

---

Water Permits Division

---




# Application Form 1

## General Information

### NPDES Permitting Program

**Note:** All applicants to the National Pollutant Discharge Elimination System (NPDES) permits program, with the exception of publicly owned treatment works and other treatment works treating domestic sewage, must complete Form 1. Additionally, all applicants must complete one or more of the following forms: 2B, 2C, 2D, 2E, or 2F. To determine the specific forms you must complete, consult the “General Instructions” for this form.

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

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004	
---------------------------	--	---------------------	--	---------------	--	---	--

<b>Name, Mailing Address, and Location Continued</b>	2.5	<b>Facility Location</b>						
		Street, route number, or other specific identifier						
		County name			County code (if known)			
		City or town		State		ZIP code		

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))					
<b>SIC and NAICS Codes</b>	3.1	<b>SIC Code(s)</b>		<b>Description (optional)</b>	
	3.2	<b>NAICS Code(s)</b>		<b>Description (optional)</b>	

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

<b>Operator Information Continued</b>	4.5	<b>Operator Address</b>					
		Street or P.O. Box					
		City or town		State		ZIP code	
		Email address of operator					

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

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
<b>SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))</b>			
<b>Existing Environmental Permits</b>	6.1	<b>Existing Environmental Permits</b> (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"/> 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) _____	
<b>SECTION 7. MAP (40 CFR 122.21(f)(7))</b>			
<b>Map</b>	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.)	
<b>SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))</b>			
<b>Nature of Business</b>	8.1	Describe the nature of your business.	
<b>SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))</b>			
<b>Cooling Water Intake Structures</b>	9.1	Does your facility use cooling water?	
		<input type="checkbox"/> Yes <input 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.)	
<b>SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))</b>			
<b>Variance Requests</b>	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; justify-content: space-between;"> <div> <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n))         </div> <div> <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))         </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g))         </div> <div> <input type="checkbox"/> Thermal discharges (CWA Section 316(a))         </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Not applicable         </div> </div>	

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

WA0991008

Hughes Farms, Inc

OMB No. 2040-0004

**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 checked="" 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 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.*

Name (print or type first and last name)  
Dave Hughes

Official title  
President

Signature



Date signed

5/26/21

---

Water Permits Division

---




# Application Form 2C

## Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

### NPDES Permitting Program

**Note:** Complete this form *and* Form 1 if your facility is an existing manufacturing, commercial, mining, or silvicultural facility that currently discharges process wastewater.

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2C NPDES				<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS</b>			
<b>SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))</b>							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.					
		Outfall Number	Receiving Water Name	Latitude		Longitude	
				° ' "		° ' "	
				° ' "		° ' "	
				° ' "		° ' "	
<b>SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))</b>							
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 type="checkbox"/> No					
<b>SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))</b>							
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.					
		<b>**Outfall Number**</b> _____					
		<b>Operations Contributing to Flow</b>					
		Operation			Average Flow		
					mgd		
					mgd		
					mgd		
					mgd		
		<b>Treatment Units</b>					
		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	

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004	
Average Flows and Treatment Continued	3.1 cont.	<b>**Outfall Number**</b> _____					
		<b>Operations Contributing to Flow</b>					
		<b>Operation</b>			<b>Average Flow</b>		
					mgd		
					mgd		
					mgd		
					mgd		
		<b>Treatment Units</b>					
		<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)			<b>Code from Table 2C-1</b>		<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>
		<b>**Outfall Number**</b> _____					
		<b>Operations Contributing to Flow</b>					
		<b>Operation</b>			<b>Average Flow</b>		
					mgd		
					mgd		
					mgd		
					mgd		
		<b>Treatment Units</b>					
		<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)			<b>Code from Table 2C-1</b>		<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input 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					



EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
---------------------------	---------------------	---------------	---

#### 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 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.						
		<b>Outfall Number</b>	<b>Operation (list)</b>	<b>Frequency</b>		<b>Flow Rate</b>		<b>Duration</b>
				<b>Average Days/Week</b>	<b>Average Months/Year</b>	<b>Long-Term Average</b>	<b>Maximum Daily</b>	
				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
				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 type="checkbox"/> No → SKIP to Section 6.		
	5.2	Provide the following information on applicable ELGs.		
		<b>ELG Category</b>	<b>ELG Subcategory</b>	<b>Regulatory Citation</b>
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 type="checkbox"/> No → SKIP to Section 6.		
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.		
		<b>Outfall Number</b>	<b>Operation, Product, or Material</b>	<b>Quantity per Day</b>

## 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 type="checkbox"/> No → SKIP to Item 6.3.			
	6.2	Briefly identify each applicable project in the table below.			
		<b>Brief Identification and Description of Project</b>	<b>Affected Outfalls</b> (list outfall number)	<b>Source(s) of Discharge</b>	<b>Final Compliance Dates</b>
				<b>Required</b>	<b>Projected</b>
	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 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.				
	<b>Table A. Conventional and Non-Conventional Pollutants</b>				
	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 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 _____ Outfall Number _____ 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 type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.			
	<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants</b>				
	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 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.			
		<b>Primary Industry Category</b>	<b>Required GC/MS Fraction(s)</b> (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	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
---------------------------	---------------------	---------------	---

<b>Effluent and Intake Characteristics Continued</b>	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 <span style="float: right;"><input type="checkbox"/> No</span>									
	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 type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>									
	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 type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>									
	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. <span style="float: right;"><input type="checkbox"/> No</span>									
	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 <span style="float: right;"><input type="checkbox"/> No</span>									
	<b>Table C. Certain Conventional and Non-Conventional Pollutants</b>										
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>									
	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 type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>									
	<b>Table D. Certain Hazardous Substances and Asbestos</b>										
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>									
	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 <span style="float: right;"><input type="checkbox"/> No</span>									
	<b>Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)</b>										
	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. <span style="float: right;"><input type="checkbox"/> No → SKIP to Section 8.</span>									
	7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>									
<b>SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))</b>											
<b>Used or Manufactured Toxics</b>	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 type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No → SKIP to Section 9.</span>									
	8.2	List the pollutants below. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; border-bottom: 1px solid black;">1.</td> <td style="width: 33.33%; border-bottom: 1px solid black;">4.</td> <td style="width: 33.33%; border-bottom: 1px solid black;">7.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2.</td> <td style="border-bottom: 1px solid black;">5.</td> <td style="border-bottom: 1px solid black;">8.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3.</td> <td style="border-bottom: 1px solid black;">6.</td> <td style="border-bottom: 1px solid black;">9.</td> </tr> </table>	1.	4.	7.	2.	5.	8.	3.	6.	9.
	1.	4.	7.								
	2.	5.	8.								
	3.	6.	9.								

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
---------------------------	---------------------	---------------	---

### 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 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

### 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 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
		Name of laboratory/firm		
		Laboratory address		
		Phone number		

### 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 type="checkbox"/> No → SKIP to Section 12.	
	11.2	List the information requested and attach it to this application.	
		1.	4.
		2.	5.

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

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**☒ Section 1: Outfall Location☐ w/ attachments☒ Section 2: Line Drawing☒ w/ line drawing☐ w/ additional attachments☒ Section 3: Average Flows and Treatment☒ w/ attachments☐ w/ list of each user of privately owned treatment works☒ Section 4: Intermittent Flows☐ w/ attachments☐ Section 5: Production☐ w/ attachments☐ Section 6: Improvements☐ w/ attachments☐ w/ optional additional sheets describing any additional pollution control plans☒ Section 7: Effluent and Intake Characteristics☐ w/ request for a waiver and supporting information☐ w/ explanation for identical outfalls☐ w/ small business exemption request☐ w/ other attachments☐ w/ Table A☐ w/ Table B☐ w/ Table C☐ w/ Table D☐ w/ Table E☒ w/ analytical results as an attachment☐ Section 8: Used or Manufactured Toxics☐ w/ attachments☐ Section 9: Biological Toxicity Tests☐ w/ attachments☒ Section 10: Contract Analyses☒ w/ attachments☐ Section 11: Additional Information☐ w/ attachments☒ Section 12: Checklist and Certification Statement☐ w/ attachments

12.2

**Certification Statement**

*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.*

Name (print or type first and last name)

David L. Hughes

Official title

President

Signature



Date signed

5/26/21

Checklist and Certification Statement

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))<sup>1</sup>**

	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 <sub>5</sub> )	<input type="checkbox"/>	Concentration						
			Mass						
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration						
			Mass						
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration						
			Mass						
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration						
			Mass						
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration						
			Mass						
6.	Flow	<input type="checkbox"/>	Rate						
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C					
	Temperature (summer)	<input type="checkbox"/>	°C	°C					
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.					
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.					

<sup>1</sup> 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).

This page intentionally left blank.



EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

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

	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.												
<b>Section 1. Toxic Metals, Cyanide, and Total Phenols</b>													
1.1	Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.2	Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.3	Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.4	Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.5	Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.6	Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.7	Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.8	Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.9	Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.10	Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								
1.11	Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
					Mass								

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

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

	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 type="checkbox"/>	Concentration							
					Mass							
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
<b>Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)</b>												
2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

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

	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 type="checkbox"/>	Concentration						
					Mass						
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

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

	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 type="checkbox"/>	Concentration						
					Mass						
2.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.25	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.26	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.27	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.28	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
<b>Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)</b>											
3.1	2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.2	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.3	2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.4	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.5	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

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

	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 type="checkbox"/>	Concentration						
					Mass						
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
<b>Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)</b>											
4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

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

	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 type="checkbox"/>	Concentration						
					Mass						
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

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

	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 type="checkbox"/>	Concentration						
					Mass						
4.21	1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.22	1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.23	3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.24	Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.25	Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.26	Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.27	2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.28	2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.29	Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.31	Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.32	Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

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

	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 type="checkbox"/>	Concentration						
					Mass						
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						



EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

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

	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 type="checkbox"/>	Concentration						
					Mass						
<b>Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)</b>											
5.1	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.2	α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.3	β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.4	γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.5	δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.11	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

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

	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 type="checkbox"/>	Concentration						
					Mass						
5.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.14	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v)) <sup>1</sup>											
	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 type="checkbox"/>	Concentration						
					Mass						

<sup>1</sup> 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).

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

**TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))<sup>1</sup>**

	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 <b>present</b> 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 <b>absent</b> 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 type="checkbox"/>	Concentration						
				Mass						
2.	Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.	Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.	Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.	Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
6.	Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
7.	Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
8.	Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
9.	Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
10.	Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
11.	Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))<sup>1</sup>**

	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 <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
13.	Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
14.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
15.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
16.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
17.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
18.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
19.	Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
20.	Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
21.	Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
22.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
23.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi)) <sup>1</sup>											
	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 type="checkbox"/>	Concentration							
				Mass							
	Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
	Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
	Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							

<sup>1</sup> 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).

This page intentionally left blank.



EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	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 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.	Benzonitrile	<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"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>		

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	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 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.	Dichlone	<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"/>		
38.	Furfural	<input type="checkbox"/>	<input type="checkbox"/>		

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	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 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"/>		
57.	Parathion	<input type="checkbox"/>	<input type="checkbox"/>		

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	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 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"/>		
76.	Vanadium	<input type="checkbox"/>	<input type="checkbox"/>		

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	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 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"/>		

<sup>1</sup> 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).

This page intentionally left blank.

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

**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 type="checkbox"/>	