9		18.1	21		
7. Temperature (winter)	<input checked="" type="checkbox"/>	°C		ambient					
Temperature (summer)	<input checked="" type="checkbox"/>	°C		ambient					
pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	7.0			21		
pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	7.2			21		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
<input type="checkbox"/> Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.											
Section 1. Toxic Metals, Cyanide, and Total Phenols											
1.1 Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5			1		
1.2 Arsenic, total (7440-38-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	9.5	3		21		
1.3 Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5			1		
1.4 Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5			1		
1.5 Chromium, total (7440-47-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	25.7	4		21		
1.6 Copper, total (7440-50-8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	79.8	16		21		
1.7 Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5			1		
1.8 Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ng/L	2.58			1		
1.9 Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5			1		
1.10 Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5			1		
1.11 Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses		
1.12 Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.5		1		
1.13 Zinc, total (7440-66-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L Mass	114		1		
1.14 Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.01		1		
1.15 Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.01		1		
Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)										
2.1 Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<10		1		
2.2 Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<2		1		
2.3 Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.4 Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.5 Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.6 Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.7 Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		
2.8 Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<1		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
2.9 2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<2			1		
2.10 Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.11 Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		
2.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<5			1		
2.21 1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<1			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<1 ug/L			1		
2.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<1 ug/L			1		
2.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<1 ug/L			1		
2.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<1 ug/L			1		
2.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<1 ug/L			1		
2.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<1 ug/L			1		
2.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<1 ug/L			1		
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)										
3.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50 ug/L			1		
3.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50 ug/L			1		
3.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50 ug/L			1		
3.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50 ug/L			1		
3.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50 ug/L			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
3.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.50			1		
3.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50			1		
3.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50			1		
3.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.25			1		
3.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50			1		
3.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.50			1		
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)										
4.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.25			1		
4.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.25			1		
4.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.25			1		
4.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<20			1		
4.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.25			1		
4.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	<0.25			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.25		1		
4.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.25		1		
4.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.25		1		
4.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.40		1		
4.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.40		1		
4.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.40		1		
4.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	0.53		1		
4.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.40		1		
4.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.50		1		
4.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.40		1		
4.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.40		1		
4.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.25		1		
4.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L Mass	<0.25		1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<1			1		
4.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<1			1		
4.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.40			1		
4.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<1			1		
4.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.50			1		
4.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.50			1		
4.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.50			1		
4.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.40			1		
4.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.40			1		
4.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.50			1		
4.30 1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.40			1		
4.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.25			1		
4.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.25			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses		
4.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1	Long-Term Average Value	Number of Analyses
4.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1		
4.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1		
4.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1		
4.37 Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25			1		
4.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1		
4.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25			1		
4.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1		
4.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1		
4.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1		
4.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.40			1		
4.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25			1		
4.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.25			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<1			1		
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)										
5.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		
5.11 α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.01			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.12 β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.01			1		
5.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.01			1		
5.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.01			1		
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.01			1		
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.01			1		
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.01			1		
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.1			1		
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.1			1		
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.1			1		
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.1			1		
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.1			1		
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.1			1		
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L <0.1			1		

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
5.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration ug/L	<0.5			1		
				Mass						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)		
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.										
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.										
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2. Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<0.01				1	
3. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	color units	35				1	
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	CFU/100m	10				1	
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<0.20				1	
6. Nitrate-nitrite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L-N	<0.01				1	
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	1.55				1	
8. Oil and grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<2.0				21	
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	0.46				1	
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<2.0				1	
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<0.2				1	

EPA Identification Number WAD 055498232	NPDES Permit Number WA 0040738	Facility Name Western Wood Preserving Co.	Outfall Number 002
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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	mg/L	<0.5		1		
13. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	63.4		1		
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	5.6		1		
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	46		1		
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	0.5		1		
18. Iron, total (7439-89-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	262		1		
19. Magnesium, total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	706		1		
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<0.5		1		
21. Manganese, total (7439-96-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	59.2		1		
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L	<20		1		
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

EPA Identification Number WAD 055498232	NPDES Permit Number WA 0040738	Facility Name Western Wood Preserving Co.	Outfall Number 002
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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24. Radioactivity									
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number WAD 055498232	NPDES Permit Number WA 0040738	Facility Name Western Wood Preserving Co.	Outfall Number 002
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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
1. Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Benzonitrile	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10. Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13. Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14. Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15. Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16. Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17. Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18. Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19. Cyclohexane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number WAD 055498232	NPDES Permit Number WA 0040738	Facility Name Western Wood Preserving Co.	Outfall Number 002
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
20. 2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21. Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22. Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23. Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24. Diclhone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25. 2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26. Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27. Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28. Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29. Dinitrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30. Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31. Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32. Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33. Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34. Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35. Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36. Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37. Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38. Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
39. Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40. Isoprene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
41. Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42. Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43. Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44. Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45. Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46. Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47. Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48. Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49. Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50. Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51. Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52. Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53. Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54. Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55. Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56. Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57. Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number WAD 055498232	NPDES Permit Number WA 0040738	Facility Name Western Wood Preserving Co.	Outfall Number 002
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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
58. Phenolsulfonate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59. Phosgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
60. Propargite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
61. Propylene oxide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62. Pyrethrins	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63. Quinoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
64. Resorcinol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
65. Strontium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
66. Strychnine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
67. Styrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
68. 2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
69. TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
70. 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
71. Trichlorofon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
72. Triethanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
73. Triethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
74. Trimethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
75. Uranium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
76. Vanadium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number WAD 055498232	NPDES Permit Number WA 0040738	Facility Name Western Wood Preserving Co.	Outfall Number 002
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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
77. Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78. Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79. Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80. Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number WAD 055498232	NPDES Permit Number WA 0040738	Facility Name Western Wood Preserving Co.	Outfall Number 002
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TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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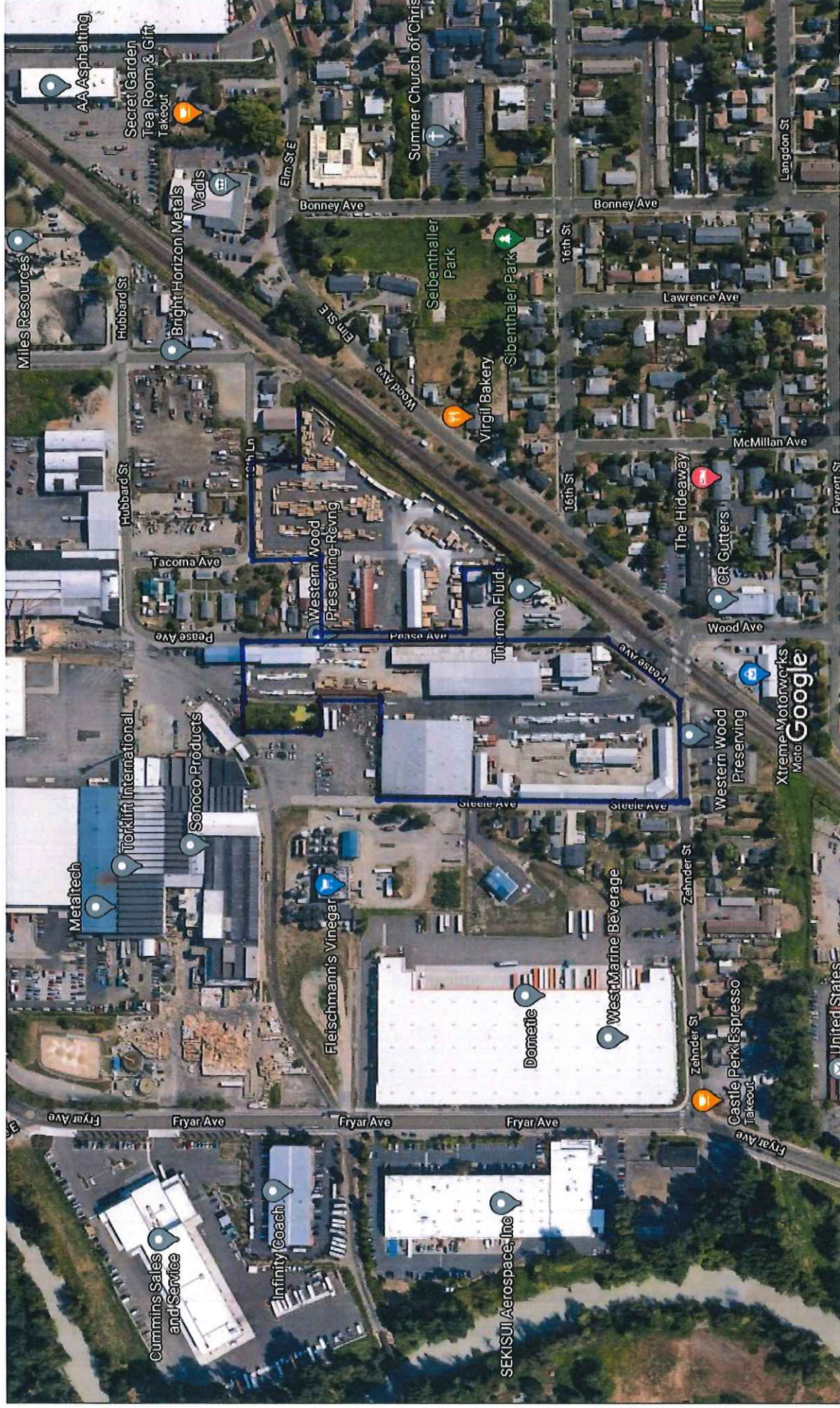
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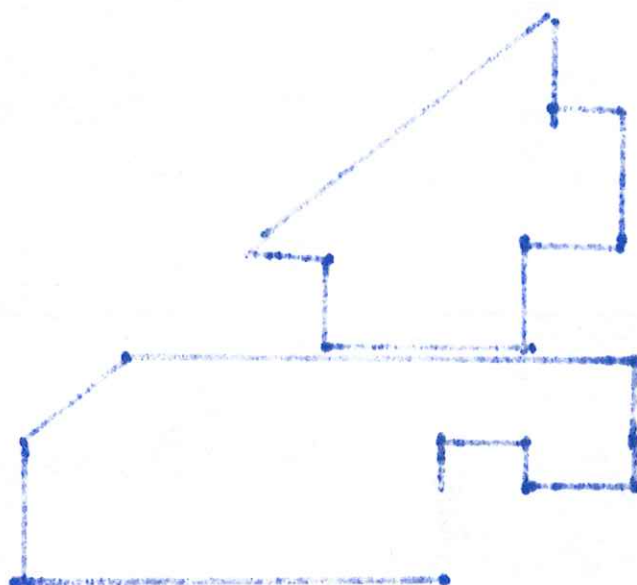
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Attachment #1



Imagery ©2020 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2020

JLK - Western Wood Preserving Co.



Attachment #2



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 for existing facilities at 40 CFR 125 Subpart J. 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: Western Wood Preserving Co. NPDES Permit Number: WA 0040738

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)? _____
2. What percentage of the flow is used exclusively for cooling? _____
3. What is the maximum intake velocity? _____
4. Describe the cooling water system (e.g., once-through, closed-cycle). _____
5. Name the surface water body from which cooling water is withdrawn. _____
6. Provide latitude/longitude of the cooling water intake(s) (NAD83/WGS84). _____ / _____
To ensure accurate locations provide at least 5 significant digits.
7. Describe the configuration of the intake(s) (e.g., dimensions, screen type). _____
If as-built plans and specifications are available, please provide.
8. When was the intake(s) installed, including any major modifications? _____
9. When was the intake(s) last inspected? If regular inspections are scheduled, provide frequency. _____
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 industrial 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 specified in 40 CFR 122.21(r) and 40 CFR 125.86.
- Existing facilities must submit information specified in 40 CFR 122.21(r) and 40 CFR 125.95.

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 all applicable information 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 (DIF) means the value assigned during the facility's design representing the maximum instantaneous rate of flow of water the cooling water intake system is capable of withdrawing from a source waterbody. 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. DIF doesn't include emergency capacity or redundant pumps. 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 over the past three years (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). Indicate which value is reported, design or actual.
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.

Attachment #3



Permit Number: WA0040738

Permittee: WESTERN WOOD PRESERVING CO

Facility County: Pierce

Receiving Waterbody: White R

Monitoring Period: 09/01/2020 - 09/30/2020

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Minute (gpm) Monthly Estimated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Monthly Grab	pH Daily Min Standard Units Monthly Grab	Ammonia Total Milligrams/L (mg/L) Monthly Grab	Chromium Total Micrograms/L (ug/L) Monthly Grab	Copper Total Micrograms/L (ug/L) Monthly Grab	Oil & Grease Non polar or TPH Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Arsenic Dissolved (soluble) Micrograms/L (ug/L) Bimonthly (Once Every 2 Months) Grab
1-T	9/1/20								
1-W	9/2/20								
1-Th	9/3/20								
1-F	9/4/20								
1-Sa	9/5/20								
2-Su	9/6/20								
2-M	9/7/20								
2-T	9/8/20								
2-W	9/9/20								
2-Th	9/10/20								
2-F	9/11/20								
2-Sa	9/12/20								
3-Su	9/13/20								
3-M	9/14/20								
3-T	9/15/20								
3-W	9/16/20								
3-Th	9/17/20								
3-F	9/18/20								
3-Sa	9/19/20								
4-Su	9/20/20								
4-M	9/21/20								
4-T	9/22/20								
4-W	9/23/20								
4-Th	9/24/20	64.44	0.5	7.1	1.3	B 0.04	6.6	B 2.0	1.8
4-F	9/25/20								
4-Sa	9/26/20								
5-Su	9/27/20								
5-M	9/28/20								
5-T	9/29/20								
5-W	9/30/20								
Minimum				7.1					
				>= 6.0					
Maximum				7.1					
				<= 9.0					
Daily Maximum		64.44	0.5		1.3	B 0.04	6.6	B 2	1.8
		Report Only	<= 50		Report Only	<= 100	<= 127	<= 10	<= 67

Reporting Codes Used: B - Below Detection Limit/No Detection

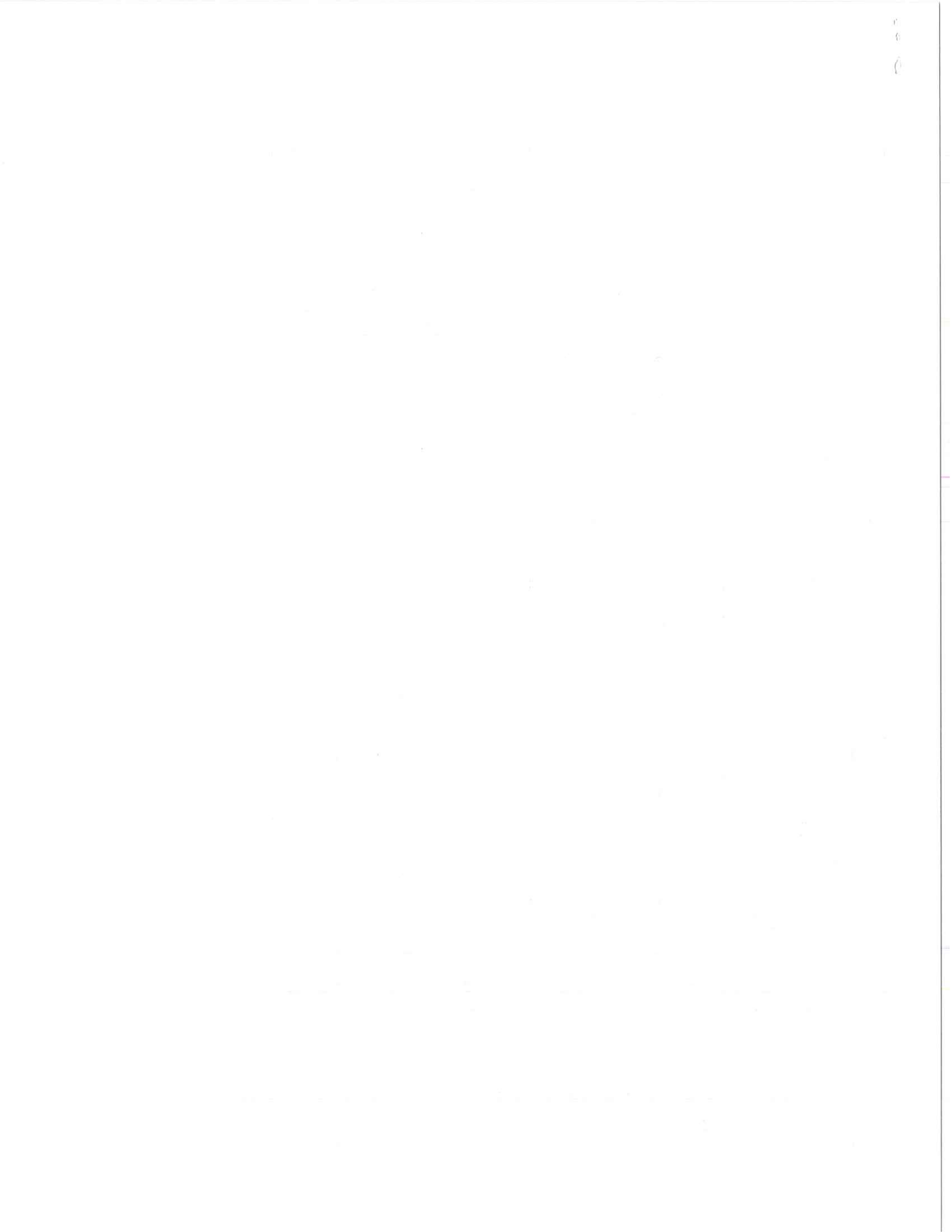
I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering 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.

Janis Kristiansen

10/26/2020 9:26:51 AM

Signature

Date



STORMWATER MONITORING CALCULATION SHEET

WESTERN WOOD PRESERVING CO.

SUMNER, WASHINGTON

MONITORING DATE 9/24/2020

PRECIPITATION DATA		
Monthly Rainfall	2.19	Inches
Days of Rainfall	5	Days
Maximum Daily Rainfall	0.59	Inches

ANALYTICAL DATA				
	Outfall 001		Outfall 002	
Arsenic	1.8	ppb		ppb
Chromium	< 0.04	ppb		ppb
Copper	6.6	ppb		ppb
Total Suspended Solids	0.5	ppm		ppm
Oil and Grease	< 2	ppm		ppm

CALCULATED PARAMETERS				
	Outfall 001		Outfall 002	
Loading				
Arsenic	0.01	lbs/month	0.00	lbs/month
Chromium	0.00	lbs/month	0.00	lbs/month
Copper	0.01	lbs/month	0.00	lbs/month
Total Suspended Solids	1.43	lbs/month	0.00	lbs/month
Oil and Grease	5.74	lbs/month	0.00	lbs/month
Flows				
Average Flow Rate	47.84	gpm	32.40	gpm
Maximum Flow Rate	64.44	gpm	43.64	gpm

Notes:

Loading Rates Based On Calculations By Stoddard & Associates

157,277 Gallons Of Runoff Per Inch Of Rainfall To Outfall 001

106,514 Gallons Of Runoff Per Inch Of Rainfall To Outfall 002

OUTFALL 1 157277
OUTFALL 2 106514

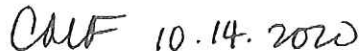
10/14/2020

Western Wood Preserving Company
P.O. Box 1250
Sumner, WA 98390
Attn: Jerry Hill

Project: NPDES
Client ID: 001
Sample Matrix: Water
Date Sampled: 09/24/2020
Date Received: 09/30/2020
Spectra Project: 2020090991
Spectra Number: 1

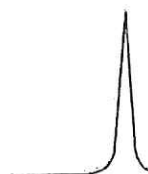
<u>Analyte</u>	<u>Result</u>	<u>MDL</u>	<u>Units</u>	<u>Method</u>
HEM/ Oil & Grease	ND	2.0	mg/L	EPA 1664-B
Arsenic	1.8	0.07	µg/L	EPA 200.8
Chromium	ND	0.04	µg/L	EPA 200.8
Copper	6.6	0.09	µg/L	EPA 200.8
Total Suspended Solids	0.50	0.5	mg/L	SM 2540 D
Ammonia	1.3	0.1	mg/L-N	SM 4500-NH3

SPECTRA LABORATORIES



Christina Frans, QA Manager

a11/cmf



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October 14, 2020

Western Wood Preserving Company
PO Box 1250
Sumner, WA 98390

Sample Matrix: Stormwater
Spectra Project # 2020090991
Applies to Sample # 1

STORMWATER QUALITY CONTROL RESULTS CONVENTIONALS

<u>Analyte</u>	<u>Method</u>	<u>Date</u>	<u>Analyst</u>	<u>Method Blank Result</u>	<u>LCS % Rec.</u>	<u>Control Limits</u>	<u>Batch Duplicate RPD</u>	<u>Control Limits</u>
HEM/Oil &	EPA 1664B	10/12/20	ARD	<5.0 mg/L	93.0	78-114	NA	≤20
TSS	SM 2540 D	10/06/20	SCH	<0.5 mg/L	109	86-116	7.69	≤20
Ammonia	SM 4500 NH3 D	10/10/20	SJC	<0.2 mg/L	100	80-120	2.70	≤20



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10/12/2020

Western Wood Preserving Co
PO Box 1250
Sumner, WA 98390

Units: ug/L
Spectra Project: 2020090991
Applies to Spectra #'s 1
Analyst: SCJ

QUALITY CONTROL RESULTS

ICP-MS Metals - EPA Method 200.8 - Water

Laboratory Reagent Blank (LRB)

Date Digested: 10/12/2020 Date Analyzed: 10/12/2020

Element	CAS #	Result
Arsenic	7440-38-2	< 0.3
Chromium	7440-47-3	< 0.5
Copper	7440-50-8	< 0.3

Laboratory Fortified Blank (LFB)

Date Digested: 10/12/2020 Date Analyzed: 10/12/2020

Element	Spike Added	LCS Conc.	LCS %Rec
Arsenic	100.0	105.8	105.8
Chromium	100.0	96.7	96.7
Copper	100.0	98.7	98.7

LCS Recovery limits 85-115%

Matrix Spike/Matrix Spike Duplicate (MS/MSD)

Date Digested: 10/12/2020 Date Analyzed: 10/12/2020
Sample Spiked: 2020090925-1

Element	Sample Conc.	Spike Conc.	MS Conc.	MS %Rec	MSD Conc.	MSD %Rec	RPD
Arsenic	10.10	100.0	114.9	104.8	114.6	104.4	0.3
Chromium	0.00	100.0	99.4	99.4	97.9	97.9	1.6
Copper	0.00	100.0	98.9	98.9	97.3	97.3	1.7

Recovery Limits 70-130%
RPD Limit 20

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Attachment #4



Permit Number: WA0040738

Permittee: WESTERN WOOD PRESERVING CO

Facility County: Pierce

Receiving Waterbody: White R

Monitoring Period: 05/01/2020 - 05/31/2020

Outfall: 001

Version: 1

Week	Monitoring Point	Flow (Gallons/Minute (gpm)) Monthly Estimated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Monthly Grab	pH Daily Min Standard Units Monthly Grab	Ammonia Total Milligrams/L (mg/L) Monthly Grab	Chromium Total Micrograms/L (ug/L) Monthly Grab	Copper Total Micrograms/L (ug/L) Monthly Grab	Oil & Grease Non polar or TPH Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Arsenic Dissolved (soluble) Micrograms/L (ug/L) Bimonthly (Once Every 2 Months) Grab
1-F	5/1/20								
1-Sa	5/2/20								
2-Su	5/3/20								
2-M	5/4/20								
2-T	5/5/20								
2-W	5/6/20								
2-Th	5/7/20								
2-F	5/8/20								
2-Sa	5/9/20								
3-Su	5/10/20								
3-M	5/11/20								
3-T	5/12/20								
3-W	5/13/20								
3-Th	5/14/20	78.64	1.4	7.1	0.6	0.9	15.2	B 5	4.9
3-F	5/15/20								
3-Sa	5/16/20								
4-Su	5/17/20								
4-M	5/18/20								
4-T	5/19/20								
4-W	5/20/20								
4-Th	5/21/20								
4-F	5/22/20								
4-Sa	5/23/20								
5-Su	5/24/20								
5-M	5/25/20								
5-T	5/26/20								
5-W	5/27/20								
5-Th	5/28/20								
5-F	5/29/20								
5-Sa	5/30/20								
6-Su	5/31/20								
Minimum				7.1					
				>= 6.0					
Maximum				7.1					
				<= 9.0					
Daily Maximum		78.64	1.4		0.6	0.9	15.2	B 5	4.9
	Report Only	<= 50		Report Only	<= 100	<= 127	<= 10	<= 67	

Reporting Codes Used: B - Below Detection Limit/No Detection



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 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.

Janis Kristiansen

6/2/2020 11:27:37 AM

Signature

Date



Permit Number: WA0040738

Permittee: WESTERN WOOD PRESERVING CO

Facility County: Pierce

Receiving Waterbody: White R

Monitoring Period: 05/01/2020 - 06/30/2020

Outfall: 002

Version: 1

Week	Monitoring Point	Flow Gallons/minute (gpm) Bimonthly (Once Every 2 Months) Estimated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	pH Daily Min Standard Units Bimonthly (Once Every 2 Months) Grab	Ammonia Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Chromium Total Micrograms/L (ug/L) Bimonthly (Once Every 2 Months) Grab	Copper Total Micrograms/L (ug/L) Bimonthly (Once Every 2 Months) Grab	Oil & Grease Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Arsenic Total Micrograms/L (ug/L) Bimonthly (Once Every 2 Months) Grab
5-Sa	5/30/20	53.26	1.75	7.1	B 0.1	0.8	9.6	B 2	3.3
Minimum				7.1					
				>= 6.0					
Maximum				7.1					
				<= 9.0					
Daily Maximum		53.26	1.75		B 0.1	0.8	9.6	B 2	3.3
		Report Only	<= 60		Report Only	<= 100	<= 127	<= 10	<= 67

Reporting Codes Used: B - Below Detection Limit/No Detection

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 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.

Janis Kristiansen

Signature

6/18/2020 3:47:47 PM

Date



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05/27/2020

Western Wood Preserving Company
P.O. Box 1250
Sumner, WA 98390
Attn: Jerry Hill

Project: NPDES
Client ID: 001
Date Collected: 05/14/2020
Date Received: 05/18/2020
Spectra Project: 2020050480
Spectra Number: 1

PARAMETER	RESULTS	UNITS	METHOD	BENCHMARK VALUE	MDL	PQL	ANALYST	ANALYSIS DATE
HEM/ Oil & Grease	<5.0	mg/L	EPA 1664-B	0.00000	2.0	0.00000	DCW	05/27/2020
Arsenic	4.9	µg/L	EPA 200.8	0.00000	0.06	0.3	SCJ	05/21/2020
Chromium	0.9	µg/L	EPA 200.8	0.00000	0.04	0.5	SCJ	05/21/2020
Copper	15.2	µg/L	EPA 200.8	14	0.08	0.4	SCJ	05/21/2020
Total Suspended Solids	1.40	mg/L	SM 2540 D	---	0.5	0.5	HDE	05/22/2020
Ammonia	0.6	mg/L-N	SM 4500-NH3	0.000000	0.1	0.2	SCJ	05/26/2020

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Authorized by: Kristin Hintz



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May 28, 2020

Western Wood Preserving Company
P.O. Box 1250
Sumner, WA 98390
Attn: Jerry Hill

Spectra Project: 2020050480
Client Project: NPDES

Quality Control Results--Conventionals

Applies to Spectra #: 1-2

Analyte	Method	Date	Method Blank Result	ICV % Rec.	Control Limits*
HEM	EPA 1664-A	5/27/2020	<5.0	103.0	89-111

Control Limits for HEM/HEM-SGT is $R \pm 2s$, as per Method 1664 (R = mean recovery, s = std. dev.)



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5/21/2020

Western Wood Preserving Co
PO Box 1250
Sumner, WA 98390

Units: ug/L
Spectra Project: 2020050480
Applies to Spectra #'s 1
Analyst: SCJ

QUALITY CONTROL RESULTS

ICP-MS Metals - EPA Method 200.8 - Water

Laboratory Reagent Blank (LRB)

Date Digested: 5/21/2020 Date Analyzed: 5/21/2020

Element	CAS #	Result
Arsenic	7440-38-2	< 0.3
Chromium	7440-47-3	< 0.5
Copper	7440-50-8	< 0.3

Laboratory Fortified Blank (LFB)

Date Digested: 5/21/2020 Date Analyzed: 5/21/2020

Element	Spike Added	LCS Conc.	LCS %Rec
Arsenic	100.0	87.9	87.9
Chromium	100.0	89.0	89.0
Copper	100.0	86.5	86.5

LCS Recovery limits 85-115%

Matrix Spike/Matrix Spike Duplicate (MS/MSD)

Date Digested: 5/21/2020 Date Analyzed: 5/21/2020
Sample Spiked: 2020050473-1

Element	Sample Conc.	Spike Conc.	MS Conc.	MS %Rec	MSD Conc	MSD %Rec	RPD
Arsenic	0.74	100.0	86.1	85.4	82.8	82.0	4.0
Chromium	0.00	100.0	86.3	86.3	82.5	82.5	4.4
Copper	0.77	100.0	85.5	84.7	81.7	80.9	4.6

Recovery Limits 70-130%
RPD Limit 20

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May 28, 2020

Western Wood Preserving Company
PO Box 1250
Sumner, WA 98390
Attn: Jerry Hill

Sample Matrix: Stormwater
Spectra Project # 2020050480
Applies to Sample # 1

STORMWATER QUALITY CONTROL RESULTS CONVENTIONALS

<u>Analyte</u>	<u>Method</u>	<u>Date</u>	<u>Analyst</u>	<u>Method</u> <u>Blank</u> <u>Result</u>	<u>ICV</u> <u>%</u> <u>Rec.</u>	<u>Control</u> <u>Limits</u>	<u>Batch</u> <u>Duplicate</u> <u>RPD</u>	<u>Control</u> <u>Limits</u>
TSS	SM 2540D	05/22/20	HDE	<0.5	94.0	86-116	2.01	≤20
Ammonia	SM 4500 NH3D	05/26/20	SCJ	<0.1	101.6	87-114	7.3	≤20

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06/12/2020

Western Wood Preserving Company
P.O. Box 1250
Sumner, WA 98390
Attn: Jerry Hill

Project: NPDES
Client ID: 002
Sample Matrix: Water
Date Sampled: 05/30/2020
Date Received: 06/02/2020
Spectra Project: 2020060078
Spectra Number: 1

<u>Analyte</u>	<u>Result</u>	<u>MDL</u>	<u>Units</u>	<u>Method</u>
HEM/ Oil & Grease	ND	2.0	mg/L	EPA 1664-B
Arsenic	3.3	0.06	µg/L	EPA 200.8
Chromium	0.8	0.04	µg/L	EPA 200.8
Copper	9.6	0.08	µg/L	EPA 200.8
Total Suspended Solids	1.75	0.5	mg/L	SM 2540 D
Ammonia	ND	0.1	mg/L-N	SM 4500-NH3

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all/scj



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6/5/2020

Western Wood Preserving Co
PO Box 1250
Sumner, WA 98390

Units: ug/L
Spectra Project: 2020060078
Applies to Spectra #'s 1
Analyst: SCJ

QUALITY CONTROL RESULTS

ICP-MS Metals - EPA Method 200.8 - Water

Laboratory Reagent Blank (LRB)

Date Digested: 6/5/2020

Date Analyzed: 6/5/2020

Element	CAS #	Result
Arsenic	7440-38-2	< 0.3
Chromium	7440-47-3	< 0.5
Copper	7440-50-8	< 0.3

Laboratory Fortified Blank (LFB)

Date Digested: 6/5/2020

Date Analyzed: 6/5/2020

Element	Spike Added	LCS Conc.	LCS %Rec
Arsenic	100.0	98.8	98.8
Chromium	100.0	97.5	97.5
Copper	100.0	98.1	98.1

LCS Recovery limits 85-115%

Matrix Spike/Matrix Spike Duplicate (MS/MSD)

Date Digested: 6/5/2020

Date Analyzed: 6/5/2020

Sample Spiked: 2020060144-1

Element	Sample Conc.	Spike Conc.	MS Conc.	MS %Rec	MSD Conc.	MSD %Rec	RPD
Arsenic	2.30	100.0	99.5	97.2	101.7	99.4	2.2
Chromium	0.62	100.0	96.4	95.7	99.7	99.1	3.4
Copper	7.54	100.0	105.0	97.4	105.5	98.0	0.6

Recovery Limits 70-130%

RPD Limit 20

SPECTRA LABORATORIES


Authorized by Kristin Hink

SPECTRA Laboratories

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(253) 272-4850 Fax (253) 572-9838
www.spectra-lab.com info@spectra-lab.com

SPECIAL INSTRUCTIONS/COMMENTS:

Corporation
Cyanide
Arsenic

CHAIN OF CUSTODY

SPECTRA PROJECT #

12200078

Return Samples: ☒ N ☐ R

Page 1 of 1

STANDARD

RUSH

ADDRESS CHANGE ☐

CLIENT: WWP	PROJECT: NPDES	CONTACT: Jerry Hall	SAMPLED BY: Jerry Hall	PHONE: 253-863-8191	FAX:	PURCHASE ORDER #
e-MAIL: <input type="checkbox"/> Prefer FAX <input type="checkbox"/> or e-MAIL						

007	5/30	7:50	AK 4	X	X	XK

LAB USE ONLY	SIGNATURE	PRINTED NAME	COMPANY	DATE	TIME
RELINQUISHED BY:		Jerry Hall	WWPC	6-2-20	12:49
RECEIVED BY:		Jerry Hall	WWPC	6-2-20	12:49
RELINQUISHED BY:		Jerry Hall	WWPC	6-2-20	12:49
RECEIVED BY:		Jerry Hall	WWPC	6-2-20	12:49

Payment Terms: Net 30 days. Past due accounts subject to 1 1/2% per month interest. Customer agrees to pay all costs of collection including reasonable attorney's fees and all other costs of collection regardless of whether suit is filed in Pierce Co., WA venue. Spectra Laboratories, LLC

STORMWATER MONITORING CALCULATION SHEET

WESTERN WOOD PRESERVING CO.

SUMNER, WASHINGTON

MONITORING DATE 5/14/2020

PRECIPITATION DATA		
Monthly Rainfall	2.3	Inches
Days of Rainfall	9	Days
Maximum Daily Rainfall	0.72	Inches

ANALYTICAL DATA				
	Outfall 001		Outfall 002	
Arsenic	4.9	ppb		ppb
Chromium	0.9	ppb		ppb
Copper	15.2	ppb		ppb
Total Suspended Solids	1.4	ppm		ppm
Oil and Grease	< 5	ppm		ppm

CALCULATED PARAMETERS				
	Outfall 001		Outfall 002	
Loading				
Arsenic	0.01	lbs/month	0.00	lbs/month
Chromium	0.00	lbs/month	0.00	lbs/month
Copper	0.03	lbs/month	0.00	lbs/month
Total Suspended Solids	4.22	lbs/month	0.00	lbs/month
Oil and Grease	15.06	lbs/month	0.00	lbs/month
Flows				
Average Flow Rate	27.91	gpm	18.90	gpm
Maximum Flow Rate	78.64	gpm	53.26	gpm

Notes:

Loading Rates Based On Calculations By Stoddard & Associates

157,277 Gallons Of Runoff Per Inch Of Rainfall To Outfall 001

106,514 Gallons Of Runoff Per Inch Of Rainfall To Outfall 002

OUTFALL 1 157277
OUTFALL 2 106514

SPECTRA LABORATORIES - ELECTRONIC DISK DELIVERABLE REPORT

CLIENT ID	CLIENT PROJECT	SPECTRA Project #	Spectra Lab #	Matrix	Date Sampled	Date Received	Prep Date	Date Analyzed	Method	CAS#	Compound	Result
1	NPDES	2020050480	1	Stormw	5/14/2020	5/18/2020		5/27/2020	EPA 1664-B	---	HEM/ Oil & Gre	5
1	NPDES	2020050480	1	Stormw	5/14/2020	5/18/2020		5/21/2020	EPA 200.8	7440-38-2	Arsenic	4.9
1	NPDES	2020050480	1	Stormw	5/14/2020	5/18/2020		5/21/2020	EPA 200.8	7440-47-3	Chromium	0.9
1	NPDES	2020050480	1	Stormw	5/14/2020	5/18/2020		5/21/2020	EPA 200.8	7440-50-8	Copper	15.2
1	NPDES	2020050480	1	Stormw	5/14/2020	5/18/2020		5/22/2020	SM 2540 D	---	Total Suspended	1.4
1	NPDES	2020050480	1	Stormw	5/14/2020	5/18/2020		5/26/2020	SM 4500-NH	7664-41-7	Ammonia	0.6
1	NPDES	2020050480	1	Stormw	5/14/2020	5/18/2020		5/21/2020	SW846 3010		Digestion	t

Data Qualifiers Flags

B	Used when the analyte is found in the associated blank, as well as in the sample.
E	Indicates an estimated value. Used when the analyte concentration exceeds the upper end of the linear calibration range.
J	Indicates an estimated value. Used when the analyte concentration is below the method reporting limit (MRL) and above non-detect.
U	Indicates the compound was analyzed and not detected.

Data Qualifiers Flags:

B = Found in the blank, as well as in the sample.
 E = Estimated value, exceeds the upper end of the calibration range.
 J = Estimated value, below the MRL and above non detect.
 U = Compound analyzed, not detected.

Qualifiers	Units
U	mg/L
	µg/L
	µg/L
	µg/L
	mg/L
	mg/L-N

Data Qualifiers Flags:

- B = Found in the blank, as well as in the sample.
- E = Estimated value, exceeds the upper end of the calibration range.
- J = Estimated value, below the MRL and above non detect.
- U = Compound analyzed, not detected.

STORMWATER MONITORING CALCULATION SHEET

WESTERN WOOD PRESERVING CO.

SUMNER, WASHINGTON

MONITORING DATE 5/30/2020

PRECIPITATION DATA		
Monthly Rainfall	2.3	Inches
Days of Rainfall	9	Days
Maximum Daily Rainfall	0.72	Inches

ANALYTICAL DATA				
	Outfall 001		Outfall 002	
Arsenic	4.9	ppb	3.3	ppb
Chromium	0.9	ppb	0.8	ppb
Copper	15.2	ppb	9.6	ppb
Total Suspended Solids	1.4	ppm	1.75	ppm
Oil and Grease	< 5	ppm	< 2	ppm

CALCULATED PARAMETERS				
	Outfall 001		Outfall 002	
Loading				
Arsenic	0.01	lbs/month	0.00	lbs/month
Chromium	0.00	lbs/month	0.00	lbs/month
Copper	0.03	lbs/month	0.02	lbs/month
Total Suspended Solids	4.22	lbs/month	3.57	lbs/month
Oil and Grease	15.06	lbs/month	4.08	lbs/month
Flows				
Average Flow Rate	27.91	gpm	18.90	gpm
Maximum Flow Rate	78.64	gpm	53.26	gpm

Notes:

Loading Rates Based On Calculations By Stoddard & Associates

157,277 Gallons Of Runoff Per Inch Of Rainfall To Outfall 001

106,514 Gallons Of Runoff Per Inch Of Rainfall To Outfall 002

OUTFALL 1 157277
OUTFALL 2 106514