


EPA Identification Number 110010897501		NPDES Permit Number WA-002926-2		Facility Name PCS SAMISH BAY PLANT		Form Approved 03/05/19 OMB No. 2040-0004	
Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION					
SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))							
Activities Requiring an NPDES Permit	1.1 Applicants Not Required to Submit Form 1						
	1.1.1	Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input checked="" type="checkbox"/> Yes <input 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"/> Yes <input type="checkbox"/> No			
	1.2 Applicants Required to Submit Form 1						
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No	1.2.2	Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input type="checkbox"/> No			
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input checked="" type="checkbox"/> No	1.2.4	Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No			
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). <input checked="" type="checkbox"/> No					
SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))							
Name, Mailing Address, and Location	2.1 Facility Name						
	PENN COVE SHELLFISH SAMISH BAY PLANT						
	2.2 EPA Identification Number						
	WA-002926-2						
	2.3 Facility Contact						
	Name (first and last) AARON SCHMIDT		Title SAMISH BAY FARM MANAGER		Phone number (360) 915-3662		
	Email address ASCHMIDT@PENNCOVESHELLFISH.COM						
2.4 Facility Mailing Address							
Street or P.O. box P.O. BOX 148							
City or town COUPEVILLE		State WA		ZIP code 98239			

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Name, Mailing Address, and Location Continued	2.5	Facility Location					
		Street, route number, or other specific identifier 11321 BLUE HERON ROAD					
		County name SKAGIT		County code (if known)			
		City or town BOW		State WA		ZIP code 98232	
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))							
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)			
		2092		Washing and packing fresh oysters and shellfish			
	3.2	NAICS Code(s)		Description (optional)			
		311710		Washing and packing fresh shellfish			
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))							
Operator Information	4.1	Name of Operator					
		PENN COVE SHELLFISH LLC					
	4.2	Is the name you listed in Item 4.1 also the owner? <input type="checkbox"/> Yes <input checked="" 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) _____					
Operator Information Continued	4.4	Phone Number of Operator					
		(360) 915-3662					
	4.5	Operator Address					
		Street or P.O. Box P.O. BOX 148 City or town COUPEVILLE State WA ZIP code 98239 Email address of operator ASCHMIDT@PENNCOVESHELLFISH.COM					
SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))							
Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)	
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) WA-002926-2	<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)

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. Penn Cove Shellfish LLC is a commercial shellfish farm based in Penn Cove on Whidbey Island and in the tidelands of Samish Bay. The company farms, washes, grades, packs, sells, and distributes marine shellfish, primarily Pacific oysters, Manila clams and mussels. The facility will continue to be used to wash, grade, and pack live oysters and clams that are harvested from Penn Cove's Samish Bay leases.
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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; 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 checked="" type="checkbox"/> Not applicable </div> </div>

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

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input checked="" 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
	11.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name) Daryl Beerbower	Official title General Manager	
	Signature 	Date signed 01/26/2023	

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Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS					
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.					
	Outfall Number	Receiving Water Name	Latitude			Longitude	
	1	SAMISH BAY	48°	34'	35.31" N	122°	30' 16.43" W
			°	'	"	°	' "
			°	'	"	°	' "
SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))							
Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))							
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.					
	Outfall Number 1						
	Operations Contributing to Flow						
	Operation					Average Flow	
	PROCESS WASTEWATER					.01 mgd	
						mgd	
						mgd	
						mgd	
	Treatment Units						
	Description (include size, flow rate through each treatment unit, retention time, etc.)					Code from Table 2C-1	
	N/A					Final Disposal of Solid or Liquid Wastes Other Than by Discharge	

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

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

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

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

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		
	5.2	Provide the following information on applicable ELGs.		
		ELG Category	ELG Subcategory	Regulatory Citation
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.		
		Outfall Number	Operation, Product, or Material	Quantity per Day

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

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

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

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

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Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No									
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
	Table C. Certain Conventional and Non-Conventional Pollutants										
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	Table D. Certain Hazardous Substances and Asbestos										
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)										
	7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input checked="" type="checkbox"/> No → SKIP to Section 8.									
	7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No									
SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))											
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.									
	8.2	List the pollutants below. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">1.</td> <td style="width: 33%; border: none;">4.</td> <td style="width: 33%; border: none;">7.</td> </tr> <tr> <td style="border: none;">2.</td> <td style="border: none;">5.</td> <td style="border: none;">8.</td> </tr> <tr> <td style="border: none;">3.</td> <td style="border: none;">6.</td> <td style="border: none;">9.</td> </tr> </table>	1.	4.	7.	2.	5.	8.	3.	6.	9.
	1.	4.	7.								
	2.	5.	8.								
	3.	6.	9.								

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

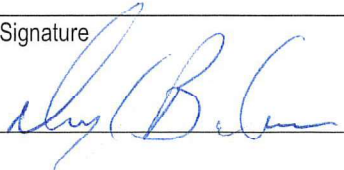
Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge?		
		<input type="checkbox"/> Yes <input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

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

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.		
	10.2	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
	Name of laboratory/firm	Edge Analytical		
	Laboratory address	1620 S. Walnut Street Burlington, WA 98233		
	Phone number	(360) 757-1400		
	Pollutant(s) analyzed	Fecal Coliform BOD TSS pH		

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

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

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SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))				
Checklist and Certification Statement	12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.		
		Column 1	Column 2	
	<input checked="" type="checkbox"/>	Section 1: Outfall Location	<input checked="" type="checkbox"/>	w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Line Drawing	<input checked="" type="checkbox"/>	w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Average Flows and Treatment	<input type="checkbox"/>	w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input checked="" type="checkbox"/>	Section 4: Intermittent Flows	<input type="checkbox"/>	w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Production	<input type="checkbox"/>	w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Improvements	<input type="checkbox"/>	w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/>	Section 7: Effluent and Intake Characteristics	<input checked="" type="checkbox"/>	w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls
			<input type="checkbox"/>	w/ small business exemption request <input type="checkbox"/> w/ other attachments
			<input checked="" type="checkbox"/>	w/ Table A <input checked="" type="checkbox"/> w/ Table B
			<input checked="" type="checkbox"/>	w/ Table C <input checked="" type="checkbox"/> w/ Table D
			<input checked="" type="checkbox"/>	w/ Table E <input type="checkbox"/> w/ analytical results as an attachment
	<input checked="" type="checkbox"/>	Section 8: Used or Manufactured Toxics	<input type="checkbox"/>	w/ attachments
	<input checked="" type="checkbox"/>	Section 9: Biological Toxicity Tests	<input type="checkbox"/>	w/ attachments
	<input checked="" type="checkbox"/>	Section 10: Contract Analyses	<input type="checkbox"/>	w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Additional Information	<input type="checkbox"/>	w/ attachments
	<input checked="" type="checkbox"/>	Section 12: Checklist and Certification Statement	<input type="checkbox"/>	w/ attachments
12.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>			
	Name (print or type first and last name)		Official title	
	Daryl Beerbower		General Manager	
	Signature 		Date signed 01/26/2023	

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

Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)		
			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
<input type="checkbox"/>	Check here if you have applied to your NPDES permitting authority for a waiver for all of the pollutants listed on this table for the noted outfall.								
1. Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration	mg/L	2402	2402	431	286		
		Mass							
2. Chemical oxygen demand (COD)	<input checked="" type="checkbox"/>	Concentration							
		Mass							
3. Total organic carbon (TOC)	<input checked="" type="checkbox"/>	Concentration							
		Mass							
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	2300	2300	327	286		
		Mass							
5. Ammonia (as N)	<input checked="" type="checkbox"/>	Concentration							
		Mass							
6. Flow	<input type="checkbox"/>	Rate	GPD	5,000	155,000	2,500			
Temperature (winter)	<input checked="" type="checkbox"/>	°C							
Temperature (summer)	<input checked="" type="checkbox"/>	°C							
pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	5.4	5.4		120		
pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	8.91	8.91		120		

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

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

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

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

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

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

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

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

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

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
3.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
3.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
3.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
3.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
3.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
3.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)

4.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.									
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.									
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
3. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	170	170	6.87	288		
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
6. Nitrate-nitrite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
8. Oil and grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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