

EPA Identification Number		NPDES Permit Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026	
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	<u>1.1</u> Applicants <i>Not Required</i> to Submit Form 1						
	1.1.1	Is the facility a new or existing publicly owned treatment works or has your permitting authority directed you to submit Form 2A? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. If the facility is also a treatment works treating domestic sewage , you must also complete Form 2S.	1.1.2	Is the facility a sludge-only facility (i.e., a facility that does not discharge wastewater to surface waters)? If yes, STOP. Do NOT complete Form 1. Complete Form 2S.			
	<u>1.2</u> Applicants <i>Required</i> to Submit Form 1						
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and <input type="checkbox"/> No Form 2B.	1.2.2	Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input 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 <input type="checkbox"/> No Form 2D.	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 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 <input type="checkbox"/> No Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15).	1.2.6	Is the facility a new or existing treatment works treating domestic sewage that discharges wastewater to surface waters? <input type="checkbox"/> Yes → Complete Form 1, <input type="checkbox"/> No Form 2S, and any other applicable forms, as directed by your permitting authority.			
SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(F)(2))							
Name, Mailing Address, and Location	<u>2.1</u> Facility Name						
	<u>2.2</u> EPA Identification Number						
<u>2.3</u> Facility Contact							

EPA Identification Number		NPDES Permit Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026	
Name, Mailing Address, and Location Continued	2.4	Facility Mailing Address					
		Street or P.O. box					
		City or town		State		ZIP code	
	2.5	Facility Location					
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))							
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)			
	3.2	NAICS Code(s)		Description (optional)			
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(F)(4))							
Operator Information	4.1	Name of Operator					
	4.2	Is the name you listed in Item 4.1 also the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	4.3	Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
	4.4	Phone Number of Operator					

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Operator Information Continued	4.5	Operator Address					
		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))							
Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(F)(6))							
Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)					
		<input type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)		<input type="checkbox"/> UIC (underground injection of fluids)		
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)		
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)		
SECTION 7. MAP (40 CFR 122.21(F)(7))							
Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)					
SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(F)(8))							
Nature of Business	8.1	Describe the nature of your business.					
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 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.)					

EPA Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires 07/31/2026
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SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(F)(10))

Variance Requests	10.1	<p>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.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) </div> <div style="width: 48%;"> <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) </div> <div style="width: 48%;"> <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) </div> </div> <input type="checkbox"/> Not applicable
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

Checklist and Certification Statement	11.1	<p>In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Column 1</th> <th style="width: 50%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Section 1: Activities Requiring an NPDES Permit</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 2: Name, Mailing Address, and Location</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 3: SIC Codes</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 4: Operator Information</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 5: Indian Land</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 6: Existing Environmental Permits</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 7: Map</td> <td> <input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments </td> </tr> <tr> <td><input type="checkbox"/> Section 8: Nature of Business</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 9: Cooling Water Intake Structures</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 10.: Variance Requests</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input type="checkbox"/> Section 11: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table>		Column 1	Column 2	<input type="checkbox"/> Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 3: SIC Codes	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 4: Operator Information	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 5: Indian Land	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 7: Map	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input 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 type="checkbox"/> Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
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	11.2	<p>Provide the following certification. (See instructions to determine the appropriate person to sign the application.)</p> <p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (print or type first and last name)</td> <td style="width: 50%;">Official title</td> </tr> <tr> <td>Signature</td> <td>Date signed</td> </tr> </table>		Name (print or type first and last name)	Official title	Signature	Date signed																				
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Signature	Date signed																										

Port of Port Angeles - Terminal 7

The Lagoon

Approximate Outfall and Intake Structure Location - Barge Mounted
48.129410, -123.457300


Land-Based Process and Treatment Equipment Located on Leased <1 Acre Site

Port Angeles Harbor

Port Angeles Harbor

N

USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line

EPA Identification Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026	
Form 2D NPDES			U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS THAT HAVE NOT YET COMMENCED DISCHARGE OF PROCESS WASTEWATER		
SECTION 1. EXPECTED OUTFALL LOCATION (40 CFR 122.21(K)(1))					
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
		Outfall Number	Receiving Water Name	Latitude	Longitude
SECTION 2. EXPECTED DISCHARGE DATE (40 CFR 122.21(K)(2))					
Expected Discharge Date	2.1	Month	Day	Year	
SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(K)(3)(I))					
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets as necessary.			
		Outfall Number _____			
		Operations Contributing to Flow			
		Operation	Average Flow		
			mgd		
			mgd		
			mgd		
			mgd		
			mgd		
		Treatment Units			
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	

EPA Identification Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026		
Average Flows and Treatment Continued	3.1 Cont.	**Outfall Number** _____				
		Operations Contributing to Flow				
		Operation		Average Flow		
				mgd		
				mgd		
				mgd		
				mgd		
				mgd		
		Treatment Units				
		Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		Outfall Number _____				
		Operations Contributing to Flow				
		Operation		Average Flow		
				mgd		
				mgd		
				mgd		
				mgd		
				mgd		
		Treatment Units				
		Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	

SECTION 4. LINE DRAWING (40 CFR 122.21(K)(3)(III))

Line Drawing	<u>4.1</u>	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2D-2 at end of instructions for example.)
		<input type="checkbox"/> Yes

SECTION 5. INTERMITTENT OR SEASONAL FLOWS (40 CFR 122.21(K)(3)(III))

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


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

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

EPA Identification Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026		
Production Continued	6.3	Are the limitations in the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7.				
	6.4	Provide an expected measure of average daily production expressed in terms and units of applicable ELGs.				
	Expected Actual Average Daily Production for First Three Years					
	Outfall Number	Year	Operation, Product, or Material	Quantity per Day (note basis if applicable)	Unit of Measure	
		Year 1				
		Year 2				
		Year 3				
		Year 1				
		Year 2				
		Year 3				
	Year 1					
	Year 2					
	Year 3					
SECTION 7. EFFLUENT CHARACTERISTICS (40 CFR 122.21(K)(5))						
Effluent Characteristics	See the instructions to determine the parameters and pollutants you are required to monitor and, in turn, the tables you must complete. Note that not all applicants need to complete each table.					
	Table A. Conventional and Non-Conventional Parameters					
	7.1	Are you requesting a waiver from your NPDES permitting authority for any Table A parameters 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 or check the appropriate box to indicate that you are requesting a waiver for all outfalls. Attach waiver request and other required information to the application. Outfall number _____ Outfall number _____ Outfall number _____ <input type="checkbox"/> I am requesting a waiver for some pollutants at all outfalls. <input type="checkbox"/> I am requesting a waiver for all pollutants at all outfalls → SKIP to Item 7.4.				
	7.3	Have you have provided estimates or actual data for all Table A parameters for each of your outfalls for which a waiver has not been requested and attached the results to this application package? <input type="checkbox"/> Yes				
	Table B. Certain Conventional and Non-Conventional Pollutants					
	7.4	Have you checked "Believed Present" for all pollutants listed in Table B that are limited directly or indirectly by an applicable ELG? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable				
7.5	Have you checked "Believed Present" or "Believed Absent" for all remaining pollutants listed in Table B? <input type="checkbox"/> Yes					

EPA Identification Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026	
Effluent Characteristics Continued	7.6	Have you provided estimated data for those Table B pollutants for which you have indicated are "Believed Present" in your discharge?			
		<input type="checkbox"/> Yes			
	Table C. Toxic Metals, Total Cyanide, and Total Phenols				
	7.7	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table C for all outfalls?			
		<input type="checkbox"/> Yes			
	7.8	Have you completed Table C by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall?			
		<input type="checkbox"/> Yes			
	Table D. Organic Toxic Pollutants (GC/MS Fractions)				
	7.9	Do you qualify for a small business exemption under the criteria specified in the Instructions?			
		<input type="checkbox"/> Yes → Note that you qualify at the top of Table D, then SKIP to Item 7.12. <input type="checkbox"/> No			
	7.10	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			
	7.11	Have you completed Table D by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall?			
		<input type="checkbox"/> Yes			
	2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)				
7.12	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the Instructions, or do you know or have reason to believe that TCDD is or may be present in effluent from any of your outfalls?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Table E. Certain Hazardous Substances and Asbestos					
7.13	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table E for all outfalls?				
	<input type="checkbox"/> Yes				
7.14	Have you completed Table E by reporting the reason the pollutants are expected to be present and available quantitative data for pollutants you indicated are "Believed Present" for each applicable outfall?				
	<input type="checkbox"/> Yes				
Intake Credits, Tables A through E					
7.15	Are you applying for net credits for the presence of any of the pollutants in Tables A through E for any of your outfalls?				
	<input type="checkbox"/> Yes → Consult with your NPDES permitting authority. <input type="checkbox"/> No				
SECTION 8. ENGINEERING REPORT (40 CFR 122.21(K)(6))					
Engineering Report	8.1	Do you have any technical evaluations of your wastewater treatment, including engineering reports or pilot plant studies?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 8.3.			
	8.2	Have you provided the technical evaluation and all related documents to this application package?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
8.3	Are you aware of any existing plant(s) whose production processes, wastewater constituents, or wastewater treatment resemble those at your facility?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.				

EPA Identification Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026	
Engineering Report Continued	8.4	Provide the names and locations of the similar plants.			
		Name of Similar Plant	Location of Similar Plant		
SECTION 9. OTHER INFORMATION (40 CFR 122.21(K)(7))					
Other Information	9.1	Have you attached any optional information that you would like considered as part of the application review process (i.e., material beyond that which you have already noted in the application as being attached)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.			
	9.2	List the additional items and briefly note why you have included them.			
		1.			
		2.			
		3.			
		4.			
		5.			
SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))					
Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2D that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or tables, or provide attachments.			
		Column 1	Column 2		
	<input type="checkbox"/>	Section 1: Expected Outfall Location	<input type="checkbox"/>	w/ attachments (e.g., responses for additional outfalls)	
	<input type="checkbox"/>	Section 2: Expected Discharge Date	<input type="checkbox"/>	w/ attachments	
	<input type="checkbox"/>	Section 3: Average Flows and Treatment	<input type="checkbox"/>	w/ attachments	
	<input type="checkbox"/>	Section 4: Line Drawing	<input type="checkbox"/>	w/ line drawing	<input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 5: Intermittent or Seasonal Flows	<input type="checkbox"/>	w/ attachments	
	<input type="checkbox"/>	Section 6: Production	<input type="checkbox"/>	w/ attachments	
	<input type="checkbox"/>	Section 7: Effluent Characteristics	<input type="checkbox"/>	w/ Table A waiver request or approval	<input type="checkbox"/> Table A
			<input type="checkbox"/>	Table B	<input type="checkbox"/> Table C
			<input type="checkbox"/>	Table D	<input type="checkbox"/> Table E
			<input type="checkbox"/>	w/ other attachments	
	<input type="checkbox"/>	Section 8: Engineering Report	<input type="checkbox"/>	w/ technical evaluations and related attachments	
<input type="checkbox"/>	Section 9: Other Information	<input type="checkbox"/>	w/ optional information		
<input type="checkbox"/>	Section 10: Checklist and Certification Statement	<input type="checkbox"/>	w/ attachments		

EPA Identification Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026	
Checklist and Certification Statement Continued	10.2	Provide the following certification. (See instructions to determine the appropriate person to sign the application.)			
		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	
		Signature 		Date signed	

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETER ESTIMATES (40 CFR 122.21(K)(5)(I))¹									
Pollutant	Waiver Requested (if applicable)	Units	Effluent Data				Intake Water		
			Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per parameter)			
<input type="checkbox"/> Check here if you have applied to your NPDES authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1.		Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Mass						
2.		Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Mass						
3.		Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Mass						
4.		Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Mass						
5.		Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Mass						
6.		Rate					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Temperature (winter)	°C	°C				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Temperature (summer)	°C	°C						
8.	pH (minimum)	Standard units	s.u.				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	pH (maximum)	Standard units	s.u.						

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

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EPA Identification Number	Facility Name	Outfall Number
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OMB No. 2040-0004
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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(K)(5)(II)) ¹									
Pollutant		Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present or Limited by an ELG (provide both concentration and mass estimates for each pollutant)					
		Believed Present	Believed Absent	Effluent				Intake Water	
				Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per item)	
<input type="checkbox"/>	Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table B for the noted outfall <i>unless</i> you have quantitative data available.								
1.	Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
2.	Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
3.	Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.	Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
5.	Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
6.	Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
7.	Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
8.	Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
9.	Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
10.	Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
11.	Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					

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

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

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

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TABLE C. TOXIC METALS, TOTAL CYANIDE, AND TOTAL PHENOLS (40 CFR 122.21(K)(5)(III)(A))¹

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

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (GAS CHROMATOGRAPHY/MASS SPECTROMETRY OR GC/MS FRACTIONS) (40 CFR 122.21(K)(5)(III)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent			Intake Water
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)

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

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

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

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

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (GAS CHROMATOGRAPHY/MASS SPECTROMETRY OR GC/MS FRACTIONS) (40 CFR 122.21(K)(5)(III)(B))¹

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (GAS CHROMATOGRAPHY/MASS SPECTROMETRY OR GC/MS FRACTIONS) (40 CFR 122.21(K)(5)(III)(B))¹

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

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (GAS CHROMATOGRAPHY/MASS SPECTROMETRY OR GC/MS FRACTIONS) (40 CFR 122.21(K)(5)(III)(B))¹

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (GAS CHROMATOGRAPHY/MASS SPECTROMETRY OR GC/MS FRACTIONS) (40 CFR 122.21(K)(5)(III)(B))¹

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (GAS CHROMATOGRAPHY/MASS SPECTROMETRY OR GC/MS FRACTIONS) (40 CFR 122.21(K)(5)(III)(B))¹

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (GAS CHROMATOGRAPHY/MASS SPECTROMETRY OR GC/MS FRACTIONS) (40 CFR 122.21(K)(5)(III)(B))¹

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (GAS CHROMATOGRAPHY/MASS SPECTROMETRY OR GC/MS FRACTIONS) (40 CFR 122.21(K)(5)(III)(B))¹

Pollutant (CAS Number, if available)		Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)					
		Believed Present	Believed Absent	Units	Effluent			Intake Water	
					Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
4.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					
4.25	Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Mass					

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

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TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(K)(5)(V))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
<input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table E for the noted outfall <i>unless</i> you have quantitative data available.				
1. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
2. Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
3. Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
4. Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
5. Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
6. Aniline	<input type="checkbox"/>	<input type="checkbox"/>		
7. 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"/>		

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TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(K)(5)(V))¹

Pollutant		Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
19.	Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>		
24.	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"/>		

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TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(K)(5)(V))¹

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

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TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(K)(5)(V))¹

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

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TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(K)(5)(V))¹

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

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

Form 2D Attachment

Process Flow Diagram, Effluent Flow and Effluent Water Quality

The proposed Project Macoma, LLC facility would produce three process streams, as shown schematically in the Process Flow Diagram (Figure 1). Typically, the three process streams would be discharged as a combined flow through the outfall. However, Project Macoma, LLC may operate the pilot facility, for limited durations, discharging only one or two of the component flow streams. These atypical operational strategies would provide additional data to Project Macoma, LLC and further the understanding of potential impacts of the discharge to water chemistry/water quality. Each individual process stream is summarized as follows:

1. Outfall Stream 1 Alkaline Product – Saltwater solution with enhanced alkalinity produced via the bipolar electrodialysis (BPED) process.
2. Outfall Stream 2 Neutralized Acid – The acidic process stream produced via the BPED process is neutralized followed by post-neutralization settling and filtration. Neutralization may be achieved using mafic rocks (i.e., Olivine or basalt) or calcium carbonate (CaCO_3).
3. Outfall Stream 3 Pretreatment Reject – Saltwater reject from various filtration pretreatment steps. Most of this stream is comprised of nanofiltration (NF) membrane reject, but the process stream also includes flushes of other pretreatment processes as part of routine maintenance.

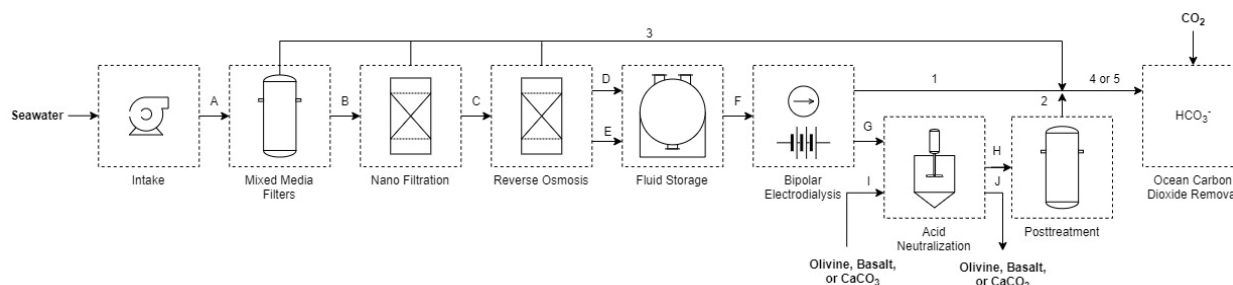


Figure 1. Process Flow Diagram

The dilution and water chemistry modeling discussed in the Port Angeles Mixing Analysis Technical Memorandum (included as an attachment to the Engineering Report) evaluated five discharge scenarios (and sub-scenarios) that reflect different combinations of process flow streams. Predicted effluent flow, pH, temperature, and density are summarized in Table 1 for the proposed scenarios. Table 1 also identifies anticipated frequency and duration for routine, maintenance, and scientific (targeted data collection) operating scenarios.

Table 1. Effluent Flow and Water Quality Summary

Scenario	Frequency	Duration	Discharge Flow (L/hr.)	Temperature (deg C)	Density (kg/m ³)	pH (s.u.)
Scientific Operations						
Scenario 1a – Alkaline Product Only (13.9 pH)	Not discharged – See Section 5.3		5,900	30.0	1,072	13.9
Scenario 1b – Alkaline Product Only (13.5 pH)	A few times per month	Single tidal cycle	5,900	30.0	1,028	13.5
Scenario 5b – All 3 Process Flows (CaCO ₃ neutralization) ¹	1 or 2 times over project lifetime	Single tidal cycle	38,800	20.4	1,038	12.1
Maintenance Operations						
Scenario 2a – Neutralized Acid Only (with Olivine)	Weekly	< 8 hours	5,900	30.0	1,020	2.3
Scenario 2b – Neutralized Acid Only (with CaCO ₃)	Weekly	< 8 hours	5,900	30.0	1,028	8.1
Scenario 3 – Pretreatment Reject Only	Weekly	< 8 hours	27,000	17.0	1,042	7.1
Scenario 4a – Neutralized Acid (with Olivine) + Pretreatment Reject	Weekly	< 8 hours	32,900	19.3	1,038	6.4
Scenario 4b – Neutralized Acid (with CaCO ₃) + Pretreatment Reject	Weekly	< 8 hours	32,900	19.3	1,039	6.8
Routine Operations						
Scenario 5a – All 3 Process Flows (with Olivine neutralization) ¹	Daily	50% Operating Capacity	38,800	20.4	1,037	9.8

¹Scenarios 5a and 5b assume contribution of the alkaline product at a pH of 13.9 (Scenario 1a).

L/hr. = liters per hour; deg C = degree Celsius; s.u = standard units

Anion/cation and trace metals data used in the chemistry modeling are based on grab samples collected by Ebb Carbon near the proposed discharge location. Some water quality parameters were estimated or assumed as discussed in the Mixing Analysis Technical Memorandum. The water quality data included in Form 2D, Tables A, B, and C reflect estimated water quality for the typical discharge scenario with all process streams (Scenario 5a). The proposed Ebb Carbon processes are not anticipated to concentrate toxic parameters present in the ambient Port Angeles Harbor waters.