



Tennessee Operations
Aerospace and Automotive Products
2300 North Wright Road
Alcoa, TN 37701-3141 USA

Return Receipt Requested

2022 June 20

Mr. Vojin Jancic
Manager, Water-based systems
TN Dept. of Environment & Conservation
Division of Water Resources
Enforcement and Compliance Section
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue
Nashville, TN 37243-1102

RE: NPDES Permit Application Submittal TN0065081
South Plant – Arconic Tennessee LLC

Mr. Jancic:

Enclosed is the NPDES permit application for our South Plant facility. This submittal is in advance of the application deadline. If there are any questions about the application, please contact me at 865-977-3627, by e-mail at mark.browning@arconic.com, or at the address below.

Sincerely,

A handwritten signature in black ink that reads 'Mark Browning' in a cursive, slightly slanted script.

Mark Browning

EHS Coordinator
Arconic-TN Operations
N-70
2300 North Wright Road
Alcoa, TN 37701-3141

INTRODUCTION

Arconic Tennessee LLC, a subsidiary of Arconic Corporation., currently operates a Secondary Aluminum Smelting facility in Alcoa, Tennessee that includes Ingot Casting (South Ingot), and Can Reclamation (Can Rec) production areas. The South Plant re-melts beverage cans and other scrap aluminum to produce molten aluminum, which is cast into aluminum ingots. The aluminum ingots are transported by railroad to the North Plant. The South Plant has ancillary activities, i.e., railroad, truck shops, machine shops, maintenance, utilities, shipping, etc., which support the active production areas referenced above.

In November 2016, Alcoa Inc. launched the separation of the company into two independent publicly traded companies. The existing legal entity, Alcoa Inc., which was named Arconic Inc. and was comprised of the “value-added” business units (Engineered Products and Solutions, Global Rolled Products (North/South Tennessee Operations), and Transportation and Construction Solutions. The spin-off company, named Alcoa Corporation, is comprised of the primary products business units (Bauxite, Alumina, Aluminum, Cast Products, and Energy). In April 2020, Arconic Inc. separated into two companies, Howmet Aerospace and Arconic Corporation. The ownership of the property on which the current facility is located is split between Arconic Tennessee LLC, a subsidiary of Arconic Corporation, owning one parcel, and Alcoa Business Park, LLC, a subsidiary of Alcoa Corporation, owning the others.

In 2017, the site was separated into parcels belonging to both Arconic Tennessee LLC (a subsidiary of Arconic Inc.) and Alcoa Business Park LLC. The project required the installation of a new plant entrance, employee parking lot, truck entrance/scale area, storm water attenuation basin, and the relocation/replacement of several storm water drainage infrastructures to isolate/separate comingled run-off from both Arconic Tennessee LLC. and Alcoa Business Park LLC. At that time, both parties (Arconic Inc./Alcoa Business Park LLC) operated under the NPDES permit TN0065081 as co-permittees until new individual permits were issued. Currently, Arconic Tennessee LLC operates under NPDES permit TN0065081, or the original permit number, and

Alcoa Business Park LLC operates under NPDES permit TN0082007, a newly issued permit number once the site was successfully split between the two entities. This renewal application is for NPDES permit TN0065081, the Arconic Tennessee LLC portion of the site only.

The current Arconic Tennessee LLC NPDES TN0065081 permit includes one (1) process outfalls (006), two (2) internal monitoring process outfalls (06A and 06E) and three (3) stormwater outfalls (SW4, SW6, and S03). There are two major drainage basins at the South Plant. These areas are served by storm sewer systems that carry both process waters and storm waters to two separate outfalls (SW4 and 006/SW6). Outfall 006 is a dry weather monitoring outfall. Outfall SW6 is the same physical location as Outfall 006, but combines process and stormwater flows.

NARRATIVE

A. SITE DESCRIPTION – EPA FORM 2F, Section 4.2.

The major storm sewer system at the South Plant discharges through Outfall 006/SW6 to Pistol Creek at approximate stream mile 4.7. The storm sewer system (servicing both Alcoa Business Park LLC and Arconic Inc. properties) is approximately 97 acres and includes the majority of the active production areas and the raw materials storage areas: South Ingot, Can Reclamation and the Arconic Railroad. Trunk line flow from these areas is directed toward the north.

Outfall 006/SW6 is a combination of process wastewater and storm water. This water includes storm water runoff from Outfall S06 of the Alcoa Business Park LLC property (smelter parcels/demolition areas), secondary containment systems, contact and non-contact cooling water, and waters from fire protection testing. It also includes miscellaneous wastewater from various support services, emergency eyewash/shower stations, Can Rec scrubber, fire suppression waters from Can Rec baghouses, furnace door non-contact cooling water, HVAC condensate, cooling tower blow down, water softener backwash/water treatment additives, and HVAC condensate waters. Some treatment is provided at Outfall 006/SW6. Total chlorine residual (TRC) is monitored and treated continuously to meet permit limits. An over-under/submersed weir provides

retention for an oil spill or release. Flow is monitored continuously at this location as well as turbidity, ORP, pH, and temperature.

Internal monitoring process outfalls (IMPs) 06A and 06E are co-located at the South Ingot cooling tower. Blowdown from the cooling tower and filter backwash waters are discharged from these IMPs. The outfall wastewaters are regulated by federal, categorical standards due to usage as contact cooling waters during the ingot casting process. IMPs 06A and 06E discharge to the Outfall 006 sewer system. In the current NPDES permit, limits for IMP 06A are based on an established, single variable table of effluent limits for this internal monitoring point due to a variable production schedule. IMP 06E is included in the permit for emergency purposes only in the event the North Plant is non-operational and production at the South Plant is increased to achieve production schedules. All discharge under normal operating conditions is reported from IMP 06A.

The outfall SW4 storm sewer system is approximately 93 acres (24 acres added from parking areas, truck/scales parking, and rerouted infrastructure from Outfall 005 of the the Alcoa Business Park LLC property that occurred in 2017) and serves the west side of the plant with flow toward the west. The outfall discharges to an unnamed tributary to Pistol Creek at approximate stream mile 7.0. There are no major production areas or raw materials storage areas other than bales of used beverage cans (UBC's) in the drainage area. The Truck Shop, Ingot/Can Reclamation Maintenance, several warehouse/storage areas, main plant entrance, employee parking, truck parking/conveyance, and metal scales are located within this drainage area. Some treatment is provided for the SW4 outfall. There are two basins within this watershed that provide detention for settling/flow attenuation from the new employee/truck parking areas as well as the existing SW4 watershed. An over-under/submersed weir provides retention for an oil spill from either the primary SW4 watershed or the new employee and truck parking areas. There are additional sluice gates installed on the downstream side of the new employee and truck parking (prior to basins) to contain spills and provide further segregation from any potential releases entering the basins.

The outfall S03 drainage area contains approximately 3.7 acres and is located at the east side of the South Plant near the railroad. The discharge flows to a pond on Alcoa Inc. property near the intersection of Springbrook and Wright roads. There is no known surface discharge to other surface waters from the pond. No treatment is provided at this location.

Arconic Tennessee LLC has a combined North/South SWPPP and Best Management Practices (BMP) plan approved by the Tennessee Division of Water Pollution Control. The BMP plan addresses issues such as street sweeping, remediation activities, erosion control, housekeeping, management of aboveground oil storage tanks, and spill response. The SWPPP/BMP plan incorporates by reference other documents such as the most recent versions of the Release Prevention, Control and Countermeasure (RPCC).



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: TN0065081 **DATE:** June 2022
PERMITTED FACILITY: Arconic Tennessee LLC South Plant **COUNTY:** Blount

OFFICIAL PERMIT CONTACT:

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

Official Contact: Jeffrey C. Weida	Title or Position: Location Manager		
Mailing Address: 2003 N. Wright Road	City: Alcoa	State: TN	Zip: 37701
Phone number(s): 865-977-2505	E-mail: Jeffrey.Weida@arconic.com		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Shane Strickland	Title or Position: Environmental, Health, & Safety Manager		
Mailing Address: 2300 N. Wright Road	City: Alcoa	State: TN	Zip: 37701
Phone number(s): 865-977-2561	E-mail: Shane.Strickland@arconic.com		

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

Facility Location Contact: Shane Strickland	Title or Position: Environmental, Health, & Safety Manager		
Facility Location (physical street address): 300 N. Hall Road	City: Alcoa	State: TN	Zip: 37701
Phone number(s): 865-977-2561	E-mail: Shane.Strickland@arconic.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: Shane Strickland	Title or Position: Environmental, Health, & Safety Manager		
Mailing Address: 2300 N. Wright Road	City: Alcoa	State: TN	Zip: 37701
Phone number(s): 865-977-2561	E-mail: Shane.Strickland@arconic.com		
Fax number for reporting: 865-977-3620	Does the facility have interest in starting electronic DMR reporting? Yes No Currently uses NetDMR		

Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION
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SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))

Activities Requiring an NPDES Permit	1.1	Applicants <i>Not Required</i> to Submit Form 1	
	1.1.1	Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A.	1.1.2 Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S.
	1.2	Applicants <i>Required</i> to Submit Form 1	
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B.	1.2.2 Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2C.
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D.	1.2.4 Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E.
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15).	

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

Name, Mailing Address, and Location	2.1	Facility Name		
		Arconic Tennessee LLC South Plant		
	2.2	EPA Identification Number		
		TND003383551		
	2.3	Facility Contact		
		Name (first and last) Shane Strickland	Title Environmental, Health & Safety Manager	Phone number (865) 977-2561
		Email address shane.strickland@arconic.com		
2.4	Facility Mailing Address			
	Street or P.O. box 2300 North Wright Road			
	City or town Alcoa	State TN	ZIP code 37701	

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant
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Name, Mailing Address, and Location Continued	2.5	Facility Location		
		Street, route number, or other specific identifier 300 North Hall Road		
		County name Blount	County code (if known)	
		City or town Alcoa	State TN	ZIP code 37701

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

SIC and NAICS Codes	3.1	SIC Code(s)	Description (optional)
		3341	Secondary Aluminum Smelting
	3.2	NAICS Code(s)	Description (optional)

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

Operator Information	4.1	Name of Operator		
		Arconic Tennessee LLC		
	4.2	Is the name you listed in Item 4.1 also the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	4.3	Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____		
Operator Information Continued	4.4	Phone Number of Operator		
		(865) 977-2561		
	4.5	Operator Address		
	Street or P.O. Box 300 North Hall Road			
	City or town Alcoa	State TN	ZIP code 37701	
	Email address of operator shane.strickland@arconic.com			

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

Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant
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SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
	<input checked="" type="checkbox"/>	NPDES (discharges to surface water) TN0065081	<input checked="" type="checkbox"/> RCRA (hazardous wastes) TND003383551	<input type="checkbox"/> UIC (underground injection of fluids)
	<input type="checkbox"/>	PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
	<input type="checkbox"/>	Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input checked="" type="checkbox"/> Other (specify) See attachment

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

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

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

Nature of Business	8.1	Describe the nature of your business. The Arconic Tennessee LLC South Plant includes two major production areas: Can/Automotive Aluminum Reclamation and Ingot. The facility melts scrap aluminum from cans and automotive components and casts them into ingots. The ingots are transported via railcar to the Arconic Tennessee LLC North Plant for fabrication or sold to outside customers.

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

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




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

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

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

Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.					
		Column 1	Column 2				
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments				
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments				
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments				
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments				
	<input checked="" type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments				
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input checked="" type="checkbox"/> w/ attachments				
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments				
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments				
	<input checked="" type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments				
	<input checked="" type="checkbox"/>	Section 10: Variance Requests	<input type="checkbox"/> w/ attachments				
<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments					
	11.2	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%;"> <tr> <td>Name (print or type first and last name) Jeffrey C. Weida</td> <td>Official title Location Manager</td> </tr> <tr> <td>Signature </td> <td>Date signed 6/10/2022</td> </tr> </table>		Name (print or type first and last name) Jeffrey C. Weida	Official title Location Manager	Signature 	Date signed 6/10/2022
Name (print or type first and last name) Jeffrey C. Weida	Official title Location Manager						
Signature 	Date signed 6/10/2022						


Section 6.1 – Existing Environmental Permits

1) Title V Air Permit – Permit No. 570521

2) Sewage Pump and Haul Permit – SOP 98-026

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

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

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
		Outfall Number	Receiving Water Name	Latitude	Longitude
		006/SW6	Pistol Creek	35° 48' 30" N	83° 58' 50" W
				° ' " N	° ' " W
				° ' "	° ' "

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

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 06A		
		Operations Contributing to Flow		
		Operation	Average Flow	
		South Ingot Cooling Tower blowdown & backwash, treated	0.08 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
		Settling (clarifier)	1-U	
		Sand Filtration	1-R	
	Screening	1-T		
	Coagulation (NALCO 8157)	2-D		

EPA Identification Number
TND003383551

NPDES Permit Number
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Facility Name
Arconic Tennessee LLC South Plant

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Average Flows and Treatment Continued

3.1
cont.

****Outfall Number**** 06E

Operations Contributing to Flow

Operation	Average Flow
Emergency South Ingot Cooling Tower blowdown & backwash	0 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
Settling (clarifier)	1-U	
Sand filtration	1-R	
Screening	1-T	
Coagulation (NALCO 8157)	2-D	

****Outfall Number**** 006/SW6

Operations Contributing to Flow

Operation	Average Flow
06A treated South Ingot Cooling Tower blowdown	0.08 mgd
South Ingot Tower water softener	0.002 mgd
Noncontact Cooling Water and misc. small flows	0.12 mgd
Storm water runoff	2.18 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
Dechlorination	2-E	
Settling	1-U	

System Users

3.2

Are you applying for an NPDES permit to operate a privately owned treatment works?
 Yes No → SKIP to Section 4.

3.3

Have you attached a list that identifies each user of the treatment works?
 Yes No

EPA Identification Number
TND003383551

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TN0065081

Facility Name
Arconic Tennessee LLC South Plant

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

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
		006	Industrial Wash Water	7 days/week	12 months/year	0.0001 mgd	0.010 mgd	0.33 days
			Can reclaim scrubber	1 days/week	4 months/year	0.0002 mgd	0.002 mgd	0.01 days
			Water Softener regen	7 days/week	12 months/year	0.002 mgd	0.003 mgd	0.01 days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days

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

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		
	5.2	Provide the following information on applicable ELGs.		
		ELG Category	ELG Subcategory	Regulatory Citation
		Nonferrous Metals Manufacturing Point Source	Secondary Aluminum Smelting	40 CFR 421, Subpart C
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.		
		Outfall Number	Operation, Product, or Material	Quantity per Day
		06A (006)	Electromagnetic casting of aluminum in South Ingot Cooling Water recirculation through South Ingot Cooling Tower Secondary Aluminum Smelting	2.75

EPA Identification Number
TND003383551

NPDES Permit Number
TN0065081

Facility Name
Arconic Tennessee LLC South Plant

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

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

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.				
	Table A. Conventional and Non-Conventional Pollutants				
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?			
		<input type="checkbox"/> Yes		<input 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.)			
	Aluminum Forming	<input checked="" type="checkbox"/> Volatile	<input checked="" type="checkbox"/> Acid	<input checked="" type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide

EPA Identification Number
TND003383551

NPDES Permit Number
TN0065081

Facility Name
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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?
 Yes 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?
 Yes 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?
 Yes No
- 7.10 Does the applicant qualify for a small business exemption under the criteria specified in the instructions?
 Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. 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?
 Yes 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?
 Yes 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"?
 Yes 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?
 Yes 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?
 Yes 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?
 Yes → Complete Table E. No → SKIP to Section 8.
- 7.17 Have you completed Table E by reporting *qualitative* data for TCDD?
 Yes 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?
 Yes 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.			
	9.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		IC25 Static Renewal 7 Day Chronic Ceriodaphnia	Required in NPDES permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Historic DMRs
		IC25 Static Renewal 7 Day Chronic Pimephales	Required in NPDES permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Historic DMRs
		<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	Eurofins Pittsburgh	Microbac Laboratories, Inc.	Ramboll
		Laboratory address	301 Alpha Drive RIDC Park Pittsburgh, PA 15238	505 East Broadway Avenue Maryville, TN 37804	201 Summit View Dr. Ste 300 Brentwood, TN 37027
		Phone number	(615) 301-5031	(865) 997-1200	(615) 277-7570
Pollutant(s) analyzed	Inorganics, Conventionals, Organics	Fecal Coliform	Acute/Chronic Toxicity		

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.	

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

Checklist and Certification Statement

12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
	Column 1	Column 2
	<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input checked="" type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls
		<input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments
		<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B
		<input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ Table D
	<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ analytical results as an attachment
<input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

12.2 **Certification Statement**

I 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.

Name (print or type first and last name)	Official title
<i>Jeffrey C. Weid</i>	<i>Plant Mgr</i>
Signature	Date signed
<i>Jeffrey C. Weid</i>	<i>6/10/2022</i>

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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 all of the pollutants listed on this table for the noted outfall.								
1. Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration	mg/L	5.62			1	
		Mass	lb/day	7.17			1	
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	11.2			1	
		Mass	lb/day	14.29			1	
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	13.1			1	
		Mass	lb/day	16.72			1	
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	13.80	13.80	4.20	8	
		Mass	lb/day	415.71	50.41	9.83	8	
5. Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	0.946			1	
		Mass	lb/day	1.21			1	
6. Flow	<input type="checkbox"/>	Rate	MGD	4.90	0.82	0.28	13	
7. Temperature (winter)	<input type="checkbox"/>	°C						
Temperature (summer)	<input type="checkbox"/>	°C						
pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	7.40		7.29	13	
pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	8.00		7.84	13	

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 1, 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)	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
	Testing Required	Believed Present		Believed Absent	Maximum Daily Discharge (if available)	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	< 0.01				1	
1.2 Arsenic, total (7440-38-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
1.3 Beryllium, total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.004				1	
1.4 Cadmium, total (7440-43-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
1.5 Chromium, total (7440-47-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.005				1	
1.6 Copper, total (7440-50-8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	< 0.01				1	
1.7 Lead, total (7439-92-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.0102				1	
1.8 Mercury, total (7439-97-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	0.01				1	
1.9 Nickel, total (7440-02-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	5.20E-06				1	
1.10 Selenium, total (7782-49-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	6.64E-06				1	
1.11 Silver, total (7440-22-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.04				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)	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)			
	Testing Required	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	< 0.02			1		
1.13 Zinc, total (7440-66-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	< 0.03			1		
1.14 Cyanide, total (57-12-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	0.0751			1		
1.15 Phenols, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	0.10			1		
				Concentration mg/L	< 0.005			1		
				Mass lb/day	< 0.01			1		
				Concentration mg/L	< 0.0104			1		
				Mass lb/day	< 0.01			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 mg/L	< 0.02			1		
2.2 Acrylonitrile (107-13-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.03			1		
2.3 Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.02			1		
2.4 Bromoform (75-25-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.03			1		
2.5 Carbon tetrachloride (56-23-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001			1		
2.6 Chlorobenzene (108-90-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			1		
2.7 Chlorodibromomethane (124-48-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001			1		
2.8 Chloroethane (75-00-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			1		
				Concentration mg/L	< 0.001			1		
				Mass lb/day	< 0.001			1		
				Concentration mg/L	< 0.001			1		
				Mass lb/day	< 0.001			1		
				Concentration mg/L	< 0.001			1		
				Mass lb/day	< 0.001			1		
				Concentration mg/L	< 0.001			1		
				Mass lb/day	< 0.001			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
2.9 2-chloroethylvinyl ether (110-75-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002			1		
2.10 Chloroform (67-66-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	< 0.003			1		
2.11 Dichlorobromomethane (75-27-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	0.00181			1		
2.12 1,1-dichloroethane (75-34-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	0.002			1		
2.13 1,2-dichloroethane (107-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001			1		
2.14 1,1-dichloroethylene (75-35-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			1		
2.15 1,2-dichloropropane (78-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001			1		
2.16 1,3-dichloropropylene (542-75-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			1		
2.17 Ethylbenzene (100-41-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001			1		
2.18 Methyl bromide (74-83-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			1		
2.19 Methyl chloride (74-87-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001			1		
2.20 Methylene chloride (75-09-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			1		
2.21 1,1,2,2-tetrachloroethane (79-34-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001			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 mg/L	< 0.001				1	
2.23 Toluene (108-88-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001				1	
2.24 1,2-trans-dichloroethylene (156-60-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001				1	
2.25 1,1,1-trichloroethane (71-55-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001				1	
2.26 1,1,2-trichloroethane (79-00-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001				1	
2.27 Trichloroethylene (79-01-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001				1	
2.28 Vinyl chloride (75-01-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001				1	

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 mg/L	< 0.0104				1	
3.2 2,4-dichlorophenol (120-83-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
3.3 2,4-dimethylphenol (105-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198				1	
3.4 4,6-dinitro-o-cresol (534-52-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003				1	
3.5 2,4-dinitrophenol (51-28-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104				1	
				Mass lb/day	< 0.01				1	
				Concentration mg/L	< 0.0521				1	
				Mass lb/day	< 0.07				1	
				Concentration mg/L	< 0.104				1	
				Mass lb/day	< 0.13				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 mg/L	< 0.0104			1		
3.7 4-nitrophenol (100-02-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1		
3.8 p-chloro-m-cresol (59-50-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0521			1		
3.9 Pentachlorophenol (87-86-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.07			1		
3.10 Phenol (108-95-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104			1		
3.11 2,4,6-trichlorophenol (88-05-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			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 mg/L	< 0.00198			1		
4.2 Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003			1		
4.3 Anthracene (120-12-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198			1		
4.4 Benzidine (92-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003			1		
4.5 Benzo (a) anthracene (56-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.208			1		
4.6 Benzo (a) pyrene (50-32-8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	< 0.27			1		
				Concentration mg/L	< 0.00198			1		
				Mass lb/day	< 0.003			1		
				Concentration mg/L	< 0.00198			8		
				Mass lb/day	< 0.08			8		

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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 mg/L	< 0.00198			1			
4.8 Benzo (ghi) perylene (191-24-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003			1			
4.9 Benzo (k) fluoranthene (207-08-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198			1			
4.10 Bis (2-chloroethoxy) methane (111-91-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003			1			
4.11 Bis (2-chloroethyl) ether (111-44-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198			1			
4.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003			1			
4.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.104			1			
4.14 4-bromophenyl phenyl ether (101-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.13			1			
4.15 Butyl benzyl phthalate (85-68-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104			1			
4.16 2-chloronaphthalene (91-58-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1			
4.17 4-chlorophenyl phenyl ether (7005-72-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198			1			
4.18 Chrysene (218-01-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003			1			
4.19 Dibenzo (a,h) anthracene (53-70-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104			1			
				Mass lb/day	< 0.01			1			
				Concentration mg/L	< 0.00198			1			
				Mass lb/day	< 0.003			1			
				Concentration mg/L	< 0.0104			1			
				Mass lb/day	< 0.01			1			
				Concentration mg/L	< 0.00198			1			
				Mass lb/day	< 0.003			1			
				Concentration mg/L	< 0.0104			1			
				Mass lb/day	< 0.01			1			
				Concentration mg/L	< 0.00198			1			
				Mass lb/day	< 0.003			1			
				Concentration mg/L	< 0.0104			1			
				Mass lb/day	< 0.01			1			

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant	Outfall Number 006
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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 mg/L	< 0.0104				1	
4.21 1,3-dichlorobenzene (541-73-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
4.22 1,4-dichlorobenzene (106-46-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104				1	
4.23 3,3-dichlorobenzidine (91-94-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
4.24 Diethyl phthalate (84-66-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104				1	
4.25 Dimethyl phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
4.26 Di-n-butyl phthalate (84-74-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104				1	
4.27 2,4-dinitrotoluene (121-14-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
4.28 2,6-dinitrotoluene (606-20-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104				1	
4.29 Di-n-octyl phthalate (117-84-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
4.30 1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104				1	
4.31 Fluoranthene (206-44-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01				1	
4.32 Fluorene (86-73-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198				1	
				Mass lb/day	< 0.003				1	
				Concentration mg/L	< 0.00198				1	
				Mass lb/day	< 0.003				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 mg/L	< 0.00198			1		
4.34 Hexachlorobutadiene (87-68-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003			1		
4.35 Hexachlorocyclopentadiene (77-47-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198			1		
4.36 Hexachloroethane (67-72-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1		
4.37 Indeno (1,2,3-cd) pyrene (193-39-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104			1		
4.38 Isophorone (78-59-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1		
4.39 Naphthalene (91-20-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198			1		
4.40 Nitrobenzene (98-95-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0208			1		
4.41 N-nitrosodimethylamine (62-75-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0104			1		
4.42 N-nitrosodi-n-propylamine (621-64-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1		
4.43 N-nitrosodiphenylamine (86-30-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198			1		
4.44 Phenanthrene (85-01-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003			1		
4.45 Pyrene (129-00-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00198			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)	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)			
	Testing Required	Believed Present		Believed Absent	Maximum Daily Discharge (if available)	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 mg/L	< 0.0104			1		
				Mass lb/day	< 0.01			1		
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)										
5.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.11 α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)			
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses		
5.12 β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass								
5.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass								
5.14 Dieldrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass								
5.15 Dieldrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass								
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass								
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass								
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L lb/day	< 9.52E-05 < 1.21E-04						
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L lb/day	< 9.52E-05 < 1.21E-04						
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L lb/day	< 9.52E-05 < 1.21E-04						
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L lb/day	< 9.52E-05 < 1.21E-04						
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L lb/day	< 9.52E-05 < 1.21E-04						
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L lb/day	< 9.52E-05 < 1.21E-04						
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L lb/day	< 9.52E-05 < 1.21E-04						

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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	Concentration	Mass	Maximum Daily Discharge (if available)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mg/L	lb/day	< 0.0001					

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 mg/L	< 0.1			1		
			Mass lb/day	< 0.13			1		
2. Chlorine, total residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	BDL	BDL	BDL	13		
			Mass lb/day	BDL	BDL	BDL	13		
3. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Color Unit	< 5			1		
			Mass						
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration MPN/100mL	< 1.0			1		
			Mass						
5. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	2.20	2.20	1.28	7		
			Mass lb/day	87.06	14.53	2.99	7		
6. Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.504			1		
			Mass lb/day	0.64			1		
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 3.0			1		
			Mass lb/day	< 3.83			1		
8. Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	< 5.1	< 5.1	< 5.1	8		
			Mass lb/day	<208.46	< 34.79	< 11.94	8		
9. Phosphorus (as P), total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.222			1		
			Mass lb/day	0.28			1		
10. Sulfate (as SO ₄) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	29.7			1		
			Mass lb/day	37.9			1		
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 3.0			1		
			Mass lb/day	< 3.83			1		

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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 mg/L	< 5.0			1		
			Mass lb/day	< 6.38			1		
13. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.03			1		
			Mass lb/day	0.14			1		
14. Aluminum, total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	3.00	3.00	1.66	8		
			Mass lb/day	84.61	14.12	3.89	8		
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.2			1		
			Mass lb/day	< 0.26			1		
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.2			1		
			Mass lb/day	< 0.26			1		
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.05			1		
			Mass lb/day	< 0.06			1		
18. Iron, total (7439-89-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.441			1		
			Mass lb/day	0.56			1		
19. Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 5.0			1		
			Mass lb/day	< 6.38			1		
20. Molybdenum, total (7439-98-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.216			1		
			Mass lb/day	0.28			1		
21. Manganese, total (7439-96-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.0498			1		
			Mass lb/day	0.06			1		
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.1			1		
			Mass lb/day	< 0.13			1		
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.05			1		
			Mass lb/day	< 0.06			1		

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant
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Form Approved 03/05/19
OMB No. 2040-0004

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
		S03	Unnamed Pond on Alcoa Property	35° 46' 00" N	86° 58' 00" W
		SW4	Ditch to Pistol Creek	35° 46' 15" N	83° 58' 51" W
		SW6	Pistol Creek	35° 48' 30" N	83° 58' 50" 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 type="checkbox"/> No
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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

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.																											
		<table border="1"> <thead> <tr> <th>Outfall Number</th> <th>Impervious Surface Area (within a mile radius of the facility)</th> <th>Total Surface Area Drained (within a mile radius of the facility)</th> </tr> </thead> <tbody> <tr> <td>S03</td> <td>0.34</td> <td>3.69</td> </tr> <tr> <td>SW4</td> <td>17.4</td> <td>69.4</td> </tr> <tr> <td>SW6</td> <td>63</td> <td>97</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)	S03	0.34	3.69	SW4	17.4	69.4	SW6	63	97															
	Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)																										
	S03	0.34	3.69																										
	SW4	17.4	69.4																										
	SW6	63	97																										
4.2	<p>Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)</p> <p>Arconic Tennessee LLC, a subsidiary of Arconic Corporation., currently operates a Secondary Aluminum Smelting facility in Alcoa, Tennessee that includes Ingot Casting (South Ingot), and Can Reclamation (Can Rec) production areas. The South Plant re-melts beverage cans and other scrap aluminum to produce molten aluminum, which is cast into aluminum ingots. The aluminum ingots are transported by railroad to the North Plant. The South Plant has ancillary activities, i.e., railroad, truck shops, machine shops, maintenance, utilities, shipping, etc., which support the active production areas referenced above.</p> <p>**See Narrative for more information.</p>																												
4.3	<p>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.)</p> <table border="1"> <thead> <tr> <th colspan="3">Stormwater Treatment</th> </tr> <tr> <th>Outfall Number</th> <th>Control Measures and Treatment</th> <th>Codes from Exhibit 2F-1 (list)</th> </tr> </thead> <tbody> <tr> <td>S03</td> <td>No treatment</td> <td></td> </tr> <tr> <td>SW4</td> <td>Settling</td> <td>1-U</td> </tr> <tr> <td>SW6</td> <td>Settling</td> <td>1-U</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Stormwater Treatment			Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	S03	No treatment		SW4	Settling	1-U	SW6	Settling	1-U													
Stormwater Treatment																													
Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)																											
S03	No treatment																												
SW4	Settling	1-U																											
SW6	Settling	1-U																											

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant
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SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges	5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.			
		Name (print or type first and last name) JERRE, C. WOOD		Official title Plant Mgr	
		Signature 		Date signed 6/10/2022	
	5.2	Provide the testing information requested in the table below.			
		Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
		S03	Visual Annual Compliance Evaluation Inspection (CEI) by TDEC DWR personnel	08/06/2021	S03
		SW4	Visual Annual Compliance Evaluation Inspection (CEI) by TDEC DWR personnel	08/06/2021	SW4
	SW6	Visual Annual Compliance Evaluation Inspection (CEI) by TDEC DWR personnel	08/06/2021	SW6	

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.
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SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	7.1	Is this a new source or new discharge? <input type="checkbox"/> Yes → See instructions regarding submission of estimated data. <input checked="" type="checkbox"/> No → See instructions regarding submission of actual data.
	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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OMB No. 2040-0004

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

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

Biological Toxicity Testing Data	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.			
	8.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		LC50 Static 48Hr Acute Ceriodaphnia	Required in NPDES permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Historic DMRs
		LC50 Static 48Hr Acute Pimephales promelas	Required in NPDES permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Historic DMRs
			<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	Eurofins Pittsburgh	Ramboll	Microbac Laboratories, Inc.
		Laboratory address	301 Alpha Drive RIDC Park Pittsburgh, PA 15238	201 Summit View Dr. Ste 300 Brentwood, TN 37027	505 East Broadway Avenue Maryville, TN 37804
		Phone number	(615) 301-5031	(615) 277-7570	(865) 997-1200
	Pollutant(s) analyzed	Inorganics, Conventionals, Organics	Acute/Chronic Toxicity	Fecal Coliform	

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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 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 checked="" 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 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.

Name (print or type first and last name)
JEREMY C. WEISSA

Official title
Plant Mgr

Signature


Date signed
6/10/2022

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(g)(1)(E)(5))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	See attached table					
2. Biochemical oxygen demand (BOD ₅)	See attached table					
3. Chemical oxygen demand (COD)	See attached table					
4. Total suspended solids (TSS)	See attached table					
5. Total phosphorus	See attached table					
6. Total Kjeldahl nitrogen (TKN)	See attached table					
7. Total nitrogen (as N)	See attached table					
8. pH (minimum)	See attached table					
pH (maximum)	See attached table					

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

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC South Plant
 Outfall S03

Flow	Estimate [MGD]	Number of Storm Events Sampled
Flow - Composite	0.068	1
Flow - Grab Average	0.08	10
Flow - Grab Maximum	0.32	10

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

Pollutant	Maximum Daily Discharge			Average Daily Discharge			Number of Storm Events Sampled			
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]		Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	
Oil & Grease	<	5.10	<	13.61	<	5.10	<	3.52	<	10
Biochemical oxygen demand (BOD ₅)	12.70	7.23	15.20	8.65						1
Chemical oxygen demand (COD)	34.30	19.52	54.90	31.25						1
Total suspended solids (TSS)	63.10	169.98	60.30	34.32	25.54	17.62				G = 10, C=1
Total phosphorus	0.31	0.18	1.84	1.05						1
Total Kjeldahl nitrogen (TKN)	1.36	0.77	2.15	1.22						1
Total nitrogen (as N)	<	3.64	<	4.18	<	2.38				1
pH (minimum)	7.60									9
pH (maximum)	8.50									9

G = Grab; C = Composite

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC South Plant
 Outfall S03

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

Pollutant	Maximum Daily Discharge			Average Daily Discharge			Number of Storm Events Sampled
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	
Nitrite plus Nitrate (as N)	2.70	0.92	0.76	0.43	0.69	0.48	G = 10, C = 1
Cyanide, total (as CN)	<	0.01	<	<	0.01	0.00	10
Magnesium, total (as Mg)	5.23	11.96	<	2.85	2.98	2.06	G = 10, C = 1
Fluoride, dissolved (as F)	3.97	2.68			1.72	1.19	10
Iron, total (as Fe)	1.77	4.77	1.22	0.69	0.87	0.60	G = 10, C = 1
Aluminum, total (as Al)	2.70	6.09	1.77	1.01	1.28	0.88	G = 10, C = 1
LC50 Static 48Hr Acute Ceriodaphnia	>	100	>				1
LC50 Static 48Hr Acute Pimephales promelas	>	100	>				1

G = Grab; C = Composite

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC South Plant
 Outfall S03

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(0)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))

Pollutant	Maximum Daily Discharge			Average Daily Discharge			Number of Storm Events Sampled
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	
Ammonia	0.25	0.14	0.43	0.24			1
Manganese	0.05	0.03	0.03	0.02			1
Mercury	1.41E-05	8.03E-06	1.12E-05	6.38E-06			1
Zinc	0.03	0.02	0.02	0.01			1
Fluoride, Total	1.44	0.82	2.33	1.33			1

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility name Arconic Tennessee LLC South Plant	Outfall Number S03
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(g)(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)
02/22/2022	12.5 hours	3.15	>96 hours	0.068 MGD	34,000 gallons
<p>Provide a description of the method of flow measurement or estimate. Flow rate was estimated by calculating flow through the channel. Using the flow rate, the total flow was estimated.</p>					

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(g)(1)(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	See attached table					
2. Biochemical oxygen demand (BOD ₅)	See attached table					
3. Chemical oxygen demand (COD)	See attached table					
4. Total suspended solids (TSS)	See attached table					
5. Total phosphorus	See attached table					
6. Total Kjeldahl nitrogen (TKN)	See attached table					
7. Total nitrogen (as N)	See attached table					
8. pH (minimum)	See attached table					
	See attached table					

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

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC South Plant
 Outfall SW4

Flow	Estimate [MGD]	Number of Storm Events Sampled
Flow - Composite	0.86	1
Flow - Grab Average	0.85	10
Flow - Grab Maximum	3.88	10

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

Pollutant	Maximum Daily Discharge			Average Daily Discharge			Number of Storm Events Sampled			
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]		Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	
Oil & Grease	<	5.70	<	184.45	<	5.70	<	40.41	<	10
Biochemical oxygen demand (BOD ₅)	<	2.00	<	14.41	<	2.00	<	14.41	<	1
Chemical oxygen demand (COD)	<	10.00	<	72.06	<	10.00	<	72.06	<	1
Total suspended solids (TSS)	<	174.00	<	459.26	<	15.40	<	110.97	<	G = 10, C = 1
Total phosphorus	<	0.11	<	0.81	<	0.10	<	0.72	<	1
Total Kjeldahl nitrogen (TKN)	<	1.00	<	7.21	<	1.00	<	7.21	<	1
Total nitrogen (as N)	<	3.42	<	24.64	<	3.60	<	25.97	<	1
pH (minimum)	<	7.70	<		<		<		<	9
pH (maximum)	<	8.20	<		<		<		<	9

G = Grab; C = Composite

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant	Outfall Number SW4
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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(E)(4) and 40 CFR 122.21(g)(7)(A))¹

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

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

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

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC South Plant
 Outfall SW4

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

Pollutant	Maximum Daily Discharge				Average Daily Discharge				Number of Storm Events Sampled
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	
Ammonia, total	0.42	13.68	< 0.10	0.72	0.11	0.81			G = 10, C = 1
Nitrite plus Nitrate	0.57	10.16	0.50	3.63	0.35	2.48			G = 10, C = 1
Cyanide, total	0.01	0.07			0.003	0.02			10
Magnesium, total	7.93	67.92	< 5.00	36.03	3.88	27.53			G = 10, C = 1
Fluoride, dissolved	6.28	73.74			1.81	12.80			10
Chromium, total	0.03	0.17	< 0.01	0.04	0.01	0.04			G = 10, C = 1
Zinc, total	0.13	0.67	0.02	0.15	0.05	0.36			G = 10, C = 1
Aluminum, total	10.8	48.84	0.30	2.13	3.06	21.69			G = 10, C = 1
Chlorine, total residual (TRC)	BDL	BDL			BDL	BDL			9
Carbonaceous Biochemical Oxygen Demand (CBOD)	10.9	47.43	< 2.00	14.41	4.23	29.95			G = 10, C = 1
LC50 Static 48Hr Acute Ceriodaphnia	37.9	268.67							1
LC50 Static 48Hr Acute Pimephales promelas	100	708.90							1

BDL = Below Detection Level

G = Grab; C = Composite

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(g)(1)(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		
See attached table						

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 1, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Form 2F NPDES - Discharge Information
Arconic Tennessee LLC South Plant
Outfall SW4

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))

Pollutant	Maximum Daily Discharge				Average Daily Discharge				Number of Storm Events Sampled
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	
Iron	1.46	10.52	0.38	2.76					1
Mercury	5.62E-06	4.05E-05	6.40E-06	4.61E-05					1
Fluoride, Total	2.11	15.20	2.14	15.42					1

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility name Arconic Tennessee LLC South Plant	Outfall Number SW4
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(g)(1)(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)
02/22/2022	12.5 hour	3.15	>96 hours	0.864 MGD	450,000 gallons
<p>Provide a description of the method of flow measurement or estimate. Flow rate was estimated by using the water depth and dimensions of the outfall. Using the flow rate, the total flow was estimated.</p>					

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant	Outfall Number SW6
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(g)(1)(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	See attached table					
2. Biochemical oxygen demand (BOD ₅)	See attached table					
3. Chemical oxygen demand (COD)	See attached table					
4. Total suspended solids (TSS)	See attached table					
5. Total phosphorus	See attached table					
6. Total Kjeldahl nitrogen (TKN)	See attached table					
7. Total nitrogen (as N)	See attached table					
8. pH (minimum)	See attached table					
	See attached table					

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

EPA Form 2F NPDES - Discharge Information
Arconic Tennessee LLC South Plant
Outfall SW6

Flow	Estimate [MGD]	Number of Storm Events Sampled
Flow - Composite	0.61	1
Flow - Grab Average	0.89	10
Flow - Grab Maximum	2.20	10

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

Pollutant	Maximum Daily Discharge				Average Daily Discharge				Number of Storm Events Sampled			
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]				
Oil & Grease	<	<	5.10	<	<	93.57	<	5.10	<	37.86	<	10
Biochemical oxygen demand (BOD ₅)												1
Chemical oxygen demand (COD)												1
Total suspended solids (TSS)			51.50	776.89	4.00	20.28	26.73	198.41				G = 9, C = 1
Total phosphorus					0.28	1.39						1
Total Kjeldahl nitrogen (TKN)					3.21	16.28						1
Total nitrogen (as N)					3.60	18.24						1
pH (minimum)			7.20					7.20				9
pH (maximum)			8.01					8.01				9

G = Grab; C = Composite
 NS = Not Sampled

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant	Outfall Number SW6
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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(g)(1)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))¹

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

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

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 1, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC South Plant
 Outfall SW6

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

Pollutant	Maximum Daily Discharge				Average Daily Discharge				Number of Storm Events Sampled
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	
Ammonia, total	0.46	4.05	< 0.10	< 0.51	0.19	1.43			G = 10, C=1
Copper, total	0.02	0.33	< 0.03	< 0.13	0.01	0.09			G = 10, C=1
Cyanide, total	0.04	0.05			0.004	0.03			10
Magnesium, total	6.34	66.68	< 5.00	< 25.35	3.12	23.14			G = 10, C=1
Fluoride, dissolved	2.47	15.13			0.92	6.85			10
Chromium, total	0.02	0.18	< 0.01	< 0.03	0.003	0.02			G = 9, C=1
Zinc, total	0.12	1.26	< 0.02	< 0.10	0.05	0.34			G = 10, C=1
Aluminum, total	4.87	70.73	1.52	7.71	2.96	21.97			G = 9, C=1
Chlorine, total residual (TRC)	BDL	BDL			BDL	BDL			9
Carbonaceous Biochemical Oxygen Demand (CBOD)	25.9	159.44			9.20	68.27			9
LC50 Static 48Hr Acute Ceriodaphnia	100	742.26							1
LC50 Static 48Hr Acute Pimephales promelas	79	586.39							1

BDL = Below Detection Level
 G = Grab; C = Composite
 NS = Not Sampled

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility Name Arconic Tennessee LLC South Plant	Outfall Number SWG
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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)(v)(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		
See attached table						

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

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC South Plant
 Outfall SW6

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

Pollutant	Maximum Daily Discharge			Average Daily Discharge			Number of Storm Events Sampled
	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	
Chloroform	0.0012	0.01					1
Iron			0.18	0.90			1
Manganese			0.0226	0.11			1
Mercury			3.46E-06	1.73E-05			1
Molybdenum			0.618	3.13			1
Phenolics, Total Recoverable	0.0204	0.10					1
Sulfate			94.2	477.66			1
Total Organic Carbon			13.9	70.48			1
Fluoride, Total			0.43	2.18			1
Fecal Coliforms (MPN/100mL)	230						1

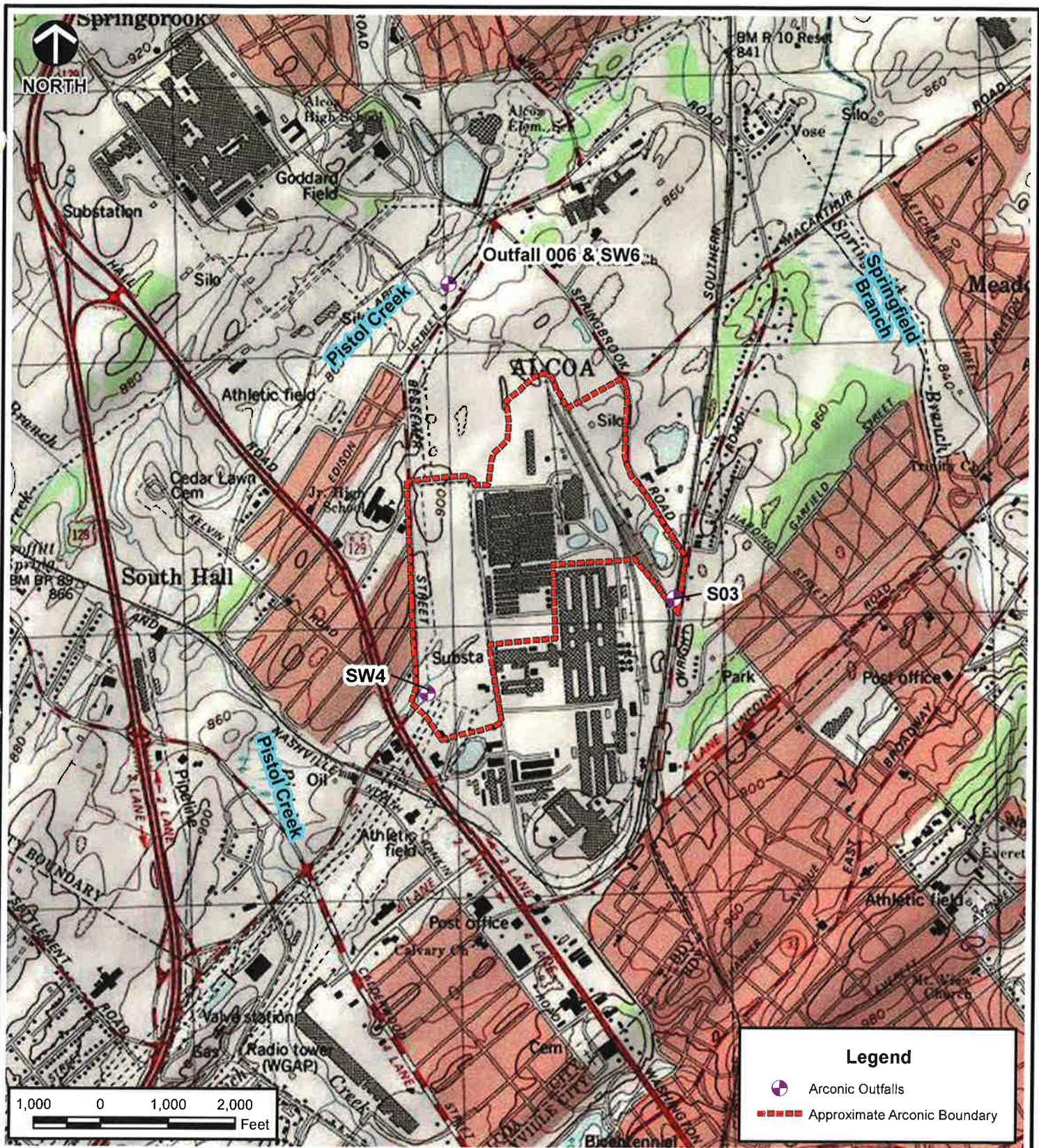
NS = Not Sampled

EPA Identification Number TND003383551	NPDES Permit Number TN0065081	Facility name Arconic Tennessee LLC South Plant	Outfall Number SW6
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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)
03/23/2022	4	0.41	>72 hours	0.608 MGD	101,000 gallons
<p>Provide a description of the method of flow measurement or estimate. Flow rate was determined with a flow meter. Using the flow rate, the total flow was estimated.</p>					



SOURCE: PORTION OF THE USGS 7.5-MINUTE SERIES TOPOGRAPHIC QUADRANGLE MAPS - MARYVILLE, TN - 1979



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ARCONIC TENNESSEE LLC - SOUTH PLANT
 NPDES PERMIT TN0065081
 NPDES PERMIT RENEWAL
 ALCOA, TENNESSEE

TOPOGRAPHIC MAP

DRAWN BY:	DMM	CHECKED BY:	JMB	APPROVED BY:	JMB*	FIGURE NO:	1
DATE:	MAY 13, 2022	DWG SCALE:	1" = 2,000'	PROJECT NO:	320-644.0001		

Signature on File

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