


From: [John Stewart](#)
To: [Water Permits](#)
Cc: [Kyle Miller](#)
Subject: [EXTERNAL] Albemarle NPDES Renewal Application
Date: Friday, December 2, 2022 10:26:34 PM
Attachments: [image001.png](#)

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

Dear Sir or Madam,

Attached to this email you find Albemarle's New Johnsonville Plant 2022 NPDES Renewal Application. We certify that all the data used in the completion of this application is accurate to the best of our ability and knowledge. If you need anymore information, or maybe have any follow-up questions, please do not hesitate to reach out to either Kyle Miller, Phone (931)535-6201 E-mail Kyle.Miller@Albemarle.com or myself. Thanks!

John Stewart |  ALBEMARLE | Lab Manager / Environmental Professional
☎: (931) 535-6209 Cell (931) 209-8553 | 856 Foote Lane, New Johnsonville, TN 37134

www.albemarle-lithium.com

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Submitted electronically to water.permits@tn.gov

Tennessee Department of Environment and Conservation
Division of Water Resources
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243

**Subject: NPDES Permit No. TN0062537 Renewal Application
Albemarle U.S., Inc. | New Johnsonville, Tennessee**

To Whom It May Concern:

Please find enclosed the National Pollutant Discharge Elimination Systems (NPDES) permit renewal application for the Albemarle U.S., Inc. (Albemarle) facility located in New Johnsonville, Tennessee.

The NPDES permit application consists of the following:

1. This transmittal letter
2. TDEC Form CN-1090 – Permit Contact Information
3. EPA Form 1 – General Information
4. Alternatives Analysis
5. Figures 1, 2, and 3
6. EPA Form 2C – Wastewater Discharge Information
7. EPA Form 2F – Storm Water Discharges Associated with Industrial Activity

All facility process wastewater is collected in a retention basin and discharged through Outfall 001. The batch discharge from Outfall 001 includes a commingled flow of process wastewater and storm water that is treated by a simple pH adjustment system. EPA Form 2C summarizes the process wastewater streams located at the facility. Process wastewater from the North Plant is generated from process equipment rinsing. Process wastewater from the South Plant is generated by the following operations:

- Filter Tank & Cylinder Cleaning;
- Casting Operations – Lithium Drum rinsing;
- Dewatering of the co-product solvent process;
- Tanker rinsing;
- Shipping container deactivation; and
- Cylinder and process equipment rinsing.

EPA Form 2F describes the storm water discharges associated with the industrial activities at the New Johnsonville facility. The facility has one storm water outfall, SW2. Drainage from former outfall SW1 is incorporated into Outfall 001.

The area that drains to Outfall 001 encompasses the North Plant and South Plant production areas and finished product storage areas. The process and storm water from the North Plant production and finished product storage areas drain into a lift station that is pumped to the retention pond. All storm water from the South Plant is collected in a catch

basin and pumped to the retention pond, commingled with the facility process wastewater. As previously noted, the water in the retention pond is treated by a simple pH adjustment system before discharging through outfall 001. During peak storm events, storm water may be discharged without pH adjustment.

The area that drains to SW2 encompasses the rail sidings into the plant, raw material loading and unloading areas located at the North Plant, storm water from the vegetative area to the north of the industrial areas, and storm water from the eastern portion of the facility that flows through a ditch into SW2. All storage and process areas of the North Plant are contained by dikes so that contaminated storm water may be pumped to the retention pond. An undeveloped area also discharges to SW2.

Due to lack of recent storm events, we do not have lithium data on the discharge at SW2. Volatiles are used as solvents in products and raw materials. The low concentration of volatiles (cyclohexane, toluene, and naphthalene) indicate that lithium will also be low concentration. We will analyze for lithium with the next round of samples from SW2.

If you have any questions concerning this permit application, please do not hesitate to call me at (540) 230-3745 or email at kyle.miller@albemarle.com.

Sincerely,
Kyle Miller
Plant Manager



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: TN0062537

DATE: 12/1/2022

PERMITTED FACILITY: Albemarle U.S., Inc.

COUNTY: Humphreys

OFFICIAL PERMIT CONTACT:

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

Official Contact: Kyle Miller	Title or Position: Plant Manager		
Mailing Address: 856 Foote Lane	City: New Johnsonville	State: TN	Zip: 37134
Phone number(s): (540)230-3745	E-mail: kyle.miller@albemarle.com		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Kyle Miller	Title or Position: Plant Manager		
Mailing Address: 856 Foote Lane	City: New Johnsonville	State: TN	Zip: 37134
Phone number(s): (540)230-3745	E-mail: kyle.miller@albemarle.com		

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

Facility Location Contact: Kyle Miller	Title or Position: Plant Manager		
Facility Location (physical street address): 856 Foote Lane	City: New Johnsonville	State: TN	Zip: 37134
Phone number(s): (540)230-3745	E-mail: kyle.miller@albemarle.com		

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: Kyle Miller	Title or Position: Plant Manager		
Mailing Address: 856 Foote Lane	City: New Johnsonville	State: TN	Zip: 37134
Phone number(s): (540)230-3745	E-mail: kyle.miller@albemarle.com		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No		

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER TND981014962
			T/A C D
			1 2 13 14 15

LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
I. EPA I.D. NUMBER		
III. FACILITY NAME		
V. FACILITY MAILING ADDRESS		
VI. FACILITY LOCATION		

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	ALBEMARLE U.S., INC.
	15	16 - 29	30 69

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
C	2	MILLER, KYLE, PLANT MANAGER	(540) 230-3745
	15	16 45	46 48 49 51 52 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C	3	856 FOOTE LANE	
	15	16 45	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	4	TN	37134
	15	16 40 41 42 47	51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
C	5	856 FOOTE LANE	
	15	16 45	
B. COUNTY NAME			
HUMPRHEYS			
	46	70	
C. CITY OR TOWN		D. STATE	E. ZIP CODE
C	6	TN	37134
	15	16 40 41 42 47	51 52 -54

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C	7 2869	(specify) Industrial Organic Chemicals, Not Elsewhere Classified	(specify)
15	16 - 19	15	16 - 19
C. THIRD		D. FOURTH	
C	7	(specify)	(specify)
15	16 - 19	15	16 - 19

VIII. OPERATOR INFORMATION	
A. NAME	B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C	8 ALBEMARLE U.S., INC.
15	16

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)		D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	A (540) 230-3745
P		15 16 - 18 19 - 21 22 - 28

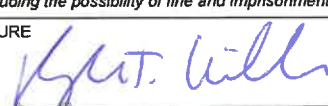
E. STREET OR P.O. BOX
856 FOOTE LANE
26

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
B NEW JOHNSONVILLE	TN	37134	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
15 16	40 41	42 47 - 51	52

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	T	I	(specify)
9	N	TN0062537	9 P
15	16	17 18	30 15 16 17 18
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	T	I	(specify)
9	U	570978	Title V Permit
15	16	17 18	30 15 16 17 18
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	T	I	(specify)
9	R	TND981014962	
15	16	17 18	30 15 16 17 18

XI. MAP
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)
Albemarle operates an organometallic compound manufacturing facility located in an industrial portion of New Johnsonville, Tennessee. The facility consists of two similar plants (North Plant and South Plant). The facility is primarily a lithium alkyl production facility that also produces other organometallic materials.

XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Kyle Miller, Plant Manager		12-1-22

COMMENTS FOR OFFICIAL USE ONLY
C
15 16

Alternatives Analysis

RE: Albemarle U.S., Inc., NPDES Permit No. TN0062537

Alternate #1: Connection to a Publically Owned Treatment Works

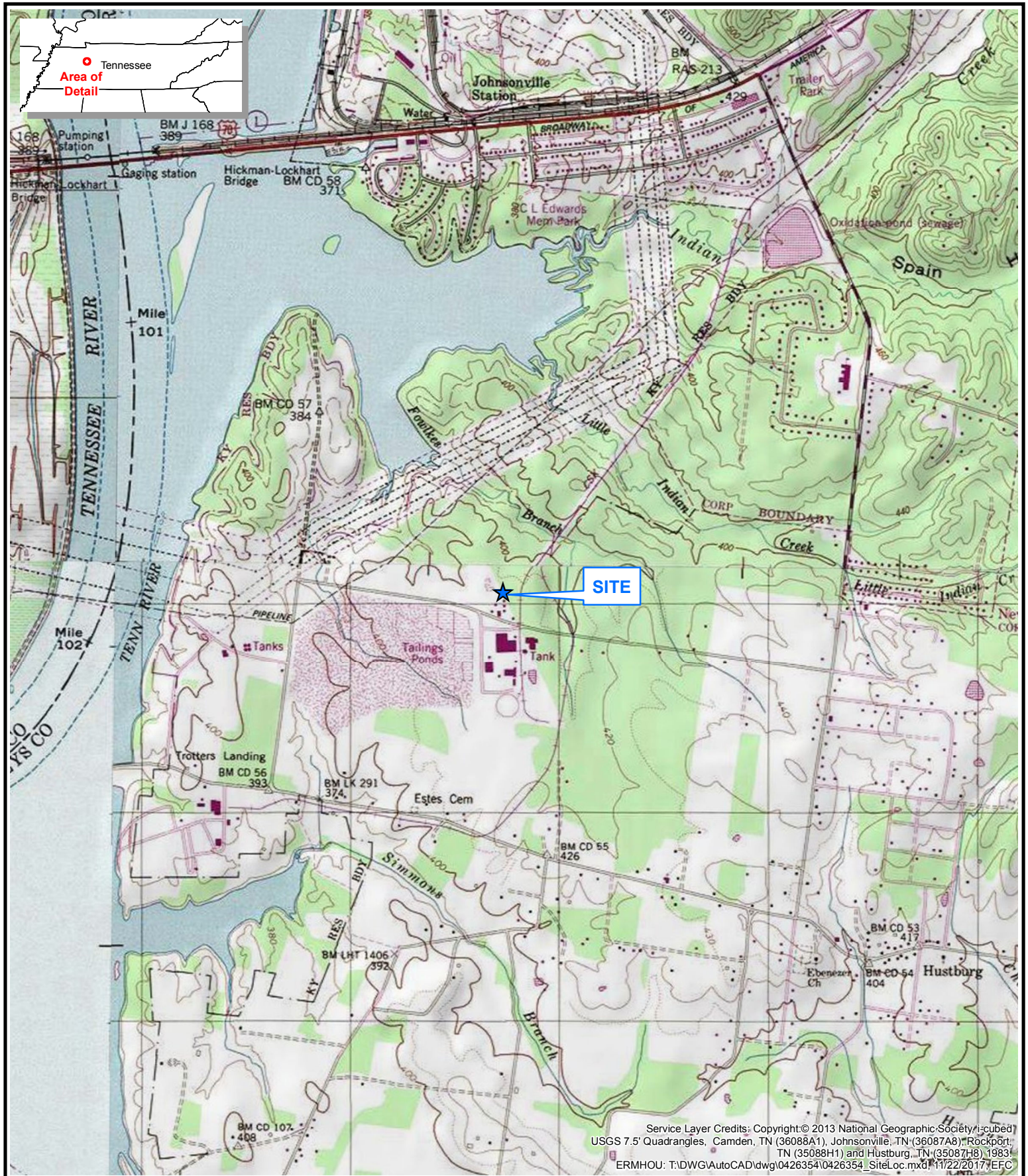
The nearest sanitary sewer line, maintained by the City of New Johnsonville, is approximately a quarter mile from the Albemarle property. In addition, the current discharge contains storm water, which is not permitted to be discharged into the sanitary sewer system. The alternative is deemed to be not feasible.

Alternate #2: Onsite Land Application

Albemarle does not own sufficient undeveloped land for the land application of the effluent. As noted in Alternative #1, the effluent also contains storm water in addition to process wastewater. This alternative is deemed to be not feasible.

Alternative #3: Water Re-Use / Recycling

The operations at Albemarle consume relatively low amounts of water. Re-use of the process wastewater alone would require extensive, costly treatment. In addition, there would be no possibility of onsite reuse of the storm water collected in the discharge pond. This alternative is deemed to be not feasible.



Service Layer Credits: Copyright © 2013 National Geographic Society, iScued7
 USGS 7.5' Quadrangles, Camden, TN (36088A1), Johnsonville, TN (36087A8), Rockport,
 TN (35088H1) and Hustburg, TN (35087H8), 1983
 ERMHOU: T:\DWG\AutoCAD\dwg\0426354\0426354_SiteLoc.mxd 11/22/2017/EFC

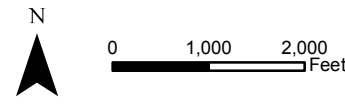
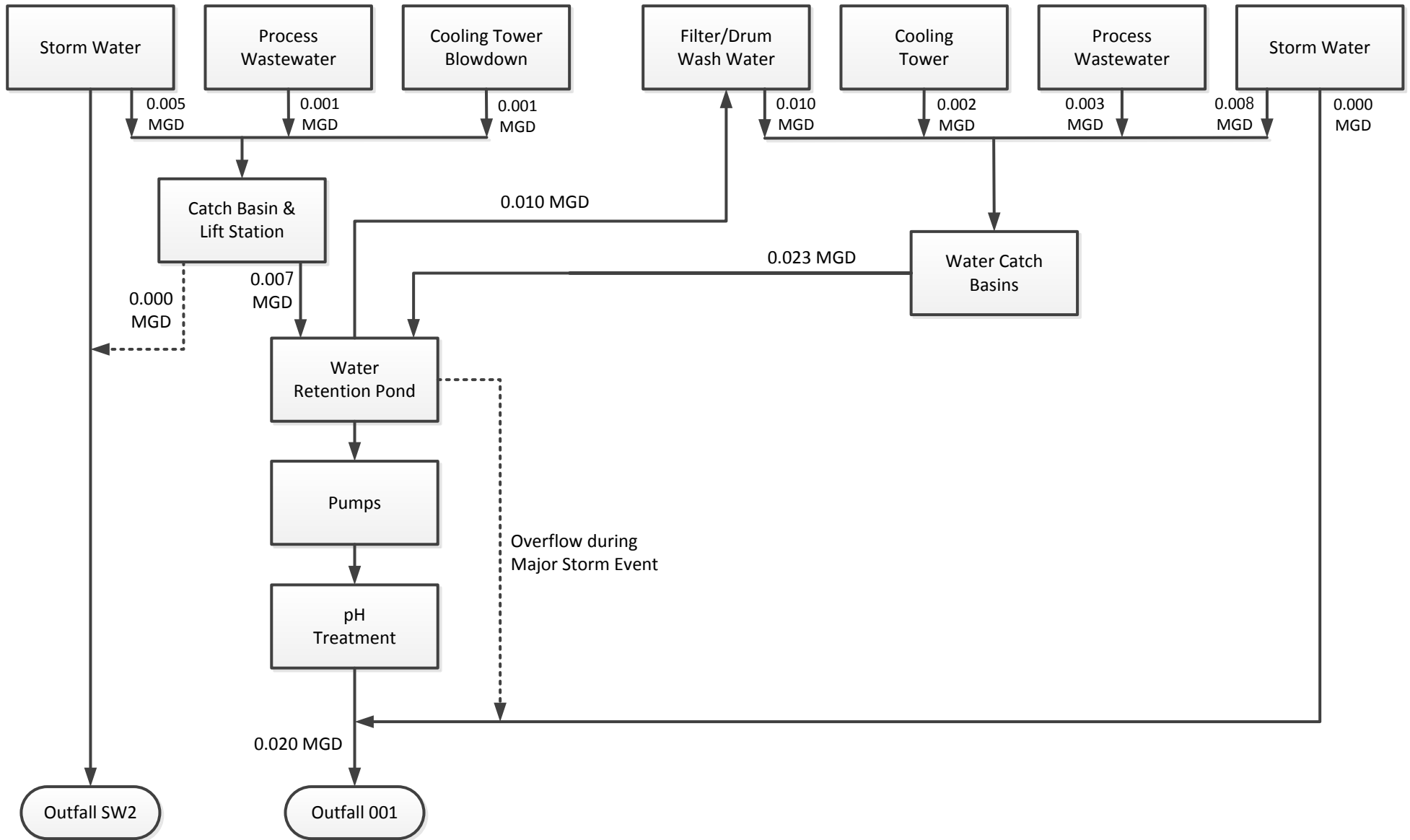


FIGURE 1
SITE LOCATION MAP
 Albemarle U.S., Inc.
 New Johnsonville, Tennessee

North Plant Operations

South Plant Operations



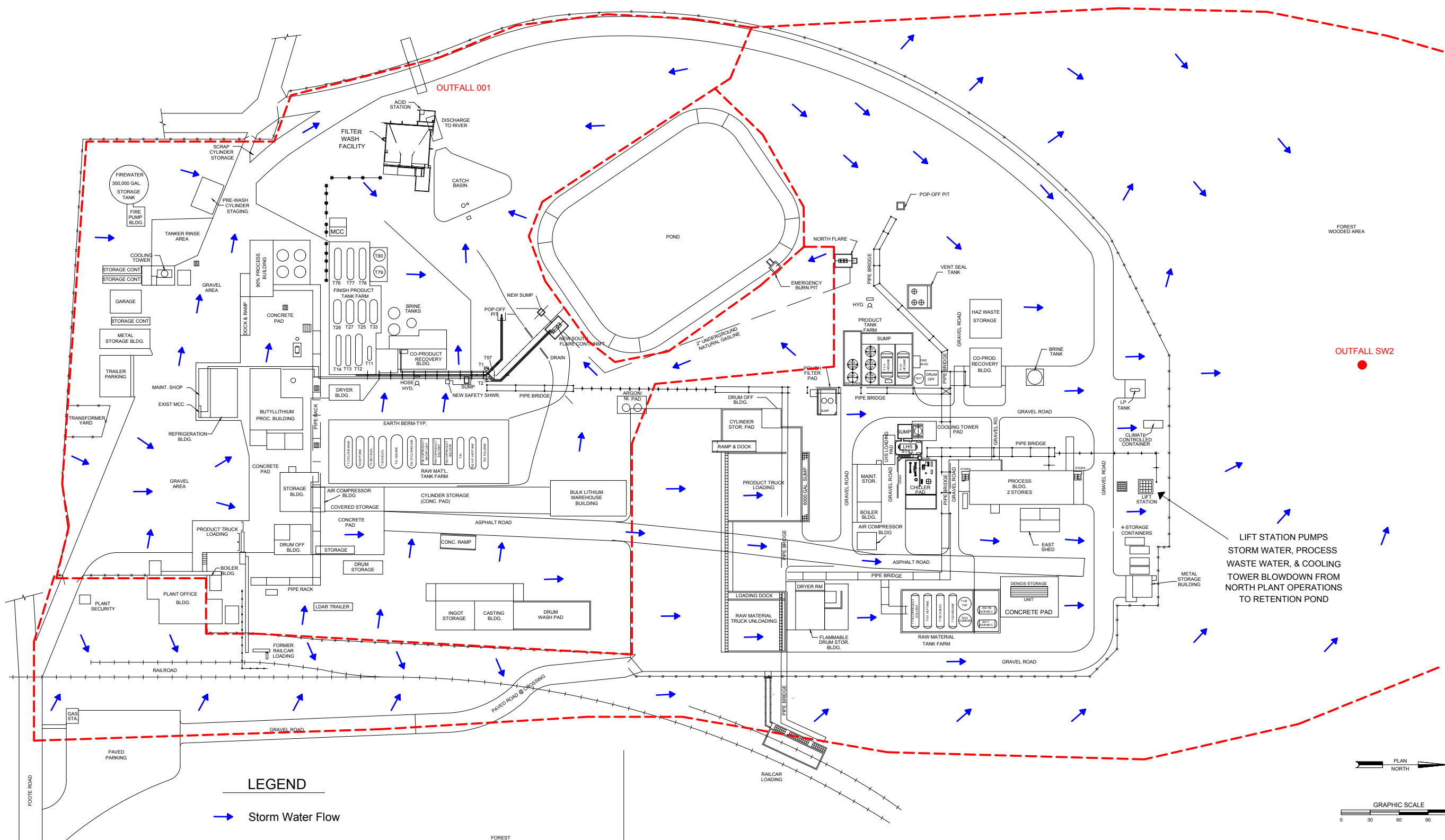
Environmental Resources Management

DESIGN:	L. Bagby	DRAWN:	EFC	CHKD.:	.
DATE:	12/18/2017	SCALE:	None	REV.:	0
HTX: T:\DWG\AutoCAD\dwg\0426354\0426354_WaterFlowDiagram.vsd					

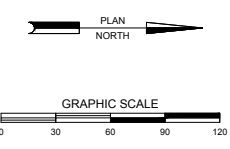
FIGURE 2
WATER FLOW DIAGRAM
Albemarle U.S., Inc.
New Johnsonville, Tennessee



ERM\HOU...T:\DWG\AutoCAD\dwg\0426354_0426354_SWPPP.dwg, 11/27/2017, EFC




- LEGEND**
- ➔ Storm Water Flow
 - - - Outfalls 001 & SW2 Boundaries
 - Perimeter Fence



SITE DRAINAGE MAP
 NPDES PERMIT RENEWAL APPLICATION
 Albemarle U.S., Inc.
 New Johnsonville, Tennessee

FIGURE
3

Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS
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SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.		
	Outfall Number	Receiving Water Name	Latitude	Longitude
	001	Retention pond to Outfall	35° 59' 50" N	87° 58' 54" W
		001 to unnamed ditch	° ' "	° ' "

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 001			
	Operations Contributing to Flow			
	Operation	Average Flow		
	Storm water runoff	0.013 mgd		
	Cooling water	0.003 mgd		
	Process wastewater	0.004 mgd		
	Filter/drum wastewater	0.010 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	
Evaporation	1-F	Not applicable		
Flocculation - Sedimentation	1-G, 1-U	Dredge, dry, landfill as needed		
Neutralization	2-K	Not applicable		

EPA Identification Number TND981014962	NPDES Permit Number TN0062537	Facility Name Albemarle U.S., Inc.
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Form Approved 03/05/19
OMB No. 2040-0004

Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** N/A			
		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 N/A			
		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 checked="" type="checkbox"/> No → SKIP to Section 4.			
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EPA Identification Number TND981014962	NPDES Permit Number TN0062537	Facility Name Albemarle U.S., Inc.
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Form Approved 03/05/19
OMB No. 2040-0004

SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days		

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

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

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

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

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

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.				
	Table A. Conventional and Non-Conventional Pollutants				
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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.)		
	Inorganic chemical manufacturing	<input checked="" type="checkbox"/> Volatile	<input checked="" type="checkbox"/> Acid	<input checked="" type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide	
	Organic chemical manufacturing	<input checked="" type="checkbox"/> Volatile	<input checked="" type="checkbox"/> Acid	<input checked="" type="checkbox"/> Base/Neutral <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No	
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No → SKIP to Section 9.	
	8.2	List the pollutants below.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

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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 checked="" 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			

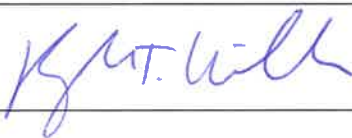
SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" 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	Pace Analytical		
		Laboratory address	12065 Lebanon Rd. Mt. Juliet, TN 37122		
		Phone number	(615) 758-5858		
Pollutant(s) analyzed	all				

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

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

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

Checklist and Certification Statement	12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Outfall Location	<input checked="" type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input checked="" type="checkbox"/>	Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Production	<input type="checkbox"/> w/ attachments
	<input 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/ small business exemption request <input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ Table E <input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ other attachments <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ analytical results as an attachment
	<input 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		
	<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)	Official title	
	Kyle Miller	Plant Manager	
	Signature	Date signed	
		12-1-22	

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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	mg/L	22.3		8.39	34		
			Mass	lb/day	7.25		1.73	34		
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	40.7			1		
			Mass	lb/day	8.42			1		
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	9.29			1		
			Mass	lb/day	1.92			1		
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	26.3		12.61	33		
			Mass	lb/day	10.52		2.74	33		
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	<0.25			1		
			Mass	lb/day	<0.072			1		
6.	Flow	<input type="checkbox"/>	Rate	mgd	0.048		0.02	33		
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C				1		
	Temperature (summer)	<input type="checkbox"/>	°C	°C	66			1		
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	6.30		7.06	34		
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	7.80		7.06	34		

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

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
<input type="checkbox"/>	Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.											
Section 1. Toxic Metals, Cyanide, and Total Phenols												
1.1	Antimony, total (7440-36-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.005				1	
					Mass	lb/day	<0.0010				1	
1.2	Arsenic, total (7440-38-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	0.00156				1	
					Mass	lb/day	0.0003				1	
1.3	Beryllium, total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.002				1	
					Mass	lb/day	<0.0004				1	
1.4	Cadmium, total (7440-43-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.002				1	
					Mass	lb/day	<0.0004				1	
1.5	Chromium, total (7440-47-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.010				1	
					Mass	lb/day	<0.0021				1	
1.6	Copper, total (7440-50-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.010				1	
					Mass	lb/day	<0.0021				1	
1.7	Lead, total (7439-92-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.002				1	
					Mass	lb/day	<0.0004				1	
1.8	Mercury, total (7439-97-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.0002				1	
					Mass	lb/day	<0.00004				1	
1.9	Nickel, total (7440-02-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.010				1	
					Mass	lb/day	<0.0021				1	
1.10	Selenium, total (7782-49-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.010				1	
					Mass	lb/day	<0.0021				1	
1.11	Silver, total (7440-22-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.005				1	
					Mass	lb/day	<0.0010				1	

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.001			1		
					Mass	lb/day	<0.0002			1		
1.13	Zinc, total (7440-66-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.050			1		
					Mass	lb/day	<0.0103			1		
1.14	Cyanide, total (57-12-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.005			1		
					Mass	lb/day	<0.0010			1		
1.15	Phenols, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.040			1		
					Mass	lb/day	<0.0083			1		

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1	Acrolein (107-02-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<50			1		
					Mass	lb/day	<0.0103			1		
2.2	Acrylonitrile (107-13-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
2.3	Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.4	Bromoform (75-25-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.5	Carbon tetrachloride (56-23-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.6	Chlorobenzene (108-90-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.7	Chlorodibromomethane (124-48-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.8	Chloroethane (75-00-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<5			2		
					Mass	lb/day	<0.0010			2		

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<50				2	
					Mass	lb/day	<0.010				2	
2.10	Chloroform (67-66-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<5				2	
					Mass	lb/day	<0.0010				2	
2.11	Dichlorobromomethane (75-27-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1				2	
					Mass	lb/day	<0.0002				2	
2.12	1,1-dichloroethane (75-34-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1				2	
					Mass	lb/day	<0.0002				2	
2.13	1,2-dichloroethane (107-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1				2	
					Mass	lb/day	<0.0002				2	
2.14	1,1-dichloroethylene (75-35-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1				2	
					Mass	lb/day	<0.0002				2	
2.15	1,2-dichloropropane (78-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1				2	
					Mass	lb/day	<0.0002				2	
2.16	1,3-dichloropropylene (542-75-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1				2	
					Mass	lb/day	<0.0002				2	
2.17	Ethylbenzene (100-41-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1				2	
					Mass	lb/day	<0.002				2	
2.18	Methyl bromide (74-83-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<5				2	
					Mass	lb/day	<0.0010				2	
2.19	Methyl chloride (74-87-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<5				2	
					Mass	lb/day	<0.0005				2	
2.20	Methylene chloride (75-09-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<3				2	
					Mass	lb/day	<0.0005				2	
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1				1	
					Mass	lb/day	<0.0002				1	

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.23	Toluene (108-88-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	0.118		0.01	33		
					Mass	lb/day	0.019		0.001	33		
2.24	1,2-trans-dichloroethylene (156-60-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.25	1,1,1-trichloroethane (71-55-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.26	1,1,2-trichloroethane (79-00-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.27	Trichloroethylene (79-01-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
2.28	Vinyl chloride (75-01-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)												
3.1	2-chlorophenol (95-57-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.2	2,4-dichlorophenol (120-83-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.3	2,4-dimethylphenol (105-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.4	4,6-dinitro-o-cresol (534-52-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.5	2,4-dinitrophenol (51-28-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.7	4-nitrophenol (100-02-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.8	p-chloro-m-cresol (59-50-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.9	Pentachlorophenol (87-86-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.10	Phenol (108-95-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
3.11	2,4,6-trichlorophenol (88-05-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)												
4.1	Acenaphthene (83-32-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.2	Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.3	Anthracene (120-12-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.4	Benzidine (92-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.5	Benzo (a) anthracene (56-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.6	Benzo (a) pyrene (50-32-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.8	Benzo (ghi) perylene (191-24-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.9	Benzo (k) fluoranthene (207-08-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<3			1		
					Mass	lb/day	<0.0006			1		
4.14	4-bromophenyl phenyl ether (101-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.15	Butyl benzyl phthalate (85-68-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<3			1		
					Mass	lb/day	<0.0006			1		
4.16	2-chloronaphthalene (91-58-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.18	Chrysene (218-01-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
4.21	1,3-dichlorobenzene (541-73-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
4.22	1,4-dichlorobenzene (106-46-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			2		
					Mass	lb/day	<0.0002			2		
4.23	3,3-dichlorobenzidine (91-94-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.24	Diethyl phthalate (84-66-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<3			1		
					Mass	lb/day	<0.0006			1		
4.25	Dimethyl phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<3			1		
					Mass	lb/day	<0.0006			1		
4.26	Di-n-butyl phthalate (84-74-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<3			1		
					Mass	lb/day	<0.0006			1		
4.27	2,4-dinitrotoluene (121-14-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.28	2,6-dinitrotoluene (606-20-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.29	Di-n-octyl phthalate (117-84-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<3			1		
					Mass	lb/day	<0.0006			1		
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.31	Fluoranthene (206-44-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.32	Fluorene (86-73-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.34	Hexachlorobutadiene (87-68-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.35	Hexachlorocyclopentadiene (77-47-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.36	Hexachloroethane (67-72-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.38	Isophorone (78-59-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.39	Naphthalene (91-20-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	2.7			1		
					Mass	lb/day	0.559			1		
4.40	Nitrobenzene (98-95-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.41	N-nitrosodimethylamine (62-75-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.43	N-nitrosodiphenylamine (86-30-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10			1		
					Mass	lb/day	<0.0021			1		
4.44	Phenanthrene (85-01-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		
4.45	Pyrene (129-00-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<1			1		
					Mass	lb/day	<0.0002			1		

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<10				1	
					Mass	lb/day	<0.0021				1	
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)												
5.1	Aldrin (309-00-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.2	α-BHC (319-84-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.3	β-BHC (319-85-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.4	γ-BHC (58-89-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.5	δ-BHC (319-86-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.6	Chlordane (57-74-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<5				1	
					Mass	lb/day	<0.0010				1	
5.7	4,4'-DDT (50-29-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.8	4,4'-DDE (72-55-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.9	4,4'-DDD (72-54-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.10	Dieldrin (60-57-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.11	α-endosulfan (115-29-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.13	Endosulfan sulfate (1031-07-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.14	Endrin (72-20-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.15	Endrin aldehyde (7421-93-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.16	Heptachlor (76-44-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.17	Heptachlor epoxide (1024-57-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.05				1	
					Mass	lb/day	<0.00001				1	
5.18	PCB-1242 (53469-21-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.5				1	
					Mass	lb/day	<0.0001				1	
5.19	PCB-1254 (11097-69-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.5				1	
					Mass	lb/day	<0.0001				1	
5.20	PCB-1221 (11104-28-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.5				1	
					Mass	lb/day	<0.0001				1	
5.21	PCB-1232 (11141-16-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.5				1	
					Mass	lb/day	<0.0001				1	
5.22	PCB-1248 (12672-29-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.5				1	
					Mass	lb/day	<0.0001				1	
5.23	PCB-1260 (11096-82-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.5				1	
					Mass	lb/day	<0.0001				1	
5.24	PCB-1016 (12674-11-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.5				1	
					Mass	lb/day	<0.0001				1	

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	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.25	Toxaphene (8001-35-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	ug/L	<0.5				1	
					Mass	lb/day	<0.0001				1	

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 checked="" type="checkbox"/>	Concentration						
			Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
3. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
4. Fecal coliform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
6. Nitrate-nitrite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.1			1	
			Mass	lb/day	<0.0207			1	
7. Nitrogen, total organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	2.25			1	
			Mass	lb/day	0.466			1	
8. Oil and grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<5.56			1	
			Mass	lb/day	<1.15			1	
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	<0.1			1	
			Mass	lb/day	<0.0207			1	
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi)) ¹										
	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12.	Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
13.	Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
14.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
15.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
16.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
17.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
18.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
19.	Magnesium, total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L lb/day	3.43 0.710			1 1	
20.	Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
21.	Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
22.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
23.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi)) 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 checked="" type="checkbox"/>	Concentration							
			Mass							
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							

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

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

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19.	Cyclohexane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Used as solvent in production facility	0.0487 mg/L

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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 checked="" type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24.	Dichlone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26.	Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27.	Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28.	Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29.	Dinitrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30.	Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31.	Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32.	Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33.	Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34.	Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35.	Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36.	Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37.	Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38.	Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii)) ¹					
	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40.	Isoprene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Products using isoprene is in portfolio.	
41.	Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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

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

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii)) ¹					
	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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

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TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))				
Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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
		SW2	Unnamed ditch to KY Lake	35° 59' 87" N	87° 58' 45" W
				° ' "	° ' "
				° ' "	° ' "
				° ' "	° ' "
				° ' "	° ' "
				° ' "	° ' "

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 checked="" 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 checked="" 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 checked="" 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 (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)	
		SW2	3	6	
			<i>specify units</i> acres		<i>specify units</i> acres
			<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.) See attached.			
	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)	
		SW2	Evaporation	1-F	
			Flocculation and sedimentation in pond	1-G, 1-U	
			pH adjustment	2-K	
			A Storm Water Pollution Prevention Plan is in place.		
			See Section 4.2 for additional details on control measures.		

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

Non-Stormwater Discharges	5.1	<i>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.</i>		
		Name (print or type first and last name)	Official title	
		Kyle Miller	Plant Manager	
		Signature	Date signed	
			12-1-22	
	5.2	Provide the testing information requested in the table below.		
		Outfall Number	Description of Testing Method Used	Date(s) of Testing
	SW2	No flow observed during dry weather	11/10/2022	SW2

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. None.

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	

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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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
	1. Cyclohexane	4.	7.
	2. Toluene	5.	8.
	3. Napthalene	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 checked="" 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 checked="" 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	Pace Analytical	
		Laboratory address	12065 Lebanon Road Mt. Juliet, TN 37122	
		Phone number	(615) 758-5858	
		Pollutant(s) analyzed	All	

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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 checked="" type="checkbox"/> w/ site drainage map
		<input checked="" type="checkbox"/> Section 4	<input checked="" 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 checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input checked="" type="checkbox"/> Table C <input checked="" 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	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) Kyle Miller	Official title Plant Manager
		Signature 	Date signed 12-1-22

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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	7.58 mg/L		5.43 mg/L		6	
2.	Biochemical oxygen demand (BOD ₅)	10.60 mg/L		6.34 mg/L		6	
3.	Chemical oxygen demand (COD)	72.2 mg/L				1	
4.	Total suspended solids (TSS)	646 mg/L		283.40 mg/L		6	
5.	Total phosphorus	0.200 mg/L				1	
6.	Total Kjeldahl nitrogen (TKN)	0.700 mg/L				1	
7.	Total nitrogen (as N)	1.33 mg/L				1	
8.	pH (minimum)	7.20		8.12		6	
	pH (maximum)	8.50		8.12		6	

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		
Cyclohexane	<0.001 mg/L				1	
Nitrate-nitrite	0.633 mg/L				1	
Toluene	<0.001 mg/L				1	
Napthelene	<0.001 mg/L				1	

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. 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)
07/05/2022	1	0.23	> 72 hrs no runoff	4,490 gpm	270,000 gallons

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

Flow rate estimated from width, depth, and horizontal rate of flow during one measurement. Total flow was based on assuming the measured flow was sustained during the period of the storm.

Section 4.2

The area that drains at outfall 001 (formerly SW1) encompasses the North Plant and South Plant production areas and finished product storage sites. The North Plant production area and finished product storage area drain into a lift station that is pumped to the retention pond. Storm water from the South Plant is collected in a catch basin and pumped to the retention pond and comingled with the facility process wastewater. As previously noted, the water in the retention pond is treated by a simple pH adjustment system before discharging through 001. During peak storm events at peak hours, some storm water flow may bypass treatment and will be discharged at outfall 001. The area that drains to SW2 encompasses the rail sidings into the plant, raw material loading & unloading areas located at the North Plant, storm water from the vegetative area to the north of the industrial areas, and storm water from the eastern portion of the facility that flows through a ditch into SW2. All storage and process areas of the North Plant are contained by dikes so that contaminated storm water may be pumped to the retention pond for treatment and discharge at outfall 001. During storm events at peak hours, some discharge occurs to SW2. No pesticides, herbicides, soil conditioners or fertilizers are applied. The products are highly reactive to water, and raw materials and products are protected from exposure to water and storm water to prevent degradation.