



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 TN0067199
North Plant – Arconic Tennessee LLC

Mr. Jancic:

Enclosed is the NPDES permit application for our North 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". The signature is written in a cursive, slightly slanted style.

Mark Browning

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

INTRODUCTION

This application has been submitted as a renewal application for the North Plant which is located in Alcoa, Tennessee. The major production areas of the North Plant include: Ingot, Hot Mill, Continuous Cold Mill (CCM), Auto Fabrication (Annealing, Continuous Heat Treatment, and Tandem Cold Mill Lines), and Finishing (Trimlines, Packing and Shipping). The North Plant rolls aluminum ingots into coils of aluminum sheet that are shipped to various customers for use in the production of aluminum cans, industrial, and automotive products. The North Plant has ancillary activities, i.e. railroad, truck shops, machine shops, maintenance, and utilities which support the production areas.

The current NPDES permit includes one (1) process outfall (001), one (1) internal process outfall (01A), one (1) landfill leachate outfall (007), and eight (8) stormwater outfalls (SW1, 01N, 01E, 01S, N01, N05, N06, and N10). There are three (3) drainage basins in the North Plant proper which carries both process and stormwater to a single outfall, 001/SW1 (see attached drainage drawing G302055AT). Outfalls 001 and SW1 locations are the same physically. However, 001 designates dry weather monitoring and SW1 designates stormwater monitoring.

NARRATIVE

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

Outfall 001/SW1 discharges to Duncan Creek at approximate stream mile 0.6 located at the southeast corner of the plant. The drainage area is approximately 170 acres, and the flow direction is from north to south. This discharge is a combination of process wastewater and storm water. This water includes storm water runoff from the site including secondary containment systems, contact and non-contact cooling water, and waters from fire protection testing. It also includes miscellaneous wastewater from shop, support services, and production equipment such as the following: floor, pavement, and processing equipment wash downs, maintenance and cleaning of the storm sewers, vehicle wash downs, emergency eyewash and shower stations, water HVAC condensate, cooling tower blow down, reject water from de-ionized water systems, air

compressors, and equipment testing. This may also include miscellaneous incidental amounts of leaks and spills of lubricating oils, hydraulic oils, and other petroleum products, untreated sanitary wastewaters from repairs or breaks in the sanitary sewer and potable water sewer systems.

Some treatment is provided for the 001/SW1 outfall. Total chlorine residual (TRC) and pH is monitored and treated continuously to meet permit limits. An under weir provides retention for an oil spill. Flow is monitored continuously.

The 01A outfall is located at the North Ingot cooling tower. Blow down from the cooling tower is discharged to the municipal sewer system. This water is permitted to discharge to the municipal sewer system under the facility's POTW permit issued by the City of Maryville. 01A is used a back-up discharge option if needed and discharges to the 001/SW1 storm sewer system. Sampling at the 01A outfall occurs only if water is discharged to 001/SW1 instead of to the municipal sewer system.

Outfall 007 serves the North Plant landfill A/B, located on the north side of the plant. Treated landfill leachate is discharged into an unnamed ditch to Russell Branch at approximate mile 2.2. The 007 treatment system is designed to remove oil (skimming), nutrients (ammonia), and PCB's. The current treatment system includes biological treatment (nitrification), tertiary filtration (sand filter), two (2) pre-filters, several polishing ultra filters, and three (3) activated carbon canisters in series.

01N, 01E, and 01S are overflows from the 001/SW1 drainage basin, which activate when hydraulic overloading of the storm sewer system occurs during rain events. 01N has a drainage area of 27.4 acres. 01E has a drainage area of 40.8 acres and 01S has a drainage area of 92.1 acres. 01N and 01E discharge to Duncan Creek upstream of outfall 001/SW1. 01S discharges to an unnamed tributary to Duncan Creek downstream of Outfall 001/SW1.

Outfall N01 serves as stormwater runoff from northern portion on the plant. N01 is sampled as representative of outfalls N02, N03, and N04 per the current NPDES permit TN0067199.

Outfall N05 serves stormwater runoff from pasture area and a closed landfill site at the northeast corner of the plant. N05 discharge area contains drainage 15 acres and discharges to the headwaters of Duncan Creek upstream of 01N.

Outfall N06 serves stormwater runoff from the construction debris landfill and pasture areas located at the east side of the plant. N06 has a drainage area of 11.4 acres and discharges to Duncan Creek between outfalls 01N and 01E.

Outfall N10 serves stormwater runoff from the south gate and parking lot area. N10 is representative of Outfalls N08 - N12 per email from TDEC on 2/15/2018. N10 has a drainage area of 1.3 acres and discharges into the same unnamed tributary to Duncan Creek as 01S.

The North Plant has a *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 BMP incorporates by reference other documents such as the most recent version of the *Stormwater Pollution Prevention Plan ("SWPPP")*.

Fertilizers may be applied up to twice per year. Herbicides may be applied up to four times per year.

B. NORTH PLANT WASTEWATER TREATMENT FACILITY

The Wastewater Treatment Facility (WWTF) is operated primarily as a batch treatment process for the North Plant's rolling mill emulsions. The WWTF contains: a truck unloading (oily wastewaters) area; a drum pad/waste oil storage area - secondarily contained with a manual drain valve to contain spills; five (5) treatment system tanks (largest tank capacity 250,000 gallons) that

are adequately secondarily contained; one (1) 1,000,000-gallon storage tank used to store wastewaters or oil-contaminated wastewaters pumped from Outfall 001 during spill; one (1) 650,000-gallon equalization tank for treated wastewaters discharged to the City sanitary sewer system with metered discharge flow; four (4) oil storage tanks; two (2) "skim holding" tanks that receive the oily sludge layer skimmed from the treatment tanks and is used to allow further separation of the oil and water; and one (1) Rotary Drum Vacuum Dryer (RDVD) used to remove additional solids from sinking sludges during the treatment process.

Influent wastewaters, principally rolling oil emulsions, are directed into one of the three treatment tanks where chemicals are added to break the wastewaters into oil and water. Chemical treatment currently consists of the addition of alum for coagulation and/or flocculation, caustic or acid to break the wastewaters into oil and water, and polymer to aid in flocculation. The tanks are agitated with mechanical mixers to prevent septic conditions and to aid separation. The water from the treated tanks is transferred to the equalization tank prior to discharge to the sanitary sewer system.

Following the chemical break of the influent wastewaters, oils and suspended solids float to the top of the treatment tanks where they are removed by a skimmer. The skimmed, oily fraction is transferred to the skim hold tank for further oil/water separation and storage. The water layer from the skim hold tank is returned to the treatment system tanks while the oily sludge layer is further processed in a separate tank to remove additional water. The recovered oil is sold to used oil processors as a by-product and the additional water is returned to the treatment system tanks. Some sludge generated during the chemical break in the treatment tanks A, B, & C settles to the bottom, instead of floating. Depending on sludge composition, some of the settled sludge layers are passed through a Rotary Drum Vacuum Dryer (RDVD) to remove solids prior to being reintroduced into the process retreatment waste stream. Highly viscous sludge layers, not amenable to filtration, are removed from the bottoms of the treatment tanks at infrequent intervals during tank cleaning and are transported off-site for disposal.

Prior to October 01, 1992, Alcoa Inc. personnel operated the WWTF. Beginning on October 01, 1992 Alcoa Inc. contracted the operation of the WWTF to an outside entity, Veolia Water (formerly U.S. Filter, formerly PORI International). Since 2014, NALCO replaced Veolia Water as the on-site WWTF resource and their personnel provide complete 24/7 operational support and management at the WWTF.



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: TN0067199

DATE: June 2022

PERMITTED FACILITY: Arconic Tennessee LLC North 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: 2300 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): 2300 N. Wright 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	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. <input checked="" type="checkbox"/> No
	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. <input type="checkbox"/> No
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. <input checked="" type="checkbox"/> No	
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. <input checked="" type="checkbox"/> No	
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). <input type="checkbox"/> No	

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 North Plant		
	2.2	EPA Identification Number		
		TND987766136		
	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 TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant
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Name, Mailing Address, and Location Continued	2.5	Facility Location		
		Street, route number, or other specific identifier 2300 North Wright 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)
		3353	Aluminum Forming
	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 2300 North Wright 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 TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North 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) TN0067199	<input checked="" type="checkbox"/>	RCRA (hazardous wastes) TND987766136
	<input type="checkbox"/>	PSD (air emissions)	<input type="checkbox"/>	Nonattainment program (CAA)
	<input type="checkbox"/>	Ocean dumping (MPRSA)	<input type="checkbox"/>	Dredge or fill (CWA Section 404)
			<input type="checkbox"/>	UIC (underground injection of fluids)
			<input type="checkbox"/>	NESHAPs (CAA)
			<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 North Plant is an aluminum forming and fabrication operation with hot and cold rolling mills. The North Plant has the capacity to remelt aluminum scrap and cast ingots. Related support facilities are present. The final product is aluminum can sheet and automotive sheet.

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.)

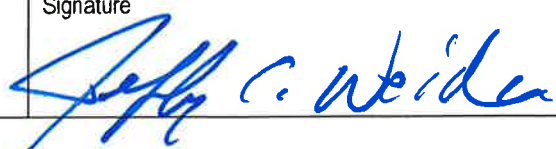
SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

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		

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant
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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	Certification Statement		
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
	Name (print or type first and last name) Jeffrey C. Weida	Official title Location Manager	
	Signature 	Date signed 6/10/2022	

Section 6.1 – Existing Environmental Permits

- 1)Arconic Inc. North Plant Fabrication Support Remediation Title V Air Permit – Permit No. 576488
- 2)Arconic Inc. Reclamation Title V Air Permit – Permit ID No. 572135
- 3)Arconic North Ingot Title V Air Permit – Permit ID No. 570866
- 4)Arconic Plant Wide VOC Limit – Permit ID 967460
- 5)Industrial Discharge Permit to Maryville, TN POTW – Permit ID IDP-001-2014

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

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
		Outfall Number	Receiving Water Name	Latitude	Longitude
		007	Ditch to Russell Branch	35° 48' 55" N	83° 58' 28" W
		001/SW1	Duncan Branch	35° 48' 10" N	83° 57' 10" W
		See next page for additional outfalls		° ' " 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
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SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.		
		Outfall Number 007		
		Operations Contributing to Flow		
		Operation	Average Flow	
		Landfill A/B leachate and stormwater	0.01 mgd	
		Remedial Investigation at N. Plant	Project Specific mgd	
		Low Level PCB contaminated wastewater	Periodic 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
		Coagulation, sedimentation	2-D, 1-U	NA

Form 2C NPDES

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

Outfall Number	Receiving Water Name	Latitude				Longitude			
01N	Duncan Branch	35°	48'	40"	N	83°	58'	05"	W
01E	Duncan Branch	35°	48'	36"	N	83°	58'	06"	W
01S	Duncan Branch	35°	48'	25"	N	83°	58'	06"	W

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TN0067199

Facility Name
Arconic Tennessee LLC North Plant

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Average Flows and Treatment Continued

3.1
cont.

****Outfall Number**** 001/SW1

Operations Contributing to Flow

Operation	Average Flow
Cooling Towers Blowdown & Quench System	0.062 mgd
Non-contact cooling & miscellaneous flows	0.08 mgd
Stormwater runoff	3.74 mgd
Reject water from DI systems	0.015 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
pH Adjustment	2-K	NA
Disinfection (chlorine)	2-F	NA
Dechlorination	2-E	NA
Sedimentation, oil skimming	1-U, XX	Occasional clean-out & Used oil disposal

****Outfall Number**** 01A/001

Operations Contributing to Flow

Operation	Average Flow
Ignot cooling tower	0.050 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
pH Adjustment	2-K	NA
Rapid Sand Filtration	1-R	NA
Disinfection (chlorine)	2-F	NA

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

See next page for 3.1 Cont - Additional Average Flows & Treatment

Form 2C NPDES

SECTION 3.1 AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3)) CONTINUED

Outfall Number 01N/01S/01E		
Operations Contributing to Flow		
Operation	Average Flow	
Stormwater, Boiler, & N. Ingot Tower	0.010 MGD	
Stormwater and 01N Flows	0.167 MGD	
Stormwater, noncontact cooling, condensate, CCM Tower, DI Systems	1.790 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
pH Adjustment	2-K	NA
Dechlorination	2-E	NA

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		
	01A/001	N. Ingot Cooling Tower blowdown - discharge to 001 only during NICT basin overflow conditions	<2x ^{year} days/week	unk. months/year	< 500 ^{GPD} mgd	< 500 ^{GPD} mgd	0.04 days	
			days/week	months/year	mgd	mgd	days	
			days/week	months/year	mgd	mgd	days	
	001/SW1	Groundwater - frequency and flow unknown at this time.	unk days/week	unk months/year	unk mgd	unk mgd	unk days	
			days/week	months/year	mgd	mgd	days	
			days/week	months/year	mgd	mgd	days	
			days/week	months/year	mgd	mgd	days	
			days/week	months/year	mgd	mgd	days	
			days/week	months/year	mgd	mgd	days	

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

Applicable ELGs

5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		
5.2	Provide the following information on applicable ELGs.		
	ELG Category	ELG Subcategory	Regulatory Citation
	Aluminum Forming Point Source Category	Best Practicable Control Technology	40 CFR 467, Subpart B

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	Unit of Measure
	01A to 001	Direct Chill Casting - Aluminum Forming (North Ingot Cooling Tower Blowdown)	Million lbs. of aluminum ingot cast

EPA Identification Number
TND987766136

NPDES Permit Number
TN0067199

Facility Name
Arconic Tennessee LLC North 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?
 Yes No → SKIP to Item 6.3.

6.2 Briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

6.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (optional item)
 Yes No 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?
 Yes 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?
 Yes 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.)
 Yes 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?
 Yes 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

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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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No
7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Table C. Certain Conventional and Non-Conventional Pollutants	
7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Table D. Certain Hazardous Substances and Asbestos	
7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)	
7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input checked="" type="checkbox"/> No → SKIP to Section 8.
7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))

Used or Manufactured Toxics

8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.	
8.2	List the pollutants below.	
1.	4.	7.
2.	5.	8.
3.	6.	9.

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

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input 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?
		IC25 Static Renewal 7 Day Chronic Ceriodaphnia	Required in NPDES permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	IC25 Static Renewal 7 Day Chronic Pimephales	Required in NPDES permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.		
	10.2	Provide information for each contract laboratory or consulting firm below.		
			Laboratory Number 1	Laboratory Number 2
		Name of laboratory/firm	Eurofins Pittsburgh	Microbac Laboratories, Inc.
		Laboratory address	301 Alpha Drive RIDC Park Pittsburgh, PA 15238	505 East Broadway Avenue Maryville, TN 37804
		Phone number	(615) 301-5031	(865) 997-1200
	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"/> w/ Table E	<input checked="" type="checkbox"/> w/ analytical results as an attachment
<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments		
<input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments		
<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments		
<input checked="" type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments		
<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		

12.2 **Certification Statement**

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) JEFFREY C. WEID	Official title Plant Mgr
Signature 	Date signed 6/10/2022

NORTH PLANT PROCESS WATER BALANCE (2020)

1,394,362 gpd¹ (2020 daily avg. - Jan-Nov)

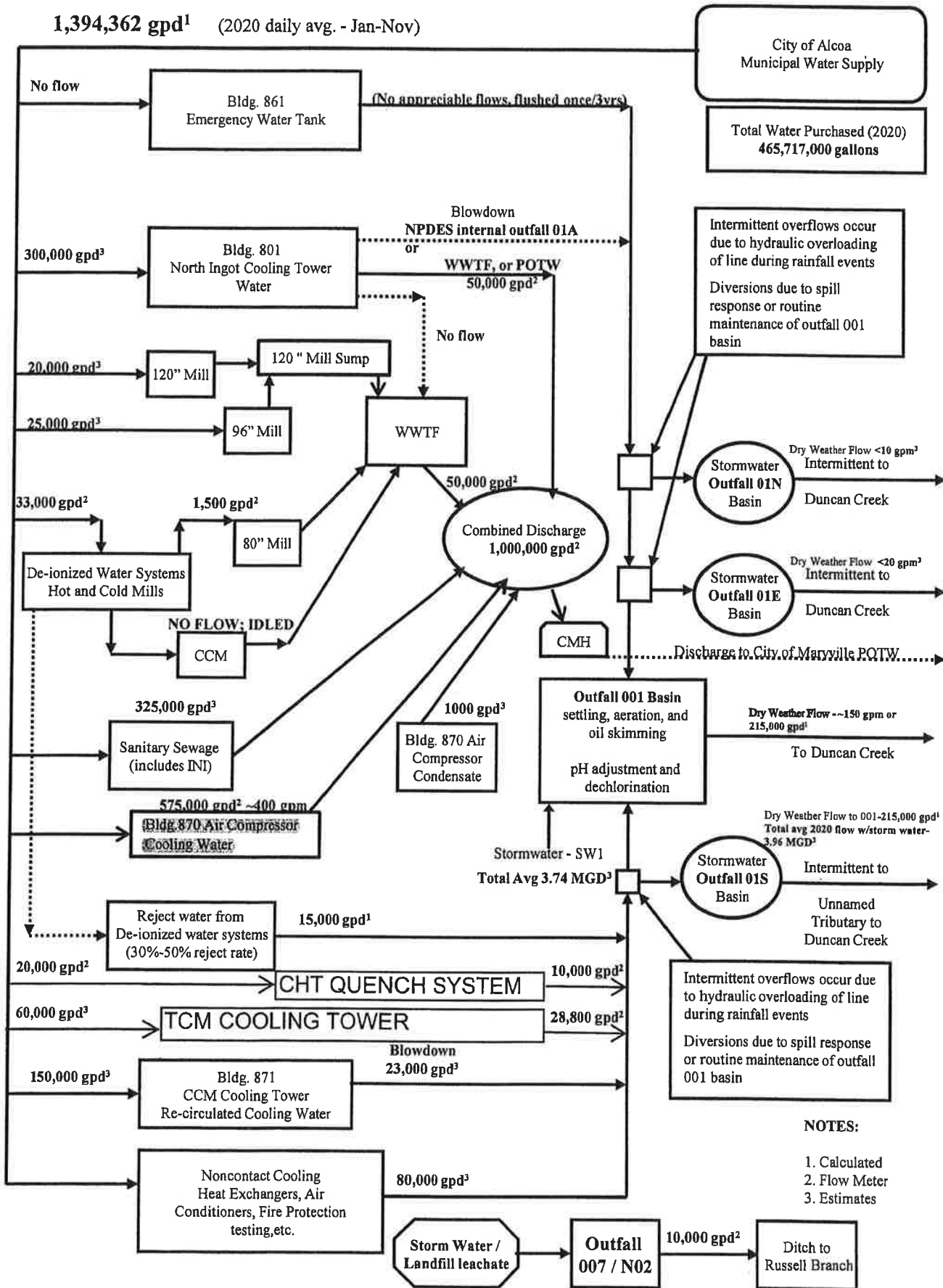


TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

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	3.13			1	
		Mass	lb/day	10.83			1	
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	15.5			1	
		Mass	lb/day	53.61			1	
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	2.71			1	
		Mass	lb/day	9.37			1	
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	5.2	5.2	2.1	8	
		Mass	lb/day	63.14	22.03	10.98	8	
5. Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	0.41	0.41	0.22	7	
		Mass	lb/day	6.09	1.70	1.17	7	
6. Flow	<input type="checkbox"/>	Rate	MGD	5.31	1.00	0.64	14	
7. Temperature (winter)	<input type="checkbox"/>	°C	°C					
7. Temperature (summer)	<input type="checkbox"/>	°C	°C					
8. pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	7.7		7.4	13	
8. pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	8.2		8.1	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 I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required		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	
<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"/>	Concentration mg/L	< 0.03				1		
1.3 Beryllium, total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01				1		
1.4 Cadmium, total (7440-43-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.005				1		
1.5 Chromium, total (7440-47-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	< 0.005	< 0.005	< 0.005	< 0.005	8		
1.6 Copper, total (7440-50-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.025				1		
1.7 Lead, total (7439-92-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01				1		
1.8 Mercury, total (7439-97-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	5.39E-06				1		
1.9 Nickel, total (7440-02-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.04				1		
1.10 Selenium, total (7782-49-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01				1		
1.11 Silver, total (7440-22-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.005				1		

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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 (if available)	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	
				Mass lb/day	< 0.07					1	
1.13 Zinc, total (7440-66-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	< 0.02	< 0.02	< 0.02	< 0.02		8	
				Mass lb/day	< 0.60	< 0.15	< 0.11	< 0.11		8	
1.14 Cyanide, total (57-12-5)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.005	0.005	0.005	< 0.005		8	
				Mass lb/day	< 0.15	< 0.15	< 0.15	< 0.03		8	
1.15 Phenols, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01					1	
				Mass lb/day	< 0.03					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	
				Mass lb/day	< 0.07					1	
2.2 Acrylonitrile (107-13-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.02					1	
				Mass lb/day	< 0.07					1	
2.3 Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001					1	
				Mass lb/day	< 0.003					1	
2.4 Bromoform (75-25-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001					1	
				Mass lb/day	< 0.003					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	
				Mass lb/day	< 0.003					1	
2.6 Chlorobenzene (108-90-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001					1	
				Mass lb/day	< 0.003					1	
2.7 Chlorodibromomethane (124-48-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001					1	
				Mass lb/day	< 0.003					1	
2.8 Chloroethane (75-00-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001					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	Concentration	Mass	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"/>	Concentration	mg/L	0.00176			1		
2.11 Dichlorobromomethane (75-27-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.001			1		
2.12 1,1-dichloroethane (75-34-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.001			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"/>	Concentration	mg/L	< 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"/>	Concentration	mg/L	< 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"/>	Concentration	mg/L	< 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"/>	Concentration	mg/L	< 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))

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
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	< 0.003			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	< 0.003			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	< 0.003			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	< 0.04			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	< 0.00216			1	
3.5 2,4-dinitrophenol (51-28-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01			1	

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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)		
	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		
3.6 2-nitrophenol (88-75-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.0114			1			
3.7 4-nitrophenol (100-02-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.04			1			
3.8 p-chloro-m-cresol (59-50-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.0568			1			
3.9 Pentachlorophenol (87-86-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.20			1			
3.10 Phenol (108-95-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.0114			1			
3.11 2,4,6-trichlorophenol (88-05-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.04			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	< 0.00216			1			
4.2 Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.01			1			
4.3 Anthracene (120-12-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.00216			1			
4.4 Benzidine (92-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.01			1			
4.5 Benzo (a) anthracene (56-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.227			1			
4.6 Benzo (a) pyrene (50-32-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.79			1			

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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)	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)	
	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
4.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00216			1	
4.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1	
4.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00216			1	
4.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1	
4.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114			1	
4.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.04			1	
4.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00216			1	
4.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1	
4.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114			1	
4.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.04			1	
4.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00216			1	
4.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1	
4.19 Dibenz(o,a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114			1	
			Mass lb/day	< 0.04			1	
			Concentration mg/L	< 0.00216			1	
			Mass lb/day	< 0.01			1	
			Concentration mg/L	< 0.0114			1	
			Mass lb/day	< 0.04			1	
			Concentration mg/L	< 0.00216			1	
			Mass lb/day	< 0.01			1	
			Concentration mg/L	< 0.0114			1	
			Mass lb/day	< 0.04			1	
			Concentration mg/L	< 0.00216			1	
			Mass lb/day	< 0.01			1	

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.20 1,2-dichlorobenzene (95-50-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114				1	
4.21 1,3-dichlorobenzene (541-73-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.04				1	
4.22 1,4-dichlorobenzene (106-46-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114				1	
4.23 3,3-dichlorobenzidine (91-94-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.04				1	
4.24 Diethyl phthalate (84-66-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114				1	
4.25 Dimethyl phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.04				1	
4.26 Di-n-butyl phthalate (84-74-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114				1	
4.27 2,4-dinitrotoluene (121-14-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.04				1	
4.28 2,6-dinitrotoluene (606-20-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114				1	
4.29 Di-n-octyl phthalate (117-84-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.04				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	< 0.01				1	
4.31 Fluoranthene (206-44-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.00216				1	
4.32 Fluorene (86-73-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00216				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	< 0.00216			1		
4.34 Hexachlorobutadiene (87-68-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1		
4.35 Hexachlorocyclopentadiene (77-47-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00216			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	< 0.0114			1		
4.38 Isophorone (78-59-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.04			1		
4.39 Naphthalene (91-20-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.0114			1		
4.40 Nitrobenzene (98-95-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0227			1		
4.41 N-nitrosodimethylamine (62-75-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.08			1		
4.42 N-nitrosodi-n-propylamine (621-64-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0114			1		
4.43 N-nitrosodiphenylamine (86-30-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00216			1		
4.44 Phenanthrene (85-01-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1		
4.45 Pyrene (129-00-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.00216			1		

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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	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
4.46 1,2,4-trichlorobenzene (120-82-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mg/L		< 0.0114			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							
5.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mass							
5.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
5.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mass							
5.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
5.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mass							
5.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
5.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mass							
5.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
5.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mass							
5.11 α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)				
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses			
5.12 β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 1.01E-04	lb/day	< 3.49E-04					1
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 1.01E-04	lb/day	< 3.49E-04					1
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 1.01E-04	lb/day	< 3.49E-04					1
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 1.01E-04	lb/day	< 3.49E-04					1
5.22 PCB-1248 (12572-29-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	1.64E-04	lb/day	5.67E-04					1
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 1.01E-04	lb/day	< 3.49E-04					1
5.24 PCB-1016 (12574-11-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 1.01E-04	lb/day	< 3.49E-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 (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"/>	Concentration mg/L	< 1.01E-04								
				Mass lb/day	<0.0003								

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	
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.1					1	
2. Chlorine, total residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	< 0.35		BDL	BDL	BDL	1	
3. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Color Unit	5		BDL	BDL	BDL	13	
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration MPN/100mL	100					13	
5. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.125					1	
6. Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.43					1	
7. Nitrogen, total organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.967					1	
8. Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration lb/day	3.34					1	
9. Phosphorus (as P), total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	< 4.46					1	
10. Sulfate (as SO ₄) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration lb/day	< 15.43					1	
11. Sulfide (as S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	< 5.1	< 5.1	< 39	< 5.1	< 27.3	7	7

Check here if you believe all pollutants on Table C to be **present** in your discharge from the noted outfall. You need *not* complete the "Presence or Absence" column of Table C for each pollutant.

Check here if you believe all pollutants on Table C to be **absent** in your discharge from the noted outfall. You need *not* complete the "Presence or Absence" column of Table C for each pollutant.

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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	< 17.29			1		
13. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.05			1		
			Mass lb/day	< 0.173			1		
14. Aluminum, total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	< 0.02	< 0.02	< 0.02	7		
			Mass lb/day	< 6.0	< 1.5	< 1.07	7		
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.2			1		
			Mass lb/day	< 0.69			1		
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.2			1		
			Mass lb/day	< 0.69			1		
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.05			1		
			Mass lb/day	< 0.17			1		
18. Iron, total (7439-89-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.169			1		
			Mass lb/day	0.58			1		
19. Magnesium, total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	7.18			1		
			Mass lb/day	24.83			1		
20. Molybdenum, total (7439-98-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.0659			1		
			Mass lb/day	0.23			1		
21. Manganese, total (7439-96-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	0.0251			1		
			Mass lb/day	0.09			1		
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.1			1		
			Mass lb/day	< 0.35			1		
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.05			1		
			Mass lb/day	< 0.17			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
24. Radioactivity									
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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

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

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

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

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

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

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

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

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

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

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

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
		Outfall Number	Receiving Water Name	Latitude	Longitude
		007	Ditch to Russell Branch	35° 48' 55" N	83° 58' 28" W
		001/SW1	Duncan Branch	35° 48' 10" N	83° 57' 10" W
		See next page for additional outfalls	° ' " 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
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SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.	
		Outfall Number 007	
		Operations Contributing to Flow	
		Operation	Average Flow
		Landfill A/B leachate and stormwater	0.01 mgd
		Remedial Investigation at N. Plant	Project Specific mgd
		Low Level PCB contaminated wastewater	Periodic mgd
			mgd
		Treatment Units	
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1
	Coagulation, sedimentation	2-D, 1-U	NA
	Oil skimming, neutralization	XX, 2-K	Used oil disposal & sale
	Nitrification, Sand filtration, Pressure Filtration	3-D, 1-R, 5-R	NA
	Carbon adsorption	2-A	NA

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

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

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

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

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

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	< 2.00			1	
		Mass	lb/day	< 0.30			1	
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	34.7			1	
		Mass	lb/day	5.21			1	
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	6.91			1	
		Mass	lb/day	1.04			1	
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	< 0.50			1	
		Mass	lb/day	< 0.08			1	
5. Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	0.32	0.32	0.05	7	
		Mass	lb/day	0.04	0.02	0.004	7	
6. Flow	<input type="checkbox"/>	Rate	MGD	0.021	0.018	0.010	14	
7. Temperature (winter)	<input type="checkbox"/>	°C	°C					
Temperature (summer)	<input type="checkbox"/>	°C	°C					
pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	7.7		7.5	13	
pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	8.1		7.9	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 I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required		Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)	
	Believed Present	Believed Absent	Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)		Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
										Believed Present
<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	< 0.002			1	
1.3 Beryllium, total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.01			1	
1.4 Cadmium, total (7440-43-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.002			1	
1.5 Chromium, total (7440-47-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.004			1	
1.6 Copper, total (7440-50-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.001			1	
1.7 Lead, total (7439-92-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.005			1	
1.8 Mercury, total (7439-97-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.001			1	
1.9 Nickel, total (7440-02-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.025			1	
1.10 Selenium, total (7782-49-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.004			1	
1.11 Silver, total (7440-22-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.01			1	

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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		
1.12 Thallium, total (7440-28-0)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.02				1		
			Mass	lb/day	< 0.003				1		
1.13 Zinc, total (7440-66-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.02				1		
			Mass	lb/day	< 0.003				1		
1.14 Cyanide, total (57-12-5)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.005	< 0.005	< 0.005	< 0.005	8		
			Mass	lb/day	< 0.001	< 0.001	< 0.001	< 0.0004	8		
1.15 Phenols, total	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	0.015				1		
			Mass	lb/day	0.002				1		

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

2.1 Acrolein (107-02-8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.02				1		
			Mass	lb/day	< 0.003				1		
2.2 Acrylonitrile (107-13-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.02				1		
			Mass	lb/day	< 0.003				1		
2.3 Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.001				1		
			Mass	lb/day	< 0.0002				1		
2.4 Bromoform (75-25-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.001				1		
			Mass	lb/day	< 0.0002				1		
2.5 Carbon tetrachloride (56-23-5)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.001				1		
			Mass	lb/day	< 0.0002				1		
2.6 Chlorobenzene (108-90-7)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.001				1		
			Mass	lb/day	< 0.0002				1		
2.7 Chlorodibromomethane (124-48-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.001				1		
			Mass	lb/day	< 0.0002				1		
2.8 Chloroethane (75-00-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.001				1		
			Mass	lb/day	< 0.0002				1		

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required		Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
	Believed Present	Believed Absent	Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses				
2.9 2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002		1						
2.10 Chloroform (67-66-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0003		1						
2.11 Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	0.001		1						
2.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	0.0002		1						
2.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001		1						
2.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0002		1						
2.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001		1						
2.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0002		1						
2.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001		1						
2.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0002		1						
2.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.001		1						
2.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0002		1						
2.21 1,1,2,2-tetrachloroethane (79-34-5)	<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)	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
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	< 0.0002			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	< 0.0002			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	< 0.0002			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	< 0.01			1		
3.2 2,4-dichlorophenol (120-83-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			1		
3.3 2,4-dimethylphenol (105-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002			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	< 0.0003			1		
3.5 2,4-dinitrophenol (51-28-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01			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
3.6 2-nitrophenol (88-75-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01			1		
3.7 4-nitrophenol (100-02-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			1		
3.8 p-chloro-m-cresol (59-50-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.05			1		
3.9 Pentachlorophenol (87-86-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.01			1		
3.10 Phenol (108-95-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01			1		
3.11 2,4,6-trichlorophenol (88-05-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001			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	< 0.002			1		
4.2 Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0003			1		
4.3 Anthracene (120-12-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002			1		
4.4 Benzidine (92-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0003			1		
4.5 Benzo (a) anthracene (56-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.19			1		
4.6 Benzo (a) pyrene (50-32-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.03			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)		Testing Required	Units (specify)		Effluent			Intake (optional)		
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses		
4.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.002			1		
4.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.0003			1		
4.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.002			1		
4.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.0003			1		
4.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.01			1		
4.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.001			1		
4.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.002			1		
4.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.0003			1		
4.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.10			1		
4.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.01			1		
4.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.01			1		
4.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mass	lb/day	< 0.0003			1		
4.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.002			1		
				Mass	lb/day	< 0.0003			1		

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

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.20 1,2-dichlorobenzene (95-50-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01					1	
4.21 1,3-dichlorobenzene (541-73-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001					1	
4.22 1,4-dichlorobenzene (106-46-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01					1	
4.23 3,3-dichlorobenzidine (91-94-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001					1	
4.24 Diethyl phthalate (84-66-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01					1	
4.25 Dimethyl phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001					1	
4.26 Di-n-butyl phthalate (84-74-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01					1	
4.27 2,4-dinitrotoluene (121-14-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001					1	
4.28 2,6-dinitrotoluene (606-20-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01					1	
4.29 Di-n-octyl phthalate (117-84-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001					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	< 0.01					1	
4.31 Fluoranthene (206-44-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001					1	
4.32 Fluorene (86-73-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002					1	
				Mass lb/day	< 0.0003					1	
				Concentration mg/L	< 0.002					1	
				Mass lb/day	< 0.0003					1	
				Concentration mg/L	< 0.002					1	
				Mass lb/day	< 0.0003					1	

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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)	Presence or Absence (check one)		Units (specify)	Effluent			Intake (optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002				1
4.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0003				1
4.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002				1
4.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0003				1
4.37 Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01				1
4.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001				1
4.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002				1
4.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.0003				1
4.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.02				1
4.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.003				1
4.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.01				1
4.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.001				1
4.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.002				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)	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	< 0.01			1	
				Mass lb/day	< 0.001			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 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass									
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 9.71E-05	lb/day	< 1.46E-05					1
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 9.71E-05	lb/day	< 1.46E-05					1
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 9.71E-05	lb/day	< 1.46E-05					1
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 9.71E-05	lb/day	< 1.46E-05					1
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 9.71E-05	lb/day	< 1.46E-05					1
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 9.71E-05	lb/day	< 1.46E-05					1
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 9.71E-05	lb/day	< 1.46E-05					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 (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 checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	<1.0E-4									
				Mass lb/day	<1.0E-5									

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	
2. Chlorine, total residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	< 0.02	BDL	BDL	BDL	BDL	1	
3. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	BDL	BDL	BDL	BDL	BDL	4	
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	BDL	BDL	BDL	BDL	BDL	4	
5. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Color Unit	35					1	
6. Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration MPN/100mL	11					2	
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	0.541					1	
8. Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	0.08					1	
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	14.9					1	
10. Sulfate (as SO ₄) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	2.24					1	
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 3.0					1	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mass lb/day	< 0.45					1	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 5.2	< 5.2	< 5.2	< 5.2	< 5.2	8	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.92	< 0.78	< 0.45	< 0.45	< 0.45	8	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 0.1					1	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.02					1	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration mg/L	6.36					1	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	0.95					1	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration mg/L	< 3.0					1	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mass lb/day	< 0.45					1	

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

Pollutant	Presence or Absence (check one)		Units (specify)		Effluent				Intake (Optional)	
	Believed Present	Believed Absent	Concentration	Mass	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	< 0.75				1	
13. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.102				1	
			Mass	lb/day	0.0081				1	
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.2				1	
			Mass	lb/day	< 0.03				1	
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.2				1	
			Mass	lb/day	< 0.03				1	
16. Boron, total (7440-42-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.223				1	
			Mass	lb/day	0.03				1	
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.05				1	
			Mass	lb/day	< 0.01				1	
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.1				1	
			Mass	lb/day	< 0.02				1	
19. Magnesium, total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	40.9				1	
			Mass	lb/day	6.14				1	
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.04				1	
			Mass	lb/day	< 0.01				1	
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.015				1	
			Mass	lb/day	< 0.002				1	
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.1				1	
			Mass	lb/day	< 0.02				1	
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	mg/L	< 0.05				1	
			Mass	lb/day	< 0.01				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)	Long-Term Average Value	Number of Analyses
24. Radioactivity								
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass					

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

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

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

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

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

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

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

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

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

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

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

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




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

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

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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
		SW1	Duncan Branch	35° 48' 10" N	83° 57' 10" W
		N01*	Ditch to Russel Branch	35° 48' 57" N	83° 58' 25" W
		N02	Russel Branch	35° 49' 0" N	83° 58' 15" W
		N03	Russel Branch	35° 49' 05" N	83° 58' 05" W
		N04	Russel Branch	35° 49' 05" N	83° 57' 55" W
		See next page for additional outfalls	.	'	"

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			

Form 2F NPDES

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

Outfall Number	Receiving Water Name	Latitude				Longitude			
N05	Duncan Branch	35°	48'	45"	N	83°	57'	45"	W
N06	Duncan Branch	35°	48'	40"	N	83°	57'	50"	W
N10**	Unnamed tributary to Duncan Branch	35°	48'	25"	N	83°	58'	15"	W

Notes:

* N01 is representative of Outfalls N02, N03, and N04 per the current NPDES permit TN0067199

** N10 is representative of Outfalls N08 - N12 per email from TDEC on 2/15/2018.

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.			
		Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)	
		SW1	106.4	<i>specify units</i> acres	160.3 <i>specify units</i> acres
		N01	1.47	<i>specify units</i> acres	13.02 <i>specify units</i> acres
		N02	2.22	<i>specify units</i> acres	16.73 <i>specify units</i> acres
		N03	0	<i>specify units</i> acres	9.55 <i>specify units</i> acres
		N04	0	<i>specify units</i> acres	11.1 <i>specify units</i> acres
		See next page for additional outfalls		<i>specify units</i>	<i>specify units</i>
	4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)			
		<p>The majority of the the Arconic Tennessee LLC North Plant's active manufacturing areas, storage area, and loading/unloading areas are served by the 001 storm sewer system and outfalls SW1 (001), 01N, 01E, and 01S. Runoff from the remaining areas of the North Plant is associates with former disposal sites and peripheral plant grounds where rail or road traffic may occur. Runoff from these areas is through outfalls N01-N06 and N10, leaves as sheet flow, or flows into areas with no apparent outfall.</p> <p>**See Narrative for more information.</p>			
4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)				
	Stormwater Treatment				
	Outfall Number	Control Measures and Treatment		Codes from Exhibit 2F-1 (list)	
	SW1	Settling		1-U	
	N01 - N06	None			
	N10	None			

Form 2F NPDES

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Outfall Number	Impervious Surface Area	Total Surface Area Drained
N05	0 acres	15.03 acres
N06	2.69 acres	11.39 acres
N10	1.33 acres	1.33 acres

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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) *JERRY C. WEIANT* Official title *Plant Mgr*

Signature *[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
SW1	Visual Annual Compliance Evaluation Inspection (CEI) by TDEC DWR personnel	08/06/2021	SW1
N01 - N06	Visual Annual Compliance Evaluation Inspection (CEI) by TDEC DWR personnel	08/06/2021	N01 - N06
N10	Visual Annual Compliance Evaluation Inspection (CEI) by TDEC DWR personnel	08/06/2021	N10

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

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.
None.

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

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?
 Yes → See instructions regarding submission of estimated data. No → See instructions regarding submission of actual data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?
 Yes No

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Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input 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

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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?
 Yes 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?
 Yes 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?
 Yes 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	
Laboratory address	301 Alpha Drive RIDC Park Pittsburgh, PA 15238	201 Summit View Dr. Ste 300 Brentwood, TN 37027	
Phone number	(615) 301-5031	(615) 277-7570	
Pollutant(s) analyzed	Inorganics, Conventionals, Organics	Acute/Chronic Toxicity	

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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 checked="" type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
	<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 3	<input checked="" type="checkbox"/> w/ site drainage map
	<input checked="" type="checkbox"/> Section 4	<input checked="" type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input 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)
JEFFREY C. WEZAR

Official title
Plant Mgr

Signature


Date signed
6/10/2022

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

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 North Plant
Outfall SW1

Flow	Estimate [MGD]	Number of Storm Events Sampled
Flow - Composite	0.426	1
Flow - Grab Average	3.29	10
Flow - Grab Maximum	8.49	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	<	5.10	<	139.94	<	10
Biochemical oxygen demand (BOD ₅)			4.40	15.64							1
Chemical oxygen demand (COD)			21.20	75.36							1
Total suspended solids (TSS)	14.60	728.18	8.70	30.93	7.20	197.56					G = 9, C=1
Total phosphorus			<	0.36							1
Total Kjeldahl nitrogen (TKN)			<	3.55							1
Total nitrogen (as N)			<	13.28							1
pH (minimum)	7.74				7.74						9
pH (maximum)	8.18				8.18						9

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number SW1
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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))¹

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

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

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 Arconic Tennessee LLC North Plant
 Outfall SW1

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

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]	
Aluminum, total (as Al)	0.34	18.56	0.30	1.06	4.20	0.15	G = 9, C = 1
Carbonaceous Biochemical Oxygen Demand (CBOD)	9.02	107.62			40.55	1.48	9
Chlorine, total residual (TRC)	BDL	BDL			BDL	BDL	9
Chromium, total (as Cr)	0.01	0.13	< 0.01	0.02	0.02	0.001	G = 9, C = 1
Copper, total (as Cu)	0.02	0.79	< 0.03	0.09	0.17	0.01	G = 9, C = 1
Cyanide, total (as CN)	0.12	3.14			0.33	0.01	10
Magnesium, total (as Mg)	9.86	260.43	< 5.00	17.77	115.49	4.21	G = 9, C = 1
Ammonia Nitrogen	0.98	59.35	0.18	0.63	6.41	0.23	G = 9, C = 1
Polychlorinated biphenyls (PCBs)	BDL	BDL	< 0.001	0.004	BDL	BDL	G = 9, C = 1
Zinc, total (as Zn)	0.03	0.98	< 0.02	0.07	0.09	0.003	G = 9, C = 1
LC50 Static 48Hr Acute Ceriodaphnia	> 100	> 355.48					1
LC50 Static 48Hr Acute Pimephales promelas	> 100	> 355.48					1

BDL = Below Detection Level

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number SW1
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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

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

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

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 Arconic Tennessee LLC North Plant
 Outfall SW1

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

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]	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]		Flow Weighted Composite [lbs/day]
Chloroform	0.002	0.01	NS					1
Iron			0.23				0.82	1
Mercury			4.78E-06				1.70E-05	1
Sulfate			7.58				2.69E+01	1
Total Organic Carbon			3.75				13.33	1

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility name Arconic Tennessee LLC North Plant	Oufall Number SW1
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(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)
03/07/2022	4 hours	0.72	>144 hours	0.426 MGD	71,000 gallons

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.

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N01
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹
 You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new sources/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).

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 Arconic Tennessee LLC North Plant
 Outfall N01

Flow	Estimate [MGD]	Number of Storm Events Sampled
Flow - Composite	0.16	1
Flow - Grab Average	0.34	10
Flow - Grab Maximum	1.29	10

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(L)(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 Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	Flow Weighted Composite [lbs/day]		
Oil & Grease	<	61.32	<	<	5.90	<	16.73	<	10
Biochemical oxygen demand (BOD ₅)	35.5	385.52	2.08	2.81	6.01		17.04		G = 10, C=1
Chemical oxygen demand (COD)	42.40	456.87	15.10	20.40	31.18		88.41		G = 10, C=1
Total suspended solids (TSS)	273.00	424.55	9.50	12.84	61.37		174.02		G = 10, C=1
Total phosphorus	<	0.14	<	0.14	<	<	<	<	1
Total Kjeldahl nitrogen (TKN)	<	1.35	<	1.35	<	<	<	<	1
Total nitrogen (as N)	<	3.49	<	4.53	<	<	<	<	1
pH (minimum)	7.48				7.48				9
pH (maximum)	7.90				7.90				9

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N01
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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(v)(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 sources/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).

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 Arconic Tennessee LLC North Plant
 Outfall N01

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]	
Aluminum, total (as Al)	5.13	25.54	1.56	2.11	1.94	5.50			G = 10, C=1
Iron, total (as Fe)	5.72	19.61	1.25	1.69	1.78	5.05			G = 10, C=1
Magnesium, total (as Mg)	6.60	16.59	< 5.00	6.76	3.29	9.33			G = 10, C=1
Nitrite plus Nitrate	1.39	2.30	0.25	0.34	0.33	0.94			G = 10, C=1
Polychlorinated biphenyls (PCBs)	< 1.16E-04	< 1.25E-03	< 9.43E-05	< 1.27E-04	< 1.16E-04	3.29E-04			G = 10, C=1
LC50 Static 48Hr Acute Ceriodaphnia	> 100	> 135.11							1
LC50 Static 48Hr Acute Pimephales promelas	> 100	> 135.11							1

BDL = Below Detection Level

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N01
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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 sources/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).

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 Arconic Tennessee LLC North Plant
 Outfall N01

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(6)(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]	
Fluoride	0.14	0.19	0.11	0.15			1
Manganese	0.05	0.067	0.03	0.04			1
Mercury	1.33E-05	1.80E-05	9.74E-06	1.32E-05			1

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility name Arconic Tennessee LLC North Plant	Outfall Number N01
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(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 hours	3.15	> 96 hours	0.162 MGD	81,000 gallons

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.

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

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 Arconic Tennessee LLC North Plant
 Outfall N05

Flow	Estimate [MGD]	Number of Storm Events Sampled
Flow - Composite	0.427	1
Flow - Grab Average	0.22	10
Flow - Grab Maximum	0.49	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	10.10	<	24.11	<	5.90	<	10.83	<	10
Biochemical oxygen demand (BOD ₅)	14.4	22.95	2.96	10.53	3.66	6.72			G = 10, C=1
Chemical oxygen demand (COD)	68.50	243.94	10.00	35.58	31.33	57.48			G = 10, C=1
Total suspended solids (TSS)	100.00	358.78	71.80	255.43	52.95	97.15			G = 10, C=1
Total phosphorus	<	0.36	<	0.36	<	<	<	<	1
Total Kjeldahl nitrogen (TKN)	<	3.56	<	3.56	<	<	<	<	1
Total nitrogen (as N)	<	14.51	<	17.30	<	<	<	<	1
pH (minimum)	7.56				7.56				9
pH (maximum)	8.03				8.03				9

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N05
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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)(v)(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 North Plant
 Outfall N05

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]	
Aluminum, total (as Al)	2.92	10.37	< 0.20	< 0.71	1.22	2.24			G = 10, C = 1
Iron, total (as Fe)	3.21	11.40	0.24	0.84	1.40	2.57			G = 10, C = 1
Magnesium, total (as Mg)	28.90	50.57	14.20	50.52	15.96	29.28			G = 10, C = 1
Nitrite plus Nitrate	4.30	3.13	1.52	5.41	1.20	2.20			G = 10, C = 1
Polychlorinated biphenyls (PCBs)	1.80E-05	7.36E-05	< 1.11E-04	< 3.95E-04	< 1.80E-06	< 3.30E-06			G = 10, C = 1
LC50 Static 48Hr Acute Ceriodaphnia	> 100	> 355.76							1
LC50 Static 48Hr Acute Pimephales promelas	> 100	> 355.76							1

BDL = Below Detection Level

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arcontic Tennessee LLC North Plant	Outfall Number N05
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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

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

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
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 North Plant
 Outfall N05

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]	
Ammonia	0.20	0.71	0.34	1.22					1
Manganese	0.34	1.22	0.33	1.19					1
Mercury	1.06E-05	3.77E-05	1.10E-05	3.91E-05					1
Zinc	0.02	0.08	<	0.07					1

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility name Arconic Tennessee LLC North Plant	Outfall Number N05
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(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 hours	3.15	> 96 hours	0.427 MGD	213,000 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 TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N06
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(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	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).

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 Arconic Tennessee LLC North Plant
 Outfall N06

Flow	Estimate [MGD]	Number of Storm Events Sampled
Flow - Composite	0.02	1
Flow - Grab Average	0.11	10
Flow - Grab Maximum	0.35	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	<	5.90	<	17.22	<	5.90	<	
Biochemical oxygen demand (BOD ₅)	7.63	8.00	<	8.00	<	2.15	<	1.97	G = 10, C=1
Chemical oxygen demand (COD)	143.00	187.64	24.20	187.64	91.35	83.80	24.20	83.80	G = 10, C=1
Total suspended solids (TSS)	1360.00	3981.18	12.90	3981.18	373.06	342.25	12.90	342.25	G = 10, C=1
Total phosphorus	0.17	0.03	<	0.03	<	0.17	<	0.03	1
Total Kjeldahl nitrogen (TKN)	2.74	0.53	1.30	0.53	0.25	0.25	1.30	0.25	1
Total nitrogen (as N)	<	3.20	<	0.61	<	6.85	<	0.61	1
pH (minimum)	6.85								9
pH (maximum)	7.10								9

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N06
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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(v)(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 sources/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 North Plant
 Outfall N06

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(E)(4) and 40 CFR 122.21(g)(7)(v)(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]	
Aluminum, total (as Al)	17.70	25.23	< 0.20	< 0.04	6.03	5.53			G = 10, C=1
Iron, total (as Fe)	18.90	16.63	0.24	0.05	4.63	4.25			G = 10, C=1
Magnesium, total (as Mg)	9.31	20.17	8.56	1.64	6.44	5.91			G = 10, C=1
Nitrite plus Nitrate	0.28	0.29	< 0.10	< 0.02	0.20	0.18			G = 10, C=1
Polychlorinated biphenyls (PCBs)	< 1.04E-04	< 3.04E-04	< 9.52E-05	< 1.83E-05	< 1.04E-04	9.54E-05			G = 10, C=1
LC50 Static 48Hr Acute Certiodaphnia	> 100	> 19.18							1
LC50 Static 48Hr Acute Pimephales promelas	> 100	> 19.18							1

BDL = Below Detection Level

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N06
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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(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 I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC North Plant
 Outfall N06

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))

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]	
Chromium	0.01	0.001	<	0.01	<	0.001			1
Copper	0.03	0.005	<	0.03	<	0.005			1
Fluoride	<	0.02		0.14		0.03			1
Lead	0.01	0.003	<	0.01	<	0.002			1
Manganese	0.73	0.14		0.09		0.02			1
Mercury	9.38E-07	1.80E-07		8.76E-07		1.68E-07			1
Total Recoverable Phenolics	0.02	0.003							1
Zinc	0.08	0.016	<	0.02	<	0.004			1

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility name Arconic Tennessee LLC North Plant	Outfall Number N06
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(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)
03/23/2022	4 hours	0.41	> 72 hours	0.023 MGD	4,000 gallons

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

Flow rate was determined with the bucket method. Using the flow rate, the total flow was estimated.

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N10
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(g)(1)(i)(E)(3))¹

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only, use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	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 1, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC North Plant
 Outfall N10

Flow	Estimate [MGD]	Number of Storm Events Sampled
Flow - Composite	0.068	1
Flow - Grab Average	0.21	10
Flow - Grab Maximum	0.64	10

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(6)(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]	Grab Sample Result [mg/L]	Grab Sample Taken During First 30 Minutes [lbs/day]	Composite Sample Result [mg/L]	
Oil & Grease	< 5.90	< 31.49	<	< 5.90	< 10.33	<	10
Biochemical oxygen demand (BOD ₅)	7.88	21.86	< 2.00	2.43	4.26		G = 10, C = 1
Chemical oxygen demand (COD)	60.80	93.62	< 10.00	19.28	33.77		G = 10, C = 1
Total suspended solids (TSS)	75.20	264.66	0.90	27.45	48.08		G = 10, C = 1
Total phosphorus	< 0.10	< 0.06	< 0.10				1
Total Kjeldahl nitrogen (TKN)	< 1.00	< 0.57	< 1.00				1
Total nitrogen (as N)	< 4.67	< 2.65	< 4.66				1
pH (minimum)	7.48			7.48			9
pH (maximum)	8.30			8.30			9

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N10
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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)(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 sources/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 North Plant
 Outfall N10

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))

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]	
Aluminum, total (as Al)	1.26	4.43	< 0.20	< 0.11	0.42	0.74			G = 10, C = 1
Iron, total (as Fe)	0.80	2.82	< 0.10	0.06	0.32	0.56			G = 10, C = 1
Magnesium, total (as Mg)	20.40	40.12	22.60	12.82	6.92	12.12			G = 10, C = 1
Polychlorinated biphenyls (PCBs)	< 1.01E-04	< 5.39E-04	< 9.80E-05	< 5.56E-05	< 1.01E-04	< 1.77E-04			G = 10, C = 1
LC50 Static 48Hr Acute Ceriodaphnia	> 100	> 56.71							1
LC50 Static 48Hr Acute Pimephales promelas	> 100	> 56.71							1

BDL = Below Detection Level

G = Grab; C = Composite

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility Name Arconic Tennessee LLC North Plant	Outfall Number N10
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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 I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Form 2F NPDES - Discharge Information
 Arconic Tennessee LLC North Plant
 Outfall N10

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(e)(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]
Fluoride	0.11	0.06	0.10	0.06					1
Nitrate plus Nitrite	1.57	0.89	1.56	0.88					1
Mercury	1.47E-06	8.34E-07	5.81E-07	3.29E-07					1
Total Recoverable Phenolics	0.02	0.01							1

EPA Identification Number TND987766136	NPDES Permit Number TN0067199	Facility name Arconic Tennessee LLC North Plant	Outfall Number N10
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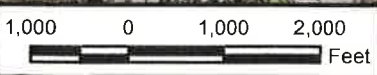
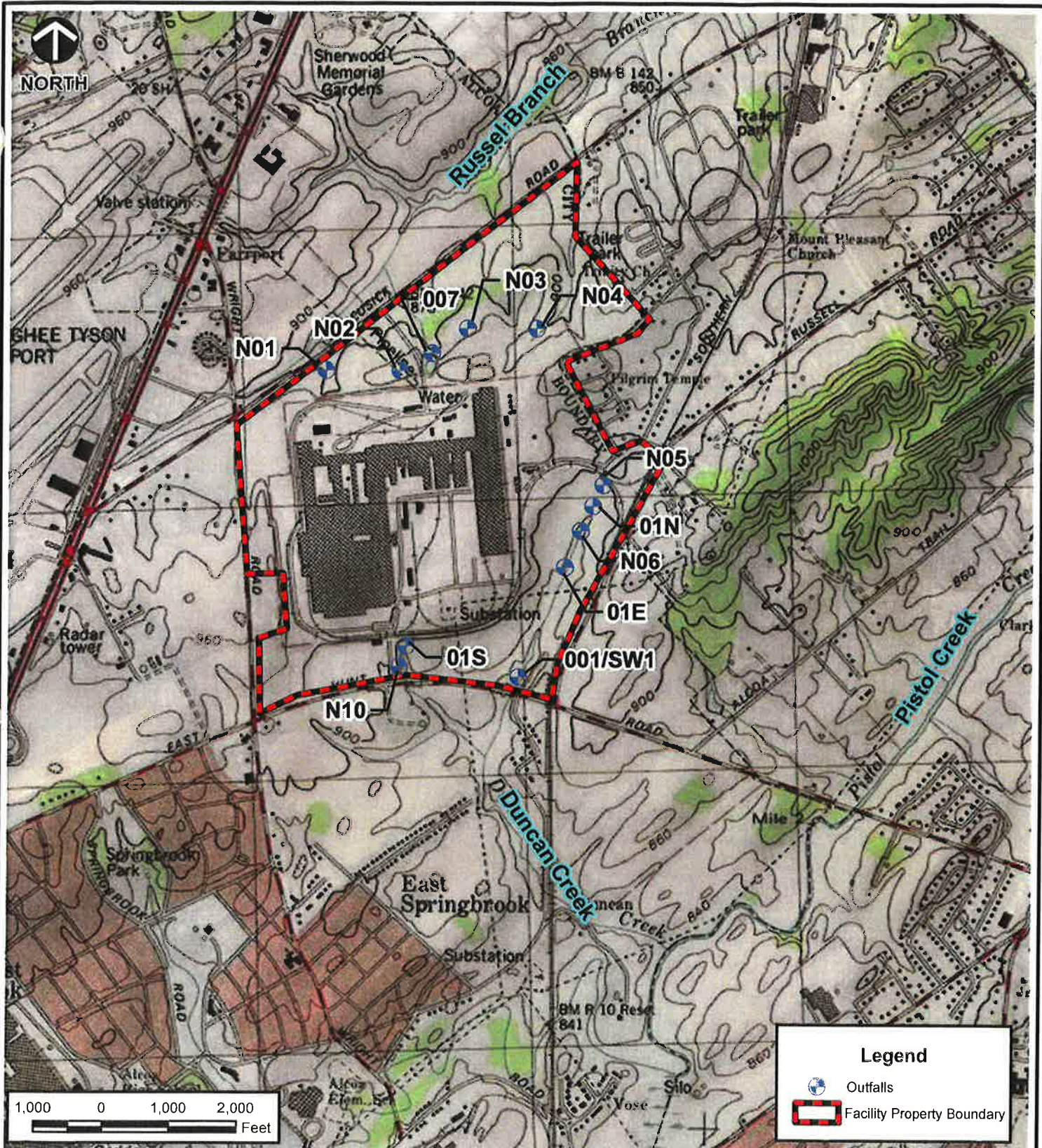
TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(g)(1)(E)(6))

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)
03/16/2022	3.5 hours	0.53	> 72 hours	0.068 MGD	10,000 gallons

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.



Legend

- Outfalls
- Facility Property Boundary

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



Civil & Environmental Consultants, Inc.
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 865-977-9997 - 865-774-7767
 www.ccecinc.com

**ARCONIC TENNESSEE LLC NORTH PLANT
 NPDES PERMIT APPLICATION
 PERMIT NUMBER TN0067199
 ALCOA, TENNESSEE**

LOCATION MAP

DRAWN BY:	JRO	CHECKED BY:	JMB	APPROVED BY:	JMB*	FIGURE NO:	1
DATE:	MAY 26, 2022	DWG SCALE:	1" = 2,000'	PROJECT NO:	320-645		

Signature on File

I:\svr-fs-knx\proj\20-000\320-645-GIS\Maps\320-645 - NPDES Outfalls Figure 1.mxd - 5/26/2022 - 11:12:02
 rickfordobrien