



3015 SW First Avenue
Portland, Oregon 97201-4707
(503) 924-4704 Phone
(503) 943-6357 Fax

TRANSMITTAL MEMORANDUM

Date: 12/23/2020

Project Number: Regen-222

Subject: Permit Documentation

To: Jeanne Tran, P.E.
Water Quality Program
Department of Ecology, NWRO
3190 160th Ave SE
Bellevue, WA 98008

WE ARE SENDING YOU: <input checked="" type="checkbox"/> Attached or <input type="checkbox"/> Under Separate Cover:			
<input type="checkbox"/> Report	<input type="checkbox"/> Letter	<input type="checkbox"/> Plans	<input type="checkbox"/> Specifications
<input type="checkbox"/> Proposal	<input type="checkbox"/> Contract	<input type="checkbox"/> Samples	<input checked="" type="checkbox"/> Other

THESE ARE TRANSMITTED AS CHECKED BELOW:			
<input type="checkbox"/> As Requested	<input checked="" type="checkbox"/> For Your Use	<input type="checkbox"/> For Review and Comment	<input type="checkbox"/> For Approval


Copies	Date	Description
1	11/2/2020	Overlake Retail Shops Form 1 NPDES
1	11/23/2020	Overlake Retail Shops Form 2D NPDES

Remarks:

Please contact me with any questions.

John Foxwell, LHg
Principal

RECEIVED
DEC 29 2020
DEPARTMENT OF ECOLOGY

EPA Identification Number		NPDES Permit Number		Facility Name		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 <i>Not Required</i> 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 checked="" type="checkbox"/> No		
	1.2	Applicants <i>Required</i> 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 checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input 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			<div style="transform: rotate(-15deg);"> RECEIVED DEC 29 2020 DEPARTMENT OF ECOLOGY </div>			
SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))								
Name, Mailing Address, and Location	2.1	Facility Name						
	Overlake Retail Shops (Former Sears Auto # 6119)							
	2.2	EPA Identification Number						
	NA							
	2.3	Facility Contact						
	Name (first and last) Eric Silvers		Title Director, Environmental		Phone number (904) 598-7490		Email address ericsilvers@regencycenters.com	
2.4	Facility Mailing Address							
Street or P.O. box One Independent Drive, Suite 114								
City or town Jacksonville		State Florida		ZIP code 32202				

EPA Identification Number		NPDES Permit Number		Facility Name		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 2200 148th Avenue NE						
		County name King			County code (if known)			
		City or town Redmond		State Wa		ZIP code 98052		

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))					
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)	
		65120205		Shopping center, neighborhood	
		4959		Groundwater Site Remediation System	
	3.2	NAICS Code(s)		Description (optional)	

SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))			
Operator Information	4.1	Name of Operator	
		FW WA-Overlake Fashion Plaza II, LLC	
	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		
	(904) 598-7490		

Operator Information Continued	4.5	Operator Address						
		Street or P.O. Box One Independent Drive, Suite 114						
		City or town Jacksonville			State FL		ZIP code 32202	
		Email address of operator ericsilvers@regencycentrs.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

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
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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 type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)
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SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business. The property currently operates as a retail shopping center, with dining. The permitted discharge is associated with a groundwater remediation system that is designed to address legacy contamination from a former site use as the former Sears Auto #6119.
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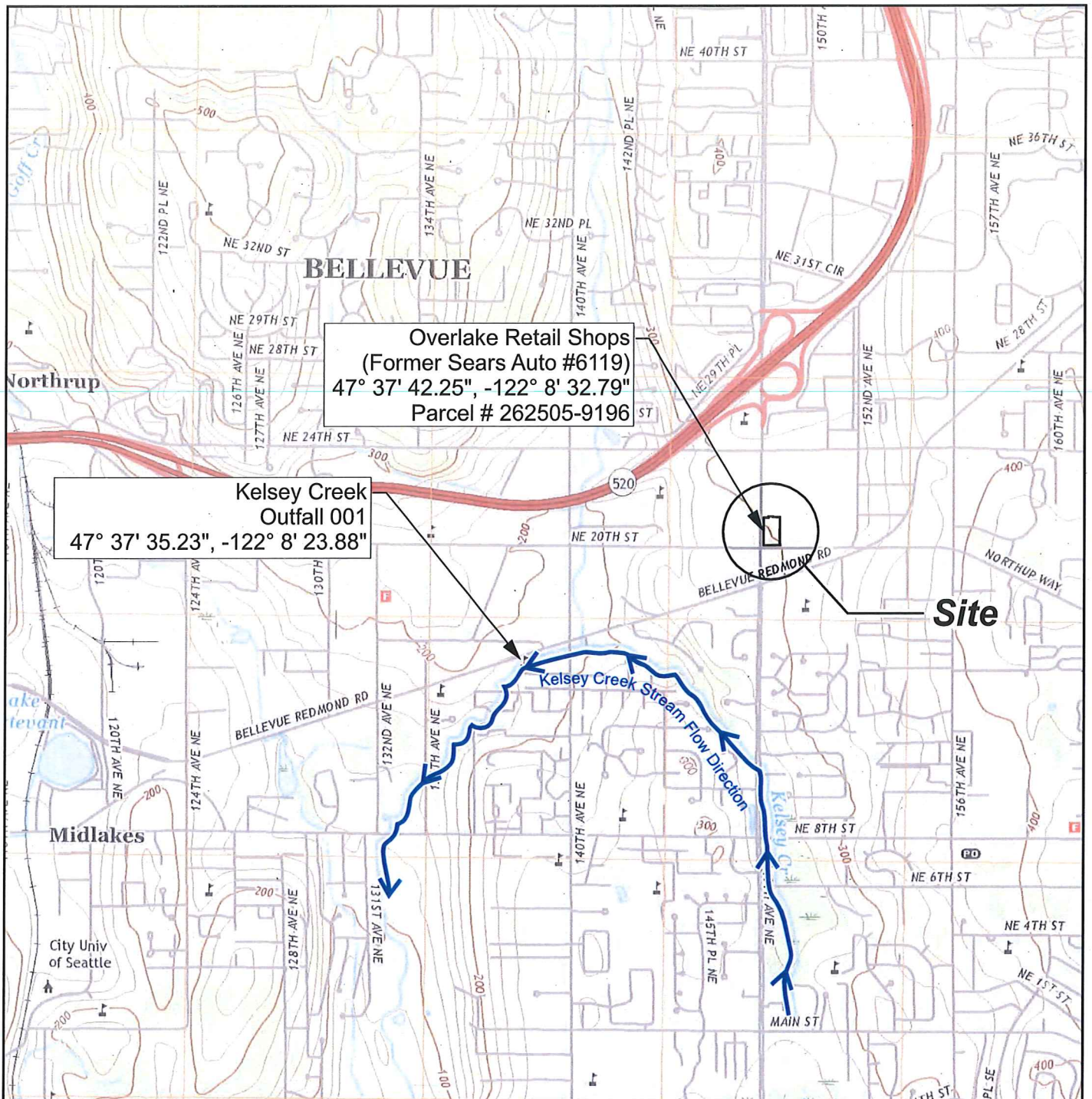
SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

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.)
		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) </div> <div style="width: 50%;"> <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) </div> <div style="width: 50%;"> <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) </div> <div style="width: 50%;"> <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Not applicable </div> </div>

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004																								
SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))																											
Checklist and Certification Statement	11.1	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #eee;"> <th style="width: 60%; text-align: center;">Column 1</th> <th style="width: 40%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 3: SIC Codes</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 4: Operator Information</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 5: Indian Land</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 6: Existing Environmental Permits</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 7: Map</td> <td><input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 8: Nature of Business</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 10: Variance Requests</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table>		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 checked="" 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 checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments	<input checked="" 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
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	<input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments																									
	11.2	<p>Certification Statement</p> <p><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></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Name (print or type first and last name) <div style="text-align: center; font-family: cursive;">ERIC R. SILVERIS</div> </td> <td style="width: 50%; padding: 5px;"> Official title <div style="text-align: center; font-family: cursive;">DIR ENV - AGENCY</div> </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> Signature <div style="text-align: center; font-family: cursive;">Eric R. Silveris</div> </td> <td style="width: 50%; padding: 5px;"> Date signed <div style="text-align: center; font-family: cursive;">11.2.20</div> </td> </tr> </table>		Name (print or type first and last name) <div style="text-align: center; font-family: cursive;">ERIC R. SILVERIS</div>	Official title <div style="text-align: center; font-family: cursive;">DIR ENV - AGENCY</div>	Signature <div style="text-align: center; font-family: cursive;">Eric R. Silveris</div>	Date signed <div style="text-align: center; font-family: cursive;">11.2.20</div>																				
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Note: Base map prepared from USGS 7.5-minute quadrangles of Kirkland and Mercer Island, WA, dated 2017 as provided by USGS.gov.



Site Location Map


Overlake Retail Shops
 Former Sears Auto Center #6119
 2200 148th Avenue
 Redmond, Washington



Apex Companies, LLC
 600 Stewart Street, #400
 Seattle, Washington

Project Number	REGEN-222
May 2020	

Figure
E-1.1

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004			
Form 2D NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS THAT HAVE NOT YET COMMENCED DISCHARGE OF PROCESS WASTEWATER							
SECTION 1. EXPECTED OUTFALL LOCATION (40 CFR 122.21(k)(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			
		1	Kelsey Creek	47°	37'	35.22"	-122°	8'	38.80"
				°	'	"	°	'	"
				°	'	"	°	'	"
SECTION 2. EXPECTED DISCHARGE DATE (40 CFR 122.21(k)(2))									
Expected Discharge Date	2.1	Month		Day		Year			
		February		15		2021			
SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(k)(3)(i))									
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets as necessary.							
		Outfall Number 1							
		Operations Contributing to Flow							
		Operation					Average Flow		
		Groundwater remediation system discharge (treated groundwater)					0.014 mgd		
							mgd		
							mgd		
							mgd		
							mgd		
							mgd		
		Treatment Units							
		Description (include size, flow rate through each treatment unit, retention time, etc.)			Code from Exhibit 2D-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge		
		2 - #2 size bag filter					Landfill disposal		
		10 gpm oil-water separator					Recovered product recycling		
		40 gpm air stripper					Not applicable		
2 - 200 pound carbon vessels			2-A		Regeneration				

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004	
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Average Flows and Treatment Continued	3.1 Cont.	**Outfall Number**						
		Operations Contributing to Flow						
		Operation				Average Flow		
						mgd		
						mgd		
						mgd		
						mgd		
						mgd		
		Treatment Units						
		Description (include size, flow rate through each treatment unit, retention time, etc.)			Code from Exhibit 2D-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		Outfall Number						
		Operations Contributing to Flow						
		Operation				Average Flow		
						mgd		
						mgd		
						mgd		
						mgd		
						mgd		
		Treatment Units						
		Description (include size, flow rate through each treatment unit, retention time, etc.)			Code from Exhibit 2D-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge	

SECTION 4. LINE DRAWING (40 CFR 122.21(k)(3)(ii))

Line Drawing	4.1	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 2D-2 at end of instructions for example.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 5. INTERMITTENT OR SEASONAL FLOWS (40 CFR 122.21(k)(3)(iii))

Intermittent or Seasonal Flows	5.1	Except for stormwater runoff, leaks, or spills, are any expected discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.					
	5.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.					
	Outfall Number	Operations (list)	Frequency		Rate and Volume		Duration
			Average Days/Week	Average Months/Year	Maximum Daily Discharge	Maximum Total Volume	
			days/week	months/year	mgd	gallons	days
			days/week	months/year	mgd	gallons	days
			days/week	months/year	mgd	gallons	days
	Outfall Number	Operations (list)	Frequency		Rate and Volume		Duration
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			days/week	months/year	mgd	gallons	days
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		days/week	months/year	mgd	gallons	days	
		days/week	months/year	mgd	gallons	days	

SECTION 6. PRODUCTION (40 CFR 122.21(k)(4))

Production	6.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under CWA Section 304 apply to your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 7.		
	6.2	Provide the following information on applicable ELGs.		
	ELG Category	ELG Subcategory	Regulatory Citation	

Production Continued	6.3	Are the limitations in the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7.			
	6.4	Provide an expected measure of average daily production expressed in terms and units of applicable ELGs.			
	Expected Actual Average Daily Production for First Three Years				
	Outfall Number	Year	Operation, Product, or Material	Quantity per Day <small>(note basis if applicable)</small>	Unit of Measure
		Year 1			
		Year 2			
		Year 3			
		Year 1			
		Year 2			
		Year 3			

SECTION 7. EFFLUENT CHARACTERISTICS (40 CFR 122.21(k)(5))

Effluent Characteristics	See the instructions to determine the parameters and pollutants you are required to monitor and, in turn, the tables you must complete. Note that not all applicants need to complete each table.			
	Table A. Conventional and Non-Conventional Parameters			
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A parameters for any of your outfalls? <input type="checkbox"/> Yes <input checked="" 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 _____ Outfall number _____ Outfall number _____		
	7.3	Have you have provided estimates or actual data for all Table A parameters for 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 parameters at all outfalls.		
	Table B. Certain Conventional and Non-Conventional Pollutants			
	7.4	Have you checked "Believed Present" for all pollutants listed in Table B that are limited directly or indirectly by an applicable ELG? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	7.5	Have you checked "Believed Present" or "Believed Absent" for all remaining pollutants listed in Table B? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7.6	Have you provided estimated data for those Table B pollutants for which you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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Effluent Characteristics Continued	Table C. Toxic Metals, Total Cyanide, and Total Phenols		
	7.7	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	
	7.8	Have you completed Table C by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Table D. Organic Toxic Pollutants (GC/MS Fractions)		
	7.9	Do you 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 D, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No	
	7.10	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table D for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.11	Have you completed Table D by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)		
	7.12	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 effluent from any of your outfalls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Table E. Certain Hazardous Substances and Asbestos		
	7.13	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table E for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.14	Have you completed Table E by reporting the reason the pollutants are expected to be present and available quantitative data for pollutants you indicated are "Believed Present" for each applicable outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Intake Credits, Tables A through E			
7.15	Are you applying for net credits for the presence of any of the pollutants on Tables A through E for any of your outfalls? <input type="checkbox"/> Yes → Consult with your NPDES permitting authority. <input checked="" type="checkbox"/> No		
SECTION 8. ENGINEERING REPORT (40 CFR 122.21(k)(6))			
Engineering Report	8.1	Do you have any technical evaluations of your wastewater treatment, including engineering reports or pilot plant studies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 8.3.	
	8.2	Have you provided the technical evaluation and all related documents to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	8.3	Are you aware of any existing plant(s) that resemble production processes, wastewater constituents, or wastewater treatment at your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.	

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Engineering Report Continued	8.4	Provide the name and location of the similar plants.	
		Name of Similar Plants	Location of Similar Plants

SECTION 9. OTHER INFORMATION (40 CFR 122.21(k)(7))			
Other Information	9.1	Have you attached any optional information that you would like considered as part of the application review process (i.e., material beyond that which you have already noted in the application as being attached)?	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.	
	9.2	List the additional items and briefly note why you have included them.	
		1. DRAFT Groundwater Treatment System Operations and Maintenance Manual	
		2.	
		3.	
		4.	
	5.		

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))			
Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2D 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 tables, or provide attachments.	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1: Expected Outfall Location	<input checked="" type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2: Expected Discharge Date	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input checked="" type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
		<input type="checkbox"/> Section 5: Intermittent or Seasonal Flows	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 6: Production	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: Effluent Characteristics	<input type="checkbox"/> w/ Table A waiver request or approval <input checked="" type="checkbox"/> Table A <input checked="" type="checkbox"/> Table B <input checked="" type="checkbox"/> Table C <input checked="" type="checkbox"/> Table D <input checked="" type="checkbox"/> Table E <input type="checkbox"/> w/ other attachments
		<input checked="" type="checkbox"/> Section 8: Engineering Report	<input type="checkbox"/> w/ technical evaluations and related attachments
		<input type="checkbox"/> Section 9: Other Information	<input type="checkbox"/> w/ optional information
		<input checked="" type="checkbox"/> Section 10: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

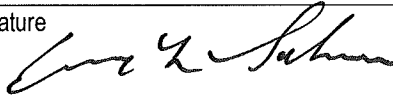
EPA Identification Number		NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	10.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in 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
		ERIC R. SILVENS		DIR. ENV.
		Signature		Date signed
				11.23.20

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETER ESTIMATES (40 CFR 122.21(k)(5)(i))¹

	Pollutant	Waiver Requested (if applicable)	Units	Effluent Data			Intake Water	
				Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per parameter)	
<input type="checkbox"/>	Check here if you have applied to your NPDES authority for a waiver for all of the pollutants listed on this table for the noted outfall.							
1.	Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.	Flow	<input type="checkbox"/>	Rate	14,400 gpd	3,600 gpd	4, estimated from pump test	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Temperature (winter)	<input type="checkbox"/>	°C	17	17	4, estimated from groundwater data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Temperature (summer)	<input type="checkbox"/>	°C	17	17	4, estimated from groundwater data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	pH (minimum)	<input type="checkbox"/>	Standard units	7	7	4, estimated from groundwater data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	pH (maximum)	<input type="checkbox"/>	Standard units	7	7	4, estimated from groundwater data	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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).

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii))¹

Pollutant		Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)			Intake Water	
		Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Believed Present? (check only one response per item)
					Maximum Daily Discharge (required)	Average Daily Discharge (if available)		
<input type="checkbox"/>	Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table B for the noted outfall unless you have quantitative data available.							
1.	Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Fecal coliform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Nitrate-nitrite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No

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TABLE B: CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii)) ¹										
Pollutant	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)				Effluent		Intake Water	
	Believed Present	Believed Absent	Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per item)			
12. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
13. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
19. Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Mass							

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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii)) ¹									
Pollutant		Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)					
		Believed Present	Believed Absent	Effluent			Source of Information (use codes in instructions)	Intake Water	
				Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)			
23.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
24.	Radioactivity								
24.1	Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
24.2	Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
24.3.	Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
24.4	Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				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. TOXIC METALS, TOTAL CYANIDE, AND TOTAL PHENOLS (40 CFR 122.21(k)(5)(iii)(A))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units	Effluent (Provide both concentration and mass estimates for each pollutant.)			Intake Water		
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (Use codes in Instructions.)	Believed Present? (Check only one response per pollutant.)		
<input checked="" type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table C for the noted outfall unless you have quantitative data available.									
1. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No		

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).

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹
Estimated Data for Pollutants Expected to Be Present in Discharge
(provide both concentration and mass estimates for each pollutant)

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units	Effluent			Intake Water
	Believed Present	Believed Absent		Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)

☐ Check here if all pollutants listed in Table D are expected to be absent from your facility's discharge.

☐ Check here if the facility believes it is exempt from Table D reporting requirements because it is a qualified small business. See the instructions for exemption criteria and for a list of materials you must attach to the application.

Note: If you check either of the above boxes, you do not need to complete Table D for the noted outfall *unless* you have quantitative data available.

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

1.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	μg/L	680	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	Chloroethane (75-00-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	μg/L	27	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No

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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B)) ¹									
Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)									
Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units	Effluent			Source of Information (use codes in instructions)	Intake Water	
	Believed Present	Believed Absent		Maximum Daily Discharge	Average Daily Discharge			Believed Present? (check only one response per pollutant)	
1.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.13 1,2-dichloroethane (107-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	56		4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.17 Ethylbenzene (100-41-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	320		4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.21 1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.23 Toluene (108-88-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	560				<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					<input type="checkbox"/> Yes <input type="checkbox"/> No	

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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units	Effluent			Intake Water
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	
	Believed Present	Believed Absent				Believed Present? (check only one response per pollutant)	
1.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
1.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)							
2.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No

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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21 (k)(5)(iii)(B)) ¹									
Pollutant (CAS Number, if available)			Presence or Absence (check one)		Units	Effluent			Intake Water
			Believed Present	Believed Absent		Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	
2.10	Phenol (108-95-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)									
3.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number	Facility Name	Outfall Number
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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units	Effluent		Intake Water	
	Believed Present	Believed Absent		Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)
3.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number	Facility Name	Outfall Number
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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units	Effluent (provide both concentration and mass estimates for each pollutant)			Intake Water
	Believed Present	Believed Absent		Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	
3.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.30 1,2-diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.37. Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.39 Naphthalene (91-20-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	133		4	<input type="checkbox"/> Yes <input type="checkbox"/> No

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units	Effluent		Intake Water
	Believed Present	Believed Absent		Maximum Daily Discharge	Average Daily Discharge	
3.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Organic Toxic Pollutants (GC/MS Fraction —Pesticides)						
4.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass			<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number	Facility Name	Outfall Number
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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)		Presence or Absence (check one)		Units	Effluent			Intake Water	
		Believed Present	Believed Absent		Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
4.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.11	α -endosulfan (115-29-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.12	β -endosulfan (115-29-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.14	Endrin (72-20-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EPA Identification Number	Facility Name	Outfall Number
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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B)) ¹									
Pollutant (CAS Number, if available)		Presence or Absence (check one)		Units	Effluent			Intake Water	
		Believed Present	Believed Absent		Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
4.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.25	Toxaphene (8001-35-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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).

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
<input checked="" type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table E for the noted outfall unless you have quantitative data available.				
1. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
2. Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
3. Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
4. Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
5. Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
6. Aniline	<input type="checkbox"/>	<input type="checkbox"/>		
7. Benzotrile	<input type="checkbox"/>	<input type="checkbox"/>		
8. Benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
9. Butyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
10. Butylamine	<input type="checkbox"/>	<input type="checkbox"/>		
11. Captan	<input type="checkbox"/>	<input type="checkbox"/>		
12. Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>		
13. Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>		
14. Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>		
15. Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>		
16. Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>		
17. Cresol	<input type="checkbox"/>	<input type="checkbox"/>		
18. Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

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

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

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

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

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

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

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

Site

Overlake Retail Shops
(Former Sears Auto #6119)
47° 37' 42.25", -122° 8' 32.79"
Parcel # 262505-9196

Kelsey Creek
Outfall 001
122° 8' 23.88"

A map of Kelsey Creek showing stream flow direction. The creek is depicted as a blue line with an arrow pointing towards the bottom right. The text 'Kelsey Creek' is written above the creek, and 'Stream Flow Direction' is written below it. The map also shows a grid of streets and a road labeled '500'.

Note: Base map prepared from USGS 7.5-minute quadrangles of Kirkland and Mercer Island, WA, dated 2017 as provided by USGS.gov.



Site Location Map

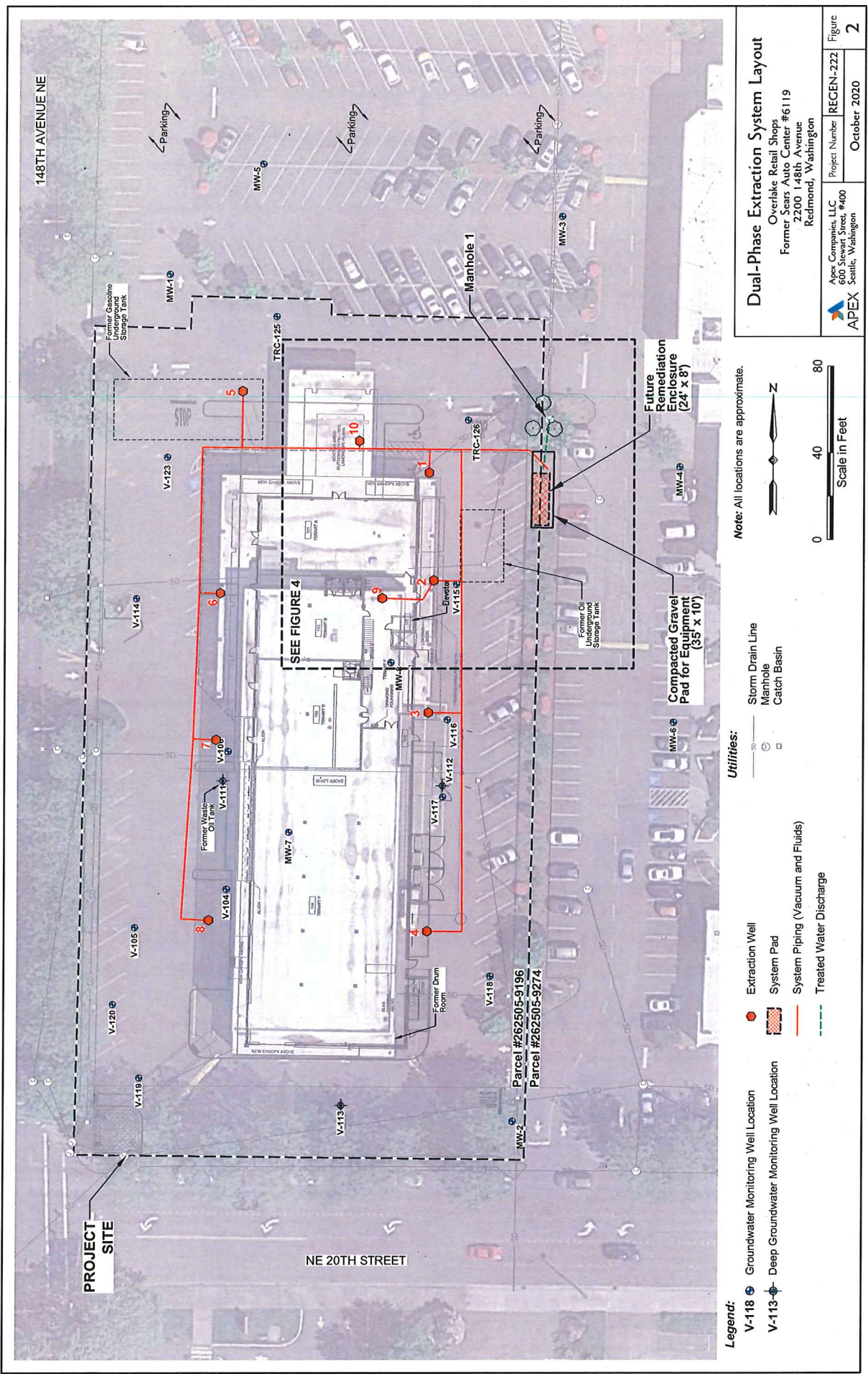
Overlake Retail Shops
Former Sears Auto Center #6119
2200 148th Avenue
Redmond, Washington

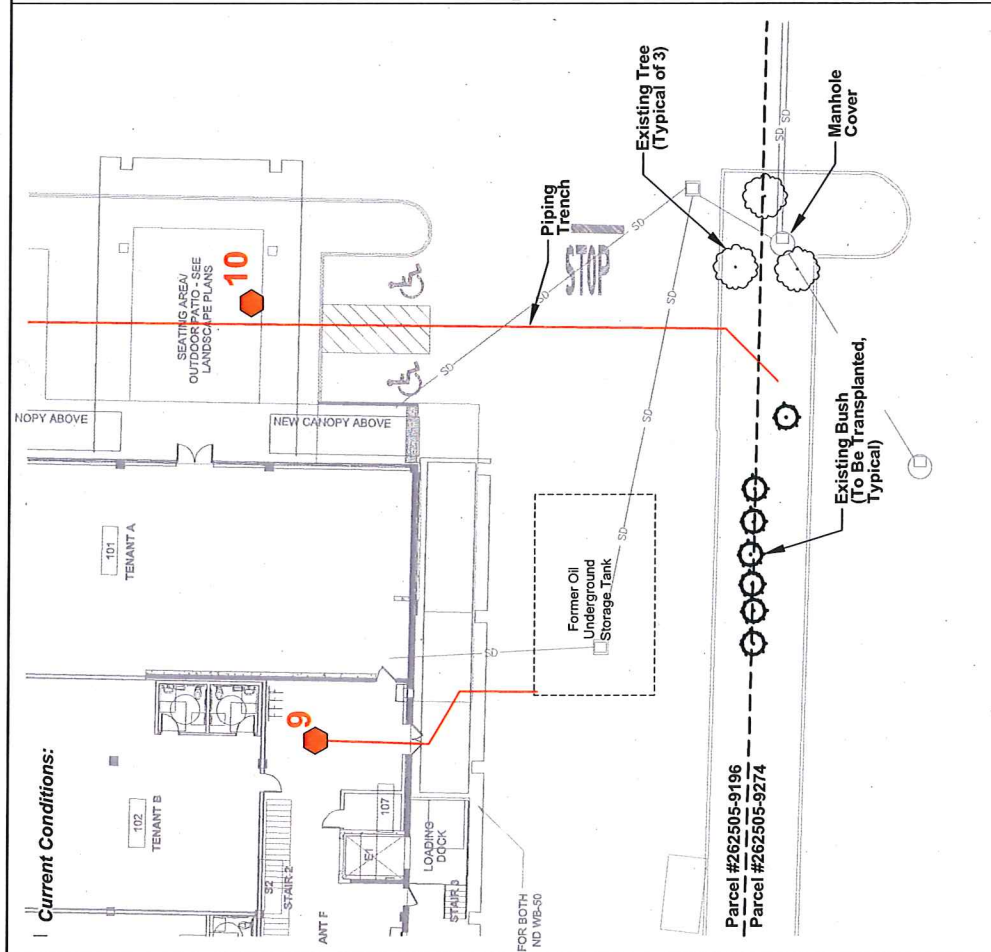
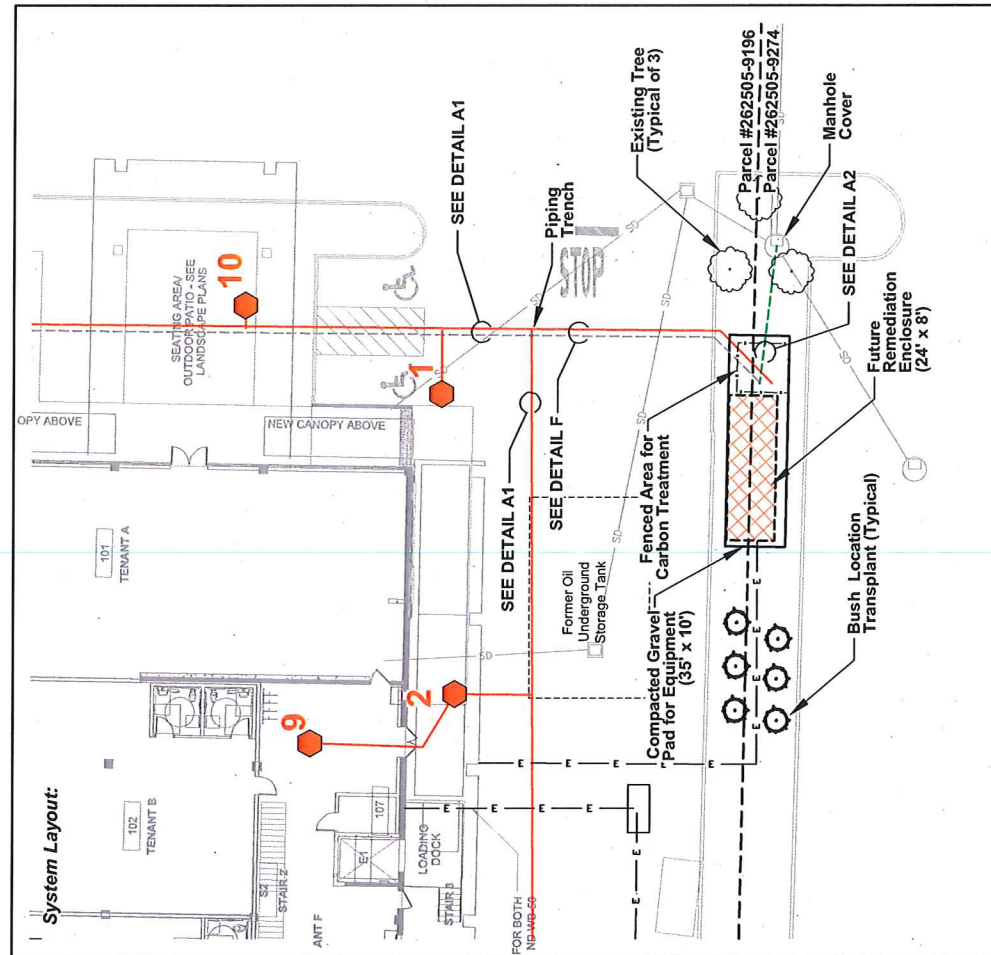


Apex Companies, LLC
600 Stewart Street, #400
Seattle, Washington

Project Number	REGEN-222
May 2020	

Figure
E-1.1





Legend:

- Extraction Well
- System Pad
- System Piping (Vacuum and Fluids)
- Treated Water Discharge

Utilities:

- Storm Drain Line
- Manhole
- Catch Basin

Note: All locations are approximate.

Scale in Feet

0 20 40

System Enclosure Layout

Overlake Retail Shops
Former Sears Auto Center #6119
2200 148th Avenue
Redmond, Washington

Apex Companies, LLC
600 Stewart Street, #400
Seattle, Washington

Project Number: REGEN-222
May 2020

Figure: E-1.3

SYSTEM ALARM

- SHUT DOWN
- AIR COMPRESSOR/PUMP CONTROLLER
- ALL TRANSFER PUMPS
- AIR STRIPPER
- BLOWER
- OPERATOR NOTIFICATION (TELEMETRY)

START-UP SEQUENCE

- AIR STRIPPER AND BLOWER
- TRANSFER PUMPS (POWERED)
- AIR COMPRESSOR/PUMP CONTROLLER

LEVEL SWITCH

- HH = ALARM HIGH SYSTEM SHUTDOWN
- H₀ = HIGH LEVEL (FULL) - NOTIFICATION
- H = HIGH LEVEL, PUMP ON
- L = LOW LEVEL, PUMP OFF

SYSTEM CONTROLS

- OIL/WATER SEPARATOR
- HH = SYSTEM ALARM, SYSTEM SHUTDOWN
- H = TRANSFER PUMP ON
- L = TRANSFER PUMP OFF

OIL STORAGE

- HH = SYSTEM ALARM, SYSTEM SHUTDOWN
- H = NOTIFICATION (FULL)

BAG FILTER

- HIGH DIFFERENTIAL PRESSURE, SYSTEM ALARM

AIR STRIPPER

- LOW AMPS (NOT RUNNING) SYSTEM ALARM, SHUTDOWN
- TRANSFER PUMP (WITH L, H, AND HH)
- SUMP HH - ALARM SHUTDOWN

WELL PUMPS

- COMPRESSOR OPERATION/PUMP CONTROLLER OPERATION
- MOISTURE SEPARATOR
- HH = SYSTEM ALARM, SYSTEM SHUTDOWN
- H = TRANSFER PUMP ON
- L = TRANSFER PUMP OFF

BLOWER

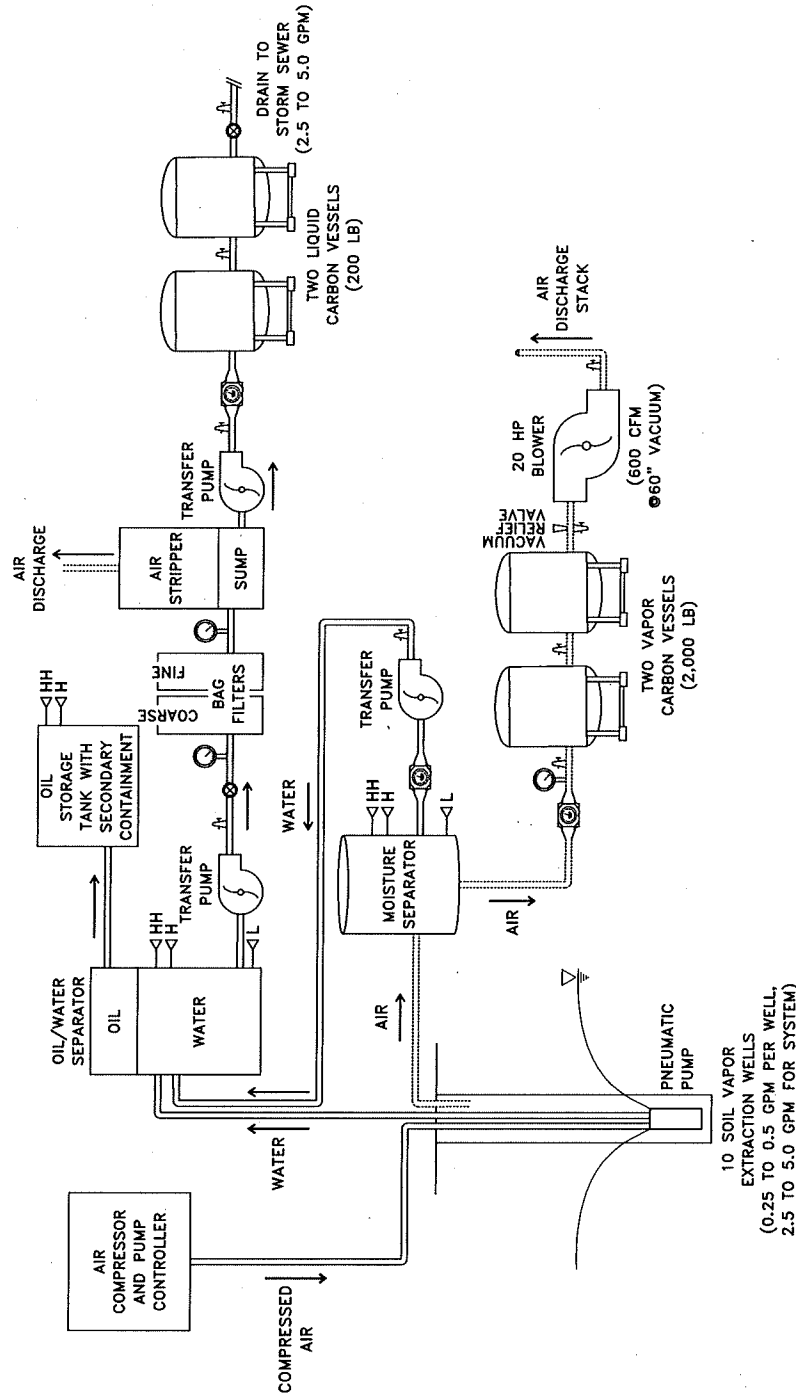
- LOW AMPS (NOT RUNNING) SYSTEM ALARM, SHUTDOWN
- DPE/SVE

- SWITCHABLE MODE TO ALLOW SYSTEM OPERATION ONLY AS SVE (BLOWER, NOT WATER PUMPS AND TREATMENT)

DPE System Schematic

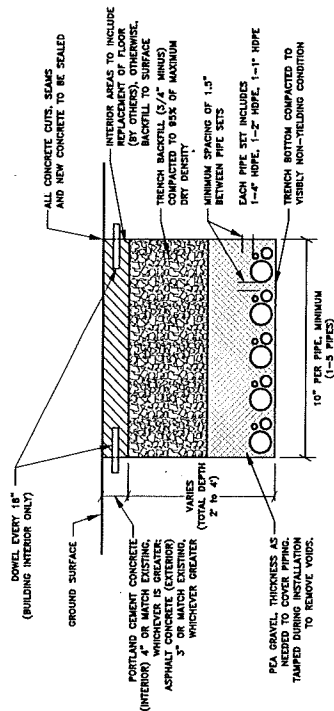
Overlake Retail Shops
Former Sears Auto Center #6119
2200 148th Avenue
Redmond, Washington

Apex Companies, LLC 600 Stewart Street, #400 Seattle, Washington	Project Number REGEN-222	Figure E-4.1
	May 2020	

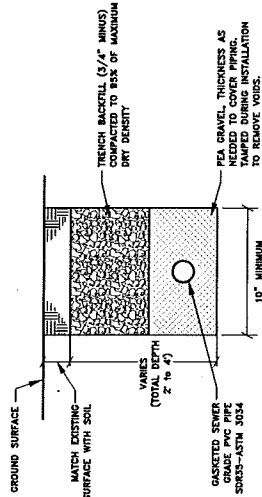


LEGEND:

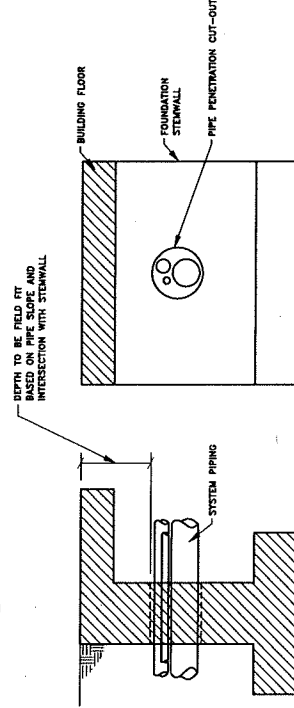
- FLOW METER
- PRESSURE GAUGE
- SAMPLE PORT
- FLOW CONTROL VALVE
- SYSTEM CONTROL INPUT
- AIR LINE
- WATER LINE



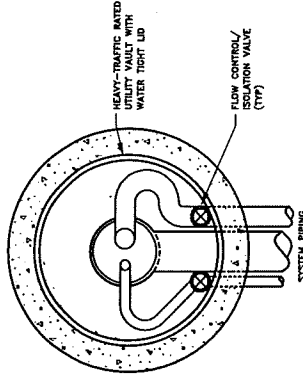
A1 TYPICAL DPE PIPING TRENCH DETAIL
NOT TO SCALE



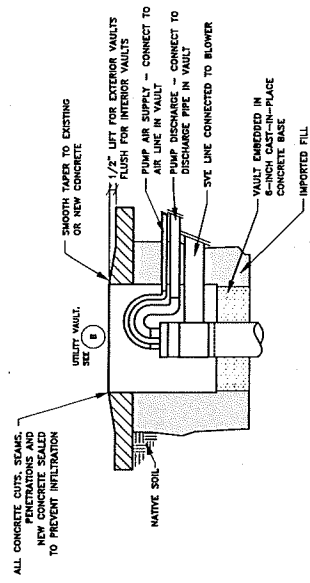
A2 TYPICAL DPE PIPING TRENCH DETAIL - DISCHARGE
NOT TO SCALE



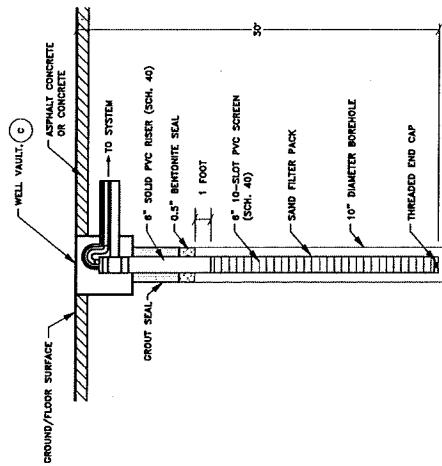
D FOUNDATION PENETRATION DETAIL
NOT TO SCALE



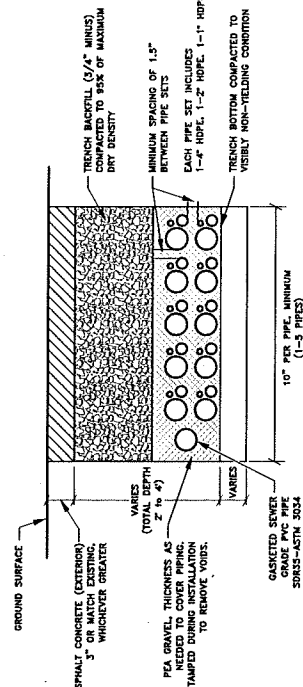
B WELL VAULT
NOT TO SCALE



C WELL VAULT INSTALLATION DETAIL
NOT TO SCALE



E TYPICAL EXTRACTION WELL DETAIL
NOT TO SCALE



F DPE PIPING TRENCH DETAIL - COMBINED BRANCHES
NOT TO SCALE

DPE System Details

Overlake Retail Shops
Former Sears Auto Center #6119
2200 148th Avenue
Redmond, Washington

Apex Companies, LLC
600 Second Street, #400
APEX Seattle, Washington

Project Number: REGEN-222
May 2020

Figure: E-5.1

GENERAL:

- 1) The work to be performed shall consist of furnishing all tools, equipment, materials, supplies, transportation and services (including fuel, power, water and essential communications), and for the performance of all labor or other operations required in strict accordance with the specifications and drawings. The work shall be completed, and all work, materials, and services not expressly shown or called for in the specifications and drawings which may be necessary for the complete and proper construction of the work in good faith shall be performed, furnished, and installed by the Contractor as though originally so specified or shown.
- 2) During all site activities, existing structures (including but not limited to groundwater monitoring wells, utilities, piping, and buildings) shall be protected from damage caused by site activities. Damaged structures shall be repaired or replaced as necessary at the Contractor's expense.
- 3) The Contractor shall locate all underground utilities prior to any on-site activities.
- 4) If any portion of this work requires a permit to lawfully complete, then it is the responsibility of the Contractor to obtain those permits.

EARTHWORK - Materials:

- 1) Imported Fill: Imported fill materials shall consist of soil or rock (as appropriate for the specified material) that is essentially free of organics and other deleterious material, and which can be readily placed, graded, and compacted as necessary.
- 2) Aggregate: Aggregate for trench backfill and pavement base shall consist of a crushed Imported Fill and shall meet the following gradation criteria (as per ODOT 2630.10 3/4"-0):

Sieve Size	Percent Passing
1 in.	100
3/4 in.	90-100
3/8 in.	55-75
1/4 in.	40-60
U.S. #10	40-60 of 1/4 in. fraction

EARTHWORK Execution:

- 1) Trench excavation shall be accomplished for piping to the lines indicated on the drawings. Trench excavations shall have a minimum bottom width adequate to allow for the installation of the associated piping. Excavation walls shall be sloped or shored as necessary to allow the safe and efficient completion of the work.
- 2) The potential exists that soils encountered during the trenching activities will be impacted by contaminants (gasoline hydrocarbons). In the event that encountered soil or groundwater show evidence of contamination or LNAPL, notify the Engineer immediately. Groundwater should not be encountered during excavation activities.
- 3) All fill shall be placed in approximately horizontal, compacted layers of uniform thickness. The layers shall be carried up full width from the bottom of the fill. Each layer shall be placed in loose lifts not exceeding 12 inches in thickness. If the entire finished thickness of material is greater than 9 inches, it shall be constructed from two or more layers of approximately equal thickness.

EARTHWORK Execution (Continued)

- 4) All fill shall be compacted to a firm, non-yielding state using hand-tamping around pipes and mechanical compaction elsewhere. Compaction by mechanical means may use any appropriate machines (such as a backhoe-mounted vibratory plate or hand-operated compactor) provided that they are capable of compacting the fill to the specified density and do not damage adjacent structures or buried piping.
- 5) Stockpiles of excavated soil or imported fill materials may be stockpiled on-site only during the duration of the earthwork activities at a location pre-approved by the Engineer. The location of any stockpile may not interfere with local businesses or on-site operations. Stockpiles of excavated soil shall be placed in a manner to prevent sediment from reaching any local storm drain. If dust control is needed, for a stockpile, the stockpile shall be covered by sheet plastic.
- 6) Debris (including asphalt removed during trenching activities) and removed soils shall be properly disposed of at a permitted disposal facility. If soil is to be removed from the site, it shall be the responsibility of the Engineer to determine the proper waste designation (including all necessary chemical analyses).

CONCRETE WORK:

- 1) Portland Cement Concrete (PCC) and associated steel reinforcement shall conform to the material specifications in Chapter 26 of the UBC, with a minimum compressive strength of 2,000 psi.
- 2) Well vaults may be either a precast component or cast-in-place (in accordance with the material specification in ODOT Section 00759). Vaults must have covers capable of supporting highway traffic and be compatible with the placement of the well head and the associated piping. All vault surfaces and penetrations shall be sealed to prevent potential spills from impacting soil adjacent to or beneath the vault. Vault lids shall be water-tight.
- 3) The placement of PCC and installation of any associated steel reinforcement shall conform to the placement specifications in Chapter 26 of the UBC. Joints between concrete components, edges, or other abutted concrete shall be sealed to prevent potential spills from impacting soil beneath the joint. New concrete placed in areas of potential traffic (such as within the warehouse) shall be doweled into the adjacent slab.

SYSTEM FINISHING AND SITE CLEANUP:

- 1) The system equipment shall be installed in accordance with the manufacturer's instructions. Access to the system equipment must be restricted and be tamper-proof.
- 2) Pavement, sidewalks, driveways, curbs, gutters, poles, and other property and surface structures removed or disturbed during or as a result of construction shall be restored to a condition equal in appearance and quality to that before the work began. Improved surfaces shall be of the same material and match the appearance of the removed surface.
- 3) The Contractor shall remove all garbage and miscellaneous debris from the site. Where possible, wastes should be recycled (such as drums).

DPE System Specifications

Overlake Retail Shops
Former Sears Auto Center #619
2200 148th Avenue
Redmond, Washington



APEX Companies, LLC
600 Stewart Street, #400
Seattle, Washington

Project Number

RECEN-222

May 2020

Figure

E-6.1