

EPA Identification Number 523580	NPDES Permit Number WA0001503	Facility Name CenTrio Energy Seattle LLC	OMB No. 2040-0004 Expires 07/31/2026
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Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION
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SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(F) AND (F)(1))

Activities Requiring an NPDES Permit	1.1	Applicants <i>Not</i> Required 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. <div style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	1.1.2 <div style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>
	1.2	Applicants <i>Required</i> to Submit Form 1	
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No	1.2.2 <div style="text-align: right;"> <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input type="checkbox"/> No </div>
	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 <div style="text-align: right;"> <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No </div>
	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	1.2.6 <div style="text-align: right;"> <input type="checkbox"/> Yes → Complete Form 1, Form 2S, and any other applicable forms, as directed by your permitting authority. <input checked="" type="checkbox"/> No </div>

SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(F)(2))

Name, Mailing Address, and Location	2.1	Facility Name		
		CenTrio Energy Seattle LLC		
	2.2	EPA Identification Number		
		523580		
	2.3	Facility Contact		
	Name (first and last) Mick Reeves	Title Plant Manager	Phone number (206) 510-8304	
	Email address Mick.Reeves@centrioenergy.com			

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Name, Mailing Address, and Location Continued	<u>2.4</u>	Facility Mailing Address		
	Street or P.O. box			
	1325 Fourth Avenue, STE 1440			
	City or town		State	ZIP code
	Seattle		WA	98101
	<u>2.5</u>	Facility Location		
	Street, route number, or other specific identifier			
	1319 Western Avenue			
	County name		County code (if known)	
	King			
City or town		State	ZIP code	
Seattle		WA	98101	
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(F)(3))				
SIC and NAICS Codes	<u>3.1</u>	SIC Code(s)	Description (optional)	
		4961	Steam and Air Conditioning Supply	
	<u>3.2</u>	NAICS Code(s)	Description (optional)	
		221330	Steam and Air Conditioning Supply	
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(F)(4))				
Operator Information	<u>4.1</u>	Name of Operator		
	CenTrio Energy Seattle LLC			
	<u>4.2</u>	Is the name you listed in Item 4.1 also the owner?		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	<u>4.3</u>	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) _____				
<u>4.4</u>	Phone Number of Operator			
(206) 658-2028				




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Operator Information Continued	4.5	Operator Address					
	Street or P.O. Box 1319 Western Avenue						
	City or town Seattle		State WA		ZIP code 98101		
	Email address of operator Mick.Reeves@centrioenergy.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					
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) WA0001503		<input checked="" type="checkbox"/> RCRA (hazardous wastes) WAH00031330		<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 checked="" type="checkbox"/> Other (specify) 10065 PSCAA NOC		
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"/> 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. The operation is a steam generation facility that has been operating in the Seattle area since 1893, providing safe, reliable heat to hundreds of facilities in the downtown Seattle area.					
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.)					

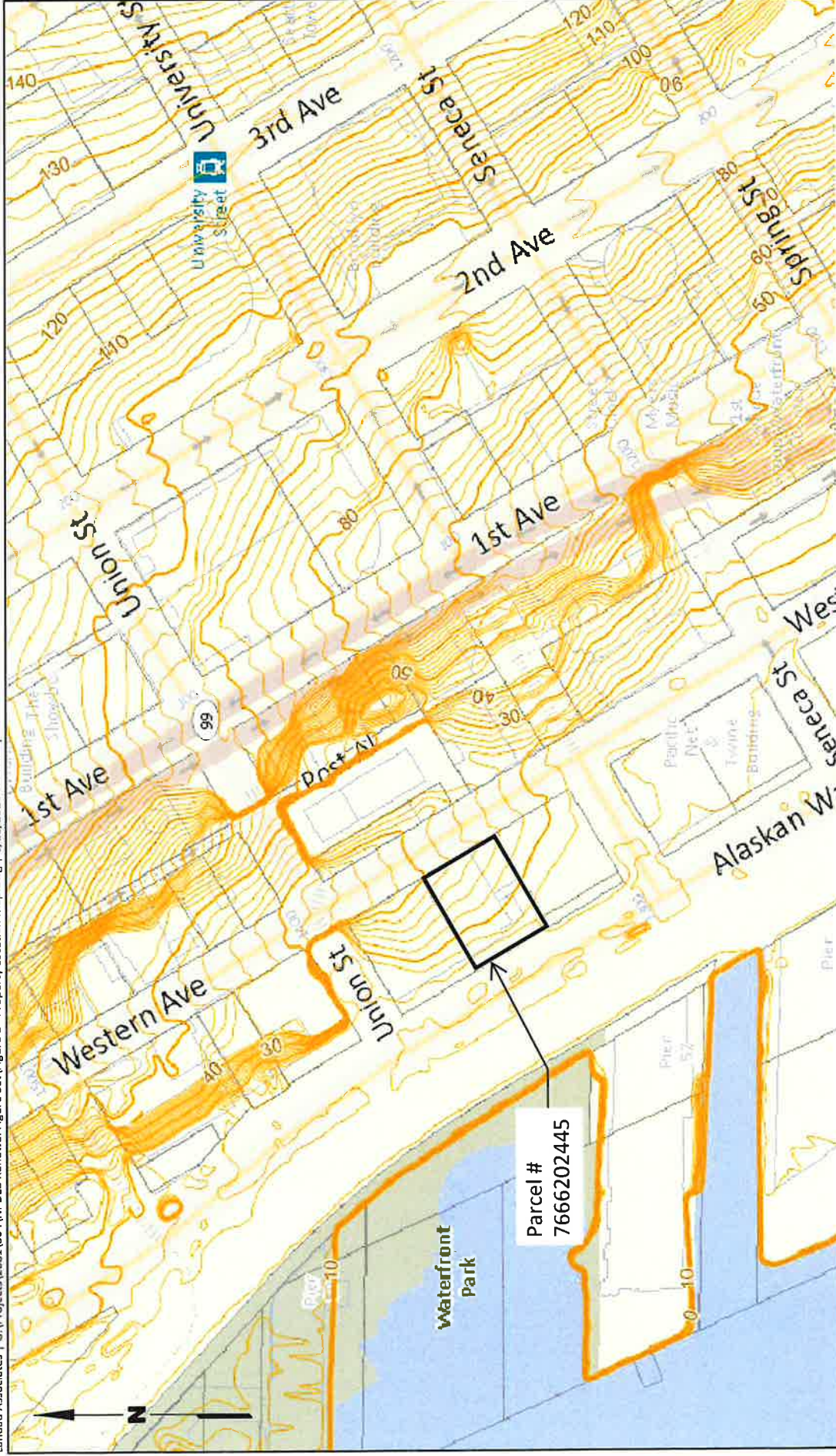
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SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(F)(10))

Variance Requests	<u>10.1</u>	<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 checked="" type="checkbox"/> Not applicable
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

Checklist and Certification Statement	<u>11.1</u>	<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: 60%; text-align: center;">Column 1</th> <th style="width: 40%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 3: SIC Codes</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 4: Operator Information</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 5: Indian Land</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 6: Existing Environmental Permits</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 7: Map</td> <td><input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 8: Nature of Business</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input 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 checked="" type="checkbox"/> Section 11: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table>	Column 1	Column 2	<input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 3: SIC Codes	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 4: Operator Information	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 5: Indian Land	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> Section 8: Nature of Business	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> Section 10.: Variance Requests	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
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	<u>11.2</u>	<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>Mick Reeves</td> <td>Plant Manager</td> </tr> <tr> <td>Signature</td> <td>Date signed</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;">7/29/2024</td> </tr> </table>	Name (print or type first and last name)	Official title	Mick Reeves	Plant Manager	Signature	Date signed		7/29/2024																
Name (print or type first and last name)	Official title																									
Mick Reeves	Plant Manager																									
Signature	Date signed																									
	7/29/2024																									



Source: City of Seattle, 2024

CenTrio Energy
1319 Western Avenue
Seattle, Washington

Property Location Map

Figure
1

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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
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SECTION 1. OUTFALL LOCATION (40 CFR 122.21(G)(1))

Outfall Location	<u>1.1</u>	Provide information on each of the facility's outfalls in the table below.			
		Outfall Number	Receiving Water Name	Latitude	Longitude
		001	Elliot Bay (via City Storm Sewer)	47.605820	-122.340541

SECTION 2. LINE DRAWING (40 CFR 122.21(G)(2))

Line Drawing	<u>2.1</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 2C-1 at end of instructions for example.) <input checked="" type="checkbox"/> Yes
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SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(G)(3))

Average Flows and Treatment	<u>3.1</u>	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.		
		Outfall Number 001		
		Operations Contributing to Flow		
		Operation	Average Flow	
		Ion Exchange Backwash from Water Softening	0.05 mgd	
		Reverse Osmosis System Waste Stream	0.125 mgd	
			mgd	
			mgd	
		Treatment Units		
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Exhibit 2C-2	Final Disposal of Solid or Liquid Wastes Other Than by Discharge
		Ion Exchange (0.05 mgd)	2-J	None
		Oil/Water Separation (Flotation)	1-H	None

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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 Exhibit 2C-2	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		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 Exhibit 2C-2	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			

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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 type="checkbox"/> No → SKIP to Section 6.			
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.			
		Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure

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5.5		Are you requesting alternative limits based on an anticipated increase in the actual production during the next permit term? (Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
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SECTION 6. IMPROVEMENTS (40 CFR 122.21(G)(6))				
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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? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 6.3. </div>			
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
					<div style="display: flex; justify-content: space-between;"> Required Projected </div>
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) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable </div>			

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(G)(7))	
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7.1		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 any Table A pollutants for any of your outfalls? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3. </div>
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. <div style="margin-top: 10px;"> Outfall number _____ Outfall number _____ Outfall number _____ </div> <div style="margin-top: 10px;"> <input checked="" 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. </div>
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? <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Yes </div>
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.) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.8. </div>
7.5		Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B? <div style="margin-top: 10px;"> <input type="checkbox"/> Yes </div>

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Effluent and Intake Characteristics Continued	<u>7.6</u>	List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Primary Industry Category</th> <th style="width: 50%;">Required GC/MS Fraction(s) (check applicable boxes)</th> </tr> <tr> <td></td> <td> <input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/neutral <input type="checkbox"/> Pesticide </td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/neutral <input type="checkbox"/> Pesticide </td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/neutral <input type="checkbox"/> Pesticide </td> </tr> </table>	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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	<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/neutral <input type="checkbox"/> Pesticide									
<u>7.7</u>	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									
<u>7.8</u>	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									
<u>7.9</u>	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes									
<u>7.10</u>	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									
<u>7.11</u>	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 checked="" type="checkbox"/> Yes									
	Table C. Certain Conventional and Non-Conventional Pollutants									
<u>7.12</u>	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table C for all outfalls? <input checked="" type="checkbox"/> Yes									
<u>7.13</u>	Have you completed Table C by providing quantitative data for those pollutants that are limited either directly or indirectly in an ELG? You must provide quantitative data even if the pollutant is "Believed Absent." <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable									
<u>7.14</u>	Have you completed Table C by providing quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input checked="" type="checkbox"/> Yes									
	Table D. Certain Hazardous Substances and Asbestos									
<u>7.15</u>	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									
<u>7.16</u>	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) 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)									
<u>7.17</u>	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.									
<u>7.18</u>	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes									

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SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(G)(9))

Used or Manufactured Toxics	<u>8.1</u>	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.	
	<u>8.2</u>	List the pollutants below. Attach additional sheets, if necessary.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

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

Biological Toxicity Tests	<u>9.1</u>	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) a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.			
	<u>9.2</u>	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	<u>10.1</u>	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.		
	<u>10.2</u>	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
	Name of laboratory/firm	Fremont Analytical		
	Laboratory address	3600 Fremont Ave N		
	Phone number	(206) 352-3790		
	Pollutant(s) analyzed	metals, SVOCs, VOCs		

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SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(G)(13))			
Additional Information	<u>11.1</u>	Has the NPDES permitting authority requested additional information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.	
	<u>11.2</u>	List the information requested and attach it to this application.	
	1.	4.	
	2.	5.	
	3.	6.	
SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))			
Checklist and Certification Statement	<u>12.1</u>	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/ small business exemption request <input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ explanation for identical outfalls <input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ other attachments <input checked="" type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ analytical results as an attachment
		<input type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

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

Checklist and Certification Statement	<u>12.2</u>	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) Mick Reeves	Official title Plant Manager
	Signature 	Date signed 7/29/2024	

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

	Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/>	Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.								
1.	Biochemical oxygen demand (BOD ₅)	<input checked="" type="checkbox"/>	Concentration	N/A					
			Mass	N/A					
2.	Chemical oxygen demand (COD)	<input checked="" type="checkbox"/>	Concentration	N/A					
			Mass	N/A					
3.	Total organic carbon (TOC)	<input checked="" type="checkbox"/>	Concentration	N/A					
			Mass	N/A					
4.	Total suspended solids (TSS)	<input checked="" type="checkbox"/>	Concentration	N/A					
			Mass	N/A					
5.	Ammonia (as N)	<input checked="" type="checkbox"/>	Concentration	N/A					
			Mass	N/A					
6.	Flow	<input type="checkbox"/>	Rate	175,000	144,517	106,885	1,582		
7.	Temperature (winter)	<input type="checkbox"/>	°C	N/A					
	Temperature (summer)	<input type="checkbox"/>	°C	21.1		16.9	25		
8.	pH (minimum)	<input type="checkbox"/>	Standard units	7.23			51		
	pH (maximum)	<input type="checkbox"/>	Standard units	8.17			51		

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

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.										
Section 1. Toxic Metals, Cyanide, and Total Phenols										
1.1 Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L				.2	2
1.2 Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L				1.65	2
1.3 Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L				.2	2
1.4 Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L				.2	2
1.5 Chromium, total (7440-47-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	0.846			.5	2
1.6 Copper, total (7440-50-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	9.78	2.47	52	.640	2
1.7 Lead, total (7439-92-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	1.31			.50	2
1.8 Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L				.2	2
1.9 Nickel, total (7440-02-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	ug/L	0.592			.2	2
1.10 Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	ug/L				.5	2
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 ug/L					.2	2
1.13 Zinc, total (7440-66-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration ug/L	23				.5	2
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	20					
2.11 Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	1.91					
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)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
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))

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 Mass						
4.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.37 Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4.45 Pyrene (129-00-0)	<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
4.46 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 Dieldrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.15 Dieldrin 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 in 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 checked="" type="checkbox"/> Check here if you believe all pollutants in 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 type="checkbox"/>	Concentration Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
3. Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
4. Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
6. Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
8. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
11. Sulfide (as S)	<input type="checkbox"/>	<input 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
12. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
13. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
19. Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						

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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)	Long-Term Average Value	Number of Analyses
24. Radioactivity								
Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass					
Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass					
Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass					
Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass					

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))

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. Dichlorone	<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))

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))

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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Expires 07/31/2026

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"/>		

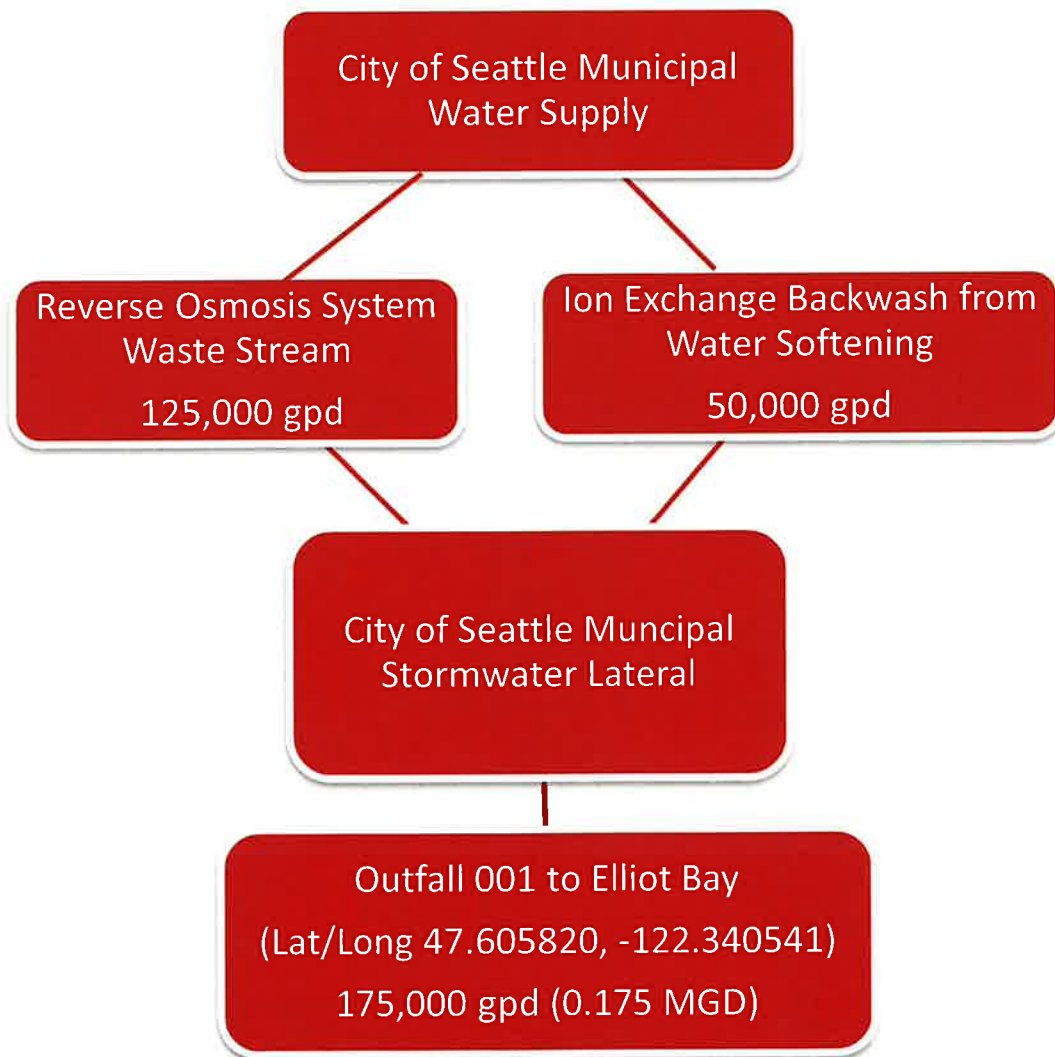
¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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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)	
		Believed Present	Believed Absent
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Results of Screening Procedure			

Exhibit 2C-1
Wastewater Schematic Line Drawing
CenTrio Energy Facility
Seattle, Washington



Cedar

Samples Collected: 11/7/2023

Tolt

CLT-5	M-1A	Parameter	Units	Method	MCL	TPT-3	B-2
MRDL							
1.70	0.92	Chlorine, Free	mg/L	SM-4500 Cl G	4	1.41	0.43
Primary MCL							
0.2U	0.2U	Antimony	ug/L	EPA 200.8	6	0.2U	0.2U
0.491	0.504	Arsenic	ug/L	EPA 200.8	10	0.382	0.531
1.56	2.03	Barium	ug/L	EPA 200.8	2,000	1.19	1.92
0.2U	0.2U	Beryllium	ug/L	EPA 200.8	4	0.2U	0.2U
0.2U	0.2U	Cadmium	ug/L	EPA 200.8	5	0.2U	0.2U
0.5U	0.5U	Chromium	ug/L	EPA 200.8	100	0.5U	0.5U
0.64	0.65	Fluoride	mg/L	ASTM D1179-93B	4	0.64	0.65
0.2U	0.2U	Mercury	ug/L	EPA 200.8	2	0.2U	0.2U
0.2U	0.2U	Nickel	ug/L	EPA 200.8	100	0.2U	0.2U
0.5U	0.5U	Selenium	ug/L	EPA 200.8	50	0.5U	0.5U
12.7	30.2	THAA5	ug/L	EPA 552.3	60	8.22	22.3
0.2U	0.2U	Thallium	ug/L	EPA 200.8	2	0.2U	0.2U
12.7	30.4	Total THMs	ug/L	EPA 524.2	80	13.8	47.8
0.2U	0.2U	Uranium	ug/L	EPA 200.8	30	0.2U	0.2U
Secondary MCL							
10.3	39.9	Aluminum	ug/L	EPA 200.8	50 to 200	16.2	11.6
3.6	3.9	Chloride	mg/L	SM-4500 Cl E	250	2.5	3.9
5U	5U	Color, Apparent	PCU	SM-2120 B	15	5U	5U
68.5	70.9	Conductivity	umho/cm	ASTM D1125-92A	700	61.2	74.3
17.7	39.9	Iron	ug/L	EPA 200.8	300	6.05	20.3
1.58	6.72	Manganese	ug/L	EPA 200.8	50	0.605	1.01
8.13	8.28	pH	pH Unit	ASTM D1293-95B	6.5 - 8.5	8.28	8.86
2530	2450	Sodium	ug/L	EPA 200.8	20,000	1140	2510
44.2	48.0	Solids, Total Dissolved	mg/L	SM-2540 C	500	45.5	50.3
2.30	2.30	Sulfate	mg/L	SM-4500 SO4E	250	2.30	2.30
0.5U	0.5U	Zinc	ug/L	EPA 200.8	5,000	0.5U	0.5U
Action Level							
24.1	1.02	Copper	ug/L	EPA 200.8	1,300	2.60	0.652
0.5U	0.5U	Lead	ug/L	EPA 200.8	15	0.5U	0.5U
Non Regulated							
23.6	24.2	Alkalinity, Total	mg/L	ASTM D1067-92B		19.7	25.2
1U	1U	Bromochloroacetic Acid	ug/L	EPA 552.3		1U	1U
1U	1.01	Bromodichloroacetic Acid	ug/L	EPA 552.3		1.18	1.04
1.08	1.90	Bromodichloromethane	ug/L	EPA 524.2		2.42	2.50
0.5U	0.5U	Bromoform	ug/L	EPA 524.2		0.5U	0.5U
9100	9270	Calcium	ug/L	EPA 200.8		9440	10100
22.8	23.2	Calcium Hardness	mg CaCO3/L	SM-2340 B		23.6	25.3
0.86	0.85	Carbon, Total Organic	mg/L	SM-5310 C		0.85	0.77
1.70	0.92	Chlorine, Free	mg/L	SM-4500 Cl G		1.41	0.43
2.5U	2.5U	Chlorodibromoacetic Acid	ug/L	EPA 552.3		2.5U	2.5U
11.7	28.5	Chloroform	ug/L	EPA 524.2		10.7	45.3
0.3	0.3	CO2, Calc	mg/L	SM-4500 CO2 B4		0.2	0.2U
0.5U	0.5U	Dibromoacetic Acid	ug/L	EPA 552.3		0.5U	0.5U
0.5U	0.5U	Dibromochloromethane	ug/L	EPA 524.2		0.649	0.5U
5.86	14.3	Dichloroacetic Acid	ug/L	EPA 552.3		4.49	8.40
113	109	Dissolved Oxygen Saturation	%	SM-4500 O G		173	113

CLT-5 = Cedar Treatment Plant Outlet, M-1A = Cedar Distribution @ S. Stacy St. & Utah Ave. S.; TPT-3 = Tolt Filtration Plant Outlet, Treated; B-2 = Tolt Distribution @ NW 122nd St. & 1st Ave. NW MCL = Maximum Contaminant Level, 1000 ug/L = 1.0 mg/L

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CLT-5	M-1A	Parameter	Units	Method	MCL	TPT-3	B-2
1.58	1.61	Hardness, Grains	Grains/gallon			1.48	1.69
1140	1140	Magnesium	ug/L	EPA 200.8		482	956
0.5U	0.5U	Molybdenum	ug/L	EPA 200.8		0.5U	0.5U
1U	1U	Monobromoacetic Acid	ug/L	EPA 552.3		1U	1U
1.5U	1.68	Monochloroacetic Acid	ug/L	EPA 552.3		1.5U	1.5U
20U	20U	Nitrogen, Nitrite + Nitrate	ug/L	EPA 353.2	10,000	77.9	20U
12.0	11.0	Oxygen, Dissolved	mg/L	SM-4500 O G		18.5	11.3
2U	2U	Phosphorus, Dissolved Reactive	ug/L	SM-4500 P F		2U	2U
270	277	Potassium	ug/L	EPA 200.8		152	261
8.15	8.52	Silica, Reactive	mg/L	SM-4500 SiO2 C		5.11	8.17
25.1	25.4	Strontium	ug/L	EPA 200.8		15.7	25.2
12.2	14.3	Temperature, Water	Deg C	SM-2550		12.0	14.7
12.7	31.2	THAA9	ug/L	EPA 552.3		9.40	23.3
0.5U	0.5U	Thorium	ug/L	EPA 200.8		0.5U	0.5U
5U	5U	Tribromoacetic Acid	ug/L	EPA 552.3		5U	5U
6.80	14.2	Trichloroacetic Acid	ug/L	EPA 552.3		3.73	13.9
0.22	0.55	Turbidity	NTU	SM-2130 B		0.050	0.17
0.047	0.047	UVA	abs/5cm	SPU TEST		0.041	0.038
0.5U	0.5U	Vanadium	ug/L	EPA 200.8		0.5U	0.5U

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Seattle Public Utilities Quarterly Surface Water Analysis

Non Regulatory Data
Informational Only

Cedar

Samples Collected: 2/27/2024

Tolt

CLT-5	M-1A	Parameter	Units	Method	MCL	TPT-3	B-2
MRDL							
1.71	1.09	Chlorine, Free	mg/L	SM-4500 Cl G	4	1.41	0.47
Primary MCL							
0.2U	0.2U	Antimony	ug/L	EPA 200.8	6	0.2U	0.2U
0.303	0.308	Arsenic	ug/L	EPA 200.8	10	0.218	0.218
1.47	1.65	Barium	ug/L	EPA 200.8	2,000	1.12	1.12
0.2U	0.2U	Beryllium	ug/L	EPA 200.8	4	0.2U	0.2U
0.2U	0.2U	Cadmium	ug/L	EPA 200.8	5	0.2U	0.2U
0.5U	0.5U	Chromium	ug/L	EPA 200.8	100	0.5U	0.5U
0.58	0.58	Fluoride	mg/L	ASTM D1179-93B	4	0.62	0.57
0.2U	0.2U	Mercury	ug/L	EPA 200.8	2	0.2U	0.2U
0.2U	0.2U	Nickel	ug/L	EPA 200.8	100	0.2U	0.2U
0.5U	0.5U	Selenium	ug/L	EPA 200.8	50	0.5U	0.5U
15.6	34.2	THAA5	ug/L	EPA 552.3	60	8.50	37.6
0.2U	0.2U	Thallium	ug/L	EPA 200.8	2	0.2U	0.2U
16.1	30.9	Total THMs	ug/L	EPA 524.2	80	10.0	53.3
0.2U	0.2U	Uranium	ug/L	EPA 200.8	30	0.2U	0.2U
Secondary MCL							
15.7	13.6	Aluminum	ug/L	EPA 200.8	50 to 200	33.0	33.0
3.7	3.8	Chloride	mg/L	SM-4500 Cl E	250	2.7	4.3
5U	5U	Color, Apparent	PCU	SM-2120 B	15	5U	5U
64.0	65.7	Conductivity	umho/cm	ASTM D1125-92A	700	61.4	68.0
25.4	27.3	Iron	ug/L	EPA 200.8	300	9.32	9.32
2.03	1.95	Manganese	ug/L	EPA 200.8	50	0.563	0.563
8.08	8.01	pH	pH Unit	ASTM D1293-95B	6.5 - 8.5	8.09	8.71
2360	2370	Sodium	ug/L	EPA 200.8	20,000	1050	1050
40.2	36.5	Solids, Total Dissolved	mg/L	SM-2540 C	500	32.5	41.8
1.80	1.90	Sulfate	mg/L	SM-4500 SO4E	250	1.60	2.10
0.5U	0.5U	Zinc	ug/L	EPA 200.8	5,000	0.5U	0.5U
Action Level							
14.4	0.640	Copper	ug/L	EPA 200.8	1,300	2.58	2.58
0.5U	0.5U	Lead	ug/L	EPA 200.8	15	0.5U	0.5U
Non Regulated							
20.5	20.6	Alkalinity, Total	mg/L	ASTM D1067-92B		19.4	21.1
1U	1U	Bromochloroacetic Acid	ug/L	EPA 552.3		1U	1U
1U	1U	Bromodichloroacetic Acid	ug/L	EPA 552.3		1U	1.55
1.15	1.28	Bromodichloromethane	ug/L	EPA 524.2		0.848	2.59
0.5U	0.5U	Bromoform	ug/L	EPA 524.2		0.5U	0.5U
7840	8020	Calcium	ug/L	EPA 200.8		9360	9360
19.6	20.0	Calcium Hardness	mg CaCO3/L	SM-2340 B		23.4	23.4
0.95	0.97	Carbon, Total Organic	mg/L	SM-5310 C		0.85	0.83
1.71	1.09	Chlorine, Free	mg/L	SM-4500 Cl G		1.41	0.47
2.5U	2.5U	Chlorodibromoacetic Acid	ug/L	EPA 552.3		2.5U	2.5U
15.0	29.6	Chloroform	ug/L	EPA 524.2		9.17	50.7
0.3	0.4	CO2, Calc	mg/L	SM-4500 CO2 B4		0.3	0.2U
0.5U	0.5U	Dibromoacetic Acid	ug/L	EPA 552.3		0.5U	0.5U
0.5U	0.5U	Dibromochloromethane	ug/L	EPA 524.2		0.5U	0.5U
6.91	14.7	Dichloroacetic Acid	ug/L	EPA 552.3		4.95	12.4
117	97.1	Dissolved Oxygen Saturation	%	SM-4500 O G		164	153

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CLT-5	M-1A	Parameter	Units	Method	MCL	TPT-3	B-2
1.38	1.40	Hardness, Grains	Grains/gallon			1.46	1.51
1010	1010	Magnesium	ug/L	EPA 200.8		458	458
0.5U	0.5U	Molybdenum	ug/L	EPA 200.8		0.5U	0.5U
1U	1U	Monobromoacetic Acid	ug/L	EPA 552.3		1U	1U
1.77	1.83	Monochloroacetic Acid	ug/L	EPA 552.3		1.5U	1.71
20U	20U	Nitrogen, Nitrite + Nitrate	ug/L	EPA 353.2	10,000	114	75.9
93.9	95.1	Nitrogen, Total	ug/L	SM-4500 N C		129	145
13.6	11.6	Oxygen, Dissolved	mg/L	SM-4500 O G		20.8	17.2
2.20	3.20	Phosphorus, Dissolved Reactive	ug/L	SM-4500 P F		2.70	3.10
4.00	4U	Phosphorus, Total	ug/L	SM-4500 P F		4U	4U
243	247	Potassium	ug/L	EPA 200.8		113	113
7.45	7.95	Silica, Reactive	mg/L	SM-4500 SiO2 C		5.62	6.69
22.0	22.4	Strontium	ug/L	EPA 200.8		13.4	13.4
6.0	7.3	Temperature, Water	Deg C	SM-2550		4.9	9.7
15.6	34.2	THAA9	ug/L	EPA 552.3		8.50	39.1
0.5U	0.5U	Thorium	ug/L	EPA 200.8		0.5U	0.5U
5U	5U	Tribromoacetic Acid	ug/L	EPA 552.3		5U	5U
6.94	17.7	Trichloroacetic Acid	ug/L	EPA 552.3		3.55	23.5
0.30	0.35	Turbidity	NTU	SM-2130 B		0.050	0.30
0.058	0.064	UVA	abs/5cm	SPU TEST		0.041	0.047
0.5U	0.5U	Vanadium	ug/L	EPA 200.8		0.5U	0.5U

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