

**Attachment B**  
**NPDES Application Form 2C, Application for Permit**  
**to Discharge Wastewater**

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Water Permits Division

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# Application Form 2C

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

### NPDES Permitting Program

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

EPA Identification Number		NPDES Permit Number WA0001007	Facility Name Graymont Western US, Inc.	OMB No. 2040-0004 Expires 07/31/2026	
Form 2C NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS</b>			
<b>SECTION 1. OUTFALL LOCATION (40 CFR 122.21(G)(1))</b>					
Outfall Location	<u>1.1</u>	Provide information on each of the facility's outfalls in the table below.			
		<b>Outfall Number</b>	<b>Receiving Water Name</b>	<b>Latitude</b>	<b>Longitude</b>
		001	Blair Waterway	47.271110534668	-122.396667480469
<b>SECTION 2. LINE DRAWING (40 CFR 122.21(G)(2))</b>					
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			
<b>SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(G)(3))</b>					
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.			
		<b>**Outfall Number**</b> 001			
		<b>Operations Contributing to Flow</b>			
		<b>Operation</b>	<b>Average Flow</b>		
		Truck Wash	0.000878 mgd		
		PLS Wheel Wash	0.0000032 mgd		
		Truck Scale Wheel Wash	0.000878 mgd		
		Stormwater Runoff	0.012411 mgd		
		<b>Treatment Units</b>			
		<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)	<b>Code from Exhibit 2C-2</b>	<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>	
		Settling Basins (21,570 gallons per day)	1-U	N/A	
		pH Reduction (21,570 gallons per day)	2-K	N/A	

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Average Flows and Treatment Continued	3.1 cont.	<b>**Outfall Number**</b> _____							
		<b>Operations Contributing to Flow</b>							
		<b>Operation</b>			<b>Average Flow</b>				
		Extracted Groundwater			0.000720 mgd				
					mgd				
					mgd				
					mgd				
		<b>Treatment Units</b>							
		<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)			<b>Code from Exhibit 2C-2</b>		<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>		
		<b>**Outfall Number**</b> _____							
		<b>Operations Contributing to Flow</b>							
		<b>Operation</b>			<b>Average Flow</b>				
					mgd				
					mgd				
					mgd				
					mgd				
		<b>Treatment Units</b>							
		<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)			<b>Code from Exhibit 2C-2</b>		<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>		
		System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input 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

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
		Inorganic Chemicals Manufacturing	Calcium Carbonate Production Subcategory	40 CFR 415 Subpart AD

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	Quick Lime	82,540	pounds
		001	Hydrated Lime	27,640	pounds

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	<a href="#">5.5</a>	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 <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No</span>

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

Upgrades and Improvements	<a href="#">6.1</a>	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 <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 6.3.</span>																						
	<a href="#">6.2</a>	Briefly identify each applicable project in the table below.																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 45%;">Brief Identification and Description of Project</th> <th rowspan="2" style="width: 15%;">Affected Outfalls (list outfall number)</th> <th rowspan="2" style="width: 20%;">Source(s) of Discharge</th> <th colspan="2" style="width: 20%;">Final Compliance Dates</th> </tr> <tr> <th style="width: 10%;">Required</th> <th style="width: 10%;">Projected</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates		Required	Projected															
	Brief Identification and Description of Project	Affected Outfalls (list outfall number)				Source(s) of Discharge	Final Compliance Dates																	
Required			Projected																					
<a href="#">6.3</a>	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? <i>(optional item)</i>																							
	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Not applicable</span>																							

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

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	<b>Table A. Conventional and Non-Conventional Pollutants</b>	
	<a href="#">7.1</a>	Are you requesting a waiver from your NPDES permitting authority for any Table A pollutants for any of your outfalls?
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 7.3.</span>
	<a href="#">7.2</a>	If yes, indicate the applicable outfalls below or check the appropriate box to indicate that you are requesting a waiver for all outfalls. Attach waiver request and other required information to the application.
		Outfall number _____ Outfall number _____ Outfall number _____
		<input type="checkbox"/> I am requesting a waiver for some pollutants at all outfalls. <input type="checkbox"/> I am requesting a waiver for all pollutants at all outfalls → SKIP to Item 7.4.
	<a href="#">7.3</a>	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	
<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants</b>		
<a href="#">7.4</a>	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 checked="" type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 7.8.</span>	
<a href="#">7.5</a>	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?	
	<input checked="" type="checkbox"/> Yes	

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	<a href="#">7.6</a>	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"> <thead> <tr> <th>Primary Industry Category</th> <th colspan="4">Required GC/MS Fraction(s) (check applicable boxes)</th> </tr> </thead> <tbody> <tr> <td>Inorganic chemicals manufacturing</td> <td><input checked="" type="checkbox"/> Volatile</td> <td><input checked="" type="checkbox"/> Acid</td> <td><input checked="" type="checkbox"/> Base/neutral</td> <td><input type="checkbox"/> Pesticide</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Volatile</td> <td><input type="checkbox"/> Acid</td> <td><input type="checkbox"/> Base/neutral</td> <td><input type="checkbox"/> Pesticide</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Volatile</td> <td><input type="checkbox"/> Acid</td> <td><input type="checkbox"/> Base/neutral</td> <td><input type="checkbox"/> Pesticide</td> </tr> </tbody> </table>	Primary Industry Category	Required GC/MS Fraction(s) (check applicable boxes)				Inorganic chemicals manufacturing	<input checked="" type="checkbox"/> Volatile	<input checked="" type="checkbox"/> Acid	<input checked="" 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)																				
	Inorganic chemicals manufacturing	<input checked="" type="checkbox"/> Volatile	<input checked="" type="checkbox"/> Acid	<input checked="" 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																		
<a href="#">7.7</a>	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 checked="" type="checkbox"/> Yes																					
<a href="#">7.8</a>	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																					
<a href="#">7.9</a>	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																					
Effluent and Intake Characteristics Continued	<a href="#">7.10</a>	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																				
	<a href="#">7.11</a>	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																				
	<b>Table C. Certain Conventional and Non-Conventional Pollutants</b>																					
	<a href="#">7.12</a>	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																				
	<a href="#">7.13</a>	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																				
	<a href="#">7.14</a>	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																				
	<b>Table D. Certain Hazardous Substances and Asbestos</b>																					
	<a href="#">7.15</a>	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																				
	<a href="#">7.16</a>	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																				
	<b>Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)</b>																					
	<a href="#">7.17</a>	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.																				
	<a href="#">7.18</a>	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	<a href="#">8.1</a>	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.	
	<a href="#">8.2</a>	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	<a href="#">9.1</a>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.			
	<a href="#">9.2</a>	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		Fathead minnow 96-hour static-renewal test and	Compliance Test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12/03/2024
		Fathead minnow 96-hour static-renewal test and	Compliance Test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/23/2025
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Contract Analyses	<a href="#">10.1</a>	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.		
	<a href="#">10.2</a>	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
	Name of laboratory/firm	EUROFINS	Onsite Environmental	EcoAnalysts, Inc.
	Laboratory address	5755 8th Street East Fife, WA 98424	14648 NE 95th Street, Redmond, WA 98052	4770 NE View Drive PO Box 216 Port Gamble, WA 98364
	Phone number	(253) 922-2310	(425) 883-3881	(360) 297-6040
	Pollutant(s) analyzed	Total Mercury	Conventional and Non Conventional Pollutants, metals, cyanide, total phenols, volatile, acid, base/neutral, oil and grease, and sulfate	Bioassay Analyses, acute toxicity

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

Additional Information	<a href="#">11.1</a>	Has the NPDES permitting authority requested additional information?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.
	<a href="#">11.2</a>	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	<a href="#">12.1</a>	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 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 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 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 checked="" 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 checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ analytical results as an attachment
	<input type="checkbox"/>	Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 9: Biological Toxicity Tests	<input checked="" 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)**

<b>Checklist and Certification Statement</b>	<a href="#"><u>12.2</u></a>	Provide the following certification. (See instructions to determine the appropriate person to sign the application.)	
		<b>Certification Statement</b>	
		<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
		Name (print or type first and last name)	Official title
	Keith Wiggs	Terminal Supervisor	
	Signature	Date signed	
	<i>Keith Wiggs</i>	5/30/2025	

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

	Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/>	Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.								
1.	Biochemical oxygen demand (BOD <sub>5</sub> )	<input type="checkbox"/>	Concentration	mg/L	<5..0	-	-	1	
			Mass	lbs/day	0.550			-	
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	<15..0			1	
			Mass	lbs/day	1.65			-	
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	2.6			1	
			Mass	lbs/day	0.286			-	
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	24.40		5.89	20	
			Mass	lbs/day	2.684				
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/l	0.22	-	-	1	
			Mass	lbs/day	0.02	-	-	-	
6.	Flow	<input type="checkbox"/>	Rate	gpd	656,550	-	13,181	est.	
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C	20.30	-	10.38	21	
	Temperature (summer)	<input type="checkbox"/>	°C	°C	-	-	-	-	
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	7.0	-	-	20	
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	8.66	-	-	20	

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

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)			
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses		
<input type="checkbox"/>	Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.												
<b>Section 1. Toxic Metals, Cyanide, and Total Phenols</b>													
1.1	Antimony, total (7440-36-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<1.0			1			
					Mass	lb/day	0.00011			-			
1.2	Arsenic, total (7440-38-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.5			1			
					Mass	lb/day	0.000055			-			
1.3	Beryllium, total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.5			1			
					Mass	lb/day	0.000055			-			
1.4	Cadmium, total (7440-43-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.25			1			
					Mass	lb/day	0.0000275			-			
1.5	Chromium, total (7440-47-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	1.2			1			
					Mass	lb/day	0.000132			-			
1.6	Copper, total (7440-50-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<2.0			1			
					Mass	lb/day	0.00022			-			
1.7	Lead, total (7439-92-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.5			1			
					Mass	lb/day	0.000055			-			
1.8	Mercury, total (7439-97-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	0.0917			1			
					Mass	lb/day	0.000010087			-			
1.9	Nickel, total (7440-02-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.50			1			
					Mass	lb/day	0.000055			-			
1.10	Selenium, total (7782-49-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	1.3			1			
					Mass	lb/day	0.000143			-			
1.11	Silver, total (7440-22-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1			
					Mass	lb/day	0.000022			-			

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
1.12	Thallium, total (7440-28-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.36			1		
					Mass	lbs/day	0.0000396			-		
1.13	Zinc, total (7440-66-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<2.5			1		
					Mass	lbs/day	0.000275002			-		
1.14	Cyanide, total (57-12-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	N/A			1		
					Mass	lbs/day				-		
1.15	Phenols, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.02			1		
					Mass	lbs/day	0.0000022			-		
Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)												
2.1	Acrolein (107-02-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.5			1		
					Mass	lbs/day	0.000055			-		
2.2	Acrylonitrile (107-13-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.5			1		
					Mass	lbs/day	0.000055			-		
2.3	Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
2.4	Bromoform (75-25-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<1.0			1		
					Mass	lbs/day	0.00011			-		
2.5	Carbon tetrachloride (56-23-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
2.6	Chlorobenzene (108-90-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
2.7	Chlorodibromomethane (124-48-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
2.8	Chloroethane (75-00-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<1.0			1		
					Mass	lbs/day	0.00011			-		

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
2.10	Chloroform (67-66-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
2.11	Dichlorobromomethane (75-27-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.12	1,1-dichloroethane (75-34-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.13	1,2-dichloroethane (107-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.14	1,1-dichloroethylene (75-35-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.0000022			-		
2.15	1,2-dichloropropane (78-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.16	1,3-dichloropropylene (542-75-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.17	Ethylbenzene (100-41-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.18	Methyl bromide (74-83-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<2.0			1		
					Mass	lbs/day	0.00022			-		
2.19	Methyl chloride (74-87-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<1.0			1		
					Mass	lbs/day	0.000011			-		
2.20	Methylene chloride (75-09-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<2.0			1		
					Mass	lbs/day	0.000022			-		
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		



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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.23	Toluene (108-88-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<1.0			1		
					Mass	lbs/day	0.0001			-		
2.24	1,2-trans-dichloroethylene (156-60-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.25	1,1,1-trichloroethane (71-55-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.26	1,1,2-trichloroethane (79-00-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.27	Trichloroethylene (79-01-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000022			-		
2.28	Vinyl chloride (75-01-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.20			1		
					Mass	lbs/day	0.000025			-		
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)												
3.1	2-chlorophenol (95-57-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
3.2	2,4-dichlorophenol (120-83-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<1.9			1		
					Mass	lbs/day	0.000209			-		
3.3	2,4-dimethylphenol (105-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
3.4	4,6-dinitro-o-cresol (534-52-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<4.8			1		
					Mass	lbs/day	0.000528			-		
3.5	2,4-dinitrophenol (51-28-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<4.8			1		
					Mass	lbs/day	0.000528			-		

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95				1		
					Mass	lbs/day	0.0001045				-		
3.7	4-nitrophenol (100-02-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<1.9				1		
					Mass	lbs/day	0.000209				-		
3.8	p-chloro-m-cresol (59-50-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95				1		
					Mass	lbs/day	0.0001045				-		
3.9	Pentachlorophenol (87-86-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<4.8				1		
					Mass	lbs/day					-		
3.10	Phenol (108-95-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<1.1				1		
					Mass	lbs/day	0.000121				-		
3.11	2,4,6-trichlorophenol (88-05-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95				1		
					Mass	lbs/day	0.0001045				-		
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)													
4.1	Acenaphthene (83-32-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95				1		
					Mass	lbs/day	0001045				-		
4.2	Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95				1		
					Mass	lbs/day	0.0001045				-		
4.3	Anthracene (120-12-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95				1		
					Mass	lbs/day	0.0001045				-		
4.4	Benzidine (92-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<4.8				1		
					Mass	lbs/day	0.000528				-		
4.5	Benzo (a) anthracene (56-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95				1		
					Mass	lbs/day	0.0001045				-		
4.6	Benzo (a) pyrene (50-32-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95				1		
					Mass	lbs/day	0.0001045				-		

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.8	Benzo (ghi) perylene (191-24-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.9	Benzo (k) fluoranthene (207-08-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<4.8			1		
					Mass	lbs/day	0.000528			-		
4.14	4-bromophenyl phenyl ether (101-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.15	Butyl benzyl phthalate (85-68-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.16	2-chloronaphthalene (91-58-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.18	Chrysene (218-01-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
4.21	1,3-dichlorobenzene (541-73-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
4.22	1,4-dichlorobenzene (106-46-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.2			1		
					Mass	lbs/day	0.000022			-		
4.23	3,3-dichlorobenzidine (91-94-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	>0.2			1		
					Mass	lbs/day	0.000022			-		
4.24	Diethyl phthalate (84-66-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.25	Dimethyl phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<4.8			1		
					Mass	lbs/day	0.000528			-		
4.26	Di-n-butyl phthalate (84-74-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<4.8			1		
					Mass	lbs/day	0.000528			-		
4.27	2,4-dinitrotoluene (121-14-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.28	2,6-dinitrotoluene (606-20-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.29	Di-n-octyl phthalate (117-84-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.31	Fluoranthene (206-44-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.32	Fluorene (86-73-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.34	Hexachlorobutadiene (87-68-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.35	Hexachlorocyclopentadiene (77-47-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<4.5			1		
					Mass	lbs/day	0.000528			-		
4.36	Hexachloroethane (67-72-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.00001045			-		
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.00001045			-		
4.38	Isophorone (78-59-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.00001045			-		
4.39	Naphthalene (91-20-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.00001045			-		
4.40	Nitrobenzene (98-95-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.41	N-nitrosodimethylamine (62-75-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.43	N-nitrosodiphenylamine (86-30-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.44	Phenanthrene (85-01-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
4.45	Pyrene (129-00-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.46	1,2,4-trichlorobenzene (120-82-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<0.95			1		
					Mass	lbs/day	0.0001045			-		
<b>Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)</b>												
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))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.12	β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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))<sup>1</sup>**

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

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



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

	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)			
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses		
<input type="checkbox"/> Check here if you believe all pollutants in Table C to be <b>present</b> in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.												
<input type="checkbox"/> Check here if you believe all pollutants in Table C to be <b>absent</b> in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.												
1.	Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
				Mass								
2.	Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
				Mass								
3.	Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
				Mass								
4.	Fecal coliform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
				Mass								
5.	Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
				Mass								
6.	Nitrate-nitrite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
				Mass								
7.	Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
				Mass								
8.	Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	<5400						
				Mass	lbs/day	0.594						
9.	Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
				Mass								
10.	Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	520						
				Mass	lbs/day	0.0572						
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))<sup>1</sup>**

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

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

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

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

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

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input 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))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input 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.	Dichlone	<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))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input 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 type="checkbox"/>		



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

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

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

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

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

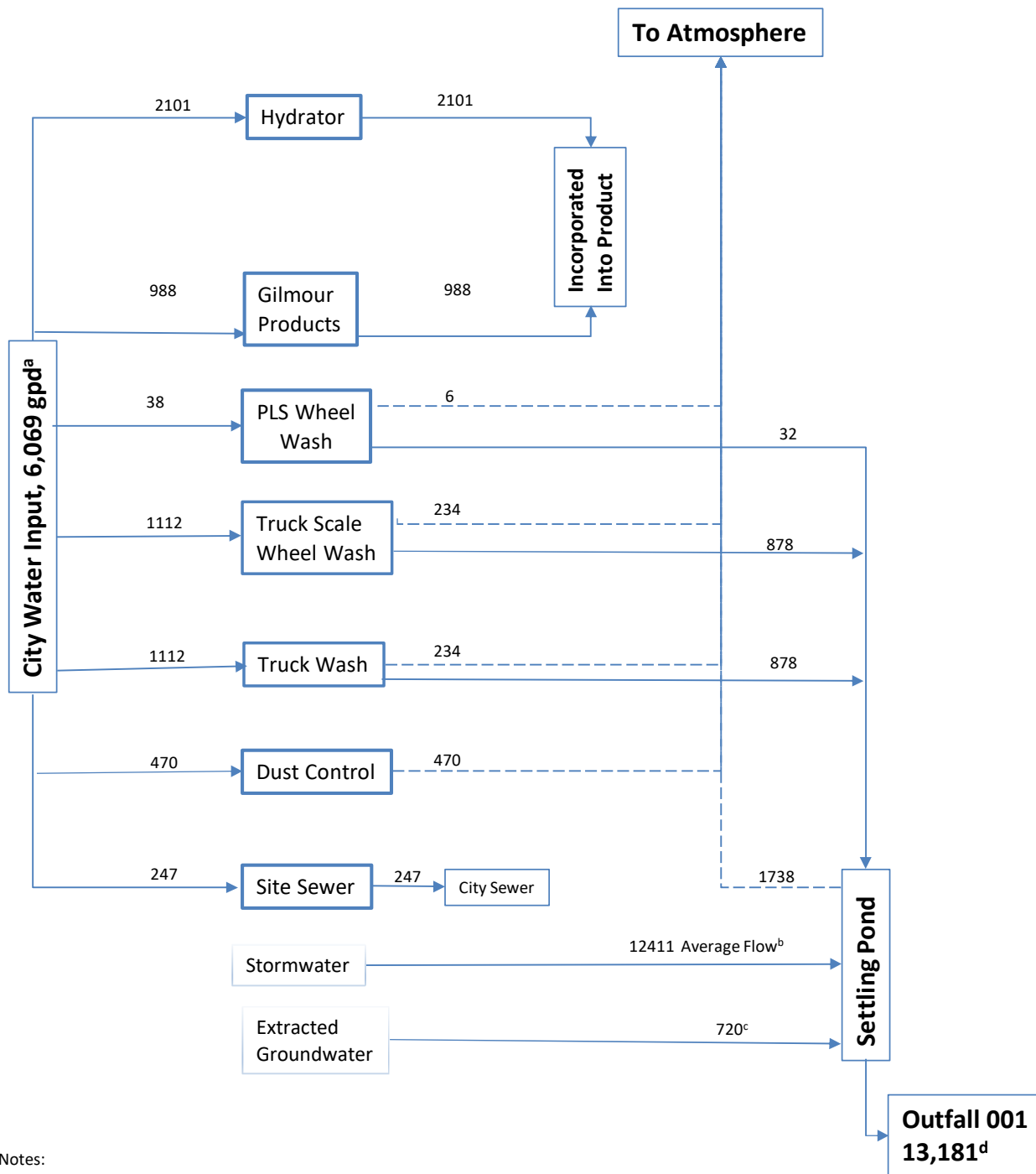
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EPA Identification Number	NPDES Permit Number WA000107	Facility Name Graymont Western US, Inc.	Outfall Number 001
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OMB No. 2040-0004  
Expires 07/31/2026

**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"/>	



**Notes:**

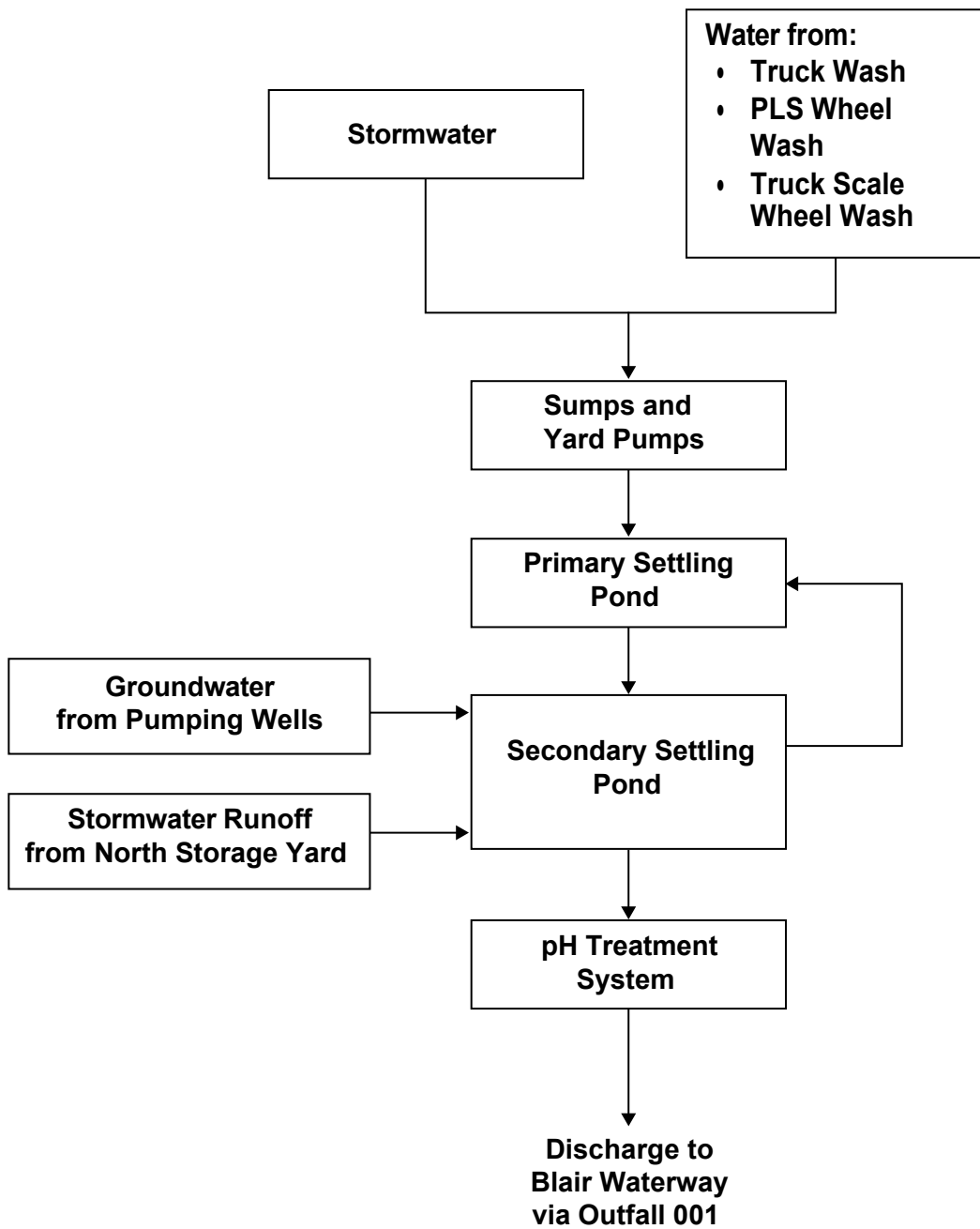
All flows in Gallons per Day (GPD).

<sup>a</sup> City Water Input based on average water purchase for period between January 2022 and December 2024.

<sup>b</sup> Stormwater average flow based on rain precipitation between January 2022 and December 2024. Assuming all rain that falls at the yard is collected and processed through the system minus 15% evaporation

<sup>c</sup> Anticipated flow of 0.5 gallons per minute.

<sup>d</sup> Estimated average daily discharge flow based on DMR reporting on period between January 2022 through December 2024.



NPDES Form 2C, Section 2  
Treatment System Process Flow Diagram