

Shane Geren
Environmental Engineer

Wacker Polysilicon North America LLC
P.O. Box 446
Charleston, TN 37310-0446
Tel. 423-780-8160
JosephShane.Geren@wacker.com

WACKER

December 15, 2021

Courtland Vice
Environmental Protection Specialist
Tennessee Department of Environment & Conservation
Division of Water Resources
William R. Snodgrass –Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243

**RE: Wacker Polysilicon North America LLC
NPDES Permit No. TN0081311 Renewal
Bradley County
Charleston, Tennessee**

Dear Mr. Vice:

As required in Part II. Section A.1. of NPDES Permit number TN0081311, Wacker is submitting for review the following NPDES permit renewal package. No modifications or revisions are being proposed or requested. If you have any questions, please contact me at (423) 780-8160 or Jeremy Copeland at (423) 780-7953 in my absence.

Sincerely,



Shane Geren
Environmental Engineer
Wacker Polysilicon North America LLC

cc: Sarah Terpstra (TDEC, Division of Water Resources, Nashville)

NPDES PERMIT NO. TN0081311
RENEWAL

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ITEM A. – TITLE PAGE

**NPDES PERMIT No. TN0081311
RENEWAL**

**for
Wacker Polysilicon North America LLC**

**553 Wacker Boulevard NW
P.O. Box 446
Charleston, TN 37310**

Bradley County, Tennessee

**Latitude: 35° 17' 43.51"
Longitude: -84° 47' 48.08"**

Existing Permitted Outfalls: 001, 002, SW1, SW2, SW2A, SW3, and SW4

ITEM B. - INTRODUCTION

1) INTRODUCTION

The original issuance date for this permit was January 2, 2012. The first discharge to the Hiwassee River occurred on June 17, 2015 via Outfall 001 and the last hardcopy Discharge Monitoring Reports (DMRs) submitted to Nashville and copied to Chattanooga occurred in March 2015. DMRs starting in April 2015 have all been completed and submitted via EPA's NetDMR.

NPDES Permit No. TN0081311 will expire on March 31, 2022. The original 180 day "Duty To Reapply" was on or prior to October 2, 2021, however on June 15, 2021 an extension request was submitted to TDEC and granted on June 30, 2021. The new "Duty To Reapply" is December 31, 2021. See attached letters and e-mails.

NPDES Permit No. TN0081311 authorizes discharges from the following outfalls;

OUTFALLS	DISCHARGE SOURCE
001	Process wastewater, non-contact cooling water, and utility water
002	Return water from river water intake
SW1, SW4	Industrial stormwater, construction stormwater, utility water, and hydrostatic testing water
SW2	Construction stormwater and utility water
SW2A, SW3	Construction stormwater, hydrostatic test water, and utility water

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**Extension Request
(June 15, 2021)**

**TDEC Approval
(June 30, 2021)**

Shane Geren
Environmental Engineer

Wacker Polysilicon North America LLC
P.O. Box 446
Charleston, TN 37310-0446
Tel. 423-780-8160
JosephShane.Geren@wacker.com

WACKER

June 15, 2021

Vojin Janjic
Manager, Water-Based Systems
Tennessee Department of Environment & Conservation
Division of Water Resources
William R. Snodgrass –Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102
Submitted via Electronic Mail to Vojin.Janjic@tn.gov on June 15, 2021

**RE: Wacker Polysilicon North America LLC
NPDES Permit No. TN0081311
Charleston, Tennessee
Bradley County**

Dear Mr. Janjic:

Per phone conversation and recommendation by Mike Bascom on June 8, 2021, I would like to inform you that Wacker's fumed silica (HDK®) process plant that began construction in 2017 was completed and initially operational on October 1, 2019 but has since been shut down on a temporary basis. As a result, the HDK® plant has not yet reached design capacity or long-term production capacity. The HDK® plant has only achieved 60% production and was temporarily shut down as of October 2020 and remains so today. Restart is still undefined in terms of timing and is being conducted diligently to ensure safe restart and operations.

On page 26 of 31, of our NPDES Permit No. TN0081311, Section A. Priority Pollutants, it requires wastewater effluent testing as identified on EPA Form 3510-2C for the HDK® process plant within six (6) months after reaching design or long term production capacity and prior to the application for permit renewal deadline which is September 30, 2021.

Wacker requests that the wastewater effluent testing requirement be postponed until the HDK® plant has re-started and reached design or long-term production capacity, upon which the required wastewater effluent testing as identified on EPA Form 3510-2C will be conducted and results submitted. The above information was discussed with Mike Bascom on June 8, 2021 in which Mike recommended that this correspondence be sent to you.

If you have any questions, please contact me at (423) 780-8160 or Jeremy Copeland at (423) 780-7953 in my absence.

Sincerely,



Shane Geren
Environmental Engineer
Wacker Polysilicon North America LLC

cc: Mike Bascom (Chattanooga Field Office)

Geren, Joseph Shane

From: Geren, Joseph Shane
Sent: Tuesday, June 15, 2021 7:27 AM
To: Vojin Janjic (Vojin.Janjic@tn.gov)
Cc: Copeland, Jeremy (Jeremy.Copeland@wacker.com); Bascom Mike (Michael.Bascom@tn.gov)
Subject: NPDES Permit No. TN0081311
Attachments: TN0081311_Wacker_2C.pdf

Good morning.

Please see the attached document.

If you have any questions, please don't hesitate to call me or Jeremy Copeland at 423-780-7953.

Joseph Geren
P-EHS-E/CHA

Wacker Polysilicon
North America LLC
553 Wacker Blvd NW
Charleston, TN 37310-0446, USA
Tel. +1 423 780 8160
Mobile +1 423 829 7104
josephshane.geren@wacker.com

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Follow us on:



Geren, Joseph Shane

From: Vojin Janjic <Vojin.Janjic@tn.gov>
Sent: Tuesday, June 15, 2021 12:29 PM
To: Geren, Joseph Shane; Sarah Terpstra
Cc: Copeland, Jeremy; Michael Bascom
Subject: RE: NPDES Permit No. TN0081311

CAUTION: This e-mail was sent from outside the company. Don't click on links, open attachments or reply to this mail unless you recognize the sender and know that the content is safe.

Thanks, Joe

I agree with your request. We'll prepare a letter relieving Wacker from the requirement to submit a completed form 2C - under the circumstances.

Sarah Terpstra, the permit writer, will be the primary contact. Wish you a quick return to a full production mode!

Have a great day and stay safe.



Vojin Janjic | Manager, Water-Based Systems
Division of Water Resources
William R. Snodgrass Tennessee Tower, 11th Floor
312 Rosa L. Parks Ave, Nashville, TN 37243
p. 615-532-0670
vojin.janjic@tn.gov
tn.gov/environment

We accept and encourage electronic document submittals.

Please tell us how you think we're doing by completing this survey: [TDEC Customer Satisfaction Survey](#)

From: Geren, Joseph Shane <JosephShane.Geren@wacker.com>
Sent: Tuesday, June 15, 2021 6:27 AM
To: Vojin Janjic <Vojin.Janjic@tn.gov>
Cc: Copeland, Jeremy <Jeremy.Copeland@wacker.com>; Michael Bascom <Michael.Bascom@tn.gov>
Subject: [EXTERNAL] NPDES Permit No. TN0081311

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Good morning.

Please see the attached document.

If you have any questions, please don't hesitate to call me or Jeremy Copeland at 423-780-7953.

Joseph Geren
P-EHS-E/CHA

Wacker Polysilicon
North America LLC
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Thank you for your cooperation.

Geren, Joseph Shane

From: Microsoft Outlook
<MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@wacker.com>
To: Vojin Janjic (Vojin.Janjic@tn.gov); Bascom Mike (Michael.Bascom@tn.gov)
Sent: Tuesday, June 15, 2021 7:27 AM
Subject: Relayed: NPDES Permit No. TN0081311

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

[Vojin Janjic \(Vojin.Janjic@tn.gov\)](mailto:Vojin.Janjic@tn.gov) (Vojin.Janjic@tn.gov)

[Bascom Mike \(Michael.Bascom@tn.gov\)](mailto:Michael.Bascom@tn.gov) (Michael.Bascom@tn.gov)

Subject: NPDES Permit No. TN0081311

Geren, Joseph Shane

From: Vojin Janjic <Vojin.Janjic@tn.gov>
To: Geren, Joseph Shane
Sent: Tuesday, June 15, 2021 10:40 AM
Subject: Read: NPDES Permit No. TN0081311

Your message

To: Vojin Janjic
Subject: [EXTERNAL] NPDES Permit No. TN0081311
Sent: Tuesday, June 15, 2021 6:27:23 AM (UTC-06:00) Central Time (US & Canada)

was read on Tuesday, June 15, 2021 9:39:37 AM (UTC-06:00) Central Time (US & Canada).

Geren, Joseph Shane

From: Michael Bascom <Michael.Bascom@tn.gov>
To: Geren, Joseph Shane
Sent: Tuesday, June 15, 2021 8:37 AM
Subject: Read: NPDES Permit No. TN0081311

Your message

To: Michael Bascom
Subject: [EXTERNAL] NPDES Permit No. TN0081311
Sent: Tuesday, June 15, 2021 6:27:23 AM (UTC-06:00) Central Time (US & Canada)

was read on Tuesday, June 15, 2021 7:36:50 AM (UTC-06:00) Central Time (US & Canada).



State of Tennessee
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102

June 30, 2021

Mr. Joseph Shane Geren
Environmental Engineer
Wacker Polysilicon North America, LLC
e-copy: josephshane.geren@wacker.com
553 Wacker Blvd
Charleston, TN 37310

Subject: **NPDES Permit No. TN0081311 – Form 2C Extension Granted**
Wacker Polysilicon North America, LLC
Charleston, Bradley County, Tennessee

Dear Mr. Geren:

Thank you for your correspondence on June 15, 2021. In your letter, you requested a waiver for wastewater effluent testing required by application Form 2C, which is due with other application materials by September 30, 2021. You stated that Wacker's fumed silica process plant has been shut down on a temporary basis as of October 2020. You requested that the effluent testing required by Form 2C be postponed until the plant has been restarted and reached design or long-term capacity, at which time the required testing shall be conducted and results submitted to the Division of Water Resources (Division).

In a call on June 29, 2021, Mr. Jeremy Copeland stated that process wastewater from the original production line is still discharging through Outfall 001, and that Wacker anticipates that the fumed silica process plant is anticipated to be restarted by the end of the year.

Therefore, based on this anticipated timeline, the Division will grant an extension for the submittal of all application materials until December 31, 2021. This will ensure that any effluent testing required by Form 2C conducted on Outfall 001 effluent will be more representative of anticipated final effluent concentrations than current conditions.

We encourage electronic submittals. All application materials and required testing results should be submitted to the email address Water.Permits@tn.gov.

If you have questions, please contact the Chattanooga Environmental Field Office at 1-888-891-TDEC; or, at this office, please contact Ms. Sarah Terpstra at (615) 532-3634 or by E-mail at Sarah.Terpstra@tn.gov.

Sincerely,



Vojin Janjić

Manager, Water-Based Systems

cc: Permit File
Chattanooga Environmental Field Office
Mr. Jeremy Copeland, Environmental Manager, jeremy.copeland@wacker.com
Ms. Mary Beth Hudson, Vice President and Site Manager, marybeth.hudson@wacker.com

Geren, Joseph Shane

From: Sarah Terpstra <Sarah.Terpstra@tn.gov>
Sent: Thursday, July 1, 2021 12:45 PM
To: Geren, Joseph Shane
Cc: Copeland, Jeremy
Subject: RE: TN0081311 - Wacker Polysilicon North America, LLC - Form 2C Extension granted
Attachments: CN-1090 Permit Contact Information.pdf; form_1_epa_form_3510-1.pdf; form_2c_epa_form_3510-2cr.pdf

CAUTION: This e-mail was sent from outside the company. Don't click on links, open attachments or reply to this mail unless you recognize the sender and know that the content is safe.

No problem!

Yes, all application materials means everything required in Part II of the permit. I find it easier than splitting the required forms – both for you and for me.

So, by December 31, you'll need to submit the following forms:

- 1) Form CN-1090 – Permit Contact information form
- 2) Form 1
- 3) Form 2C

I've attached those here for your convenience. As a heads up – please use the forms attached as EPA updated their forms in 2019 and we are only accepting the new forms now.

I'll update our permit contact records to remove Mary Beth Hudson. Thank you for the information.

Please don't hesitate to reach out to me if you have additional questions. I will be out on maternity leave in December and January, but someone else with our unit will be able to review the application when it comes in. I will still be your permit writer when I return from leave, though, so in the meantime I'm still happy to help.

Thank you,
Sarah



Sarah Terpstra | Environmental Consultant
Division of Water Resources
William R. Snodgrass TN Tower, 11th Floor
312 Rosa L. Parks Avenue, Nashville, TN 37243
Phone: 615-532-3634

We are happy to help! Please let us know how we are doing by filling out this short [customer satisfaction survey](#).

From: Geren, Joseph Shane <JosephShane.Geren@wacker.com>
Sent: Thursday, July 1, 2021 7:21 AM
To: Sarah Terpstra <Sarah.Terpstra@tn.gov>

Cc: Copeland, Jeremy <Jeremy.Copeland@wacker.com>

Subject: [EXTERNAL] RE: TN0081311 - Wacker Polysilicon North America, LLC - Form 2C Extension granted

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Thanks Sarah for the quick response.

Just to clarify we understand correctly, **“all application materials”**, means the information and forms (TN0081311 Permit Renewal) as stated in Part II, Section A., 1. Duty to Reapply.

I also wanted to bring to your attention that Mary Beth Hudson, Vice President and Site Manager, is no longer here and has been replaced by Howard Chu, V.P., Corporate Engineering & EHSS. Please replace her name in your database on all future correspondence with Howard Chu.

Thank you again.

Joseph Geren
P-EHS-E/CHA

Wacker Polysilicon
North America LLC
553 Wacker Blvd NW
Charleston, TN 37310-0446, USA
Tel. +1 423 780 8160
Mobile +1 423 829 7104
josephshane.geren@wacker.com

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Follow us on:



From: Sarah Terpstra <Sarah.Terpstra@tn.gov>

Sent: Wednesday, June 30, 2021 2:20 PM

To: Copeland, Jeremy <Jeremy.Copeland@wacker.com>; Geren, Joseph Shane <JosephShane.Geren@wacker.com>; Hudson, Mary Beth <MaryBeth.Hudson@wacker.com>

Cc: Angela J. Hall <Angela.J.Hall@tn.gov>; Michael Bascom <Michael.Bascom@tn.gov>

Subject: TN0081311 - Wacker Polysilicon North America, LLC - Form 2C Extension granted

CAUTION: This e-mail was sent from outside the company. Don't click on links, open attachments or reply to this mail unless you recognize the sender and know that the content is safe.

Good afternoon,

Please see attached for our response to your June 15th request for a waiver for sampling and reporting conditions required in application form 2C. Based on my conversation with Mr. Jeremy Copeland yesterday, we will grant an extension for submitting all application materials until December 31, 2021.

Please don't hesitate to reach out if you have any questions!

Sarah



Sarah Terpstra | Environmental Consultant
Division of Water Resources
William R. Snodgrass TN Tower, 11th Floor
312 Rosa L. Parks Avenue, Nashville, TN 37243
Phone: 615-532-3634

We are happy to help! Please let us know how we are doing by filling out this short [customer satisfaction survey](#).

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Thank you for your cooperation.

2) PAST PERMIT MODIFICATIONS

On June 26, 2014 this permit was modified to include the following;

Renew per the duty to reapply provision and modify the existing Construction Stormwater Permit NPDES Permit No. TN0081205 due to the total area of soil disturbance less than 50 acres. Deletion of SW3, SW2A, SW8, IMP1, IMP2, IMP3, IMP4, IMP5, IMP6, based on reduced exposure acreage and sufficient stormwater monitoring data performance.
Coverage of future industrial stormwater runoff associated with industrial exposures from polysilicon process.
Include future increased loading of select parameters in wastewater effluent. A three-tiered phase approach with each phase defined by specific production expansions. The tiered polysilicon production plants are identified as Poly 11, 12, and 13.
Add second outfall 002 just upstream of Outfall 001 at the river water intake structure. This water discharge will be comprised of a slipstream discharge from the river water intake that returns a small volume of water back to the river.

On July 1, 2016 this permit was modified to include the following;

Terminate and transfer two outfalls from NPDES Permit No. TN0081205 to NPDES Permit No. TN0081311.
Terminate and transfer two outfalls from NPDES Permit No. TNG670457 to NPDES Permit No. TN0081311.
Adding process water from a planned fumed silica (HDK) production process.

This application is only a request for renewal for another five (5) years. No modifications or revisions are being proposed or requested.

ITEM C. – NARRATIVE

A) NARRATIVE

a. This facility is located in Charleston, Tennessee and appears on the Charleston 7.5 minute USGS Quadrangle (see Item E.). A more specific location of this facility in Bradley County is Latitude: 35^o 17' 43.51" north and Longitude: -84^o 47' 48.08" west. Primary access to the facility is from Interstate 75, Exit 33, east on State Highway 308 (Lauderdale Memorial Highway), then left at the second traffic light onto Wacker Boulevard then left onto E-Street (Wacker's main entrance). The facility is bounded on the north by Lower River Road, on the south by North Mouse Creek Road, on the east by Wacker Boulevard and Olin, and on the west by South Mouse Creek and the South Mouse Creek Embayment.

b. A brief description of the four (4) drainage areas (see Item G., Sheet No. 1) are listed below.

1. Outfall SW1 (Drainage Area #1)

This drainage area consists of 145.56 total acres and represents 60% of the permitted area, see (Item G., Drawing No. C17.0). This area receives the majority of the industrial exposures including the Linde hydrogen plant that is co-located on Wacker's land. Water flows generally from the southeast toward the northwest and discharges at Detention Pond #1 via Outfall SW1.

2. Outfall SW2 (Drainage Area #2)

This drainage area consists of 33.21 total acres and represents 13% of the permitted area, see (Item G., Drawing No. C17.1). The drainage area flows from the north to the south, down 1st Avenue's open lined rip rap diversion ditch, through a 30" x 80' concrete culvert crossing, into the open lined rip rap diversion ditch, through a second 30" x 85' concrete culvert crossing, into the open lined rip rap diversion ditch and into Detention Pond #2. Cleveland Utilities Wastewater Division's fenced in Wacker Lift Station is located to the north of the pond. Stormwater runoff from the road leading to the Wacker Lift Station discharges into Detention Pond #2 on the north side. Stormwater then flows through a gravel filter into a 3" orifice, into a

vertical 6' x 6' concrete box structure, into a 24" x 56' PVC pipe and discharges at Outfall SW2 into Wetland Mitigation Area #2 South.

3. Outfall SW3 Drainage Area #3

This drainage area consists of 55.41 total acres and represents 23% of the permitted area, see (Item G., Drawing No. C17.2). The drainage area flows from the northeast to the southwest, down E-Street, including Wacker's fire department building, the southeast corner of Warehouse (approximately 25% of the roof water), portions of the road sections between these two buildings, the fumed silica (HDK) production process, and into Detention Pond #3. Stormwater exits Pond 3 through one of three 8" faircloth skimmers, into a 48" metal riser, into a 15" x 112' metal pipe and discharges at Outfall SW3. Water then flows south through open hay field ditches which eventually discharge into South Mouse Creek.

4. Outfall SW4 Drainage Area #4

This drainage area consists of 9.52 total acres and represents 4% of the permitted area, see (Item G., Drawing No. C17.3). The drainage area receives water from the north side of the Linde hydrogen plant, unused graveled expansion area, and some road runoff. This area receives some industrial exposure attributed to particulate matter from the plant and loading of chemicals for boiler and water treatments. Water flows generally from the south to the north and discharges at Detention Pond #4 via Outfall SW4.

5. Outfall SW2A

This drainage area consists of 5 acres. The drainage area receives water from the former United Rentals occupied area and along Haney Road. Sediment traps and check dams are in place to control stormwater runoff.

6. Detention Pond Outlet Structures

See (Item G., Drawing No. C17.4) for the details of outlet structures for Detention Ponds #1-4.

7. Olin Chemical Leased Area

This is a separate area from the site that, after crossing a small stream north of Lower River Road, is completely owned by Olin Chemical, see (Item G., Sheet No. 2). Wacker has a lease with Olin to utilize this area of land to access the Hiwassee River for water supply (River Water Intake) and process wastewater discharge (Outfalls 001 and 002). The portion of this route that terminates at the Olin plant is utilized for the distribution of raw products (through pipes) into Wacker's facility for process and treatment needs. The portion of the route that extends to the Hiwassee River provides raw water intake and discharge of Wacker process and non-process wastewater. There are no production or industrial exposures in this section of land and no stormwater collection and treatment activities conducted by Wacker.

8. Offsite Drainage Bypass

This 3,661 foot long concrete pipe captures offsite drainage from the undeveloped, wooded, Olin property; stabilized future railroad bed; and SW4 where it then discharges into the South Mouse Creek Embayment, see (Item G., Sheet No. 7).

9. Sampling Data

- The HDK plant has not yet reached design capacity or long-term production capacity. The plant has only achieved 60% production and was temporarily shut down as of October 2020 and remains so still. Restart is anticipated in March 2022 and is being conducted diligently to ensure safe restart and operations. The analytical data from Outfall 001 is not reflective of effluent from the HDK plant.
- TDEC authorized analytical sampling as indicated in Table B, EPA Form 3510-2C (Revised 3-19) by omitting of sampling for constituents believed not present because facility rated as minor discharger and secondary industrial classification without an effluent limitation guideline.
- The COD value reported on Form 3510-2C is believed to be artificially elevated due to the presence of chloride compounds in the wastewater. The test method SM5220C requires use of potassium dichromate and can result in a falsely elevated value. Wacker is currently researching alternate test methods with a third party lab to more accurately represent the true value.

ITEM D. – PERMIT CONTACT INFORMATION
(CN-1090)



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES

Water-Based Systems
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243-1102

PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

PERMIT NUMBER: _____ DATE: _____

PERMITTED FACILITY: _____ COUNTY: _____

OFFICIAL PERMIT CONTACT:

(The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official)

Official Contact:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

FACILITY LOCATION (actual location of permit site and local contact for site activity):

Facility Location Contact:	Title or Position:		
Facility Location (physical street address):	City:	State:	Zip:
Phone number(s):	E-mail:		

Alternate Contact (if desired):	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No		

ITEM E. – EPA FORM 1 & LOCATION MAP

Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION
--------------------	---	--

SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))	
--	--

Activities Requiring an NPDES Permit	1.1	Applicants <i>Not Required</i> to Submit Form 1		
	1.1.1	Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete <input type="checkbox"/> No Form 1. Complete Form 2A.	1.1.2	Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT <input type="checkbox"/> No complete Form 1. Complete Form 2S.
	1.2	Applicants <i>Required</i> to Submit Form 1		
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2B.	1.2.2	Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input type="checkbox"/> Yes → Complete Form <input type="checkbox"/> No 1 and Form 2C.
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2D.	1.2.4	Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form <input type="checkbox"/> No 1 and Form 2E.
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15).		

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

Name, Mailing Address, and Location	2.1	Facility Name		
	2.2	EPA Identification Number		
	2.3	Facility Contact		
		Name (first and last)	Title	Phone number
		Email address		
	2.4	Facility Mailing Address		
	Street or P.O. box			
	City or town	State	ZIP code	

EPA Identification Number	NPDES Permit Number	Facility Name
---------------------------	---------------------	---------------

Form Approved 03/05/19
OMB No. 2040-0004

Name, Mailing Address, and Location Continued	2.5	Facility Location	
		Street, route number, or other specific identifier	
		County name	County code (if known)
		City or town	State

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))

SIC and NAICS Codes	3.1	SIC Code(s)	Description (optional)
	3.2	NAICS Code(s)	Description (optional)

SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))

Operator Information	4.1	Name of Operator
	4.2	Is the name you listed in Item 4.1 also the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
	4.3	Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____
	4.4	Phone Number of Operator

Operator Information Continued	4.5	Operator Address	
		Street or P.O. Box	
		City or town	State
		Email address of operator	

SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))

Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	-----	---

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19
OMB No. 2040-0004**SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))**

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
		<input type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business.

SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Cooling Water Intake Structures	9.1	Does your facility use cooling water? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)

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

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)
		<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) <input type="checkbox"/> Not applicable


EPA Identification Number
TNR000040493

NPDES Permit Number
TN0081311

Facility Name
Wacker Polysilicon N.A. LLC

Form Approved 03/05/19
OMB No. 2040-0004

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

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
11.2	Certification Statement		
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
	Name (print or type first and last name) Ken Collins	Official title Senior Director, Site Leader	
	Signature 	Date signed 12/15/2021	

Permit Type	Permit Number
Air (Construction – HDK Production)	978602
Air (Construction – Hydrochloric Acid (HCl) Generation)	976605 (Amendment 2)
Air (Construction – Trichlorosilane (TCS) and Polysilicon (Poly Operations))	974939P (Amendment 2)
Air (Construction – Per. Maint. Cleaning of Process Tanks & Dist. Column)	972846
Air (Construction – HDK Packaging)	972476 (Amendment 1)
Air (Construction – Wastewater Treatment (WWT))	969674P
Air (Construction – Equipment Cleaning)	970065P
Air (Construction – Maintenance Activities at Chlorosilane Reaction Building)	970005P
Air (Construction – West Fire Pump)	969691P
Air (Construction – East Fire Pump)	969407P
Air (Construction – South Generator)	969455P
Air (Construction – North Generator)	967118P
Air (Construction – Natural Gas Boilers)	967203F (Amendment #5)
Insignificant Activities/Emissions	TDEC Sept. 9, 2011 letter
Insignificant Activities/Emissions	TDEC Feb. 14, 2017 letter
SPCC Rev. 9	N/A
Water Withdrawal – (ARAP)	ARAP NRS15.002-19
Land Development - (TVA 26a)	266693
Land Development - (TVA 26a)	223712
Water - (National Pollutant Discharge Elimination System (NPDES))	TN0081311
Alcohol Use - (Dept. of Treas., Alcohol and Tobacco Tax and Trade Bureau)	SDS-TN-15047
Radiological Health – (Portable Bruker)	506-0197



REV #	DESCRIPTION	DATE	NAME	COMPANY	SCALE	APPROVED
ANSI B					1"=2000'	

Wacker Polysilicon
 North America, LLC
 Site Charleston Tennessee

NPDES PERMIT DRAWING

DOC. NO.: DOC#

TIME

USER

DRW#

CAD-NO:

DOCUMENT TYPE:

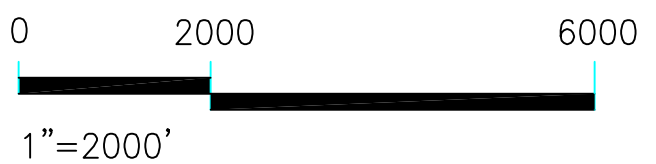
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REPLACES:

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35° 17' 54.564" N, 84° 47' 54.4488" W AT CENTER OF FACILITY



ITEM F. – EPA FORM 2C/2F

EPA Identification Number	NPDES Permit Number	Facility Name
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Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS
---------------------	---	--

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

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.		
		Outfall Number	Receiving Water Name	Latitude
				° ' "
				° ' "
				° ' "

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


Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------	-----	--

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.	
		Outfall Number _____	
		Operations Contributing to Flow	
		Operation	Average Flow
			mgd
			mgd
			mgd
			mgd
		Treatment Units	
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1

Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** _____			
		Operations Contributing to Flow			
		Operation	Average Flow		
					mgd
					mgd
					mgd
					mgd
		Treatment Units			
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		Outfall Number _____			
		Operations Contributing to Flow			
		Operation	Average Flow		
					mgd
					mgd
					mgd
					mgd
Treatment Units					
Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge			
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 4.			
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EPA Identification Number	NPDES Permit Number	Facility Name
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Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS
---------------------	---	--

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

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.		
		Outfall Number	Receiving Water Name	Latitude
				° ' "
				° ' "
				° ' "

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


Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------	-----	--

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.	
		Outfall Number _____	
		Operations Contributing to Flow	
		Operation	Average Flow
			mgd
			mgd
			mgd
			mgd
		Treatment Units	
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1

Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** _____			
		Operations Contributing to Flow			
		Operation	Average Flow		
					mgd
					mgd
					mgd
					mgd
		Treatment Units			
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		Outfall Number _____			
		Operations Contributing to Flow			
		Operation	Average Flow		
					mgd
					mgd
					mgd
					mgd
Treatment Units					
Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge			
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 4.			
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EPA Identification Number	NPDES Permit Number	Facility Name
---------------------------	---------------------	---------------

Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS
---------------------	---	--

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

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.		
		Outfall Number	Receiving Water Name	Latitude
				° ' "
				° ' "
				° ' "

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

Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------	-----	--

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.	
		Outfall Number _____	
		Operations Contributing to Flow	
		Operation	Average Flow
			mgd
			mgd
			mgd
			mgd
		Treatment Units	
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1

Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** _____			
		Operations Contributing to Flow			
		Operation	Average Flow		
					mgd
					mgd
					mgd
					mgd
		Treatment Units			
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		Outfall Number _____			
		Operations Contributing to Flow			
		Operation	Average Flow		
					mgd
					mgd
					mgd
					mgd
Treatment Units					
Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge			
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 4.			
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days		

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

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

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 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? <i>(optional item)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			

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

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

Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input type="checkbox"/> No	
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Table C. Certain Conventional and Non-Conventional Pollutants		
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Table D. Certain Hazardous Substances and Asbestos		
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)		
	7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input type="checkbox"/> No → SKIP to Section 8.	
7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))			
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.	
	8.2	List the pollutants below.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

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

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

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

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.			
	10.2	Provide information for each contract laboratory or consulting firm below.			
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm			
		Laboratory address			
		Phone number			
Pollutant(s) analyzed					

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 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.			

EPA Identification Number
TNR000040493

NPDES Permit Number
TN0081311


Facility Name
Wacker Polysilicon NA LLC

Form Approved 03/05/19
OMB No. 2040-0004

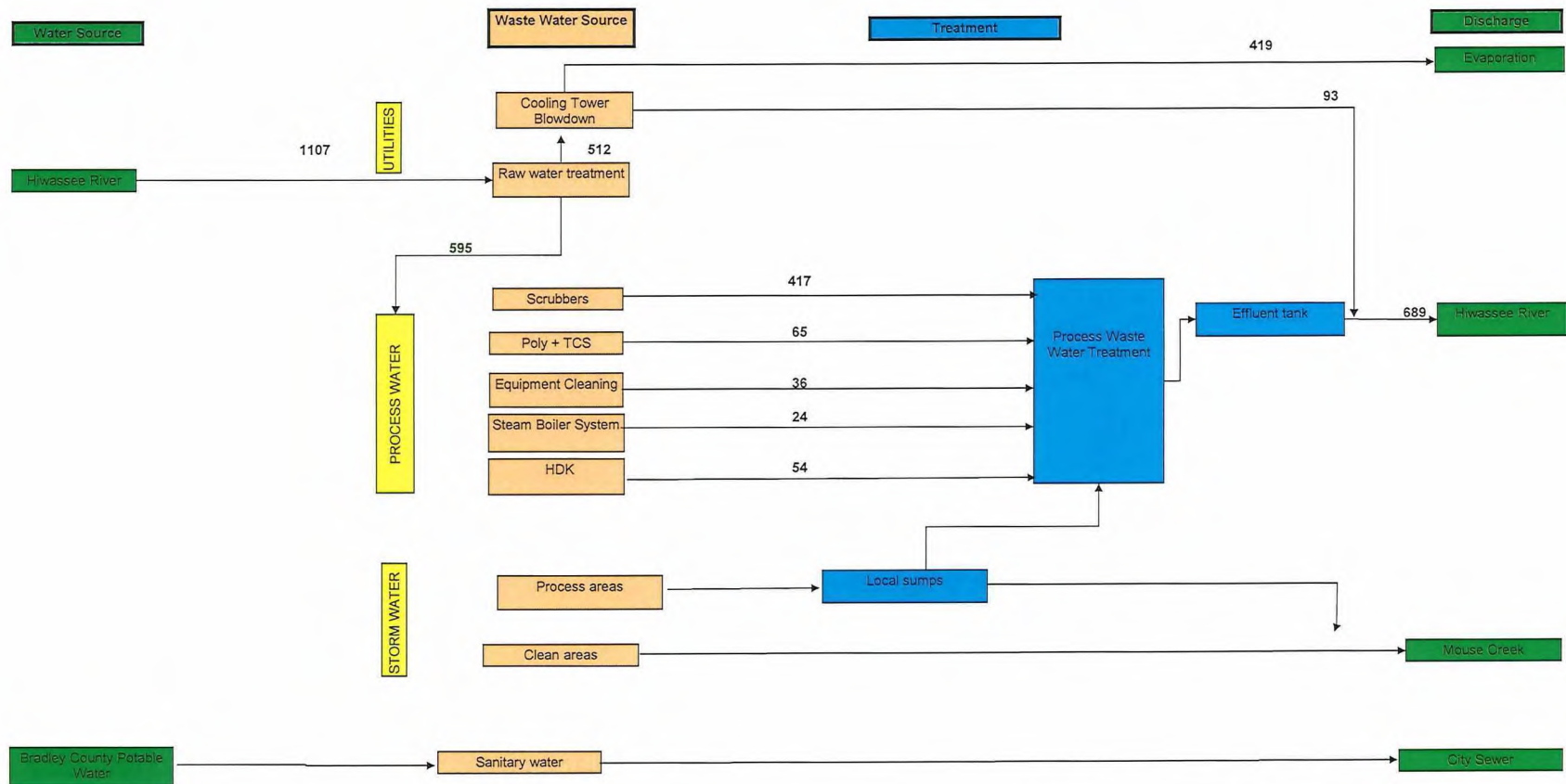
SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

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 type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input checked="" type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls
		<input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments
		<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B
		<input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ Table D
	<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

12.2	Certification Statement	
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name)	Official title
	Ken Collins	Senior Director, Site Leader
	Signature	Date signed
		12/15/2021

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Notes: 1) All values are estimated in gallons/minute
 2) Polysilicon Production capacity = 25 kilotonnes/year
 3) HDK Production capacity = 13 kilotonnes/year
 4) Volume is estimated based on past two years data, including a mix of measured and estimated flows
 5) Values can vary significantly based on atmospheric conditions and plant needs at any given time
 November 2021 Version

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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 type="checkbox"/>	Concentration							
			Mass							
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration							
			Mass							
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration							
			Mass							
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration							
			Mass							
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration							
			Mass							
6.	Flow	<input type="checkbox"/>	Rate							
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C						
	Temperature (summer)	<input type="checkbox"/>	°C	°C						
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.						
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.						

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

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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

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 type="checkbox"/>	Concentration						
					Mass						
1.2	Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.3	Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.4	Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.5	Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.6	Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.7	Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.8	Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.9	Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.10	Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.11	Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration							
					Mass							
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration							
					Mass							
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration							
					Mass							
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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

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

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration							
					Mass							
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration							
					Mass							
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration							
					Mass							
4.21	1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.22	1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.23	3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.24	Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.25	Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.26	Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.27	2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.28	2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.29	Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.31	Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.32	Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration							
					Mass							
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	Concentration Mass							
5.2	α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.3	β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.4	γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.5	δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.11	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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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 type="checkbox"/>	Concentration							
					Mass							
5.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.14	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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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 type="checkbox"/>	Concentration							
					Mass							

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

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

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

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

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

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹										
Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)		
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
24. Radioactivity										
Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
			Mass							
Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
			Mass							
Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
			Mass							
Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
			Mass							

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

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

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

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

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

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>		
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))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 type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input type="checkbox"/>		
76.	Vanadium	<input type="checkbox"/>	<input type="checkbox"/>		

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

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

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

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

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

2Fs


SW1

SW2

SW2A

SW3

SW4

Form 2F NPDES		U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY
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SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below		
	Outfall Number	Receiving Water Name	Latitude	Longitude
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "

SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

Improvements	2.1	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 type="checkbox"/> No → SKIP to Section 3.				
	2.2	Briefly identify each applicable project in the table below.				
		Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
					Required	Projected

2.3	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
-----	---

SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.		
		Outfall Number	Impervious Surface Area <small>(within a mile radius of the facility)</small>	Total Surface Area Drained <small>(within a mile radius of the facility)</small>
			<i>specify units</i>	<i>specify units</i>
			<i>specify units</i>	<i>specify units</i>
			<i>specify units</i>	<i>specify units</i>
			<i>specify units</i>	<i>specify units</i>
			<i>specify units</i>	<i>specify units</i>
			<i>specify units</i>	<i>specify units</i>
		4.2 Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)		
		4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)	
Stormwater Treatment				
Outfall Number	Control Measures and Treatment		Codes from Exhibit 2F-1 (list)	

EPA Identification Number TNR000040493	NPDES Permit Number TN0081311	Facility Name Wacker Polysilicon NA LLC
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Form Approved 03/05/19
OMB No. 2040-0004

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges	5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.			
		Name (print or type first and last name)	Official title		
		Ken Collins	Senior Director, Site Leader		
		Signature	Date signed		
			12/15/2021		
	5.2	Provide the testing information requested in the table below.			
		Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
		SW1	EPA 200.7, 245.1, 1664A, SM 5210B, 5220C, 4500-F-B, 4	10/03/2021	Yes
	SW2	EPA 200.7, 245.1, 1664A, SM 5210B, 5220C, 4500-F-B, 4	10/3/2021	Yes	
	SW2A	EPA 200.7, 245.1, 1664A, SM 5210B, 5220C, 4500-F-B, 4	10/3/2021	Yes	
	SW3	EPA 200.7, 245.1, 1664A, SM 5210B, 5220C, 4500-F-B, 4	10/3/2021	Yes	
	SW4	EPA 200.7, 245.1, 1664A, SM 5210B, 5220C, 4500-F-B, 4	10/3/2021	Yes	

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. 6/28/2019 - B300 - Citrisurf from dropped drums. Contained. 9/4/2019 - 3rd Avenue - Hydraulic fluid from forklift. Contained. 1/11/2020 - B155 - Glycol from T109 compressor. Contained. 4/8/2020 - C234 - Hydraulic oil from Lull. Contained. 4/28/20 - D312 - HDK product from dumpster. Contained. 5/7/2020 - C216 - Hydraulic oil from JLG. Contained. 5/18/2020 - B352 - Wastewater from T-2 AB218. Contained. 8/14/2020- D312 - HDKN20 from silo. Contained. 9/4/2020 - B232 - Brine from AK241. Contained. 11/6/2020 - D310 - <35% HCl Acid from flange. Contained.
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SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information	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.	
	7.1	Is this a new source or new discharge? <input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated data</i> . <input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual data</i> .
	Tables A, B, C, and D	
7.2	Have you completed Table A for each outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Discharge Information Continued	7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.5.
	7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No
	7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.
	7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
	7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input type="checkbox"/> No
	7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.10.
	7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
	7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.12.
	7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
	7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.14.
	7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
	7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.17.
	7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
	7.17	Have you provided information for the storm event(s) sampled in Table D? <input type="checkbox"/> Yes <input type="checkbox"/> No

Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Section 8.
	7.19	List the pollutants below, including TCDD if applicable.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))

Biological Toxicity Testing Data	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Section 9.	
	8.2	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 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.			
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm			
		Laboratory address			
		Phone number			
	Pollutant(s) analyzed				

EPA Identification Number
TNR000040493


NPDES Permit Number
TN0081311

Facility Name
Wacker Polysilicon NA LLC

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

10.1	In Column 1 below, mark the sections of Form 2F 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	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
	<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
	<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 7	<input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
	<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
	<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
	<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>
10.2	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>	
	Name (print or type first and last name) Ken Collins	Official title Senior Director, Site Leader
	Signature 	Date signed 12/15/2021

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter		Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information <small>(new source/new dischargers only; use codes in instructions)</small>
		Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1.	Oil and grease						
2.	Biochemical oxygen demand (BOD ₅)						
3.	Chemical oxygen demand (COD)						
4.	Total suspended solids (TSS)						
5.	Total phosphorus						
6.	Total Kjeldahl nitrogen (TKN)						
7.	Total nitrogen (as N)						
8.	pH (minimum)						
	pH (maximum)						

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 B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))¹

List each pollutant that is limited in an effluent limitation guideline (ELG) that the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

List each pollutant shown in Exhibits 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge <small>(specify units)</small>		Average Daily Discharge <small>(specify units)</small>		Number of Storm Events Sampled	Source of Information <small>(new source/new dischargers only; use codes in instructions)</small>
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Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
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EPA Identification Number

NPDES Permit Number

Facility name

Outfall Number

Form Approved 03/05/19
OMB No. 2040-0004**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

Provide a description of the method of flow measurement or estimate.

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease						
2. Biochemical oxygen demand (BOD ₅)						
3. Chemical oxygen demand (COD)						
4. Total suspended solids (TSS)						
5. Total phosphorus						
6. Total Kjeldahl nitrogen (TKN)						
7. Total nitrogen (as N)						
8. pH (minimum)						
pH (maximum)						

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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Pollutant and CAS Number (if available)	Maximum Daily Discharge <small>(specify units)</small>		Average Daily Discharge <small>(specify units)</small>		Number of Storm Events Sampled	Source of Information <small>(new source/new dischargers only; use codes in instructions)</small>
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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Pollutant and CAS Number (if available)	Maximum Daily Discharge <small>(specify units)</small>		Average Daily Discharge <small>(specify units)</small>		Number of Storm Events Sampled	Source of Information <small>(new source/new dischargers only; use codes in instructions)</small>
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Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
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Form Approved 03/05/19
OMB No. 2040-0004**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

Provide a description of the method of flow measurement or estimate.

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease						
2. Biochemical oxygen demand (BOD ₅)						
3. Chemical oxygen demand (COD)						
4. Total suspended solids (TSS)						
5. Total phosphorus						
6. Total Kjeldahl nitrogen (TKN)						
7. Total nitrogen (as N)						
8. pH (minimum)						
pH (maximum)						

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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Pollutant and CAS Number (if available)	Maximum Daily Discharge <small>(specify units)</small>		Average Daily Discharge <small>(specify units)</small>		Number of Storm Events Sampled	Source of Information <small>(new source/new dischargers only; use codes in instructions)</small>
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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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Form Approved 03/05/19
OMB No. 2040-0004**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

Provide a description of the method of flow measurement or estimate.

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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4. Total suspended solids (TSS)						
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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		

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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

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Form Approved 03/05/19
OMB No. 2040-0004**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

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Provide a description of the method of flow measurement or estimate.

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))¹

List each pollutant that is limited in an effluent limitation guideline (ELG) that the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		

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

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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

List each pollutant shown in Exhibits 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		

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).

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

List each pollutant shown in Exhibits 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		

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

Form Approved 03/05/19
OMB No. 2040-0004**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

Provide a description of the method of flow measurement or estimate.

ITEM G. – SCHEMATIC OF WATER FLOW/DRAWING SHEETS

Under this Section, the following drawing sheets are listed:

Sheet No. 1, Site Map/Drainage Area Plan Figure 1

Drawing No. C17.0, Drainage Area 1, Detention Pond #1, Details

Drawing No. C17.1, Drainage Area 2, Detention Pond #2, Details

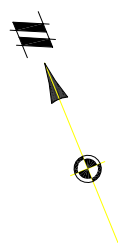
Drawing No. C17.2, Drainage Area 3, Detention Pond #3, Details

Drawing No. C17.3, Drainage Area 4, Detention Pond #4, Details

Drawing No. C17.4, Detention Pond Outlet Control Structure Details

Sheet No. 2, Site Map/Drainage Area Plan Figure 2

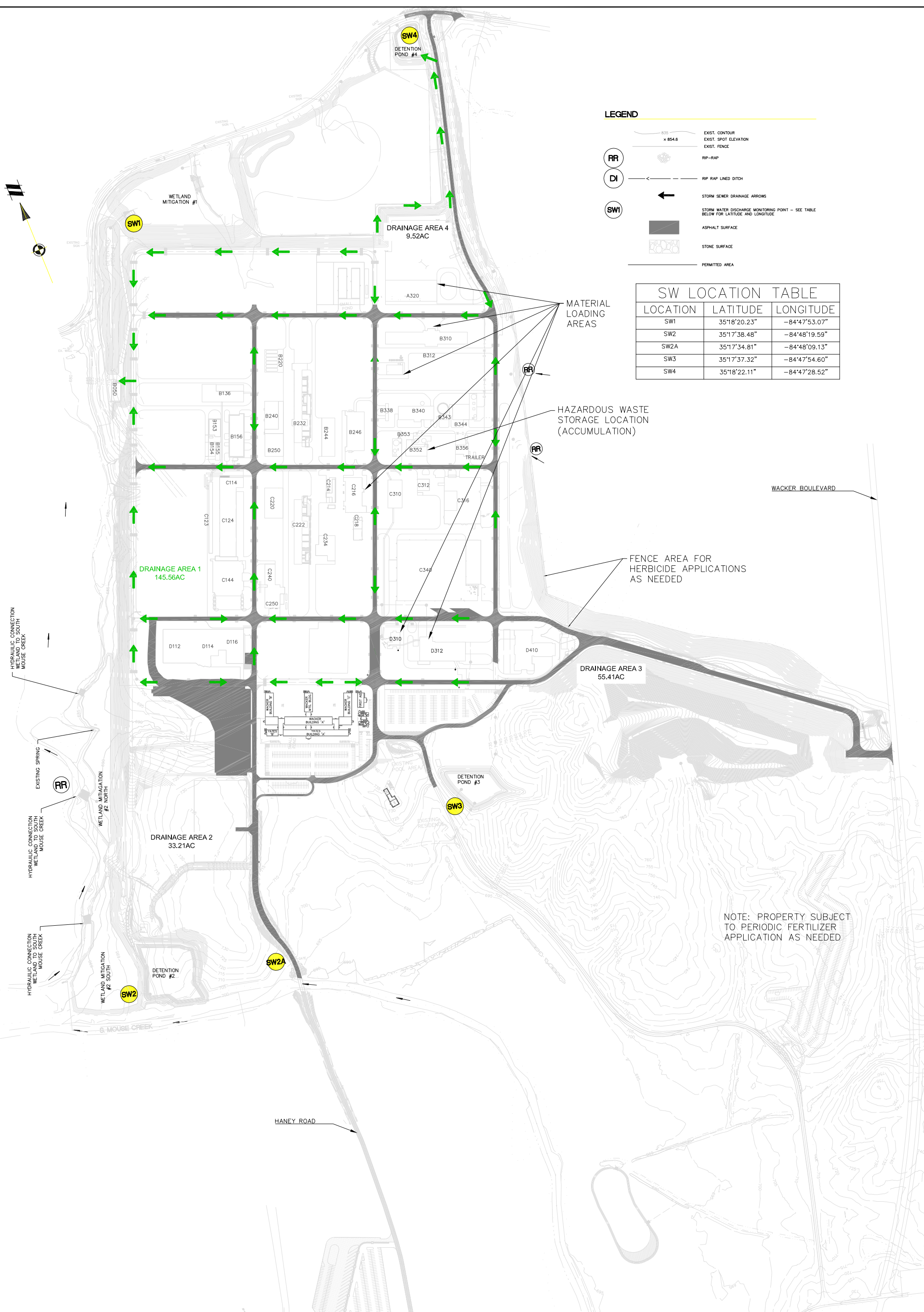
Sheet No. 7, Offsite Drainage Bypass Plan



LEGEND

- EXIST. CONTOUR
- EXIST. SPOT ELEVATION
- EXIST. FENCE
- RIP-RAP
- RIP-RAP LINED DITCH
- STORM SEWER DRAINAGE ARROWS
- STORM WATER DISCHARGE MONITORING POINT - SEE TABLE BELOW FOR LATITUDE AND LONGITUDE
- ASPHALT SURFACE
- STONE SURFACE
- PERMITTED AREA

SW LOCATION TABLE		
LOCATION	LATITUDE	LONGITUDE
SW1	35°18'20.23"	-84°47'53.07"
SW2	35°17'38.48"	-84°48'19.59"
SW2A	35°17'34.81"	-84°48'09.13"
SW3	35°17'37.32"	-84°47'54.60"
SW4	35°18'22.11"	-84°47'28.52"



MATERIAL LOADING AREAS

HAZARDOUS WASTE STORAGE LOCATION (ACCUMULATION)

FENCE AREA FOR HERBICIDE APPLICATIONS AS NEEDED

NOTE: PROPERTY SUBJECT TO PERIODIC FERTILIZER APPLICATION AS NEEDED

SCALE: 0 125 250

 1" = 250 FEET

 CAD FILE:

 JOB: 08003466

 DR. JDM / CH.

 P.M. M. KENDALL

REVISIONS

CLIENT: WACKER POLYSILICON NORTH AMERICA, LLC

 WACKER POLY 11 TENNESSEE

 STORM WATER POLLUTION PREVENTION PLANS

 SITE MAP/ DRAINAGE AREA PLAN

 DATE: JUNE 20, 2014

 REV 1 - 5/16/19

CHARLESTON

 BRADLEY COUNTY, TENNESSEE

ATWELL

 866.850.4200 | www.atwell-group.com

 OFFICES IN NORTH AMERICA AND ASIA

 658 GRASSMERE PARK DRIVE

 SUITE 103

 NASHVILLE, TN 37211

 615 332 8414

Land Development & Real Estate

 Power & Energy

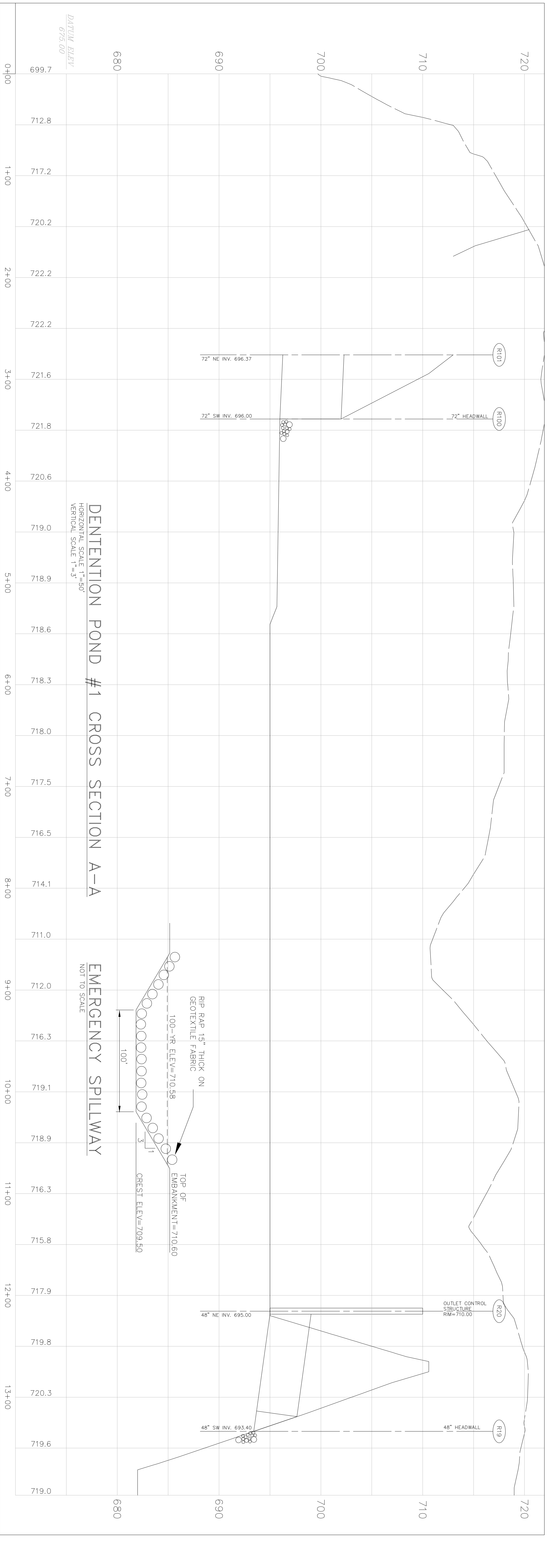
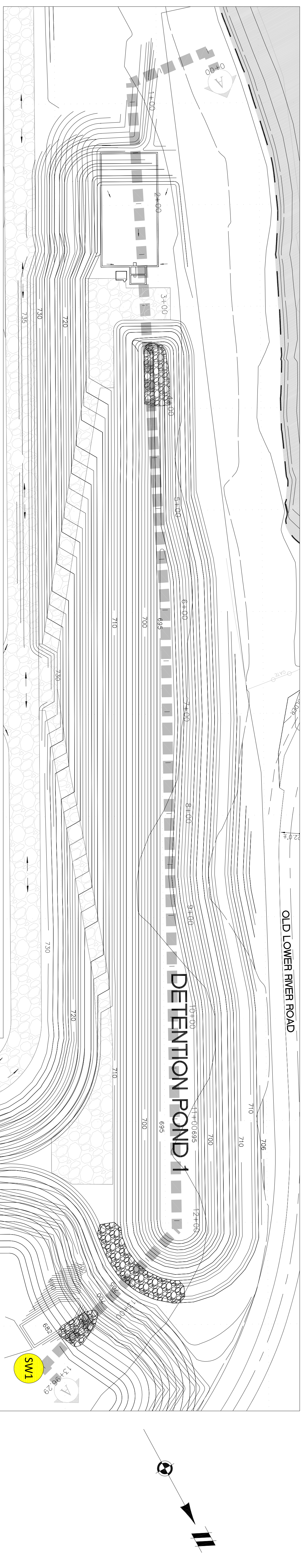
 Telecommunications

 Infrastructure & Transportation

 Environmental & Solid Waste

 Water & Natural Resources

FIG. 1



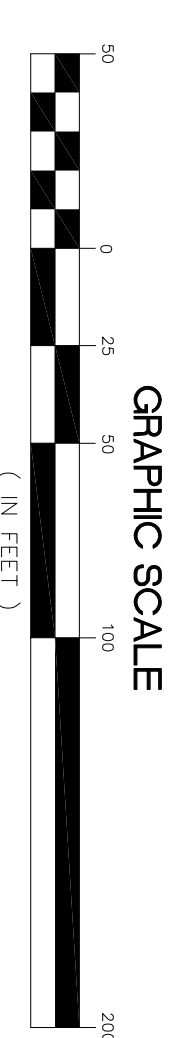
DRAINAGE AREA 1

TOTAL ACREAGE = 145.56
 DISTURBED AREA = 0
 STABILIZED AREA = 0



LEGEND

	EXIST. CONTOUR 825'
	EXIST. PROPOSED CONTOUR 825'
	EXIST. 100% FLOODPLAIN



THE LOCATIONS OF EXISTING UNDERGROUND UTILITIES ARE SHOWN IN AN APPROXIMATE WAY ONLY, AND HAVE NOT BEEN REPRODUCED FROM ANY RECORDS. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION OF ALL EXISTING UTILITIES BEFORE ANY CONSTRUCTION BEGINS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ANY AND ALL DAMAGES WHICH MIGHT BE OCCASIONED BY THE CONTRACTOR'S FAILURE TO EXACTLY LOCATE AND PRESERVE ANY AND ALL UNDERGROUND UTILITIES.

NOTICE:
 CONSTRUCTION SITE SAFETY IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE SAFETY OF THE WORK OF PERSONS ENGAGED IN THE WORK OF ANY NEARBY STRUCTURES, OR OF ANY OTHER PERSONS. NO REPRODUCTION SHALL BE MADE WITHOUT THE PRIOR WRITTEN CONSENT OF ATWELL.

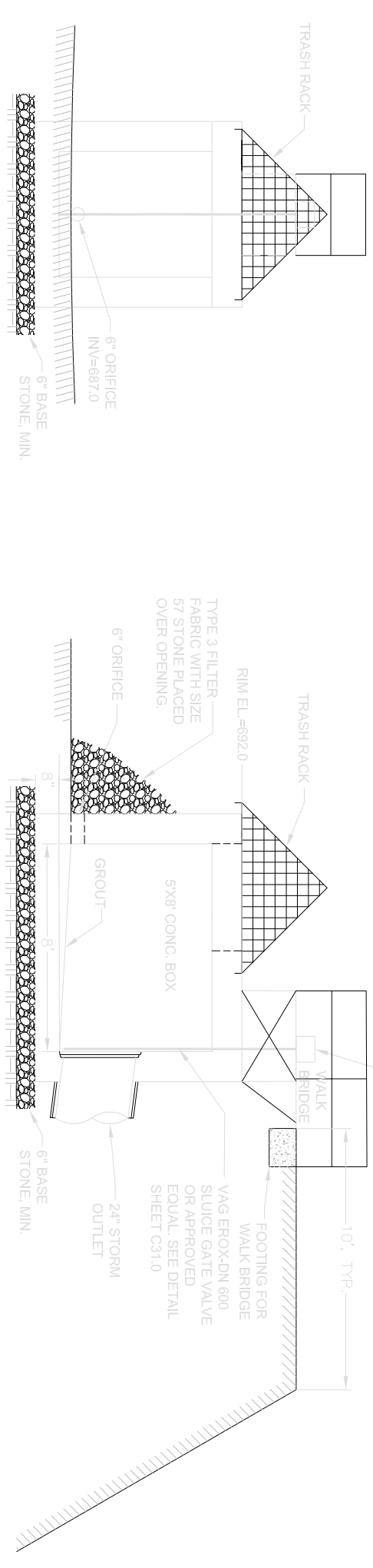
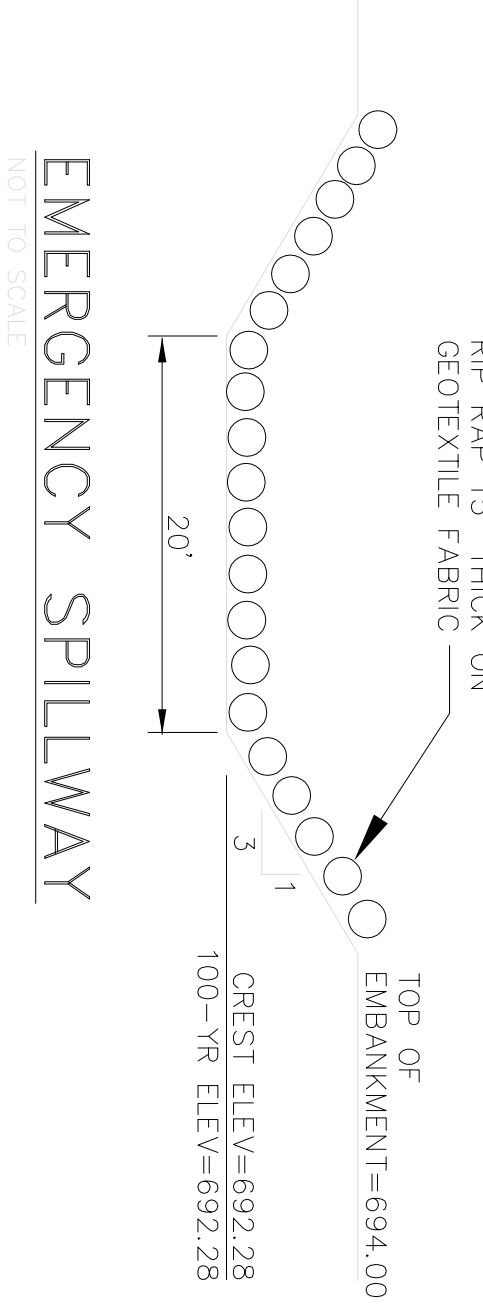
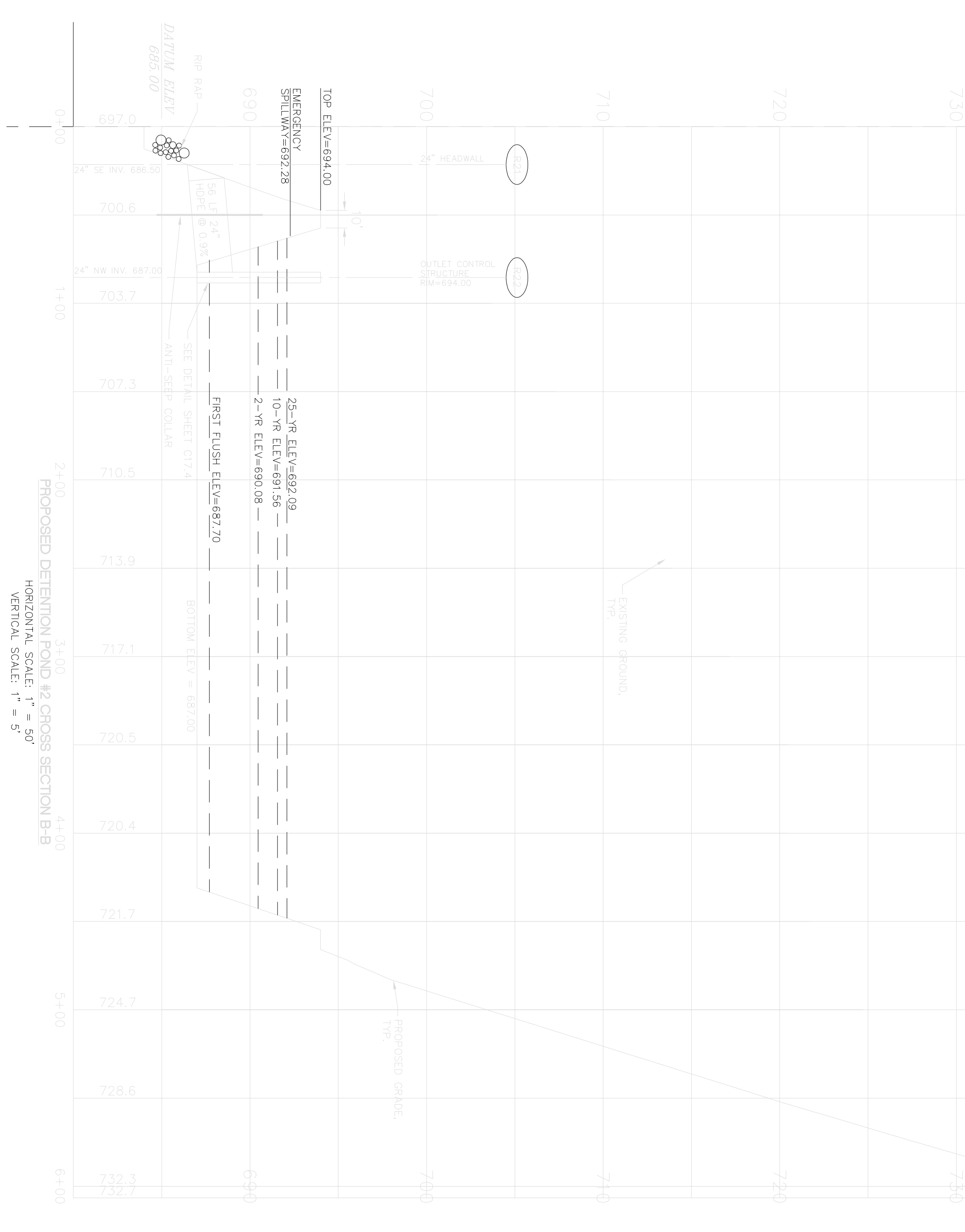
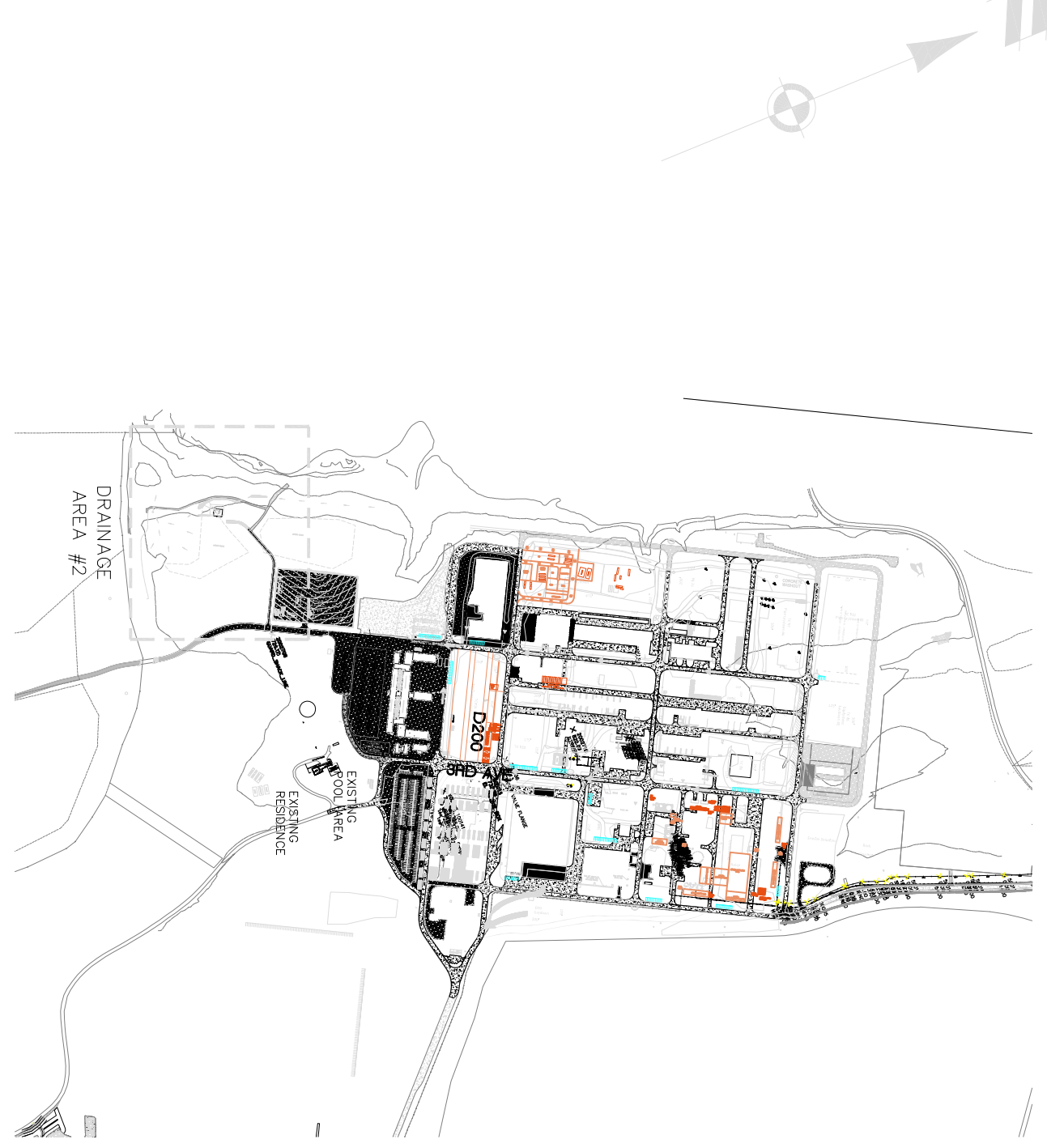
REV	NO.	DATE	DESCRIPTION	BY	CHECKED
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REV22.0		10/30/2015	REVISED WETLAND MITIGATION PLAN	ATWELL	
REV21.0		08/27/2015	REVISED PIPE SIZING & INVERTS FOR ROAD&R&R	ATWELL	
REV20.0		08/26/2015	REVISED STREET INCLUDING TRUCK PARKING AREA	ATWELL	
REV19.0		12/08/2014	REVISED WETLAND DESIGN	ATWELL	
REV18.0		11/05/2014	REVISED WETLAND MITIGATION PLAN	ATWELL	
REV17.0		07/23/2014	REVISED STORMWATER CHANNELS - ADDED ELEVATIONS	ATWELL	
REV16.0		06/30/2014	IFC STORMWATER CHANNELS AND DETAILS	ATWELL	
REV15.0		04/08/2014	REVISED WETLAND DESIGN FOR WETLANDS #1 & 2	ATWELL	
REV14.0		07/24/2013	REVISED WETLAND DESIGN FOR WETLANDS #1 & 2	ATWELL	
REV13.0		07/24/2013	REVISED NORTH ENTRANCE ROAD GRADING PLAN	ATWELL	
REV12.0		07/12/2013	REVISED NORTH ENTRANCE ROAD GRADING PLAN	ATWELL	
REV11.0		05/01/2013	REVISED ROAD #4 OUTLET STRUCTURE DETAILS	ATWELL	
REV10.0		11/02/12	REVISED ROAD #4 OUTLET STRUCTURE DETAILS	ATWELL	
REV9.0		10/24/12	REVISED ROAD #4 STREET CROSS-SECTION	ATWELL	
REV8.0		09/11/12	REVISED ROAD #4 STREET CROSS-SECTION	ATWELL	
REV7.0		12/13/11	REVISED WALKWAY BRIDGE/SLUICE GATE	ATWELL	
REV6.0		12/13/11	REVISED WALKWAY BRIDGE/SLUICE GATE	ATWELL	
REV5.0		12/13/11	REVISED WALKWAY BRIDGE/SLUICE GATE	ATWELL	
REV4.0		12/13/11	REVISED WALKWAY BRIDGE/SLUICE GATE	ATWELL	
REV3.0		12/13/11	REVISED WALKWAY BRIDGE/SLUICE GATE	ATWELL	
REV2.0		12/13/11	REVISED WALKWAY BRIDGE/SLUICE GATE	ATWELL	
REV1.0		12/13/11	REVISED WALKWAY BRIDGE/SLUICE GATE	ATWELL	

Drawn by: BPH, MSC
 Checked by: North America, LLC
 Approved by: Site Charleston Tennessee
 Scale: 1"=50'
 Tolerances: ISO 9015
 Drawing No.: C17.0

Project Name: DETENTION POND #1
 Project No.: C17.0

Company: ATWELL
 4160 N. JORDGE ST.
 CLEVELAND, OH 44132
 800.530.4500

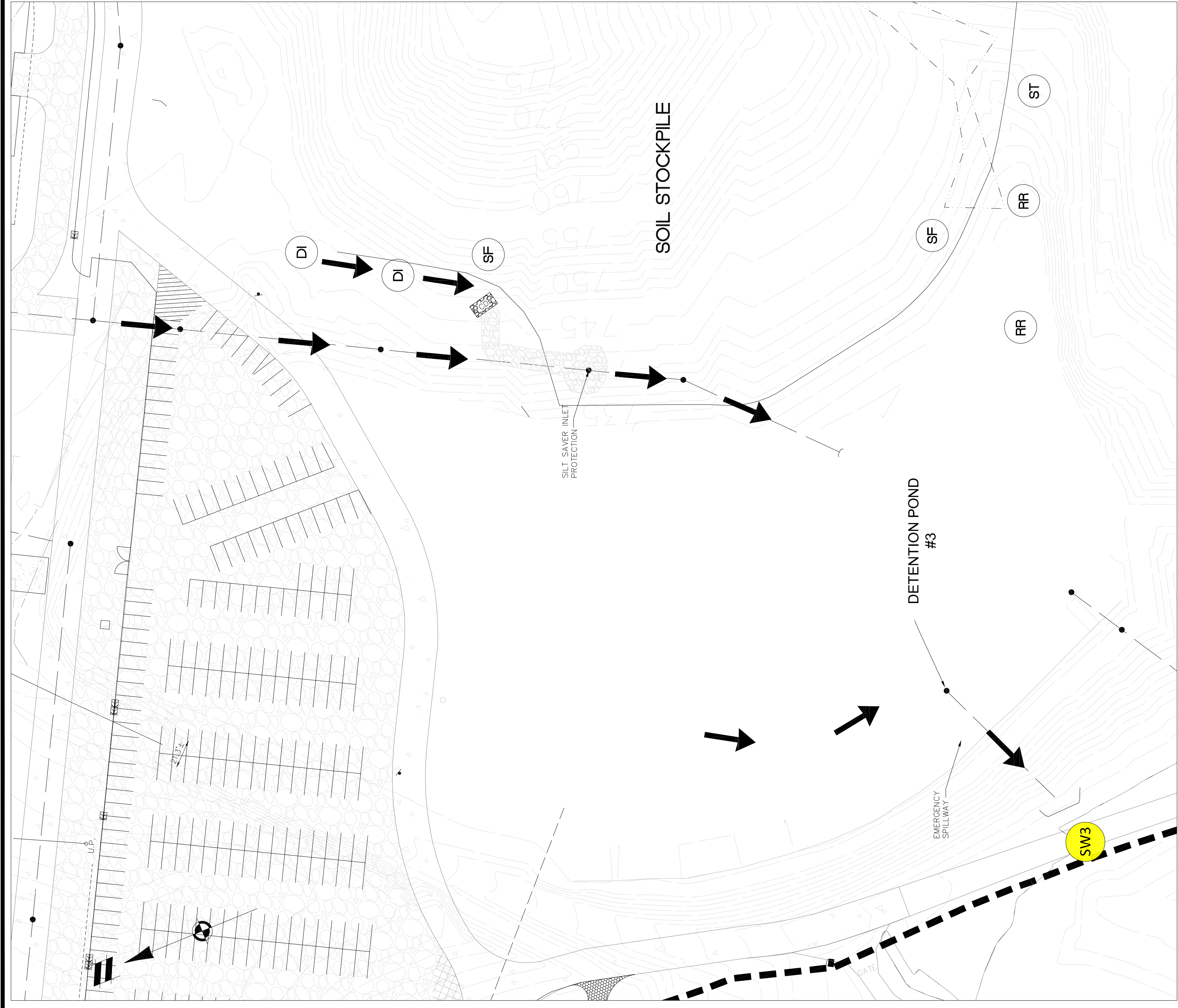
Document Type: CONSTRUCTION DOCUMENTS
 Contract No.: 08003465CP-17-RNDJ.dwg



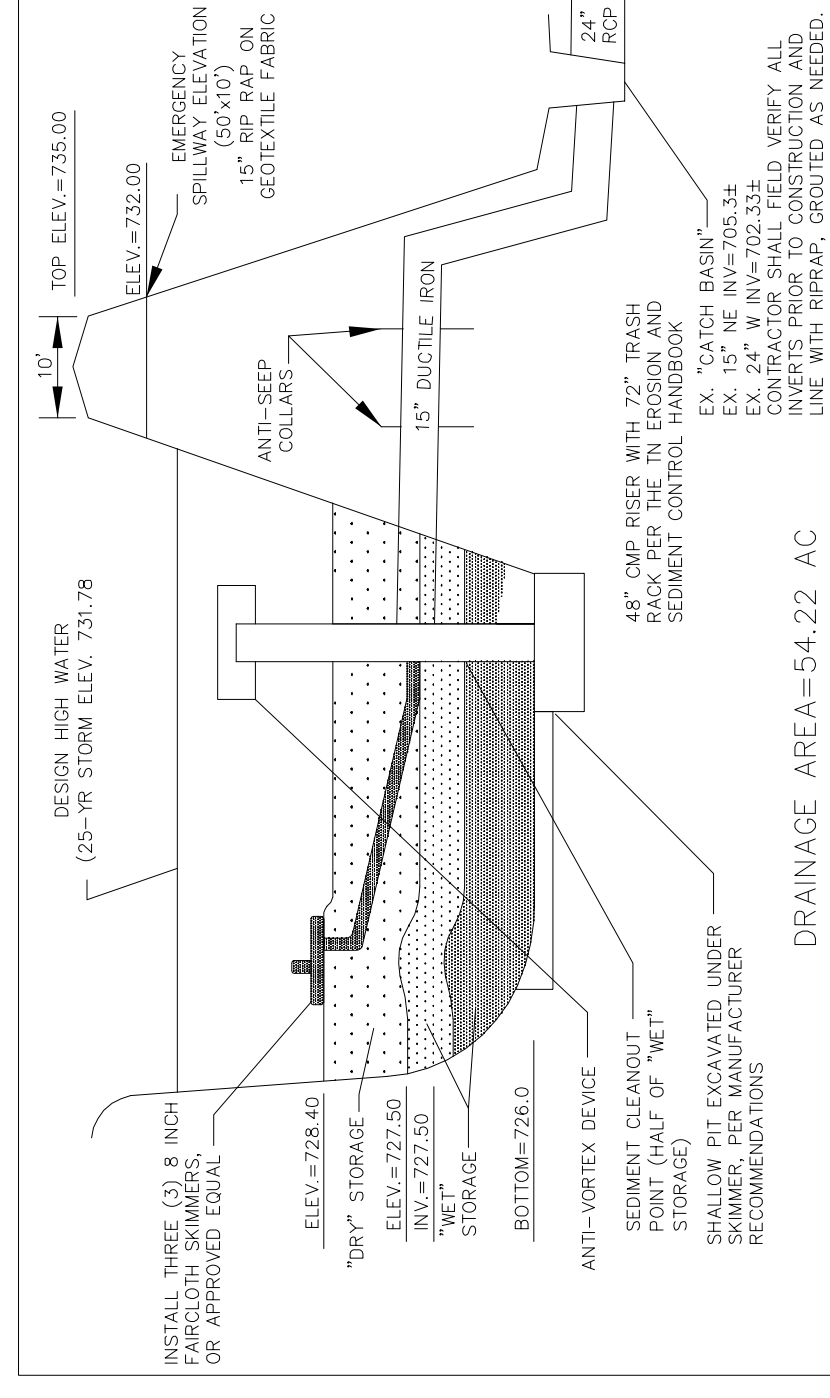
DRAINAGE AREA 2
TOTAL AREA 33.21
DISTURBED AREA = 0
STABILIZED AREA = 0

- SOIL EROSION**
- DSF** ———— Temporary double row silt fence with wire backing, 9" x 9" spacing (E-378-X2)
 - SF** ———— Temporary silt fence with wire backing (E-378-X2)
 - ISF** ———— Internal silt fence (E-378-X3)
NOTE: INTERNAL SILT FENCE IS NOT INSTALLED AT THE TOP OF NECESSARY AS FILL IS DEPOSITED THROUGHOUT.
 - TP** ———— Temporary tree protection fence
 - ST** ———— Temporary sediment trap with rock stabilized outlet
 - CE** ———— Temporary construction exit
 - RR** ———— Rip-rap
 - DI** ———— Temporary diversion ditch
 - PAM** ———— Temporary silt separator treatment ditch
 - FF** ———— Stone filter bank (see code book as approved by DDC)
 - BF** ———— Rip-rap buffer
 - DW** ———— Temporary diversion trap

DETENTION POND #2 OUTLET STRUCTURE

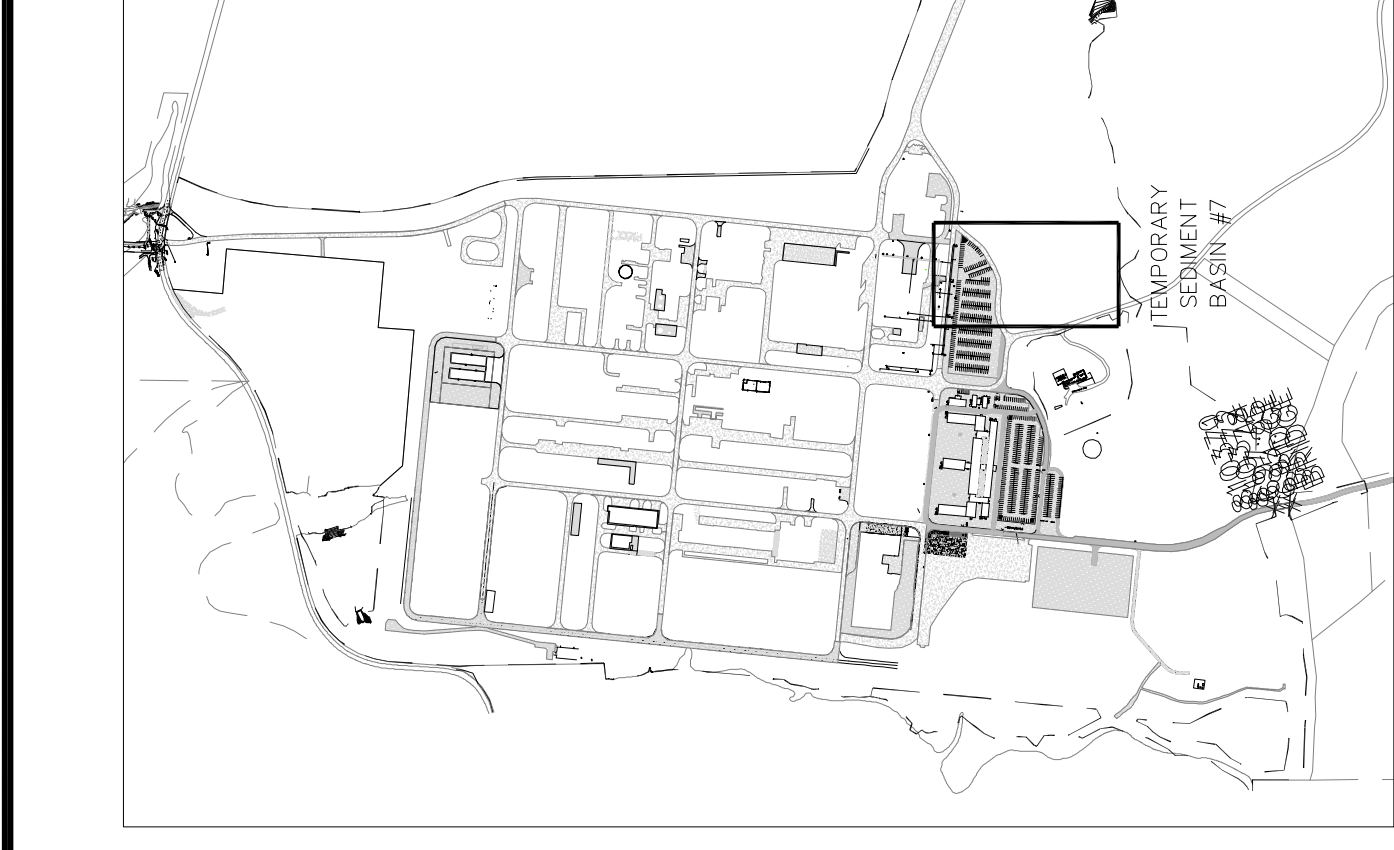


DETONATION POND #3
SCALE: 1" = 50'



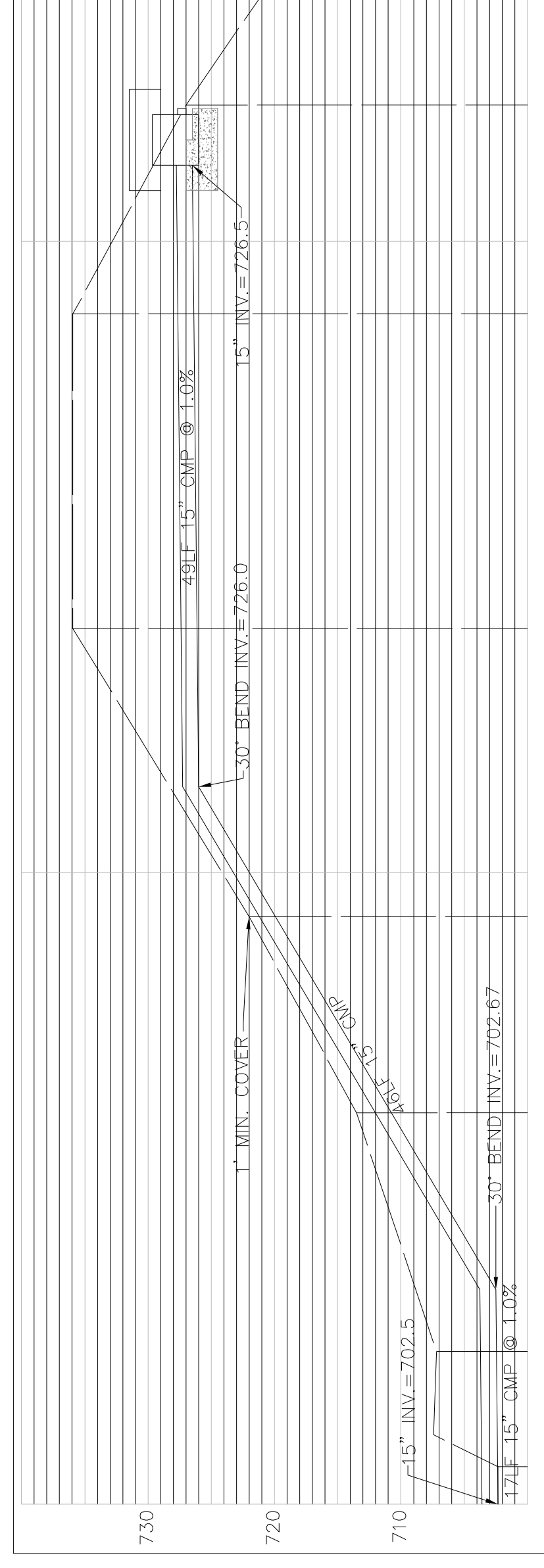
DETONATION POND #3 CROSS SECTION DETAIL
NTS

NOTE: THE 25-YR, 24 HOUR STORM WAS USED AS A BASIS FOR THE DESIGN OF THE SEDIMENT PONDS.



LOCATION MAP
SCALE: 1" = 1,000'

DRAINAGE AREA 3
TOTAL ACREAGE = 55.41
DISTURBED AREA = 0
STABILIZED AREA = 0

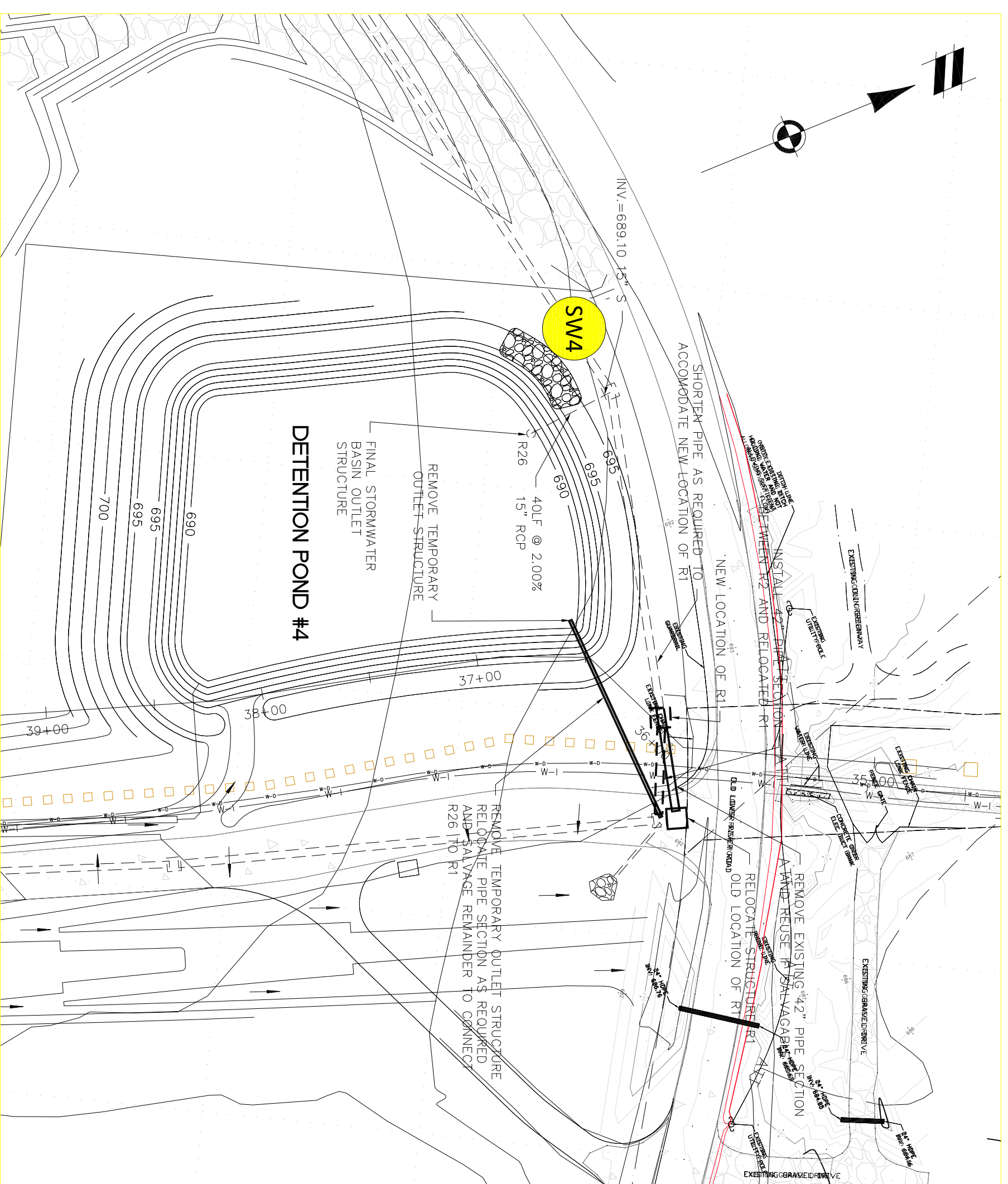


DETONATION POND #3
1" = 10'

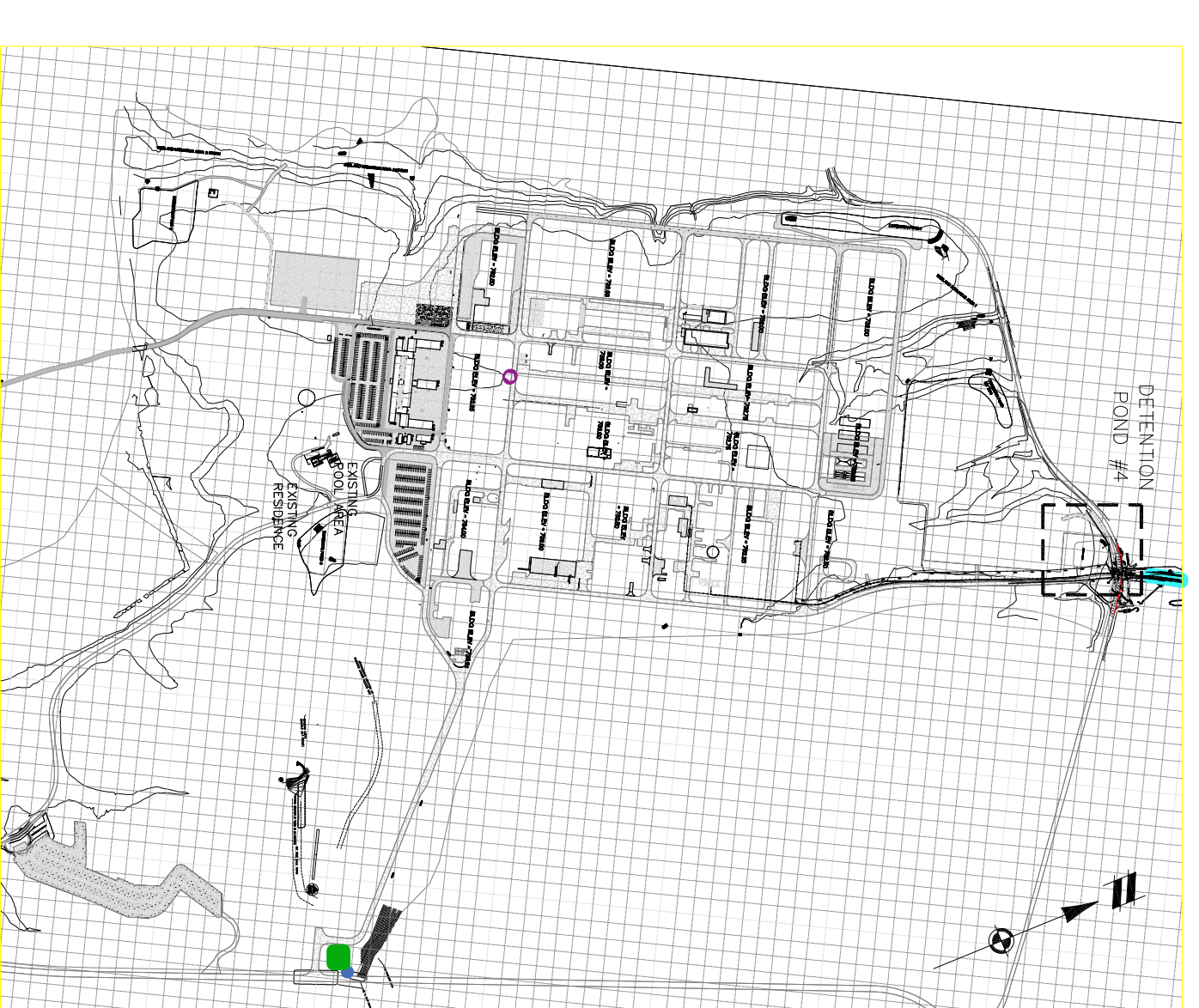
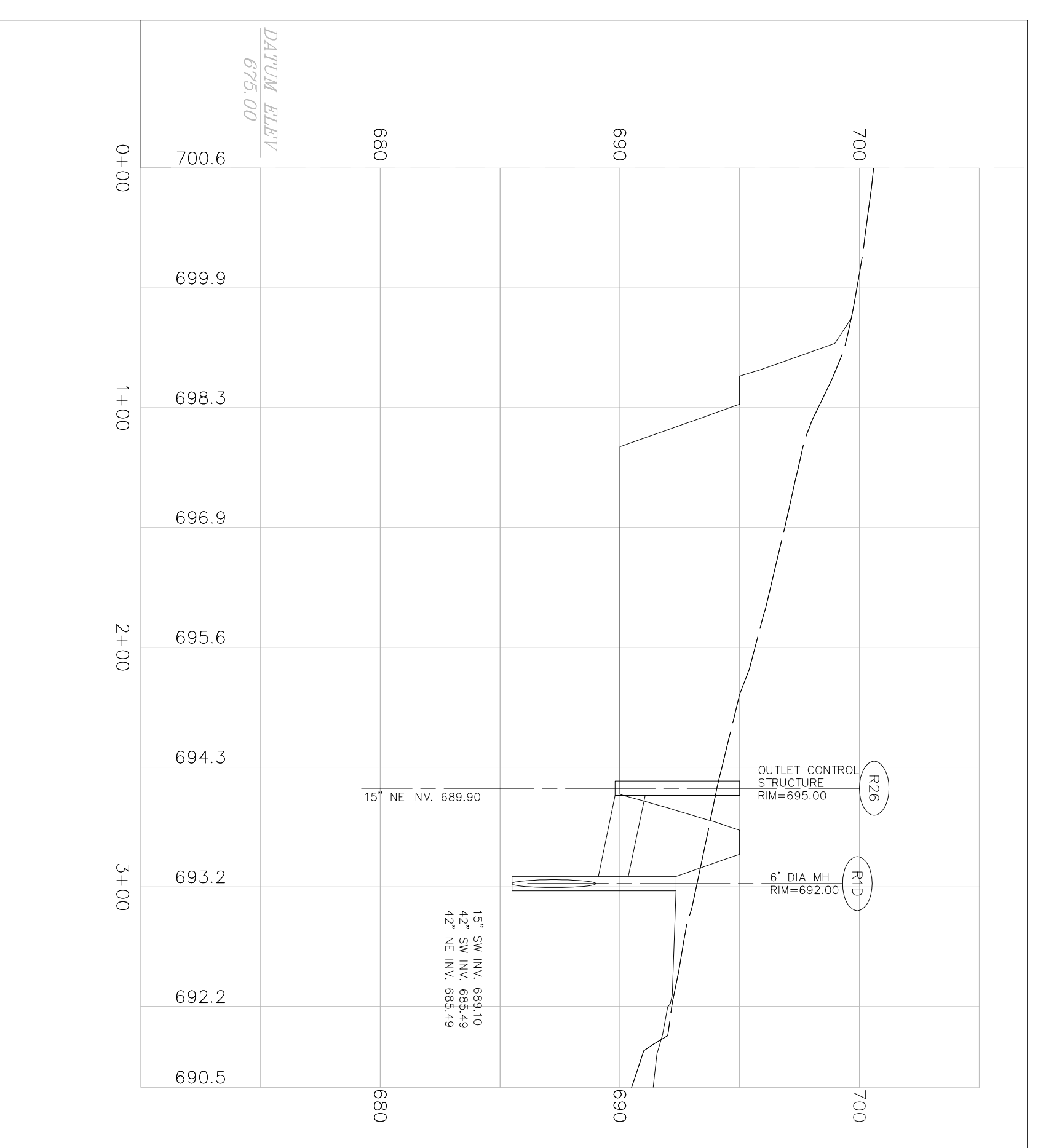
SOIL EROSION

- DSF _____ TEMPORARY DOUBLE ROW SILT FENCE WITH WIRE BACKING, 3FT. SEPARATION (EC-SFR-3C)
- SF _____ TEMPORARY SILT FENCE WITH WIRE BACKING (EC-SFR-3C)
- ISF _____ INTERIOR SILT FENCE (EC-SFR-3B) INSTALLED AT THE TOP OF FULL PLACEMENT. INTERIOR SILT FENCES TO BE RELOCATED AS NECESSARY AS FILL PLACEMENT PROCEEDS.
- TP _____ TEMPORARY TREE PROTECTION FENCE
- ST _____ TEMPORARY SEDIMENT TRAP WITH ROCK STABILIZED OUTLET
- CE _____ TEMPORARY CONSTRUCTION EXIT
- RR _____ RIP-RAP
- DI _____ TEMPORARY DIVERSION DITCH
- PAM _____ TEMPORARY STORMWATER TREATMENT DITCH
- FR _____ STONE FILTER RING (OR CORE LOSS AS APPROVED BY TRCO)
- BF _____ RIPRAP BUFFER
- DW _____ TEMPORARY DRAINAGE TRAP
- _____ TEMPORARY BAFFLE
- _____ TEMPORARY CHECK DAM (OR EROSION EEL AS APPROVED BY TRCO)
- _____ TEMPORARY SEDIMENT BASIN OUTLET CONTROL STRUCTURE

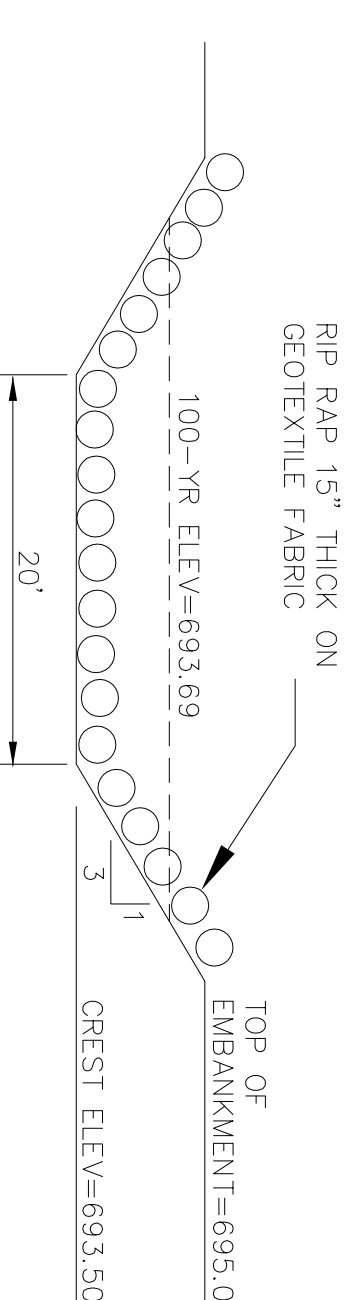
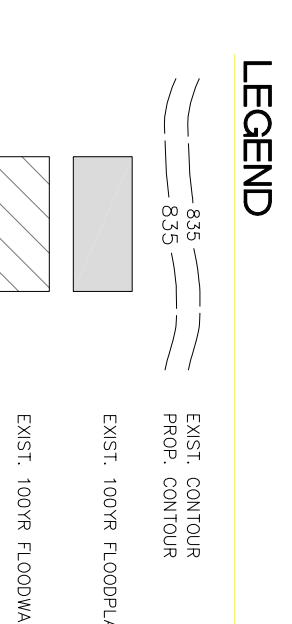
WACKER POLYSILICON NORTH AMERICA, LLC CLIENT		BRADLEY COUNTY, TENNESSEE	CHARLESTON	WACKER POLY 11 TENNESSEE STORM WATER POLLUTION PREVENTION PLANS DRAINAGE AREA 3 DETONATION POND #3 DETAILS	DATE: MAY 16, 2014	REVISIONS C17.2	SCALE 0 25 50 1" = 50 FEET	DR. JMK CH MCI P.M. M. KENDALL CAD FILE: 08004686PCS-04.dwg JOB 08003466	SHEET NO. 4
WACKER POLYSILICON NORTH AMERICA, LLC CLIENT		BRADLEY COUNTY, TENNESSEE							



DETENTION POND #4
SCALE: 1" = 1000'



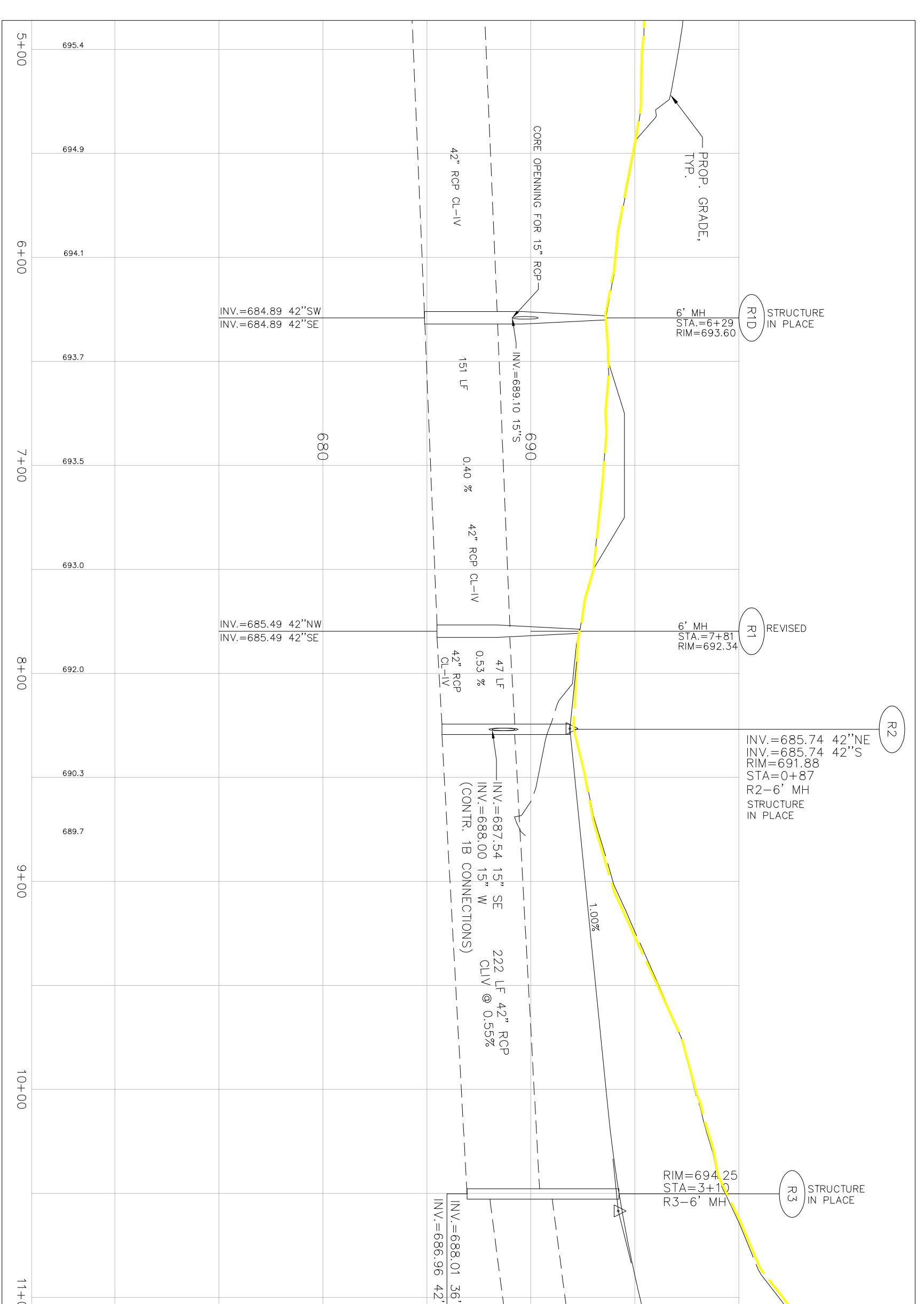
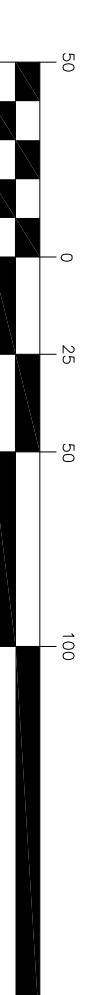
Drainage Area Map
SCALE: 1" = 1000'



EMERGENCY SPILLWAY
NOT TO SCALE

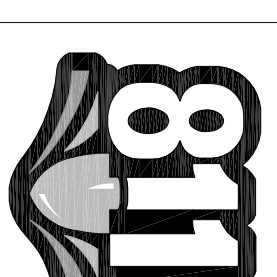
DRAINAGE AREA #4
TOTAL ACREAGE = 9.52
DISTURBED AREA = 0
STABILIZED AREA = 0

GRAPHIC SCALE



POND #4 OUTLET STRUCTURE
SCALE: 1" = 1000'

REV 11.0



Know what's below.
Call before you dig.

THE LOCATIONS OF EXISTING UNDERGROUND UTILITIES ARE SHOWN IN AN APPROXIMATE WAY ONLY AND HAVE NOT BEEN VERIFIED BY THE CONTRACTOR. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION OF ALL EXISTING UTILITIES BEFORE ANY CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ANY AND ALL DAMAGES WHICH MIGHT BE OCCASIONED BY THE CONTRACTOR'S FAILURE TO EXACTLY LOCATE AND PRESERVE ANY AND ALL UNDERGROUND UTILITIES.

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REV23.0	REVISED WETLAND INTERSECTION 1, 2, & 3 DESIGN APPROVED	05/18/2016	ATG	ATWELL
REV22.0	REVISED WETLAND INTERSECTION 1, 2, & 3 DESIGN APPROVED	11/09/2015	ATG	ATWELL
REV21.0	REVISED PIPE SIZING & INVERTS FOR R101&R10C	08/27/2015	ATG	ATWELL
REV20.0	REVISED STREET INCLUDING TRUCK PARKING AREA	08/25/2015	ATG	ATWELL
REV19.0	REVISED WETLAND DESIGN	12/05/2014	ATG	ATWELL
REV18.0	REVISED WETLAND INTERSECTION 1, 2, & 3 DESIGN APPROVED	11/05/2014	ATG	ATWELL
REV17.0	REVISED STORMWATER CHANNELS - ADDED ELEVATIONS	07/23/2014	ATG	ATWELL
REV16.0	IFC STORMWATER CHANNELS AND DETAILS	06/30/2014	ATG	ATWELL
REV15.0	REVISED WETLAND DESIGN FOR WETLANDS 1 & 2	04/08/2014	ATG	ATWELL
REV14.0	REVISED WETLAND DESIGN FOR WETLANDS 1 & 2	07/24/2013	ATG	ATWELL
REV13.0	REVISED NORTH ENTRANCE ROAD GRADING PLAN	07/12/2013	ATG	ATWELL
REV12.0	REVISED NORTH ENTRANCE ROAD GRADING PLAN	05/01/2013	ATG	ATWELL
REV11.0	REVISED ROAD #4 OUTLET STRUCTURE DETAILS	11/02/12	ATG	ATWELL
REV10.0	REVISED ROAD CROSS-SECTION	10/24/12	ATG	ATWELL
REV9.0	REVISED ROAD CROSS-SECTION	09/11/12	ATG	ATWELL
REV8.0	REVISED WALKWAY BRIDGE/SLUICE GATE	12/13/11	KKH	WACKER
REV7.0	REVISED WALKWAY BRIDGE/SLUICE GATE	12/13/11	KKH	WACKER

ATWELL
4160 N. JORDGE ST.
CLEVELAND, TN 37312
866.530.4500

Wacker PolySilicon
North America, LLC
Site: Charleston, Tennessee

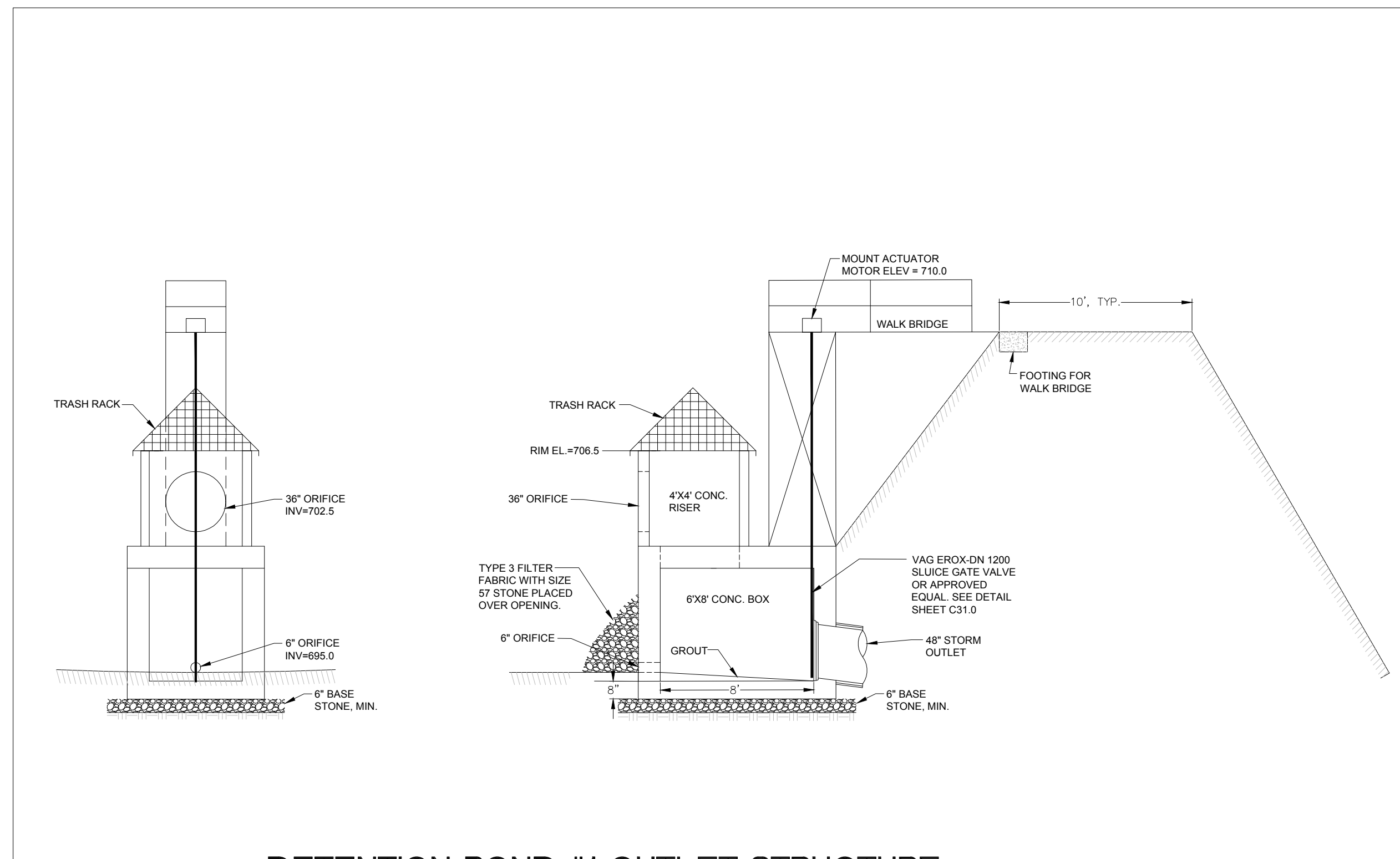
Drawn: 01/07/11 BPH, MSC
Checked: Norm, tented
Approved: [Signature]
Scale: 1"=50'
Tolerances: ISO 9015

Drawing No.: C17.3

**DRAINAGE AREA 4
DETENTION POND #4
DETAILS**

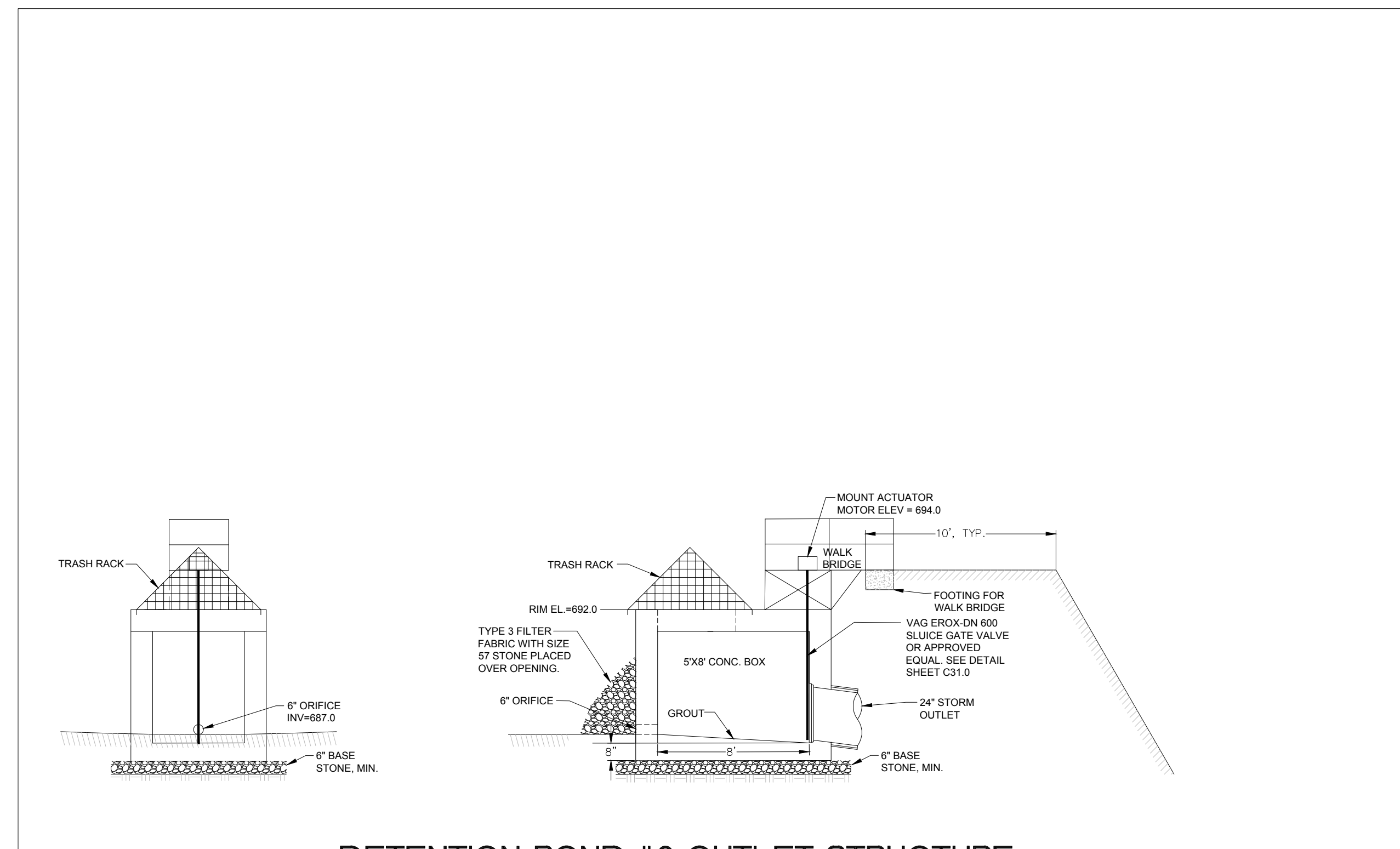
Document Type: CONSTRUCTION DOCUMENTS
Contract: 1B

Released By: [Signature]
CADD No.: 08003465CP-17-RNDJ.dwg



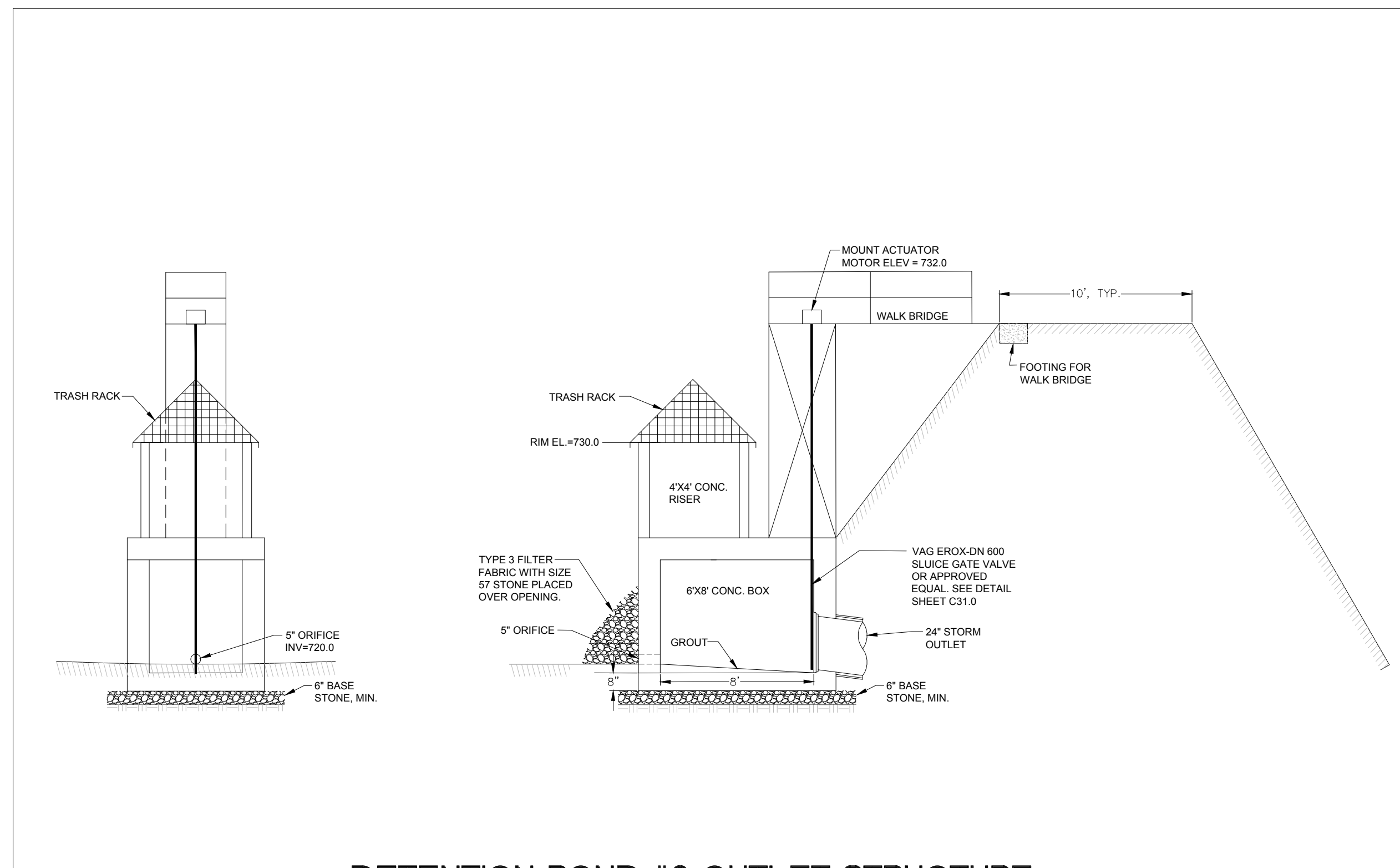
DETENTION POND #1 OUTLET STRUCTURE

NOT TO SCALE



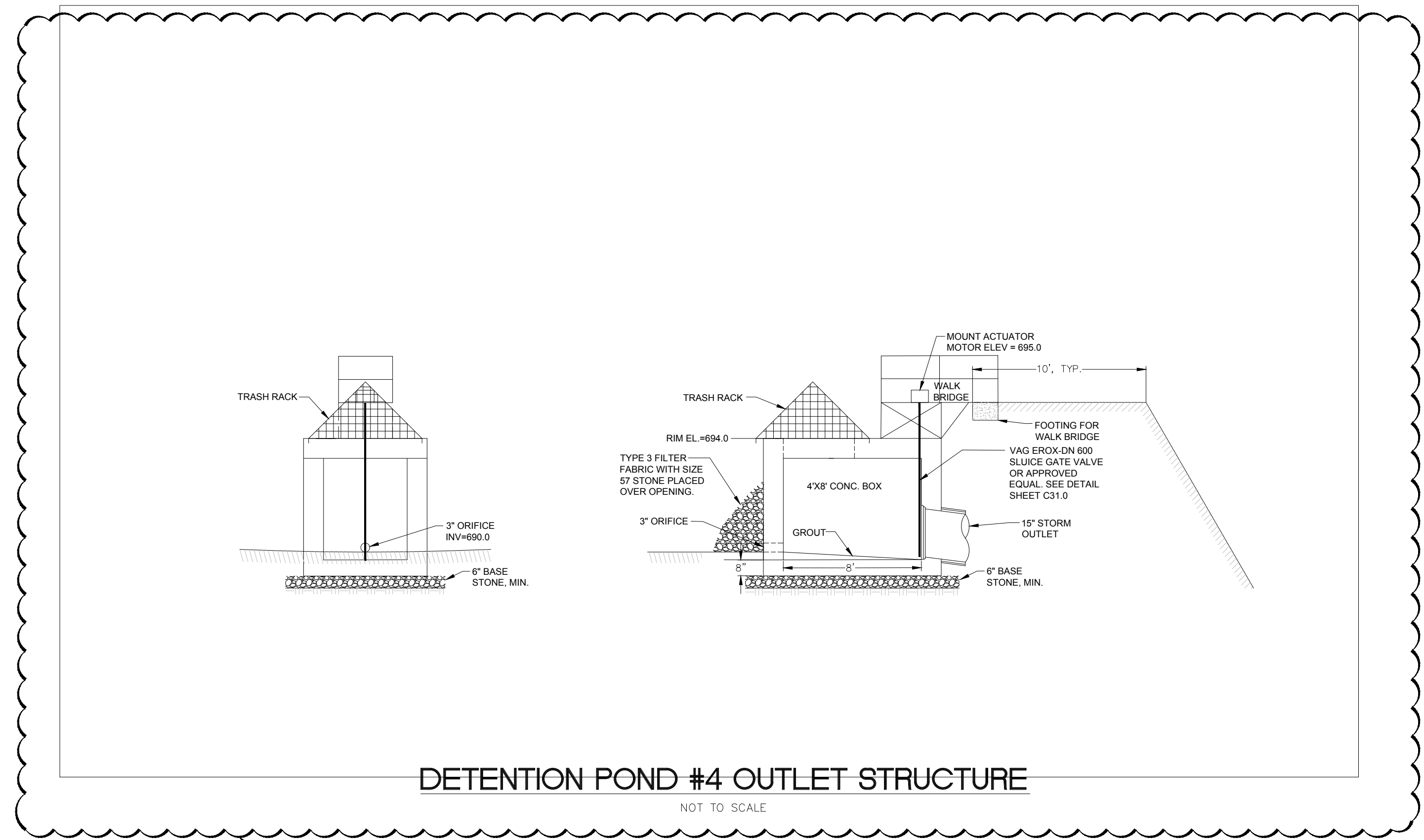
DETENTION POND #2 OUTLET STRUCTURE

NOT TO SCALE



DETENTION POND #3 OUTLET STRUCTURE

NOT TO SCALE



DETENTION POND #4 OUTLET STRUCTURE

NOT TO SCALE

REV 11.0



Know what's below.
Call before you dig.

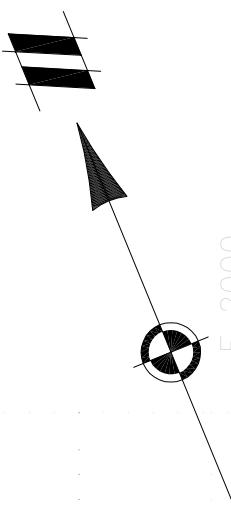
THE LOCATIONS OF EXISTING UNDERGROUND UTILITIES ARE SHOWN IN AN APPROXIMATE WAY ONLY AND HAVE NOT BEEN INDEPENDENTLY VERIFIED BY THE OWNER OR ITS REPRESENTATIVE. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION OF ALL EXISTING UTILITIES BEFORE COMMENCING WORK, AND AGREES TO BE FULLY RESPONSIBLE FOR ANY AND ALL DAMAGES WHICH MIGHT BE OCCASIONED BY THE CONTRACTOR'S FAILURE TO EXACTLY LOCATE AND PRESERVE ANY AND ALL UNDERGROUND UTILITIES.

NOTICE: CONSTRUCTION SITE SAFETY IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR; NEITHER THE OWNER NOR THE ENGINEER SHALL BE EXPECTED TO ASSUME ANY RESPONSIBILITY FOR SAFETY OF THE WORK, OF PERSONS ENGAGED IN THE WORK, OF ANY NEARBY STRUCTURES, OR OF ANY OTHER PERSONS.

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REV 0.0	ASBUILT STORM SEWER SYSTEM	07/31/2015	ATG	ATWELL
Index	Alteration	Date	Name	Company
Drawn	07/20/2015	JDM	Wacker Polysilicon	This document may not be transmitted, reproduced, utilized or communicated, either as a whole or in part, without express written approval. Damages must be paid in cases of non-compliance. All rights reserved if a patent or utility model is applied for and if any intellectual property rights result therefrom.
Checked			North America, LLC	
Norm tested			Site Charleston Tennessee	
Approved				
Scale	DETENTION POND OUTLET CONTROL STRUCTURE DETAILS			Document-Typ: RECORD DRAWINGS CONTRACT 1B
NTS				
Tolerances				Replaces:
ISO 8015				Replaced by:
Drawing-No.: C17.4				CAD-No.: 08003466CP-17-PND.dwg

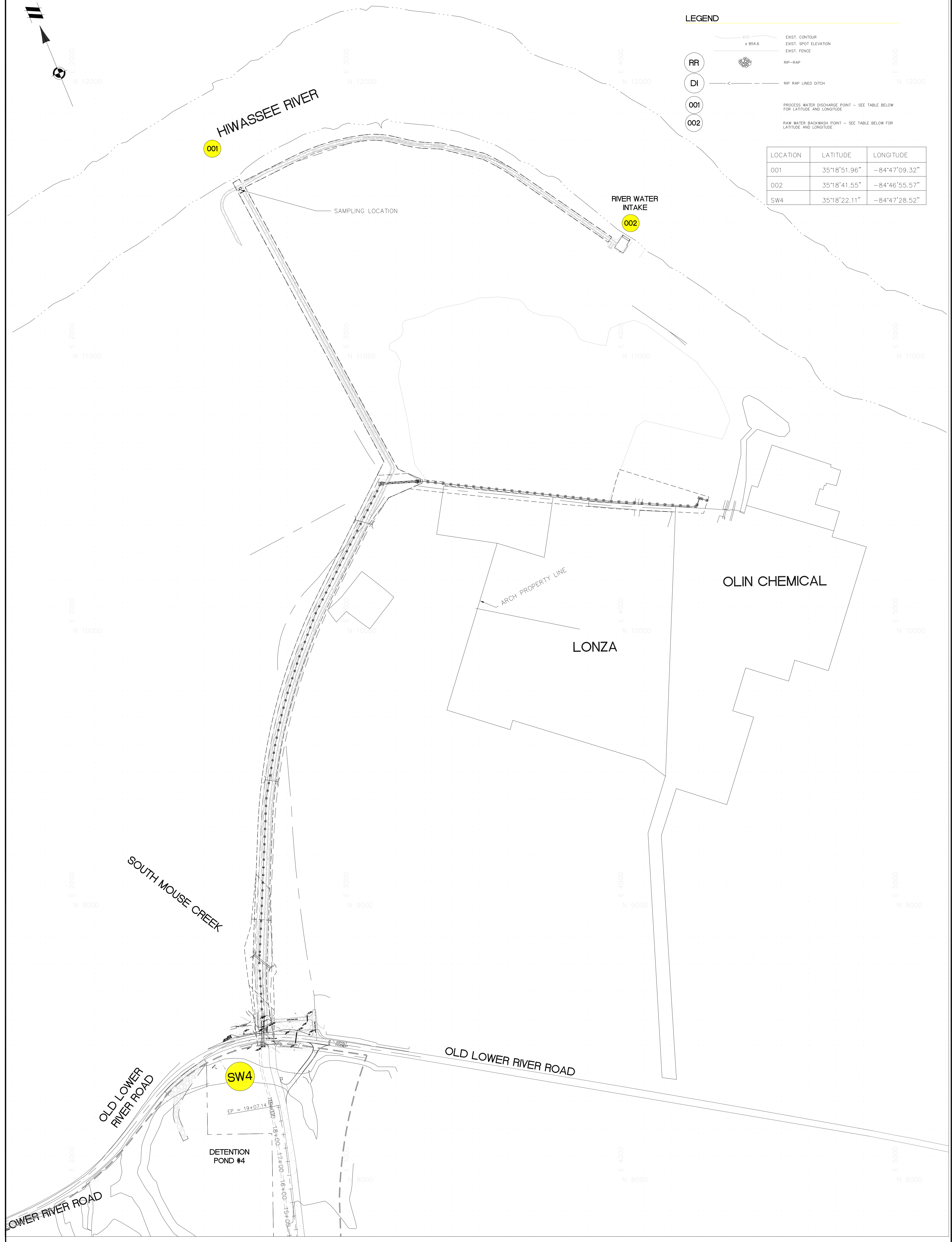
BASED ON MASTER PLAN REV. 3.0



LEGEND

- 8.35
x 854.6 EXIST. CONTOUR
 - EXIST. SPOT ELEVATION
 - EXIST. FENCE
 - RIP-RAP
 - RIP-RAP LINED DITCH
 - RR
 - DI
 - 001
 - 002
- PROCESS WATER DISCHARGE POINT - SEE TABLE BELOW FOR LATITUDE AND LONGITUDE
- RAW WATER BACKWASH POINT - SEE TABLE BELOW FOR LATITUDE AND LONGITUDE

LOCATION	LATITUDE	LONGITUDE
001	35°18'51.96"	-84°47'09.32"
002	35°18'41.55"	-84°46'55.57"
SW4	35°18'22.11"	-84°47'28.52"



SCALE 0 75 150
1" = 150 FEET

DR. JDM/CH
P.M. M. KENDALL

CAD FILE:
D:\Projects\Wacker\Stormwater\08-14-14

JOB 08003466

SHEET NO. 2

REVISIONS

DATE: JUNE 25, 2014

CLIENT
WACKER POLYSILICON NORTH AMERICA, LLC

WACKER POLY 11 TENNESSEE
STORM WATER POLLUTION
PREVENTION PLANS
SITE MAP/ DRAINAGE AREA PLAN

FIG. 2

CHARLESTON
BRADLEY COUNTY, TENNESSEE

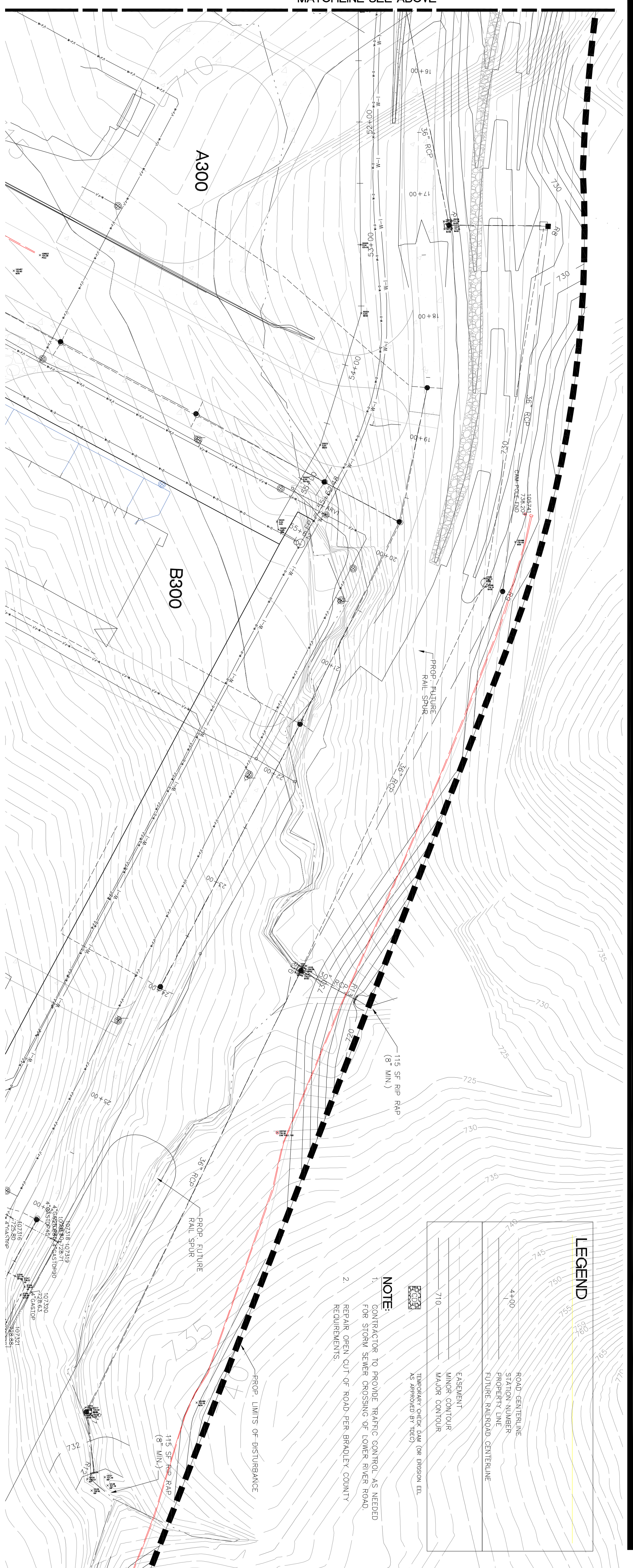
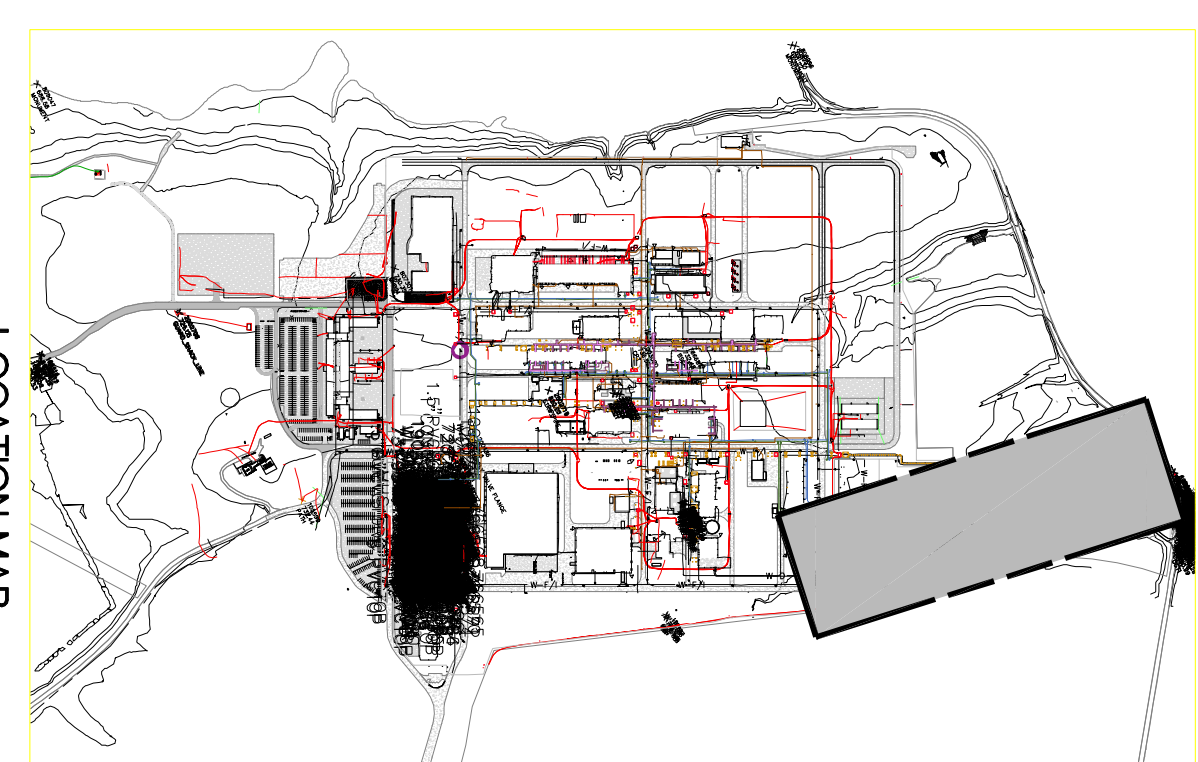


IMP2 LOCATION
 NAD83
 N 35° 38' 06" E
 1356325.0758
 E 1329341.9352

IMP2 LOCATION
 NAD83
 N 35° 38' 06" E
 1356325.0758
 E 1329341.9352

MATCHLINE SEE ABOVE

MATCHLINE SEE BELOW



LEGEND

	ROAD CENTERLINE
	STATION NUMBER
	PROPERTY LINE
	FUTURE RAILROAD CENTERLINE
	EASEMENT
	MINOR CONTOUR
	MAJOR CONTOUR

NOTE:

1. CONTRACTOR TO PROVIDE TRAFFIC CONTROL AS NEEDED FOR STORM SEWER CROSSING OF LOWER RIVER ROAD.
2. REPAIR OPEN CUT OF ROAD PER BRADLEY COUNTY REQUIREMENTS.

SCALE 0 25 50 1" = 50 FEET DR. JMK CH. MCJ P.M. M. KENDALL CAD FILE: 08003466-07.rvt JOB 08003466 SHEET NO. 7	CLIENT WACKER POLYSILICON NORTH AMERICA, LLC WACKER POLY 11 TENNESSEE STORM WATER POLLUTION PREVENTION PLANS	CHARLESTON BRADLEY COUNTY, TENNESSEE
	DATE JUNE 09, 2014	OFFSITE DRAINAGE BYPASS PLAN