


EPA Identification Number	NPDES Permit Number WA0002186	Facility Name Pacific Shellfish - South Bend, WA	OMB No. 2040-0004 Expires 07/31/2026		
Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS			
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(G)(1))					
Outfall Location	<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	Willapa River	46.66754	-123.812433
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			
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		
		Facility Washdown	0.004 mgd		
		Oyster Processing	0.013 mgd		
		Cultch Wash	0.017 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	
		Hydro Screen	1-T	5-Q	
		Sedimentation - Settling Basin	1-U	5-Q	
		Peracetic Acid Dosing	2-H		
		Recirculation Tank	4-C		

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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	
	001	Oyster Production	6 days/week	12 months/year	0.017 mgd	0.078 mgd	365 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.			
	5.2	Provide the following information on applicable ELGs.			
		ELG Category	ELG Subcategory	Regulatory Citation	
		Seafood Processing	Oysters	40 CFR 408 Y	
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input checked="" 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
	001	Oyster Production: Jan - Oct	26688	lbs	
	001	Oyster Production: Nov - Dec	39624	lbs	

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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.)
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

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

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.				
	Table A. Conventional and Non-Conventional Pollutants				
	7.1	Are you requesting a waiver from your NPDES permitting authority for any Table A pollutants for any of your outfalls?			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3.				
	7.2	If yes, indicate the applicable outfalls below 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 <u>001</u> Outfall number _____ Outfall number _____				
	<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.				
	7.3	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?			
<input checked="" type="checkbox"/> Yes					
Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants					
7.4	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.8.					
7.5	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?				
<input type="checkbox"/> Yes					

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Effluent and Intake Characteristics Continued	7.6	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
	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									
7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes									
7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input checked="" type="checkbox"/> Yes									
7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes									
7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No									
7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes									
	Table C. Certain Conventional and Non-Conventional Pollutants									
7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table C for all outfalls? <input checked="" type="checkbox"/> Yes									
7.13	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Not applicable									
7.14	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									
7.15	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									
7.16	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)									
7.17	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input checked="" type="checkbox"/> No → SKIP to Section 8.									
7.18	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?
				<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	ALS Group USA, Corp.		
	Laboratory address	1317 S. 13th Avenue, Kelso, WA 98626		
Phone number	360-577-7222			
Pollutant(s) analyzed	CBOD TSS Ammonia Fecal Coliform O&G			

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

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

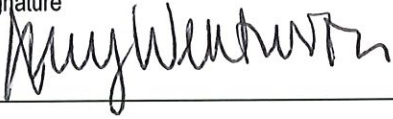
SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

Checklist and Certification Statement	12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Outfall Location	<input checked="" type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input checked="" type="checkbox"/>	Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Production	<input type="checkbox"/> w/ attachments
	<input 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 type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ other attachments <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table D <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) Amy Wentworth	Official title Sr. Director of EHS & Facilities maintenance
	Signature 	Date signed 02/28/2025	

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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						
		Mass						
2. Chemical oxygen demand (COD)	<input checked="" type="checkbox"/>	Concentration						
		Mass						
3. Total organic carbon (TOC)	<input checked="" type="checkbox"/>	Concentration						
		Mass						
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	480		51.9	69	
		Mass	lbs/day	122		9.8	69	
5. Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	8.7		1.2	76	
		Mass	lbs/day	1.2		0.2	76	
6. Flow	<input type="checkbox"/>	Rate	MGD	0.078		0.012	1980	
7. Temperature (winter)	<input type="checkbox"/>	°C		14.6		10.2	43	
		°C		18.9		15.1	46	
8. pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	4.7		7.1	173	
		pH (maximum)		8.6		7.1	173	

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

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

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

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

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

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		Pacific Shellfish - South Bend, LLC	

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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		Pacific Shellfish - South Bend, LLC	

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
3.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base Neutral Compounds)											
4.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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

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

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

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

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration 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 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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

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

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

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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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	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 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 checked="" type="checkbox"/>	Concentration Mass						
2. Chlorine, total residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L					
3. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	lbs/day					
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	#/100 mL	5200	145.8	70		
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	N/A					
6. Nitrate-nitrite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
8. Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	13	5.5	68		
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	lbs/day	3.4	1.0	68		
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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

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)		Number of Analyses
	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 checked="" type="checkbox"/>	Concentration Mass						
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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

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

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

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
		Pacific Shellfish - South Bend, LLC	

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

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

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

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

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
		Pacific Shellfish - South Bend, LLC	

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

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

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
		Pacific Shellfish - South Bend, LLC	

OMB No. 2040-0004
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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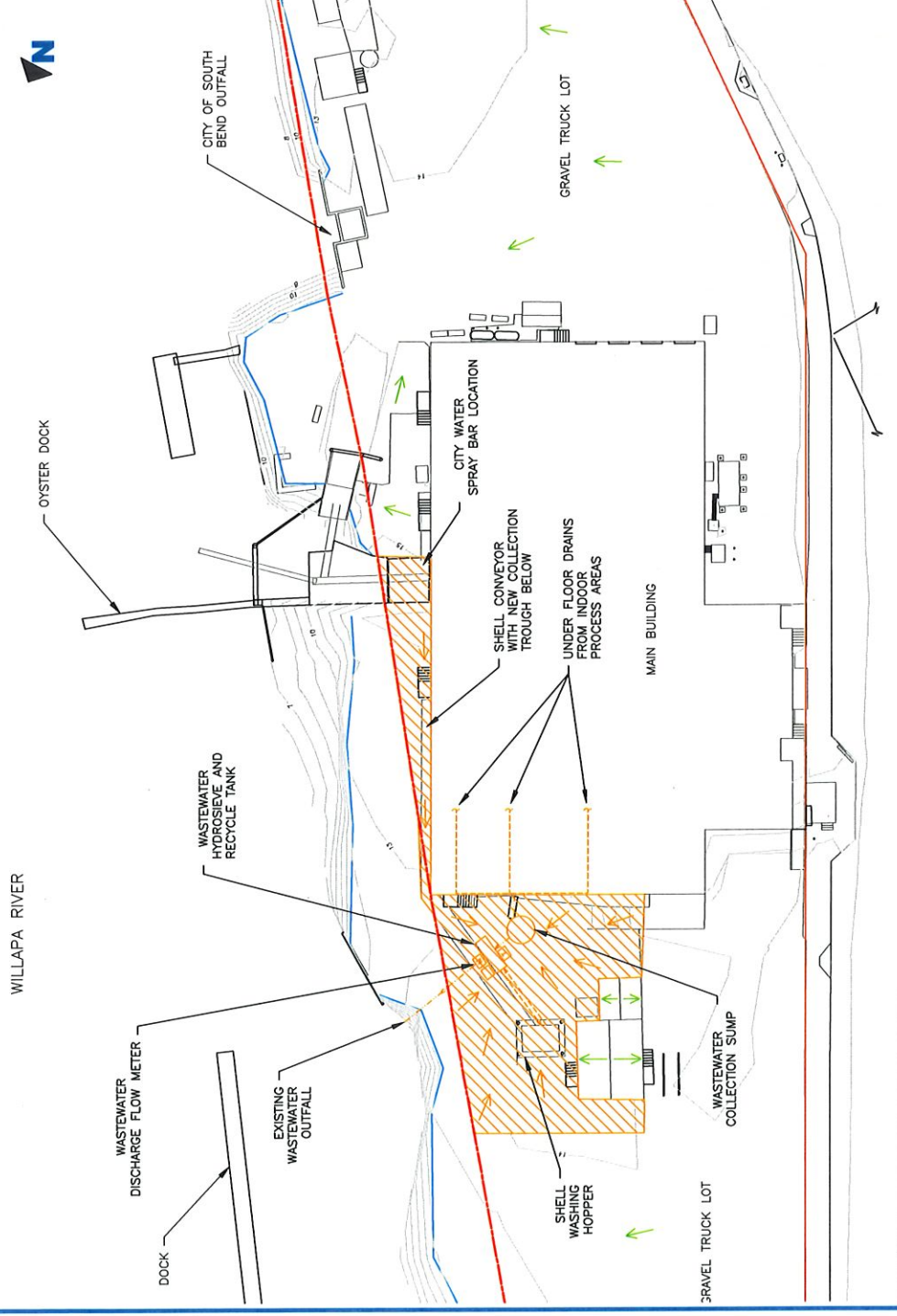
EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
		Pacific Shellfish - South Bend, LLC	

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

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

Section 1. Outfall Location

NOTES



COAST SEAFOODS COMPANY
1200 ROBERT BUSH DRIVE
SOUTH BEND, WA

Report
2025 NPDES Permit Renewal Application

Site Overview and Outfall Location

Date February 28, 2025
Scale AS SHOWN
Project No. 2



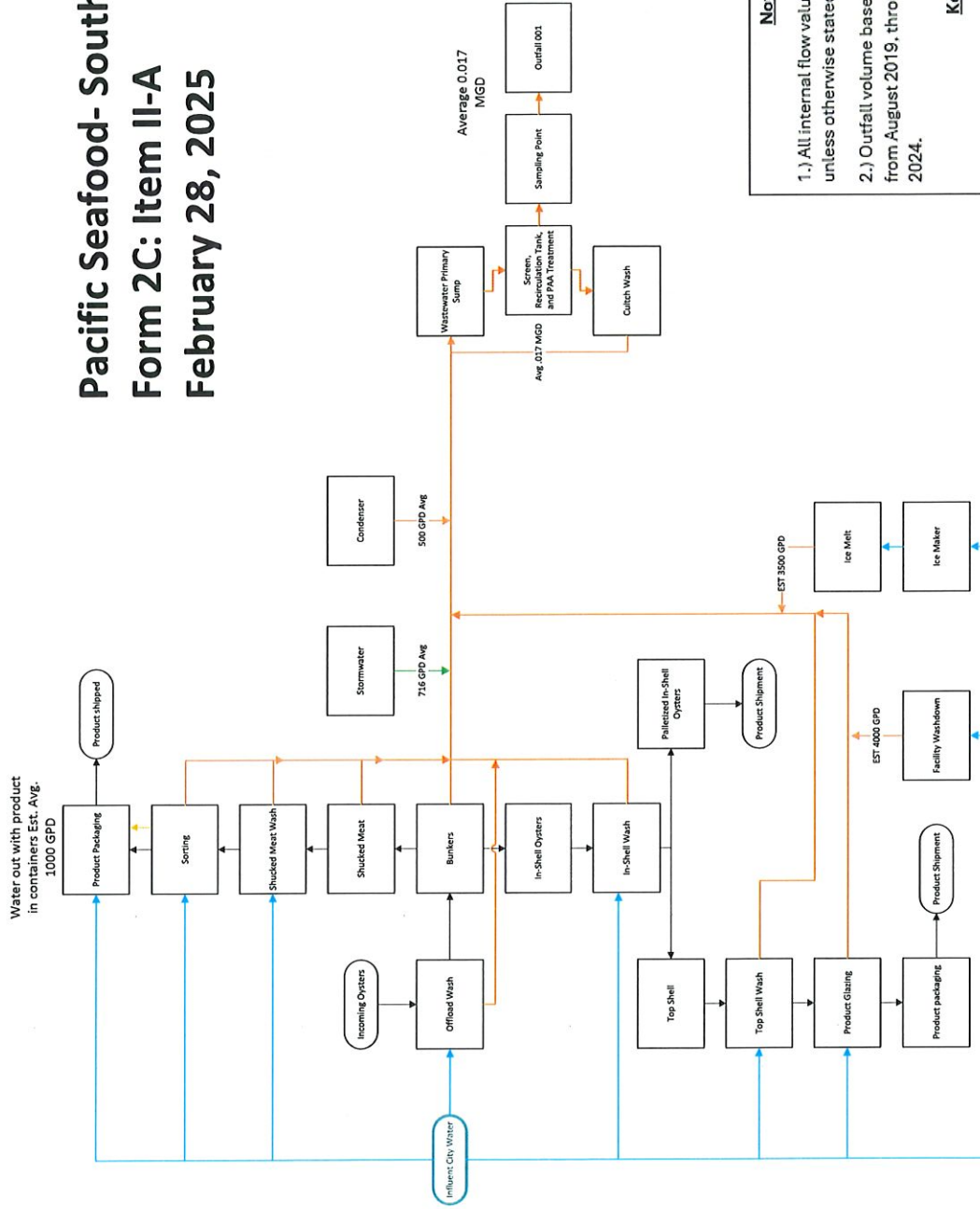
ROBERT BUSH DRIVE SR-101

Section 2. Line Drawing

Pacific Seafood- South Bend, LLC

Form 2C: Item II-A

February 28, 2025



Notes

- 1.) All internal flow values are estimated, unless otherwise stated.
- 2.) Outfall volume based on historical data from August 2019, through December 31, 2024.

Key

- Product
- Wastewater
- Stormwater
- Water out with Product
- Tap Water

Section 7. Effluent and Intake Characteristics

NPDES Permit Number: WA0002186
Facility Name: Pacific Shellfish – South Bend, LLC

Section 7 – Effluent and Intake Characteristics

Pacific Shellfish – South Bend, LLC requests that Carbonaceous Biochemical Oxygen Demand (CBOD) be included as a monitored pollutant at Outfall 001 as this parameter has required monitoring under the existing NPDES wastewater permit. Below are the effluent metrics for historical CBOD analysis.

Pollutant	Units		Effluent		
			Maximum Daily Discharge	Long-Term Average Daily Discharge	Number of Analyses
Carbonaceous Biochemical Oxygen Demand (CBOD)	Concentration	mg/L	510	73.4	74
	Mass	lbs/day	105.2	11.2	74

NPDES Permit Number: WA0002186
Facility Name: Pacific Shellfish – South Bend, LLC

Section 7.1 – Request for Waiver

Pacific Shellfish – South Bend, LLC requests a waiver for three Table A. pollutants: Biochemical Oxygen Demand (BOD), Chemical Oxygen Demand (COD), and Total Organic Carbon (TOC). These three parameters are not monitored and are not required for monitoring under the existing NPDES wastewater permit. It is understood that the available quantitative data enclosed in the application is adequate to support issuance of an NPDES permit.