

Shane Geren
Environmental Engineer

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



July 1, 2016

Vojin Janjic
Manager, Water-Based Systems
Tennessee Department of Environment & Conservation
Division of Water Resources
William R. Snodgrass –Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102

Federal Express Tracking Number: 776656309903

**RE: Wacker Polysilicon North America, LLC
Construction Stormwater NPDES Permit No. TN0081205 Termination/Request To
Transfer Two Outfalls
General NPDES Permit No. TNG670457 Termination/Request To Transfer Two Outfalls
Process Water NPDES Permit No. TN0081311 Renewal/Modification
Bradley County, Tennessee**

Dear Mr. Janjic:

As required in Part II. Section A.1. of NPDES Permit number TN0081311, Wacker is submitting for review the following package, which consists of three (3) primary sections. A brief description of each section has been summarized below.

Sections I & II – Title Page & Introduction

Section III (Construction Stormwater) – A request to terminate and transfer two outfalls to NPDES Permit No. TN0081205

Section IV (Hydrostatic Test Water) – A request to terminate and transfer two outfalls to NPDES Permit No. TNG670457

Section V (Process Water) – A request to renew and modify NPDES Permit No. TN0081311 including the transfer of two outfalls from NPDES Permit No. TN0081205, two outfalls from NPDES Permit No. TNG670457, and adding process water from a planned fumed silica production process.

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

Sincerely,

Shane Geren
Environmental Engineer
Wacker Polysilicon North America, LLC

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JUL 05 2016

TN DEPT. OF ENVIRONMENT
AND CONSERVATION
DIVISION OF WATER RESOURCES

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Process Water NPDES Permit No. TN0081311 Renewal/Modification	V.

SECTION I - TITLE PAGE

**CONSTRUCTION STORMWATER NPDES PERMIT No.
TN0081205 TERMINATION/REQUEST TO TRANSFER
TWO OUTFALLS TO NPDES PERMIT No. TN0081311**

&

**GENERAL NPDES No. TNG670457 (HYDROSTATIC
TEST WATER) TERMINATION/REQUEST TO
TRANSFER TWO OUTFALLS TO NPDES PERMIT No.
TN0081311**

&

**PROCESS WATER NPDES PERMIT No. TN0081311
RENEWAL/MODIFICATION**

for

Wacker Polysilicon North America, LLC

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

Bradley County, Tennessee

SECTION II - INTRODUCTION

1) INTRODUCTION:

Wacker is submitting a multi-part permit termination and renewal/modification package to TDEC for review and permit issuance. This submittal package is based on existing permit numbers TN0081205 (Construction Stormwater), TNG670457 (Hydrostatic Test Water) and TN0081311 (Process and Non-Process Wastewater, Utility Water, Stormwater Associated with Industrial Activities from Outfall 001, Return Water From River Water Intake From Outfall 002 and Utility Water, Construction Activity and Industrial Activity Stormwater From Outfalls SW1 and SW4). This termination and renewal/modification package is drafted as follows:

Section III (TN0081205 Construction Stormwater) – A request to terminate permit coverage but transfer only construction storm water Outfalls SW1 (Drainage Area 9) and SW7 (Drainage Area 7) into permit number (TN0081311) and rename them Outfalls SW2 (Drainage Area 2) and SW3 (Drainage Area 3) respectively. The total permitted disturbed acreage of 243.70 acres for the facility has all been stabilized with the exception of approximately 10 remaining acres which are located in all four (4) drainage areas.

Section IV (TNG670457 Hydrostatic Test Water) – A request to terminate permit coverage but transfer only hydrostatic test water outfalls 003 (SW2) and 004 (SW4) into permit number (TN0081311) for discharge at SW1 and SW4 respectively. These are the same physical locations but using existing location numbers.

Section V (TN0081311 Process and Non-Process Wastewater, Utility Water, Stormwater Associated with Industrial Activities from Outfall 001, Return Water From River Water Intake From Outfall 002 and Utility Water, Construction Activity and Industrial Activity Stormwater From Outfalls SW1 and SW4) – A request to renew, but also to modify by incorporation of construction stormwater activity at Outfalls SW1 (Drainage Area 9) and SW7 (Drainage Area 7) from TN0081205 Construction Stormwater as Outfalls SW2 (Drainage Area 2) and SW3 (Drainage Area 3)

respectively and incorporation of Outfalls 003 (SW2) and 004 (SW4) from TNG670457 as Outfalls SW1 and SW4 respectively.

Also, the addition of a new construction/industrial stormwater outfall SW2A at the southern boundary of the permitted area is being requested.

***SECTION III – CONSTRUCTION
STORMWATER NPDES PERMIT NO.
TN0081205 TERMINATION/REQUEST TO
TRANSFER TWO OUTFALLS TO NPDES
PERMIT No. TN0081311***

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**CONSTRUCTION STORMWATER NPDES PERMIT No.
TN0081205 TERMINATION/REQUEST TO TRANSFER
TWO OUTFALLS To NPDES PERMIT No. TN0081311**

for

Wacker Polysilicon North America, LLC

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

Bradley County, Tennessee

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

Existing Permitted Outfalls: SW1, SW2, SW4, SW7

**Outfalls Requested To Be Transferred To TN0081311: SW1 (Drainage Area 9) renamed as SW2
(Drainage Area 2) and SW7 (Drainage Area 7) renamed as SW3 (Drainage Area 3)**

**Property Boundary Acreage: 535.13
Permitted Boundary Acreage: 243.70
(Disturbed Acreage = 10.0)
(Stabilized Acreage = 233.70)**

Mary Beth Hudson (V.P. & Site Manager)



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

December 6, 2013

Mr. Jeremy Copeland
Environmental Manager
Wacker Polysilicon North America, LLC
e-copy: jeremy.copeland@wacker.com
PO Box 446
Charleston, TN 37310

Subject: **NPDES Permit Nos. TN0081311 and TN0081205**
Wacker Polysilicon North America, LLC
Charleston, Bradley County, Tennessee

Dear Mr. Copeland:

In the period of last few months, we've had several discussions and meetings regarding status of above referenced NPDES permits for the Wacker Polysilicon North America facility located in Bradley County. Your letter dated October 22, 2013, outlined specific issues and questions that need be addressed. This response documents our conversations and, hopefully, will provide guidance for the future regulatory framework.

Process Wastewater

The current process wastewater discharge permit was prepared to authorize the discharge of pollutants at loadings that were considered "de minimis." Information you provided indicates that planned production expansion requires additional discussion, particularly considering changes in the TN Water Quality Standards which became effective on July 2, 2013.

Attachment A in your letter provided characterization of wastewater expected from the new production plant. Parameters are very similar to what was in the original application and are currently authorized in the NPDES permit. Chlorides and total dissolved solids (TDS) are listed in concentrations and/or amounts that require further consideration. Chlorides, of course, are going to be a subset of compounds that constitute TDS. So, for the purpose of comparing existing permit limits with the planned expansion, TDS can be used as the representative parameter.

The current permit authorizes discharge of 176,055 lb/day of TDS as a daily maximum, which was established as a 5% of allocated assimilative capacity. Using the permit application, loading associated with discharge of chlorides and sodium was estimated at 97,578 lb/day. That allows for additional loading of

$$176,055 \text{ lb/day} - 97,578 \text{ lb/day} = 78,477 \text{ lb/day}$$

before permit limitations would have to be modified. Attachment A in your letter listed 87,254 lb/day as an estimated daily maximum loading of TDS. Therefore, the total proposed loading of TDS exceeds existing permit limitations and what was considered "de minimis" degradation. The permit modification would be required to

authorize additional pollutant loading. Modification can be requested by submission of an updated NPDES application form. In addition, alternatives to a direct discharge should be evaluated, and evaluation of social and economic benefits of the proposed discharge would have to be conducted.

Industrial Stormwater Runoff

It has been our long-standing policy to allow for our permittees to decide if they prefer TMSP coverage or an expanded coverage under the individual NPDES permit. From the regulatory standpoint, there is no difference with regards to the level of authorization. Both approaches/permits are equally restrictive and enforceable. Therefore, we are ready to accommodate your decision either way.

Construction Stormwater Runoff

Stormwater runoff from construction phase of the Wacker facility was authorized under the individual NPDES permit number TN0081205. Individual permit, as opposed to the Construction General Permit (CGP) coverage, was required because the total area of soil disturbance at the site exceeded 50 acres. Now that the construction activities are practically complete, and are certainly less than 50 acres, the individual permit is no longer required.

Remaining construction activities can be authorized in two ways: via CGP coverage, or it could be incorporated in the facility's current process wastewater discharge permit. It is my recommendation that current and future construction activities at the site be incorporated in the process wastewater discharge permit. That approach would allow you to start and complete small construction projects by only updating the stormwater pollution prevention plan as necessary. This approach would give you the most flexibility in conducting day-to-day operations. The only restriction would be that storm water runoff can be discharged only through established, authorized outfalls, not from any new point sources.

If you have questions, please contact me at (615) 532-0670 or by E-mail at Vojin.Janjic@tn.gov.

Sincerely,



Vojin Janjic
Manager, Water-Based Systems

cc: Permit File
Chattanooga Environmental Field Office
Ms. Dana L. Wright, Director of Policy and Legislative Affairs, Tennessee Clean Water Network, dana@tcwn.org
Mr. Mike Kendall, Team Leader, Atwell, LLC, mkendall@atwell-group.com

***SECTION III - ITEM B. – CONSTRUCTION
STORMWATER NPDES PERMIT No.
TN0081205 TERMINATION/REQUEST TO
TRANSFER TWO OUTFALLS TO NPDES
PERMIT No. TN0081311 NARRATIVE***

1) NARRATIVE:

Pursuant to NPDES Permit No. TN0081205, Part II.,B.,2.,b., Permit Modification, Revocation, or Termination on page 19 of 41, Wacker is respectfully requesting that this permit be terminated due to only 10 acres remaining disturbed of the original permitted 243.70 acres and the desire to transfer only Outfall SW1 (Drainage Area 9) and Outfall SW7 (Drainage Area 7) from this permit into NPDES Permit No. TN0081311 as suggested in your December 6, 2013 memo (see attached) and described below.

Transfer From TN0081205 (Storm)	Into TN0081311 For Discharge At
Outfall SW1 (Drainage Area 9)	Outfall SW2 (Drainage Area 2)
Outfall SW7 (Drainage Area 7)	Outfall SW3 (Drainage Area 3)

Note: Physical location of discharge is not changing, only now using most recent permit location numbers.

***SECTION IV – GENERAL NPDES PERMIT NO.
TNG670457 TERMINATION/
REQUEST TO TRANSFER TWO OUTFALLS TO
NPDES PERMIT No. TN0081311***

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**GENERAL NPDES PERMIT No. TNG670457
TERMINATION/REQUEST TO TRANSFER TWO
OUTFALLS to NPDES PERMIT No. TN0081311**

for
Wacker Polysilicon North America, LLC

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

Bradley County, Tennessee

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

Existing Permitted Outfalls: 001, 002, 003(SW2), 004(SW4)

Outfalls Requested To Be Transferred To TN0081311: 003(SW2) renamed as SW1 and 004(SW4)
renamed as SW4

Mary Beth Hudson (V.P. & Site Manager)

***SECTION IV - ITEM B. – GENERAL NPDES
PERMIT NO. TNG670457 TERMINATION/
REQUEST TO TRANSFER TWO OUTFALLS TO
NPDES PERMIT No. TN0081311 NARRATIVE***

1) NARRATIVE:

A Notice of Termination is respectfully being requested regarding permit # TNG670457 in an effort to consolidate all site water discharges into one permit. This permit authorizes hydrostatic test water to be discharged from four (4) outfalls which are 001, 002, 003 (SW2), and 004 (SW4). We request that only outfalls 003 (SW2) and 004 (SW4) be transferred from this permit into NPDES Permit No. TN0081311 and renamed as SW1 and SW4 respectively, due to hydrostatic test water no longer discharging from 001 and 002.

This permit expired on May 15, 2015 however an application to modify and renew was submitted to Jim McAdoo via e-mail on Wednesday, March 2, 2016 at 8:36AM (EST), see attached.

WACKER **POLYSILICON**

March 2, 2016

Jim McAdoo
Water-Based Systems
NPDES Permit Writer
312 Rosa L. Parks Avenue
William R. Snodgrass, Tennessee Tower
Nashville, TN 37243

**RE: Wacker Polysilicon North America, LLC
General NPDES Permit Tracking No. TNG670457 (Renewal/Modification)
Chickamauga Reservoir, South Mouse Creek Embayment at Lower River Road
Bradley County, Tennessee**

Dear Mr. McAdoo:

On September 4, 2014 TDEC issued General NPDES Permit For Discharges Of Hydrostatic Test Water Tracking No. TNG670457 which authorized hydrostatic test water to be discharged at Outfalls 001 and 002. A modification of the same permit was issued by TDEC on March 13, 2015 which allowed hydrostatic test water to be discharged at 003 (SW2) and 004 (SW4). This modification of the permit will expire on May 15, 2016.

Pursuant to Condition 11.1 on page 10, Wacker is now requesting that the permit be renewed/modified to delete the original Outfalls 001 and 002 due to the hydrostatic tests at those locations having been completed. Please find enclosed the following documents related to our General NPDES Permit Tracking No. TNG670457 (Renewal/Modification):

1. Signed Notice of Intent (NOI)
2. Location Map

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

Sincerely,



Shane Geren
Environmental Engineer
Wacker Polysilicon North America, LLC

cc: Bob Alexander

GENERAL NPDES PERMIT FOR DISCHARGES OF HYDROSTATIC TEST WATER RENEWAL/MODIFICATION

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ITEM A - TITLE PAGE

**GENERAL NPDES PERMIT FOR DISCHARGES OF
HYDROSTATIC TEST WATER
RENEWAL/MODIFICATION**

for

WACKER POLYSILICON NORTH AMERICA, LLC

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

Bradley County, Tennessee

ITEM B – NOTICE OF INTENT (NOI)



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF WATER POLLUTION CONTROL
 6TH FLOOR, L&C ANNEX, 401 CHURCH ST, NASHVILLE, TN 37243

NOTICE OF INTENT (NOI) for discharges of HYDROSTATIC TEST WATER

Site Name: Wacker Polysilicon North America, LLC		Existing Tracking No:
Street Address 553 McBryant Road NW or Location: Charleston, TN 37310		Latitude: 35°18' 41.106"
		Longitude: -84°46' 50.494"
County (ies): Bradley	Attach a site location map	<input checked="" type="checkbox"/> Map attached
Name and distance to nearest receiving waters: Chickamauga Reservoir; South Mouse Creek Embayment at Lower River Road		

Owner or Operator: (the person or legal entity which controls the site's operation; this may or may not be the same as the site name or the official contact name)				
1	Official Contact Person Name: (individual responsible for a site) Dr. Konrad Bachhuber	Title or Position: VP and Site Manager		
	Mailing Address: P.O. Box 446	City: Charleston	State: TN	Zip: 37310-0446
	Phone: (423) 780-8800	E-mail: konrad.bachhuber@wacker.com		
2	Local Contact Person Name: (if appropriate, write "same as #1") Jeremy Copeland	Title or Position: Environmental Manager		
	Site Address: (this may or may not be the same as street address) P.O. Box 446	Site City: Charleston	State: TN	Zip: 37310-0446
	Phone: (423) 780-7953	E-mail: jeremy.copeland@wacker.com		
Write in the box (to the right) or circle the number (above) to indicate where to send correspondence:				2

PROCESS DESCRIPTION (Reply on a separate page, if necessary)

A brief description of the facility or vessel to be tested: 1) Various new and/or used vessels.
Is the vessel to be tested new or used? <input checked="" type="checkbox"/> new <input checked="" type="checkbox"/> used
Estimate of the volume of hydrostatic test water to be discharged. 1) Quantities vary per vessel for each test.
Source of the test water. 1) Cleveland Utilities potable water and treated water and river/storm water.
A description of material that has been contained in the vessel, if the vessel has already been in use. If used vessels are tested they will be void of any chemicals due to having been cleaned at our Equipment Cleaning building.
Estimated dates of testing, frequency of tests, and duration. 1) Various new and/or used vessel tests to be conducted throughout 2016-2020.
A brief description of Best Management Practices (BMPs) and/or treatment of the hydrostatic test water discharges. 1) Industrial storm water filtering structures are utilized in conjunction with detention ponds to clean the water of misc. debris.
Indicate how long you wish to be covered under this general permit; the division will establish a 12 month term of coverage unless you request a longer time. Please note that coverage under this permit cannot extend beyond the expiration date of the general permit (March 15, 2016). <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input checked="" type="checkbox"/> 5 years

STATE USE ONLY

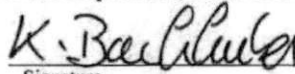
Received Date	Reviewer	EFO	Tracking No. TNG67	High Quality Water
Fee(s)	T & E Aquatic Fauna	Impaired Receiving Stream	NOC Date	

HYDROSTATIC TEST WATER NOI

Site Name:	Tracking No:
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For used sections of natural gas pipeline, permit TNG670000 establishes a limit on the concentration of PCBs in the hydrostatic test water discharge unless the discharger certifies that PCBs have never been used on the pipeline or their presence indicated in the pipeline, as follows:

Polychlorinated Biphenyls (PCBs) have never been used in compressors or other equipment on the pipeline of which the above-described section is a part, nor has the presence of PCBs been indicated in the pipeline of which the above-described section is a part.

Printed Name	Official Title	Signature	Date
<p>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.</p>			
Dr. Konrad Bachhuber	V.P., and Site Manager		8/2/2006
Printed Name	Official Title	Signature	Date

INSTRUCTIONS

Complete the form Type or print clearly, using black or blue ink; not markers or pencil. Answer each item or enter "N/A," for not applicable. If you need additional space, attach a separate piece of paper to the hydrostatic NOI (Notice of Intent). **Requesting coverage under this permit means that an applicant has obtained and examined a copy of this permit, and thereby acknowledges applicant's ability to be in compliance with permit terms and conditions.** This permit is required for discharges of hydrostatic test water. This form should be submitted at least 30 days prior to the commencement of hydrostatic testing activities.

Permittee Identification/Facility Identification Describe and locate the project, use the legal or official name of the facility or site. Provide the latitude and longitude (expressed in decimal degrees) of the center of the site, which can be located on USGS quadrangle maps. Attach a copy of a portion of a 7.5 minute quad map, showing location of site, with boundaries at least one mile outside the site boundaries.

Give the name(s) of receiving waters Trace the route of hydrostatic test water runoff from the site and determine the name of the river(s), stream(s), creek(s), wetland(s), lake(s) or any other water course(s) into which the hydrostatic test water drains. Note that the receiving water course may or may not be located on the site. If the first water body receiving test water discharge is unnamed ("unnamed tributary"), determine the name of the water body which the unnamed tributary enters.

Submitting the form and obtaining more information Note that this form must be signed by the company President, Vice-President, or a ranking elected official in the case of a municipality, for details see subpart 11.9 of the general permit. For more information, contact your local EFO, toll-free, at 1-888-891-8332 (TDEC). Submit the completed NOI form (keep a copy for your records) to the appropriate EFO for the county(ies) where the hydrostatic testing activity is located.

EFO	Street Address	City	Zip Code	Telephone
Chattanooga	540 McCallie Avenue STE 550	Chattanooga	37402	(423) 634-5745
Columbia	1421 Hampshire Pike	Columbia	38401	(931) 380-3371
Cookeville	1221 South Willow Ave.	Cookeville	38506	(931) 432-4015
Jackson	1625 Hollywood Drive	Jackson	38305	(731) 512-1300
Johnson City	2305 Silverdale Road	Johnson City	37601	(423) 854-5400
Knoxville	3711 Middlebrook Pike	Knoxville	37921	(865) 594-6035
Memphis	8383 Wolf Lake Drive	Bartlett	38133	(901) 371-3000
Nashville	711 R S Gass Boulevard	Nashville	37216	(615) 687-7000

Notice of Coverage The division will review the NOI for completeness and accuracy and transmit to the permittee a Notice of Coverage (NOC) and Discharge Monitoring Report (DMR) form.

ITEM C – LOCATION MAP



DATE	11/11/2011
SCALE	1" = 100'
PROJECT	WACKER POLYSILICON #1
CLIENT	WACKER POLYSILICON NORTH AMERICA, LLC
LOCATION	BRADLEY COUNTY, TENNESSEE

CLIENT	WACKER POLYSILICON NORTH AMERICA, LLC
PROJECT	WACKER POLYSILICON #1
LOCATION	BRADLEY COUNTY, TENNESSEE

CLIENT	WACKER POLYSILICON NORTH AMERICA, LLC
PROJECT	WACKER POLYSILICON #1
LOCATION	BRADLEY COUNTY, TENNESSEE

CLIENT	WACKER POLYSILICON NORTH AMERICA, LLC
PROJECT	WACKER POLYSILICON #1
LOCATION	BRADLEY COUNTY, TENNESSEE

CLIENT	WACKER POLYSILICON NORTH AMERICA, LLC
PROJECT	WACKER POLYSILICON #1
LOCATION	BRADLEY COUNTY, TENNESSEE

***SECTION V – PROCESS WATER NPDES
PERMIT NO. TN0081311
RENEWAL/MODIFICATION***

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SECTION V - ITEM A. – TITLE PAGE

**PROCESS AND NON-PROCESS WASTEWATER
NPDES PERMIT No. TN0081311
RENEWAL/MODIFICATION REQUEST**

**for
Wacker Polysilicon North America, LLC**

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

Bradley County, Tennessee

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

Existing Permitted Outfalls: 001, 002, SW1, SW4

**Outfalls Requested To Be Transferred from TN0081205: SW1 (Drainage Area 9) renamed as SW2
(Drainage Area 2), SW7 (Drainage Area 7) renamed as SW3 (Drainage Area 3)**

Proposed New Additional Outfall: SW2A

Mary Beth Hudson (V.P. & Site Manager)

SECTION V - ITEM B. - INTRODUCTION

1) INTRODUCTION

NPDES Permit No. TN0081311 authorizes discharges of process and non-process wastewater, utility water, stormwater associated with industrial activities from Outfall 001, return water from river water intake from Outfall 002 and utility water, construction activity and industrial activity stormwater from Outfalls SW1 and SW4. The original issuance date for this permit was January 2, 2012, was later modified on March 1, 2015, and will expire on January 1, 2017. The 180 day "Duty To Reapply" is on or prior to July 6, 2016.

The first discharge to the Hiwassee River occurred on June 17, 2015 via Outfall 001 and the last hardcopy Discharge Monitoring Reports (DMRs) submitted to Nashville and copied to Chattanooga occurred in March 2015. DMRs starting in April 2015 have been completed and submitted via EPA's NetDMR.

The Form 2C data that is necessary and included in Section V as part of the permit renewal and as required in the original permit conditions is the result of samples taken primarily in mid-May 2016. Production of the polysilicon plant at this time was about 34% of full, phase one polysilicon capacity. This does not mean that water effluent volume and pollutant concentration increases in a linear relationship as production increases, but Wacker recognizes it's necessary to correlate the production volume of the site to the data set included on the 2C forms.

SECTION V - ITEM C. – MODIFICATION REQUESTS

A) MODIFICATION REQUESTS

Request #1

The first modification request is to transfer only Outfall SW1 (Drainage Area 9) and Outfall SW7 (Drainage Area 7) from NPDES Permit No. TN0081205 into this permit, see description below.

Outfall SW1 (Drainage Area 9) will be renamed as Outfall SW2 (Drainage Area 2)

This drainage area consists of 33.21 total acres, which are all stabilized with the exception of 2.5 acres and represents 13% of the permitted area, see Figure 1 – Site Map/Drainage Area Plan in Item I. of Section V. The drainage area flows from the north to the south, down 1st Avenue's open lined rip rap diversion ditch, through a 30" x 80' concrete culvert crossing, into the open lined rip rap diversion ditch, through a second 30" x 85' concrete culvert crossing, into the open lined rip rap diversion ditch and into Detention Pond #2. Cleveland Utilities Wastewater Division's fenced in Wacker Lift Station is located to the north of the pond. Stormwater runoff from the road leading to the Wacker Lift Station discharges into Detention Pond #2 on the north side. Stormwater then flows through a gravel filter into a 3" orifice, into a vertical 6' x 6' concrete box structure, into a 24" x 56' PVC pipe and discharges at SW2 into Wetland Mitigation Area #2 South, see Sheet 3 – Drainage Area 2, Detention Pond #2, Details.

Outfall SW7 (Drainage Area 7) will be renamed as Outfall SW3 (Drainage Area 3)

This drainage area consists of 55.41 total acres, which are all stabilized with the exception of 2 acres and represents 23% of the permitted area, see Figure 1 – Site Map/Drainage Area Plan in Item I. of Section V. The drainage area flows from the northeast to the southwest, down E-Street, including Wacker's fire department building, the southeast corner of Warehouse (approximately 25% of the roof water), portions of the road sections between these two buildings, and into Detention Pond #3. In the future, estimated to be early 2017, a new fumed

silica (HDK) production facility will be constructed in this area. Construction stormwater from this area will flow through constructed BMPs in the area and then into the existing stormwater system or into a 54" pipe into Detention Pond #3. Additionally, an excess unsuitable soils pile that was created during the construction phase of Poly 11 will be used for any excess soil from HDK drains into Detention Pond 3. Stormwater exits Pond 3 through one of three 8" faircloth skimmers, into a 48" metal riser, into a 15" x 112' metal pipe and discharges at SW3, see Sheet 4, Detention Pond #3, Details. Water then flows south through open field ditches that eventually discharge into South Mouse Creek.

SUMMARY OF OUTFALL LOCATIONS CURRENT/FUTURE

TN0081205 Current Outfall	TN0081311 Future Outfall	Receiving Waters	Latitude	Longitude
SW1	Request to transfer into TN0081311 and rename as SW2	Wetland Area Connected to South Mouse Creek	35° 17'38.48"	-84° 48'19.59"
SW2	Currently listed as SW1 in TN0081311	Wetland Area Connected to South Mouse Creek Embayment	35° 18'20.23"	-84° 47'53.07"
SW2A	Request to add	South Mouse Creek	35° 17'34.81"	-84° 48'09.13"
SW4	Currently listed as SW4 in TN0081311	South Mouse Creek Embayment	35° 18'22.11"	-84° 47'28.52"
SW7	Request to transfer into TN0081311 and rename as SW3	Unnamed Tributary to South Mouse Creek	35° 17'37.32"	-84° 47'54.60"

Request #2

The second modification request is to transfer only hydrostatic test water permitted Outfalls 003 (SW2) and 004 (SW4) from NPDES Permit No. TNG670457 into this permit and rename as SW1 and SW4 respectively, due to hydrostatic test water no longer discharging from 001 and 002.

Request #3

The third modification request consists of authorizing process water discharges from a new production process at the Wacker Charleston site. The planned production process is a fumed silica (HDK) production plant. Construction is planned to begin in 2017 with production then expected to begin in 2019.

The HDK process uses by-product (tetrachlorosilane, trichlorosilane, dichlorosilane) of the polysilicon production process as a key material feedstock to produce HDK. Silanes will be processed in a flame hydrolysis reactor, filtered and purified to produce silica (SiO₂) product. An acidic scrubber and a caustic waste gas scrubber that includes hydrogen peroxide will be used to scrub hydrogen chloride and chlorine from the process air emissions. These scrubbers along with a small volume of water from the waste silane hydrolysis and cooling water will be sent to the existing site wastewater treatment plant for treatment prior to discharge.

The process chemistry for the HDK process results in a similar wastewater as generated from polysilicon production. The overall effect of the HDK production is beneficial to the site wastewater volume and load. The benefit includes a reduction in chlorides (dissolved solids) and total wastewater volume due to trichlorosilane and dichlorosilane that are currently byproduct in polysilicon production cannot be used and has to be hydrolyzed, treated and discharged in filter cake and wastewater effluent. The trichlorosilane and dichlorosilane will be processed into silica in the HDK plant when it becomes operational and sold as product. The estimated benefit includes a reduction in silicate load in site wastewater of up to 50% and also a marginal reduction in wastewater volume. An updated Schematic of Water Flow has been included in Item I. of Section V.

SECTION V - ITEM D. – NARRATIVE

A) NARRATIVE

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

b. A brief description of the two (2) remaining drainage areas as well as other past/present areas are listed below.

1. Drainage Area #1

This drainage area consists of 145.56 total acres, which are all stabilized with the exception of 5 acres and represents 60% of the permitted area, see Drawing No. C17.0 – Drainage Area 1, Detention Pond #1, Details in Item I. of Section V. This area receives the majority of the industrial exposures including the Linde hydrogen plant that is co-located on Wacker's land for the plan process. Water flows generally from the southeast toward the northwest and discharges at Detention Pond #1 via SW1.

2. Drainage Area #4

This drainage area consists of 9.52 total acres, which are all stabilized with the exception of 0.5 acres and represents 4% of the permitted area, see Drawing No. C17.3 – Drainage Area 4, Detention Pond #4, Details, in Item I. of Section V. The drainage area receives water from adjacent to on the north side of the Linde hydrogen plant, unused graveled expansion area, and some road runoff. This area receives some industrial exposure attributed to particulate matter

from the plant and loading of chemicals for boiler and water treatments. Water flows generally from the south to the north and discharges at Detention Pond #4 via SW4.

3. Breakdown of Remaining 10 Disturbed Acres per Drainage Area

Drainage Area	Outfall	Disturbed Acre (Ac)
1	SW1	5.00
2	SW2	2.50
3	SW3	2.00
4	SW4	0.50

4. Olin Chemical Leased Area

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

5. Wetland Mitigation Area #3

This wetland was constructed in the southwestern section of the property pursuant to ARAP/401 NRS10.110.

6. Construction Parking Area

This 17 acre parking area for construction trades was constructed pursuant to TDEC General NPDES Permit TNR112201.

7. Offsite Drainage Bypass

This 3,661 foot long concrete pipe captures offsite drainage from the undeveloped, wooded, Olin property, stabilized future railroad bed and SW4 where it then discharges into the South Mouse Creek Embayment, see Sheet 8, Offsite Drainage Bypass Plan.

***SECTION V - ITEM E. – PERMIT CONTACT
INFORMATION (CN-1090)***



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES
Water-Based Systems
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243-1102

PERMIT CONTACT INFORMATION

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

PERMIT NUMBER: TN0081311

DATE: 07/01/2016

PERMITTED FACILITY: Wacker Polysilicon North America, LLC

COUNTY: Bradley

OFFICIAL PERMIT CONTACT:

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

Official Contact: Mary Beth Hudson	Title or Position: Vice President and Site Manager		
Mailing Address: 553 Wacker Blvd.	City: Charleston	State: TN	Zip: 37310
Phone number(s): 423-780-8509	E-mail: MaryBeth.Hudson@wacker.com		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Jeremy Copeland	Title or Position: Manager, Environmental Services		
Mailing Address: 553 Wacker Blvd., P.O. Box 446	City: Charleston	State: TN	Zip: 37310
Phone number(s): 723-780-7953	E-mail: Jeremy.Copeland@wacker.com		

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

Facility Location Contact: Jeremy Copeland	Title or Position: Manager, Environmental Services		
Facility Location (physical street address): 553 Wacker Blvd.	City: Charleston	State: TN	Zip: 37310
Phone number(s): 423-780-7953	E-mail: Jeremy.Copeland@wacker.com		

Alternate Contact (if desired): Joseph Shane Geren	Title or Position: Environmental Engineer		
Mailing Address: 553 Wacker Blvd.	City: Charleston	State: TN	Zip: 37310
Phone number(s): 423-780-8160	E-mail: JosephShane.Geren@wacker.com		

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

Cognizant Official authorized for permit reporting: Joseph Shane Geren	Title or Position: Environmental Engineer		
Mailing Address: 553 Wacker Blvd.	City: Charleston	State: TN	Zip: 37310
Phone number(s): 423-780-8160	E-mail: JosephShane.Geren@wacker.com		
Fax number for reporting: 517-264-4003	Does the facility have interest in starting electronic DMR reporting? Yes No Yes. Already in progress.		

***SECTION V - ITEM F. – EPA FORM 1 &
LOCATION MAP***

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER S F TN0081311	TIA	C D
PLEASE PLACE LABEL IN THIS SPACE			GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.		

II. POLLUTANT CHARACTERISTICS

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

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

III. NAME OF FACILITY

c 1	SKIP	Wacker Polysilicon North America, LLC
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
c 2	Hudson, Mary Beth, Vice President and Site Manager	(423)	780-8800

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
c 3	553 Wacker Blvd., P.O. Box 446		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
c 4	Charleston	TN	37310

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
c 5	553 Wacker Blvd.		
B. COUNTY NAME			C. CITY OR TOWN
Bradley			Charleston
D. STATE		E. ZIP CODE	F. COUNTY CODE (if known)
TN		37310	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C	7 3339 (specify) Primary Smelting and Refining of Nonferrous Metals	C	7 (specify)
15	16 - 19	15	16 - 19
C. THIRD		D. FOURTH	
C	7 (specify)	C	7 (specify)
15	16 - 19	15	16 - 19

VIII. OPERATOR INFORMATION	
A. NAME	
C	8 Wacker Polysilicon North America, LLC
15	16
B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	A (423) 780-8800
56		15 16 18 19 21 22 26	

E. STREET OR P.O. BOX	
553 Wacker Blvd.	
26 55	

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
B Charleston		TN	37310	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
15 16		40 41	42 47 - 51	52

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	T I	C	T I
9	N TNG670457	9	P N/A
15	16 17 18	30	15 16 17 18

B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	T I	C	T I
9	U N/A	9	See attached list (specify)
15	16 17 18	30	15 16 17 18

C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	T I	C	T I
9	R TNR000040493	9	(specify)
15	16 17 18	30	15 16 17 18

XI. MAP

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

XII. NATURE OF BUSINESS (provide a brief description)

The primary purpose of the facility is the production of hyperpure polycrystalline silicon as a raw material supplier to the solar panel industry.

The purpose of this application is to renew and modify the current permit (TN0081311).

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Mary Beth Hudson Vice President and Site Manager	B. SIGNATURE 	C. DATE SIGNED 07/01/2016
-------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	------------------------------

COMMENTS FOR OFFICIAL USE ONLY
C
15 16

Permit Type	Permit Number
Air (Construction - North Generator)	967118P
Air (Construction - South Generator)	969455P
Air (Construction - Boilers)	967203F (Amendment #3)
Air (Operating - Crusher)	071235P
Insignificant Activities/Emissions	TDEC Sept. 9, 2011 letter
Air (Construction - East Fire Pump)	969407P
Air (Construction - West Fire Pump)	969691P
Air (Construction - Trichlorosilane (TCS) and Polysilicon (Poly) Operations)	970004P
Air (Construction - Hydrochloric Acid (HCl) Generation)	969380P
Air (Construction - Maintenance Activities at Chlorosilane Reaction Building)	970005P
Air (Construction - Equipment Cleaning)	970065P
Air (Construction - WWT)	969674P
Air (Construction - Distillation Column Cleaning)	970574P
Construction Stormwater NPDES Permit	TN0081205
Process and Non Process, Utility, Stormwater (Industrial & Construction) NPDES Permit	TN0081311
SPCC (Rev.5)	N/A
Hydrostatic Test Water NPDES Permit	TNG670457
Land Development	ARAP/401 NRS 10.110
Land Development	26a #266693
Land Development	LD0138
Land Development	26a #219706
	Temporary Flowage Easement (TVA)



Received
Environmental Department
Date: 11/25/15 JSB

State of Tennessee
Department of Environment and Conservation
Division of Solid Waste Management
Hazardous Waste Program - Waste Audit
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 14th Floor
Nashville, TN 37243
Patrick J. Flood, PE, Director
Phone: 615-532-0780 Fax: 615-532-0938
www.tn.gov/environment/solid-waste/

November 18, 2015

TNR000040493

WACKER POLYSILICON NORTH AMERICA LLC

553 WACKER BLVD

CHARLESTON, TN 37310

ATTENTION: JEREMY COPELAND

RE: NOTICE OF ISSUANCE OF NEW HAZARDOUS WASTE INSTALLATION ID NUMBER

Your request for a new Installation Identification Number and your \$150 fee have been received and your application has been processed. Your new Installation Identification Number is:

TNR000040493

Reference Location: 553 WACKER BLVD CHARLESTON, TN 37310

Please use this Identification Number on all correspondence relating to hazardous waste issues.

The following conditions apply:

1. Changes in Data

Any changes in installation data such as ownership, contact persons, waste generation, mailing addresses, etc must be reported to the State of Tennessee within 30 days.

2. Annual Reporting Requirements

Also by receipt of this number, you will be required to annually report your waste generation and shipping data and pay certain fees associated with the generation of hazardous wastes in Tennessee.

3. Number is Site-Specific

This number is site specific, that is, if your business moves to another location, the Installation Identification Number (also referred to as your EPA ID Number) remains at the physical location to which it was assigned. If you move, you are required to make notification to the Division of your new physical location and request a new Installation Identification Number and pay a \$150

For further information about the Hazardous Waste Program in the State of Tennessee, please contact your auditor: David Dowlen at 615-532-0316 or by eMail at Dave.Dowlen@tn.gov

Sincerely,

11/18/2015

Patrick J. Flood, PE, Director
Division of Solid Waste Management

Date

Wacker Polysilicon
North America LLC
553 McBryant Road
Charleston, TN 37310-0446, USA
Tel. +1 423 780 7953
Fax +1 517 264 4021
jeremy.copeland@wacker.com
P. O. Box 446
Charleston, TN 37310-0446, USA

Wacker Polysilicon North America LLC
553 McBryant Road, Charleston, TN 37310-0446, USA

State of Tennessee
Department of Environment & Conservation
Division of Fiscal Services
Attn: Consolidated Fee Office - HW
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 10th Floor
Nashville, TN 37243
Delivered via E-Mail

- As discussed
 Thank you
 To be kept on file

Requested action:

- For your information
 For review and comment
 Take appropriate action
 Contact me
 Please return

November 05, 2015

Subject : Site Hazardous Waste Registration

Dear Sir or Madam,

Wacker Polysilicon is submitting the required registration documents for hazardous waste activity.
The following items are enclosed:

- Form HN-CS
- Form NF
- Form HN – H (Contacts)
- Form HN – EA
- Form HN – H
- (2) Forms WSR
- Check No. 3470003671 in the amount of \$150.00

If you have questions regarding this topic, please contact me directly at (423) 780-7953.

Cordially,



Jeremy Copeland, CHMM
Environmental Manager
Wacker Polysilicon North America, LLC



State of Tennessee
 Department of Environment and Conservation
 Division of Solid Waste Management
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 14th Floor
 Nashville, TN 37243

HN - CS

RESET FORM

NEW REGISTRANTS - SUBMIT THESE FORMS:	
HN-CS	(THIS FORM)
HN-H	REGISTRATION / NOTIFICATION
NF	FEES- TRANSPORTERS USE FORM TR-FDS
HN-EA	ENVIRONMENTAL ACTIVITY
WSR	FOR EACH WASTE STREAM

UNIFIED CERTIFICATION AND COVER SHEET

▶ ATTACH THIS COVER SHEET TO ALL REQUESTS, PACKETS, DOCUMENTS OR FORMS

1. NOT REGISTERED	<input checked="" type="checkbox"/> APPLYING FOR AN EPA ID NUMBER <input type="checkbox"/> APPLYING FOR A USED OIL NUMBER <input type="checkbox"/> APPLYING FOR A HAZARDOUS WASTE TRANSPORTER PERMIT <input type="checkbox"/> ADDITIONAL CATEGORIES (CESQG, D-I-Y USED OIL, UWASTE ETC SEE PG 2) (NON-FEE)			
	2. REGISTERED SITE		<input type="checkbox"/> Renew HAZARDOUS WASTE TRANSPORTER PERMIT	

ENTER YOUR SITE, BUSINESS, OR INSTALLATION NAME		TN COUNTY
Wacker Polysilicon North America, LLC		Bradley

CURRENT LOCATION ADDRESS - NO P.O. BOX NUMBERS (DIRECTIONS IF NECESSARY)

553 Wacker Blvd.

LOCATION CITY	STATE	ZIP	PHONE	FAX	E-MAIL
Charleston	TN	37310	(423) 780-8801		jeremy.copeland@wacker.com

SEND MAIL TO: LAST NAME	FIRST NAME	MI	TITLE / DEPARTMENT
Copeland	Jeremy	D	Environmental Manager

STREET ADDRESS	CITY	STATE	ZIP
553 Wacker Blvd./PO Box 446	Charleston	TN	37310

3. LOCATION CHANGE	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> UPDATE <input type="checkbox"/> ORIGINAL LOCATION ADDRESS IS INCORRECT <input type="checkbox"/> ADDRESS CHANGED BY 911 EMERGENCY SYSTEM <input type="checkbox"/> BUSINESS PHYSICALLY MOVED TO A NEW LOCATION <input type="checkbox"/> REZONING / ANNEXATION
---------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4. OWNER CHANGE	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> CHANGE OWNER <input type="checkbox"/> UPDATE OTHER OWNER INFORMATION
------------------------	---------------------------------------------------------------------------------------------------------------------------------------

5. NAME CHANGE	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> UPDATE
-----------------------	-------------------------------------------------------------------------

6. TRANSFER EPA ID NUMBER	ENTER EPA ID OF SITE YOU ARE MOVING TO	SITE OR BUSINESS ASSOCIATED WITH EPA ID
----------------------------------	----------------------------------------	-----------------------------------------

ATTACHMENTS AND OTHER REQUESTS		
REPORTS / FEES: <input type="checkbox"/> CHECK IF FEE PAYMENT ATTACHED <input type="checkbox"/> HAZ WASTE GENERATOR ANNUAL REPORT <input type="checkbox"/> CORRECTED <input type="checkbox"/> LATE <input type="checkbox"/> HW TRANSFER FACILITY ANNUAL FEES <input type="checkbox"/> UNIVERSAL WASTE ANNUAL FEES <input type="checkbox"/> USED OIL ANNUAL REPORT <input type="checkbox"/> USED OIL ANNUAL REPORT (CORRECTED) <input type="checkbox"/> USED OIL ANNUAL REPORT (LATE) <input type="checkbox"/> USED OIL ANNUAL FEES <input type="checkbox"/> TSDf ANNUAL FEES <input type="checkbox"/> TSDf APPLICATION FEES	INFORMATION UPDATES <input type="checkbox"/> CONTACT PERSON <input type="checkbox"/> ADD ENVIRONMENTAL ACTIVITY <input type="checkbox"/> END ENVIRONMENTAL ACTIVITY <input type="checkbox"/> ADD WASTE STREAM(S) <input type="checkbox"/> UPDATE WASTE STREAM INFORMATION <input type="checkbox"/> CLOSE A WASTE STREAM <input type="checkbox"/> BUSINESS OPERATIONAL STATUS <small>CLOSING OR BUSINESS, INTERRUPTION, ETC</small> ADDITIONAL INFORMATION OR COMMENTS New site	SPECIAL REQUESTS: <input type="checkbox"/> REGULATORY INTERPRETATION <input type="checkbox"/> PRINTED FORMS <input type="checkbox"/> SPECIAL ASSISTANCE <input type="checkbox"/> REQUEST FOR REFUND OTHER: <input type="checkbox"/> SUPPLYING REQUESTED DOCUMENT(S) <input type="checkbox"/> RESPONSE TO ENFORCEMENT <input type="checkbox"/> OTHER ATTACHMENT(S)

7. REQUIRED CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

 SIGNATURE OF AUTHORIZED REPRESENTATIVE	VP & Site Manager TITLE
Dr. Konrad Bachhuber PRINTED NAME	09/08/2015 DATE

EPA ID	USED OIL REGISTRATION NUMBER	SITE OR FACILITY NAME Wacker Polysilicon North America, LLC
--------	------------------------------	-----------------------------------------------------------------------

FORM GUIDANCE FOLLOWING IS A LIST OF ADDITIONAL FORMS REQUIRED FOR CERTAIN NOTIFICATIONS

GENERAL INFO	ABBREV	USE THIS FORM	FREQ	FORM ID	WHEN TO SUBMIT
1. COVER SHEET	HN-CS	HAZARDOUS WASTE NOTIFICATION COVER SHEET	REQ		EACH SUBMISSION TO TDEC (INCLUDING NEW REGISTRANTS)
2. ENVIRONMENTAL ACTIVITY	HN-EA	HAZARDOUS WASTE ENVIRONMENTAL ACTIVITY NOTIFICATION	N A		NEW REGISTRANTS; IDENTIFYING ENVIRONMENTAL ACTIVITY AND DATES
3. REGISTRATION	HN-H	HAZARDOUS WASTE REGISTRATION AND NOTIFICATION	N A		NEW REGISTRANTS; ALSO ANNUALLY
4. CONTACT CONTINUATION	HN-H	HAZARDOUS WASTE CONTACT ADD OR CHANGE FORM	N A		CONTINUATION FORM TO IDENTIFY SPECIFIC ENV ACTIVITY FOR CONTACTS
5. WASTE STREAM REPORT	WSR	HAZARDOUS WASTE STREAM REPORT	N A	CN-0773	NEW REGISTRANTS; ANNUALLY AND WHEN ADDING WASTE STREAMS
6. PAYMENT OF FEES	NF	HAZARDOUS WASTE NOTIFICATION FEES	N A		NEW REGISTRANTS; OWNER CHANGE, ADD WASTE STREAMS; ANNUAL FEES
7. ANNUAL GENERATOR FEES	G-FDS	ANNUAL HAZARDOUS WASTE GENERATION FEE DETERMINATION	N A	CN-0906	ON-LINE INTERACTIVE FORM CALCULATES ANNUAL GENERATOR FEE
8. SHIPPING REPORT	OSR	HAZARDOUS WASTE OFFSITE SHIPPING REPORT	N A	CN-0779	ANNUAL REPORT REQUIREMENT; SHIPMENTS / DESTINATIONS
9. WASTE RECEIVING REPORT	TWR	TREATMENT, STORAGE, DISPOSAL and RECYCLING OFFSITE WASTE RECEIVING	N A	CN-0905	ANNUAL REPORT REQUIREMENT TSDs ONLY; WASTE RECEIVED
10. TSDR PERMIT ACTIVITY	TPA	TREATMENT, STORAGE, DISPOSAL and RECYCLING PERMITTED ACTIVITY	N A	CN-0876	ANNUAL REPORT REQUIREMENT TSDs ONLY; PERMITTED WASTE ACTIVITY
11. TSDR ANNUAL FEE FORM	TSD-FDS	ANNUAL TSDF FEE DETERMINATION	N A	CN-0912	ANNUAL REPORT REQUIREMENT TSDs ONLY; ON-LINE FEE CALCULATION
12. TSDF APPLICATION FEES	TSD-APP	HAZARDOUS WASTE TREATMENT, STORAGE, DISPOSAL FACILITY (TSDF) APPLICATION AND OTHER REVIEW FEES	N A	CN-1261	TSDF ONLY; REVIEW AND APPLICATION FEE SHEET
13. USED OIL TRANSPORTER	UO-D	USED OIL TRANSPORTER CERTIFICATION	N A	CN-1303	USED OIL DRIVER CERTIFICATION
14. USED OIL ANNUAL	UO-AR	USED OIL ANNUAL REPORT	A	CN-1044	ANNUAL REPORT FOR USED OIL MANAGEMENT
15. CLOSURE	HN-C	HAZARDOUS WASTE SITE CLOSURE NOTIFICATION	REQ		SITE CLOSURE NOTIFICATION

N NOTIFICATION / REGISTRATION A ANNUAL REPORT REQ AS REQUIRED

GENERAL REGISTRATION:

You may select ADDITIONAL CATEGORIES to register your location as a CESQG or identify certain USED OIL/UNIVERSAL WASTE related activities, etc. There are NO REGISTRATION FEES ASSOCIATED WITH THE CHECKING OF THIS BOX.

DEADLINES * FEES DUE AT TIME OF REGISTRATION; SEE FORM NF FOR DETAILS

ENVIRONMENTAL ACTIVITY	ACTION	DEADLINE	FORMS REQUIRED (IN ADDITION TO THIS FORM HN-CS)
HAZARDOUS WASTE GENERATOR	ANNUAL REPORT AND FEES	MARCH 1	G-FDS, HN-H, NF, WSR, OSR
*HAZARDOUS WASTE TRANSPORTER	ANNUAL PERMIT RENEWAL AND FEES	DEC 31	HN-H, NF
HAZARDOUS WASTE TSDF	ANNUAL REPORT AND FEES	MARCH 1	TSD-FDS, HN-H, NF, WSR, OSR, TPA, TWR
*HAZARDOUS WASTE TRANSFER FACILITY	ANNUAL FEES	DEC 31	HN-H, NF
*USED OIL TRANSPORTER	ANNUAL REPORT AND FEES	MARCH 1	HN-H, NF, UO-D
*USED OIL TRANSFER FACILITY	ANNUAL FEES	MARCH 1	HN-H, NF
*USED OIL PROCESSOR / RE-REFINER	ANNUAL REPORT AND FEES	MARCH 1	HN-H, NF
*UNIVERSAL WASTE DESTINATION FACILITY	ANNUAL FEES	MARCH 1	HN-H, NF

CONTACT INFORMATION

IF YOU ARE RETURNING DOCUMENTS WITH FEES, USE THIS ADDRESS

<p>WHERE TO MAIL DOCUMENTS AND CORRESPONDENCE</p> <p>State of Tennessee Department of Environment and Conservation Division of Solid Waste Management William R. Snodgrass Tennessee Tower 312 Rosa L. Parks Avenue, 14th Floor Nashville, TN 37243</p>	<p>WHERE TO MAIL PAYMENTS AND FEES:</p> <p>State of Tennessee Department of Environment and Conservation Division of Fiscal Services - Consolidated Fee Section William R. Snodgrass Tennessee Tower 312 Rosa L. Parks Avenue, 10th Floor Nashville, TN 37243 MAKE PAYABLE TO: "TREASURER, STATE OF TENNESSEE"</p>
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TDEC USE ONLY

FACID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	UOP NUMBER	() NEWLY ASSIGNED () TRANSFERRED EPA ID NUMBER
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State of Tennessee
 Department of Environment and Conservation
 Division of Solid Waste Management
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 14th Floor
 Nashville, TN 37243

RESET FORM

NF

REPORT YEAR	2015
OFFICE USE ONLY	

HAZARDOUS WASTE NOTIFICATION FEES

FORM MAY BE USED TO:	GET AN EPA ID	PAY ANNUAL FEES	WHO MAY NOT USE THIS FORM →
HW GENERATOR	YES	NO	HW TRANSPORTER (USE FORM TRFDS)
HW TSD FACILITY	YES	NO	
HW TRANSFER FACILITY	YES	YES	
USED OIL TRANSPORTER	YES	YES	
USED OIL TRANSFER FAC	YES	YES	
USED OIL PROCESSOR - RE-REFINER	YES	YES	
UNIV WASTE DESTINATION FACILITY	YES	YES	

EPA ID CURRENTLY ASSIGNED TO YOU <i>NEW SITES, LEAVE BLANK</i>	PROVIDE SITE, BUSINESS, OR INSTALLATION NAME	USED OIL REGISTRATION NUMBER <i>IF YOU ARE A REGISTERED USED OIL SITE</i>
	Wacker Polysilicon North America, LLC	

NEW SITES	EXISTING SITES	CATEGORY	CHECK APPLICABLE CATEGORY AT LEFT AND ENTER FEE AMOUNT IN CATEGORY TOTAL	CODE	FEE AMOUNT	CATEGORY TOTAL
IF YOU CHECK 3A or 4A or 8A ON FORM TRFDS, DO NOT CHECK 1A BELOW						
YES	NO	<input checked="" type="checkbox"/> 1A	NEW SITE I DO NOT HAVE AN EPA ID NUMBER FOR THIS SITE AND AM APPLYING FOR ONE NOW	538	\$150.00	\$ 150.00
						1A TOTAL
NO	YES	<input checked="" type="checkbox"/> 2A	OWNER CHANGE I AM CURRENTLY REGISTERED UNDER THE EPA ID NUMBER I ENTERED ABOVE AND WANT TO NOTIFY TDEC OF A CHANGE IN OWNERSHIP	538	\$150.00	
						2A or 3A TOTAL
IF YOU CHECK BOTH 2A AND 3A THE MAXIMUM FEE IS \$150.00						\$ 0.00
NO	YES	<input checked="" type="checkbox"/> 3A	RELOCATION I AM CURRENTLY REGISTERED UNDER THE EPA ID NUMBER I ENTERED ABOVE BUT HAVE MOVED AND NEED A NEW EPA ID	538	\$150.00	
FOR 3A - ANNUAL MAINTENCE FEES IN PART 5 BELOW ARE ALSO DUE UPON RELOCATION						
YES	YES	<input checked="" type="checkbox"/> 4A	WASTE STREAM ADD FEE ENTER NUMBER OF WASTE STREAMS YOU ARE IDENTIFYING / ADDING	1 CODE 575	<input checked="" type="checkbox"/> \$100.00 EACH <input checked="" type="checkbox"/> \$0.00 EACH	\$ 0.00
						4A TOTAL
OFFICE USE ONLY > WS# WS# WS# WS# WS#						

	ANNUAL MAINTENANCE FEES	ALSO REQUIRED:	ANNUAL DUE DATE	CODE	FEE AMOUNT	TOTAL	
YES	YES	1) AT TIME OF NOTIFICATION AND ANNUALLY THEREAFTER ON DUE DATES GIVEN 2) UPON RELOCATION AND ANNUALLY THEREAFTER ON DUE DATES GIVEN	DEC 31	572	\$850.00	\$ 0.00	
						5A TOTAL	
						\$ 0.00	
						5B TOTAL	
						\$ 0.00	
						5C TOTAL	
						\$ 0.00	
						5D TOTAL	
						\$ 0.00	
						5E TOTAL	
						\$ 0.00	

CERTIFICATION

CERTIFICATION REQUIRED
 (Complete Form HN-CS Including Section 7)

MAKE PAYABLE TO:
 "TREASURER, STATE OF TENNESSEE"

PAY THIS AMOUNT →

\$150.00

GRAND TOTAL
 ADD CATEGORY TOTALS

TDEC OFFICE USE ONLY

FACID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	UOP NUMBER	() NEWLY ASSIGNED () TRANSFERRED EPAID NUMBER
CN-1443						



State of Tennessee
 Department of Environment and Conservation
 Division of Solid Waste Management
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 14th Floor
 Nashville, TN 37243

RESET

HN - H (Contacts)

HAZARDOUS WASTE CONTACT NOTIFICATION

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ENTER CURRENT EPA ID NUMBER	PROVIDE SITE, BUSINESS, OR INSTALLATION NAME	USED OIL REGISTRATION NUMBER
	Wacker Polysilicon North America, LLC	

1. BILLING ADDRESS - SEND BILLING INFORMATION TO THE ATTENTION OF:

LAST NAME	FIRST NAME	MI	TITLE	DEPARTMENT
Copeland	Jeremy	D	Environmental Manager	EHSS
COMPANY, AGENCY OR OTHER			CORPORATE REGION	CORPORATE DISTRICT
Wacker Polysilicon North America, LLC				
BUSINESS BILLING STREET ADDRESS			CITY / TOWN / LOCALITY	
553 Wacker Blvd., (PO Box 446)			Charleston	
STATE / TERRITORY		ZIP / POSTAL CODE		COUNTRY
TN		37310		United States
PHONE 1	PHONE 2	FAX	EMAIL	
(423) 780-7953	(423) 780-8160		jeremy.copeland@wacker.com	

2. MANAGER

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
Bachhuber	Konrad		Dr.	553 Wacker Blvd., (PO Box 446)
CITY / TOWN / LOCALITY		STATE / TERRITORY		ZIP / POSTAL CODE
Charleston		TN		37310
				COUNTRY
				United States
PHONE 1	PHONE 2	FAX	EMAIL	
(423) 780-8801	(423) 780-8800		konrad.bachhuber@wacker.com	

3. TECHNICAL CONTACT

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
Copeland	Jeremy	D	Environmental Manager	553 Wacker Blvd. (PO Box 446)
CITY / TOWN / LOCALITY		STATE / TERRITORY		ZIP / POSTAL CODE
Charleston		TN		37310
				COUNTRY
				United States
PHONE 1	PHONE 2	FAX	EMAIL	
(423) 780-7953	(423) 310-3874		jeremy.copeland@wacker.com	

4. EMERGENCY CONTACT

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
King	Dan		Emergency Preparedness Manager	553 Wacker Blvd. (PO Box 446)
CITY / TOWN / LOCALITY		STATE / TERRITORY		ZIP / POSTAL CODE
Charleston		TN		37310
				COUNTRY
				United States
PHONE 1	PHONE 2	FAX	EMAIL	
(423) 780-8150	(423) 829-7106		dan.king@wacker.com	

5. OPERATOR

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
Gruenleitner	Walter		Dr.	553 Wacker Blvd. (PO Box 446)
CITY / TOWN / LOCALITY		STATE / TERRITORY		ZIP / POSTAL CODE
Charleston		TN		37310
				COUNTRY
				United States
PHONE 1	PHONE 2	FAX	EMAIL	
(423) 780-8392	(423) 244-6523		walter.gruenleitner@wacker.com	

FD051614

EPA ID NUMBER	SITE, BUSINESS, OR INSTALLATION NAME Wacker Polysilicon North America, LLC	USED OIL REGISTRATION NUMBER
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6. LICENSE or PERMIT AGENT (FOR HAZARDOUS WASTE TRANSPORTERS, IF APPLICABLE)

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY TN		ZIP / POSTAL CODE
				COUNTRY United States
PHONE 1	PHONE 2	FAX		EMAIL

7. CONTRACTOR 1

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY TN		ZIP / POSTAL CODE
				COUNTRY United States
PHONE 1	PHONE 2	FAX		EMAIL

8. CONTRACTOR 2

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY TN		ZIP / POSTAL CODE
				COUNTRY United States
PHONE 1	PHONE 2	FAX		EMAIL

9. PART A OR PART B PERMIT CONTACT 1

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY TN		ZIP / POSTAL CODE
				COUNTRY United States
PHONE 1	PHONE 2	FAX		EMAIL

10. PART A OR PART B PERMIT CONTACT 2

LAST NAME	FIRST NAME	MI	TITLE	STREET ADDRESS
COMPANY, AGENCY OR OTHER				
CITY /TOWN / LOCALITY		STATE /TERRITORY TN		ZIP / POSTAL CODE
				COUNTRY United States
PHONE 1	PHONE 2	FAX		EMAIL

11. CERTIFICATION

CERTIFICATION REQUIRED (Complete Form HN-CS Including Section 7)

DEC OFFICE USE ONLY					
AC ID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	() NEWLY ASSIGNED () TRANSFERRED EPA ID NUMBER



State of Tennessee
 Department of Environment and Conservation
 Division of Solid Waste Management
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 14th Floor
 Nashville, TN 37243

RESET FORM

RESET SEC B

HN - EA

PERMIT YEAR

ANNUAL REPORT YEAR

HAZARDOUS WASTE ENVIRONMENTAL ACTIVITY NOTIFICATION

A. NOTIFICATION

11/05/2015

A.1 ENTER CURRENT EPA ID NUMBER IF NOT REGISTERED, LEAVE BLANK	A.2 USED OIL REGISTRATION NUMBER IF NOT APPLICABLE, LEAVE BLANK	A.3 SITE LOCATION <input checked="" type="checkbox"/> WITHIN TN <input type="checkbox"/> OUTSIDE TN	A.4 NAICS CODE: (SEE SECTION "C") 331410
A.5 SITE, BUSINESS, OR INSTALLATION NAME Wacker Polysilicon North America, LLC			

B. ENVIRONMENTAL ACTIVITY IDENTIFICATION

ACTIVITY	GENERATOR CATEGORIES - CHECK ONE	CHECK ALL THAT APPLY	OTHER REQUIREMENTS
<input checked="" type="checkbox"/> GENERATOR	<input type="checkbox"/> LARGE QUANTITY, LQG GENERATES, in any calendar month, 1,000 kg/mo. (2,200 lbs/mo.) or more of hazardous waste; OR GENERATES in any calendar month or ACCUMULATES at any time, 1 kg/mo. (2.2 lbs/mo.) or more of acute hazardous waste; OR GENERATES in any calendar month or ACCUMULATES at any time, 100kg/mo. (220 lbs/mo.) or more of acute hazardous spill cleanup material. <input type="checkbox"/> SMALL QUANTITY, SQG GENERATES, in any calendar month, greater than 100 kg/mo. (220 lbs/mo. but less than 1000 kg/mo. (2,200 lbs/mo.) of NON-ACUTE hazardous waste or ACCUMULATES at any time, more than 0 but less than or equal to 6000 kg/mo. (13,228 lbs/mo. of NON-ACUTE hazardous waste. <input type="checkbox"/> CONDITIONALLY EXEMPT, CESQG GENERATES, in any calendar month, no more than 100 kg/mo. (220 lbs/mo.) and accumulates (at any time through the entire year) under 1,000 kg (2,200 lbs) of NON-ACCUTE hazardous waste FOR "CESQG" FURTHER REGISTRATION IS VOLUNTARY	<input checked="" type="checkbox"/> GENERATOR, WASTEWATER <input type="checkbox"/> GENERATOR, EPISODIC (SHORT TERM) <input type="checkbox"/> GENERATOR, MIXED WASTE <input type="checkbox"/> US IMPORTER <input type="checkbox"/> US EXPORTER <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NON-COMMERCIAL RECYCLER <input type="checkbox"/> HAZARDOUS SECONDARY MATERIALS <input type="checkbox"/> COLLEGE OR UNIVERSITY <input type="checkbox"/> TEACHING HOSPITAL* <input type="checkbox"/> NON PROFIT INSTITUTE * * OWNED BY OR HAS A FORMAL WRITTEN AFFILIATION AGREEMENT WITH A COLLEGE OR UNIVERSITY	EPA ID REQUIRED <u>YES</u> ANNUAL REPORT <u>YES</u> ANNUAL FEES <u>YES</u> PERMIT <u>NONE</u> OTHER FORMS <u>HN</u> <u>NE</u> <u>WSR</u> THESE REQUIREMENTS DO NOT APPLY TO "CESQG" STATUS REQUIRED DATE ACTIVITY BEGAN <u>09</u> / <u>01</u> / <u>2015</u> MM DD YYYY EXAMPLE: 03/25/2012

ACTIVITY	OTHER REQUIREMENTS	REQUIRED
<input type="checkbox"/> TRANSPORTER	OUT OF STATE SITES MUST POSSESS VALID EPA ID. TN DOES NOT ISSUE EPA IDs FOR OUT OF STATE SITES	EPA ID REQUIRED <u>YES</u> ANNUAL REPORT <u>NO</u> ANNUAL FEES <u>YES</u> PERMIT <u>ANNUAL</u> OTHER FORMS <u>HN, TRFDS</u> REQUIRED DATE ACTIVITY BEGAN ____ / ____ / ____ MM DD YYYY EXAMPLE: 03/25/2012

ACTIVITY	OTHER REQUIREMENTS	REQUIRED
<input type="checkbox"/> TRANSFER FACILITY	TRANSPORTERS IDENTIFYING OWNERSHIP FOR SEPARATE TRANSFER FACILITY SITES ARE REQUIRED TO OBTAIN SEPARATE EPA IDs FOR EACH LOCATION TSD FACILITIES ARE REQUIRED TO OBTAIN SEPARATE EPA ID FOR HW TRANSFER FACILITY	EPA ID REQUIRED <u>YES</u> ANNUAL REPORT <u>NO</u> ANNUAL FEES <u>YES</u> PERMIT <u>NONE</u> OTHER FORMS <u>HN, NE</u> REQUIRED DATE ACTIVITY BEGAN ____ / ____ / ____ MM DD YYYY EXAMPLE: 03/25/2012

EPA ID	USED OIL REFINERY	PERMIT NUMBER	SITE OR FACILITY NAME Wacker Polysilicon North America, LLC
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<input type="checkbox"/> USED OIL	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	REQUIRED
	1. <input type="checkbox"/> BURNER 2. <input type="checkbox"/> FUEL MARKETER 3. <input type="checkbox"/> PROCESSOR / RE-REFINER 4. <input type="checkbox"/> TRANSFER FACILITY 5. <input type="checkbox"/> TRANSPORTER 6. <input type="checkbox"/> COLLECTION CENTER (COMMERCIAL ONLY) 7. <input type="checkbox"/> COLLECTION CENTER (DIY - DO IT YOURSELF)	EPA ID REQUIRED #1 THRU #5 UOP # REQUIRED #1 THRU #6 ANNUAL REPORT #1 THRU #5 ANNUAL FEES #3 THRU #5 PERMIT NONE OTHER FORMS HN #1 THRU #7 NE #1 THRU #5 UO-D #5 UO-AR #1 THRU #5	DATE ACTIVITY BEGAN
			MM / DD / YYYY EXAMPLE: 03/25/2012

<input type="checkbox"/> TREATMENT STORAGE and DISPOSAL (TSD)	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	REQUIRED
	<input type="checkbox"/> RECYCLER <input type="checkbox"/> INCINERATOR, BOILER OR INDUSTRIAL FURNACE <input type="checkbox"/> UNDERGROUND INJECTION CONTROL <input type="checkbox"/> RECEIVER OF HW FROM OFF SITE <input type="checkbox"/> POST CLOSURE ONLY <input type="checkbox"/> CORRECTIVE ACTION ONLY	EPA ID REQUIRED YES ANNUAL REPORT YES ANNUAL FEES YES PERMIT YES OTHER FORMS HN, NE EXTENSIVE PERMITTING PROCESS INVOLVED FOR TSDs; CONTACT HW PERMITTING STAFF	DATE ACTIVITY BEGAN
			MM / DD / YYYY EXAMPLE: 03/25/2012

<input checked="" type="checkbox"/> UNIVERSAL WASTE	CHECK ALL THAT APPLY	OTHER REQUIREMENTS	REQUIRED
	1. <input type="checkbox"/> DESTINATION FACILITY <input type="checkbox"/> LAMP CRUSHER, COMMERCIAL <input type="checkbox"/> RECYCLER (ON-SITE) 2. <input type="checkbox"/> LARGE QUANTITY HANDLER 3. <input checked="" type="checkbox"/> SMALL QUANTITY HANDLER <i>IF YOU CHECKED #2 OR #3 ABOVE, CHECK BELOW ALL THAT YOU MANAGE OR GENERATE</i> <input checked="" type="checkbox"/> BATTERIES <input type="checkbox"/> PESTICIDES <input checked="" type="checkbox"/> LAMPS / BULBS <input type="checkbox"/> MERCURY CONTAINING EQUIPMENT 4. <input type="checkbox"/> TRANSPORTER	EPA ID REQUIRED YES #1, #2 ANNUAL REPORT NO ANNUAL FEES YES #1 PERMITS NONE OTHER FORMS HN #1, #2 NE #1, #2	DATE ACTIVITY BEGAN
			01 / 01 / 2015 MM / DD / YYYY EXAMPLE: 03/25/2012

C. NAICS CODES CODES MAY BE FOUND AT: <http://www.census.gov/eos/www/naics/>
 SELECT A NAICS CODE THAT BEST CLASSIFIES THE BUSINESS AT YOUR SITE. WRITE THAT CODE IN SECTION A.4 ON PAGE 1.

D. CERTIFICATION REQUIRED
 (Complete Form HN-CS Including Section 7)

TDEC USE ONLY

AC ID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	UOP NUMBER	() NEWLY ASSIGNED () TRANSFERRED EPA ID NUMBER
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State of Tennessee
 Department of Environment and Conservation
 Division of Solid Waste Management
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 14th Floor
 Nashville, TN 37243

RESET

HN - H

REPORT YEAR 2015
PERMIT YEAR
OFFICE USE ONLY

HAZARDOUS WASTE REGISTRATION AND NOTIFICATION

1. REGISTRATION INFORMATION

INCOMPLETE APPLICATIONS WILL BE RETURNED

EPA ID NUMBER (IF NEW, LEAVE BLANK)	USED OIL REGISTRATION NUMBER	OFFICE USE ONLY

2. SITE NAME

SITE, BUSINESS, OR INSTALLATION NAME

Wacker Polysilicon North America, LLC

3. SITE PHYSICAL LOCATION

SITE LOCATION ADDRESS - NO P.O. BOX NUMBERS! (GIVE DIRECTIONS IF NECESSARY)		LATITUDE	LONGITUDE
553 Wacker Blvd.		35.298673138	-84.800751707
CITY	STATE	ZIP	TN COUNTY
Charleston	TN	37310	Bradley
PHONE1	PHONE2	FAX	E-MAIL
(423) 780-7953	(423) 780-8800		jeremy.copeland@wacker.com

4. BUSINESS OWNER

INDIVIDUAL COMPANY

IF CORPORATE OWNER, PROVIDE CORPORATE NAME		CORPORATE REGION	CORPORATE DISTRICT		
Wacker Polysilicon North America, LLC		Tennessee	Bradley County		
LAST NAME	FIRST NAME	MI	TITLE		
OWNER MAILING STREET ADDRESS		CITY / TOWN / LOCALITY			
553 Wacker Blvd.		Charleston			
STATE / TERRITORY	ZIP / POSTAL CODE	COUNTRY			
TN	37310	USA			
PHONE1	PHONE2	FAX	EMAIL		
(423) 780-7953	(423) 780-8800		jeremy.copeland@wacker.com		
# EMPLOYEES	DATE OWNERSHIP BEGAN	DATE OWNERSHIP ENDED	*OWNER CODE	*LAND CODE	*Federal (F); State (S); Private (P); Indian (I); County (C); Municipal (M); District (D); Other (O)
450	01/01/2011		P	P	

5. MAILING ADDRESS

SEND MAIL TO THE ATTENTION OF:

LAST NAME	FIRST NAME	MI	TITLE	DEPARTMENT
Copeland	Jeremy	D	Environmental Manager	EHSS
BUSINESS MAILING STREET ADDRESS			CITY / TOWN / LOCALITY	
553 Wacker Blvd, (PO Box 446)			Charleston	
STATE / TERRITORY	ZIP / POSTAL CODE	COUNTRY		
TN	37310	USA		
PHONE1	PHONE2	FAX	EMAIL	
(423) 780-7953	(423) 780-8800		jeremy.copeland@wacker.com	

EPA ID NUMBER	SITE, BUSINESS, OR INSTALLATION NAME Wacker Polysilicon North America, LLC	USED OIL REGISTRATION NUMBER
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6. HAZARDOUS WASTE TRANSPORTERS ONLY	NOTE: A COMPLETE APPLICATION INCLUDES THIS FORM, THE HAZARDOUS WASTE TRANSPORTER FEE DETERMINATION SHEET (FORM TRFDS CN-0783), AND YOUR REMITTANCE. PERMITS ARE ISSUED ONLY AFTER VERIFICATION OF RECEIPT OF THESE ITEMS. DATA SUPPLIED ON THIS FORM BY TRANSPORTERS LOCATED OUTSIDE THE STATE OF TENNESSEE WILL BE VERIFIED BY REVIEWING THE DATA SUPPLIED TO THE HOME STATE'S REGULATORY AGENCY. PERMITS ISSUED BY THE STATE OF TENNESSEE WILL BE DELAYED UNTIL THE DATA IN YOUR HOME STATE IS MADE CURRENT WITH THAT AGENCY.
US DOT or MC/MX NUMBER - HW TRANSPORTERS ONLY	

6A. HAZARDOUS WASTE TRANSPORTERS MODES AND CAPABILITIES		
MODES	NUMBER USED	TRANSPORTER CAPABILITIES
<input type="checkbox"/> HIGHWAY	_____ TRUCKS	<input type="checkbox"/> EXPLOSIVE MATERIALS
<input type="checkbox"/> WATER	_____ TRAILERS	<input type="checkbox"/> OXIDIZERS AND ORGANIC PEROXIDES
<input type="checkbox"/> RAIL	_____ TANKERS	<input type="checkbox"/> MISCELLANEOUS HAZARDOUS MATERIALS
<input type="checkbox"/> AIR	_____ BOATS, BARGES	<input type="checkbox"/> FLAMMABLE / COMBUSTIBLE LIQUIDS
		<input type="checkbox"/> FLAMMABLE SOLIDS /SPONTANEOUSLY COMBUSTIBLE LIQUIDS
		<input type="checkbox"/> GASES
		<input type="checkbox"/> RADIOACTIVE SUBSTANCES
		<input checked="" type="checkbox"/> UNIVERSAL WASTE
		<input type="checkbox"/> CORROSIVE MATERIAL
		<input type="checkbox"/> POISON LIQUIDS/SOLIDS/INFECTIOUS SUBSTANCES
		<input type="checkbox"/> OTHER REGULATED MATERIALS

6B. TRANSFER FACILITIES YOU USE		CHECK HERE IF YOU DO NOT UTILIZE TRANSFER FACILITIES IN TENNESSEE	
1	US EPA ID NUMBER	BUSINESS NAME OF TRANSFER FACILITY USED	
LOCATION OF TRANSFER FACILITY - HIGHWAY, ROUTE, ROAD, OR DIRECTIONS (NOT A MAIL ADDRESS)		COUNTY	
CONTACT PERSON		CONTACT PERSON MAILING ADDRESS CITY, STATE, ZIP	CONTACT PERSON PHONE WITH AREA CODE
2	US EPA ID NUMBER	BUSINESS NAME OF TRANSFER FACILITY USED	
LOCATION OF TRANSFER FACILITY - HIGHWAY, ROUTE, ROAD, OR DIRECTIONS (NOT A MAIL ADDRESS)		COUNTY	
CONTACT PERSON		CONTACT PERSON MAILING ADDRESS CITY, STATE, ZIP	CONTACT PERSON PHONE WITH AREA CODE
3	US EPA ID NUMBER	BUSINESS NAME OF TRANSFER FACILITY USED	
LOCATION OF TRANSFER FACILITY - HIGHWAY, ROUTE, ROAD, OR DIRECTIONS (NOT A MAIL ADDRESS)		COUNTY	
CONTACT PERSON		CONTACT PERSON MAILING ADDRESS CITY, STATE, ZIP	CONTACT PERSON PHONE WITH AREA CODE

6C. GENERAL INFORMATION FOR HAZARDOUS WASTE TRANSPORTERS

Persons must obtain a Hazardous Waste Transporter Permit if they transport hazardous wastes that originate or terminate at points in Tennessee. The permit will be issued by the Department upon review of a completed application renewal form, and receipt of any applicable fees. A copy of the permit must be maintained within each transport vehicle. Permits are registered to the EPA identification number supplied on the application renewal form. The EPA Identification number is specific to your location and the permit is therefore not transferable if you change locations. For annual renewal, the renewal forms and fee are due no later than December 31. The permit duration is from the effective date until January 31 of the following year. The regulations require transporters to comply not only with the permit regulations but also the operational standards that pertain to manifests, other record keeping and hazardous waste discharges. You must also comply with any and all regulations imposed by the Tennessee Regulatory Commission, the U. S. Environmental Protection Agency, the U. S. Department of Transportation, U.S. Department of Homeland Security and any other pertinent local, state or federal laws. To view applicable Rules on line, visit <http://www.tn.gov/sos/rules/0400/0400-12/0400-12-01/0400-12-01.htm>

7. CERTIFICATION

CERTIFICATION REQUIRED (Complete Form HN-CS Including Section 7)

TDEC OFFICE USE ONLY

ACID	LOG ID CODE	STAFF INITIALS	DATE	GIA CUSTOMER #	() NEWLY ASSIGNED () TRANSFERRED EPA ID NUMBER
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1 SHEET NO. 1234 DATE: 05/20/2020 1" = 1.000'	WACKER POLYSILICON NORTH AMERICA, LLC WACKER POLY 11 TENNESSEE STORM WATER POLLUTION PREVENTION PLANS LOCATION MAP	CHARLESTON BRADLEY COUNTY, TENNESSEE

***SECTION V - ITEM G. – EPA FORM 2C/EPA
FORM 2D/EPA FORM 2F/DMRs***

EPA I.D. NUMBER (copy from Item 1 of Form 1)
TN0081311

Form Approved.
OMB No. 2040-0086
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM 2C NPDES  **U.S. ENVIRONMENTAL PROTECTION AGENCY**
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	35.00	18.00	51.96	-84.00	47.00	9.32	Hiwassee River
002	35.00	18.00	41.55	-84.00	46.00	55.57	Hiwassee River
SW1	35.00	18.00	20.23	-84.00	47.00	53.07	Wet. Area Connected To S. Mse. Cr. Emb.
SW2	35.00	17.00	38.48	-84.00	19.59	19.59	Wet. Area Connected to S. Mse. Cr. Emb.

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	Process (chlorosilane & polysilicon)	440 gal/min	process hydrolysis	1G 10
				1U 2C
				2K 5E
				5Q 5D
				5R
001	Utility	660 gal/min	non-contact cooling water	1G 1U
				5E 2D
002	River Water Intake - return water	44,000 gal/day	Returns a portion of the river water captured in the intake station back to river.	
			It is only river water and any solids carried with the water. No treatment or chemicals added	
SW1	Storm water, clean potable, industrial (treated river water, potable quality w/ no chlorine)	Appx 2,500 gal/day	Area wash-downs (potable/industrial water), eye-wash & safety shower water (potable), uncontaminated steam/compressor condensate, line flushes (potable & clean industrial water) and all items identified in Section 3.1.2 of TMSF Permit No. TNR050000	
	clean condensate, hydrostatic tests		hydrostatic test water of clean pipe	
SW2	Stormwater Runoff	less than 1.0 MGD	Gravity settling	1 U

OFFICIAL USE ONLY (effluent guidelines sub-categories)

EPA I.D. NUMBER (copy from Item 1 of Form 1)
 TN0081311

Form Approved.
 OMB No. 2040-0086.
 Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM 2C NPDES  **U.S. ENVIRONMENTAL PROTECTION AGENCY**
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER <i>(list)</i>	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER <i>(name)</i>
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
SW3	35.00	17.00	37.32	-84.00	47.00	54.60	Unnamed Tributary to South Mouse Creek
SW4	35.00	18.00	22.11	-84.00	47.00	28.52	South Mouse Creek Embayment

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
SW3	Stormwater Runoff	less than 1.0 MGD	Gravity settling	i U
SW4	Storm water, clean potable, industrial (treated river water, potable quality w/no chlorine) clean condensate, hydrostatic tests	Appx 2,500 gal/day	Area wash-downs (potable/industrial water), eye wash & safety shower water (potable), uncontaminated steam/compressor condensate, line flushes (potable & clean industrial water) and all items identified in Section 3.1.2 of TMSF Permit No. TN050000 hydrostatic test water of clean pipe	

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
 YES (complete the following table) NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
SW1	Clean potable, industrial (treated river water potable quality w/ no chlorine), clean condensate	1	12	0.0025	0.0025	0.0025 mgd	0.0025 mgd	1/day

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
 YES (complete Item III-B) NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?
 YES (complete Item III-C) NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.
 YES (complete the following table) NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.
 MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
 YES (complete the following table) NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
SW4	Clean potable, industrial (treated river water potable quality w/ no chlorine), clean condensate	1	12	0.0025	0.0025	0.0025 mgd	0.0025 mgd	1/day

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
 YES (complete Item III-B) NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?
 YES (complete Item III-C) NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.
 YES (complete the following table) NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)
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CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None from Table 2c-3 expected to be present			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

YES (list all such pollutants below)

NO (go to Item VI-B)

Large empty rectangular area for providing details or additional information.

VII. BIOLOGICAL TOXICITY TESTING DATA

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 3 years?

YES (identify the test(s) and describe their purposes below)

NO (go to Section VIII)

Yes. Two acute toxicity tests have been performed on the site process water discharge (Outfall 001). In August 2015 and again in February 2016 the tests were performed per existing permit requirements. Results of tests were LC50 values above 4.88%, which is a pass criteria.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

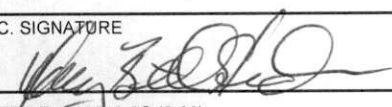
YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Microbac Laboratories, Inc.	3323 Gilmore Industrial Boulevard Louisville, KY 40213	502.962.6400	Acute Toxicity Testing
	505 East Broadway Avenue Maryville, TN 37804	865.977.1200	Acute Toxicity Testing
AIRL	1550 37th St., NE Cleveland, TN 37312	423.476.7714	Various parameters

IX. CERTIFICATION

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.

A. NAME & OFFICIAL TITLE (type or print) Mary Beth Hudson, V.P. and Site Manager	B. PHONE NO. (area code & no.) (423) 780-8800
C. SIGNATURE 	D. DATE SIGNED 07/01/2016

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
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V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)		OUTFALL NO. 001
----------------------------------------------------------------------------	--	--------------------

PART A – 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.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	<2	7.8					1	mg/L	lb/day			
b. Chemical Oxygen Demand (COD)	108	839.2					1	mg/L	lb/day			
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)	1,204	9,970	227	2,035	61.4	557.8	309	mg/L	lb/day			
e. Ammonia (as N)	1.53	11.9					1	mg/L	lb/day			
f. Flow	VALUE 1.92		VALUE 1.53		VALUE 0.97		309		MGD	VALUE		
g. Temperature (winter)	VALUE 24.5		VALUE 20.5		VALUE 16.5		309	°C		VALUE		
h. Temperature (summer)	VALUE 37.7		VALUE 30.8		VALUE 30.7		309	°C		VALUE		
i. pH	MINIMUM 6.2	MAXIMUM 9.0	MINIMUM 6.6	MAXIMUM 8.1			309	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)	X		<1						1	mg/L				
b. Chlorine, Total Residual	X		0.17						2	mg/L				
c. Color	X		40						1	Pt/Co				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		0.35						1	mg/L				

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)	X		39.2						1	mg/L				
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)	X		0.39						1	mg/L				
p. Barium, Total (7440-39-3)	X		<0.01						1	mg/L				
q. Boron, Total (7440-42-8)	X		0.35						1	mg/L				
r. Cobalt, Total (7440-48-4)	X		<0.01						1	mg/L				
s. Iron, Total (7439-89-6)	X		1.08						1	mg/L				
t. Magnesium, Total (7439-95-4)	X		4.83						1	mg/L				
u. Molybdenum, Total (7439-98-7)	X		0.03						1	mg/L				
v. Manganese, Total (7439-96-5)	X		<0.01						1	mg/L				
w. Tin, Total (7440-31-5)	X		0.02						1	mg/L				
x. Titanium, Total (7440-32-6)	X		0.04						1	mg/L				

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
TN0081311	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			<0.01						1	mg/L				
2M. Arsenic, Total (7440-38-2)	X			<0.01						1	mg/L				
3M. Beryllium, Total (7440-41-7)	X			<0.01						1	mg/L				
4M. Cadmium, Total (7440-43-9)	X			<0.01						1	mg/L				
5M. Chromium, Total (7440-47-3)	X			<0.01						1	mg/L				
6M. Copper, Total (7440-50-8)	X			<0.01						1	mg/L				
7M. Lead, Total (7439-92-1)	X			<0.01						1	mg/L				
8M. Mercury, Total (7439-97-6)	X			<0.0002						1	mg/L				
9M. Nickel, Total (7440-02-0)	X			<0.01						1	mg/L				
10M. Selenium, Total (7782-49-2)	X			<0.01						1	mg/L				
11M. Silver, Total (7440-22-4)	X			<0.01						1	mg/L				
12M. Thallium, Total (7440-28-0)	X			<0.01						1	mg/L				
13M. Zinc, Total (7440-66-6)	X			0.36						1	mg/L				
14M. Cyanide, Total (57-12-5)	X			<0.1						1	mg/L				
15M. Phenols, Total	X			<0.05						1	mg/L				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)		X		DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
TN0081311	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

Form
2D
NPDES



New Sources and New Dischargers
Application for Permit to Discharge Process Wastewater

I. Outfall Location

For this outfall, list the latitude and longitude, and name of the receiving water(s)

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
SW2A	35.00	17.00	34.81	-84.00	48.00	09.13	South Mouse Creek

II. Discharge Date (When do you expect to begin discharging?)
September 01, 2016

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow (list)	2. Average Flow (include units)	3. Treatment (Description of list Codes from Table 2D-1)
SW2A	Area wash-downs with potable water, eye wash & safety shower water (potable), uncontaminated steam condensate & all items found in section 3.1.2 of TMSP Permit No. TNR050000	Approximately 500 gal/month	NONE

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in Item III-A be intermittent or seasonal?

Yes (complete the following table) No (go to Item IV)

Outfall Number	1. Frequency		2. Flow		c. Duration (in days)
	a. Days Per Week (specify average)	b. Months Per Year (specify average)	a. Maximum Daily Flow Rate (in mgd)	b. Maximum Total Volume (specify with units)	
SW#2A	0.03 (1 day/mo.)	12	0.0005	0.0005 mgd	12 days/yr.

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not designed), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc (specify)
NA	NA	NA	NA

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instruction for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions (See Table 2D-2 for Pollutants)

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value (include units)	3. Average Daily Value (include units)	4. Source (see instructions)
TSS	5 mg/L (0.05 kg/day)	5 mg/L (0.05 kg/day)	4
Temperature	Ambient	Ambient	4
Flow	Approx. 500 gal/day	Approx. 500 gal/day	4

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	N/A

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

Report Available No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	N/A

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

VIII. Certification

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.

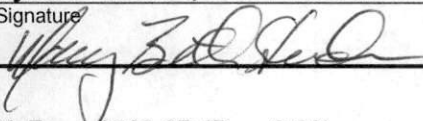
A. Name and Official Title (type or print)

Mary Beth Hudson, Vice-President and Site Manager

B. Phone No.

(423) 780-8800

C. Signature



D. Date Signed

July 1, 2016

Please print or type in the unshaded areas only.

FORM
2F
NPDES



U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
SW2A	35.00	17.00	34.81	-84.00	48.00	9.13	South Mouse Creek

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A	N/A	N/A	N/A		

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
SW2A	00.00 acres	+/- 5.0 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff, materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Materials currently stored on site area those associated with construction activities including, but not limited to, fuels, building materials, metal, piping, new equipment, etc. Storage and handling of these materials has been in accordance with construction stormwater pollution plans. United Rentals previously occupied this area.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
SW2A	Sediment traps and check dams are in place to control stormwater runoff. Routine maintenance (on an as needed basis) will remove accumulations of sediment from these control structures.	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Mary Beth Hudson, V.P. & Site Man.		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Visual observations at the source area and at SW2A.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None.

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

Aluminum, Boron, Chromium, Copper, Iron, Magnesium, Manganese, Nickel, Phosphorus, Titanium, Vanadium, and Chlorine, Total Residual. These compounds should not be present at Outfall SW2A. Storage of silicon raw material is not planned for this area.

VIII. Biological Toxicity Testing Data

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 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. Certification

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.

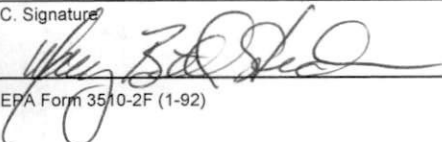
A. Name & Official Title (Type Or Print)

Mary Beth Hudson, VP & Site Manager

B. Area Code and Phone No.

(423) 780-8800

C. Signature



D. Date Signed

07/01/2016

VII. Discharge information (Continued from page 3 of Form 2F)

Part A – 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.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	N/A	N/A	N/A	N/A		N/A
Biological Oxygen Demand (BOD5)	N/A	N/A	N/A	N/A		N/A
Chemical Oxygen Demand (COD)	N/A	N/A	N/A	N/A		N/A
Total Suspended Solids (TSS)	N/A	N/A	N/A	N/A		N/A
Total Nitrogen	N/A	N/A	N/A	N/A		N/A
Total Phosphorus	N/A	N/A	N/A	N/A		N/A
pH	Minimum	Maximum	Minimum	Maximum		N/A

Part B – List each pollutant that is limited in an effluent guideline which 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 Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
N/A	N/A	N/A	N/A	N/A		N/A

Continued from the Front

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

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
N/A	N/A	N/A	N/A	N/A		N/A

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

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

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-A - TIER 1 LIMITS

Report Dates & Status

Monitoring Period: From 05/01/16 to 05/31/16
Status: NetDMR Validated

DMR Due Date: 06/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.				=7.8		=8.2	12 - SU	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 0			Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily
NODI: -		NODI										
00530	Solids, total suspended	Smpl.						=860	19 - mg/L	0	01/01 - Daily	CP - COMPOS
1 - Effluent Gross												
Season: 0			Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=0.9242	=1.1276	03 - MGD					0	01/01 - Daily	CN - CONTIN
1 - Effluent Gross												
Season: 0			Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily
NODI: -		NODI										
70295	Solids, total dissolved	Smpl.		=76899	26 - lb/d					0	01/01 - Daily	CP - COMPOS
1 - Effluent Gross												
Season: 0			Req.		<=185468 DAILY MX	26 - lb/d						01/01 - Daily
NODI: -		NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-06-14 09:26 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-B - TIER 2 LIMITS

Report Dates & Status

Monitoring Period: From 05/01/16 to 05/31/16
Status: NetDMR Validated

DMR Due Date: 06/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00400	pH	Smpl.									
1 - Effluent Gross											
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period			
00530	Solids, total suspended	Smpl.									
1 - Effluent Gross											
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L	01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period			
50050	Flow, in conduit or thru treatment plant	Smpl.									
1 - Effluent Gross											
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD					01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period							
70295	Solids, total dissolved	Smpl.									
1 - Effluent Gross											
Season: 0		Req.		<=462370 DAILY MX	26 - lb/d					01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period							

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-06-14 09:33 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-C - TIER 3 LIMITS

Report Dates & Status

Monitoring Period: From 05/01/16 to 05/31/16
Status: NetDMR Validated

DMR Due Date: 06/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00400	pH	Smpl.									
1 - Effluent Gross											
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period			
00530	Solids, total suspended	Smpl.									
1 - Effluent Gross											
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L	01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period			
50050	Flow, in conduit or thru treatment plant	Smpl.									
1 - Effluent Gross											
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD					01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period							
70295	Solids, total dissolved	Smpl.									
1 - Effluent Gross											
Season: 0		Req.		<=740258 DAILY MX	26 - lb/d					01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period							

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-06-14 09:36 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW1 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW1-G - (no description)

Report Dates & Status

Monitoring Period: From 05/01/16 to 05/31/16
Status: NetDMR Validated

DMR Due Date: 06/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.						=1	19 - mg/L	0	01/YR - Annual	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.						<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI										
X 00630	Nitrite + Nitrate total [as N]	Smpl.						=0.91	19 - mg/L	1	01/YR - Annual	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.						<=.68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI										
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						<=.064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI						8 - Other (See Comments)				
01042	Copper, total [as Cu]	Smpl.						<0.01	19 - mg/L	0	01/YR - Annual	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.						<=.018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI										
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI						8 - Other (See Comments)				
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						<=.75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI						8 - Other (See Comments)				
50050	Flow, in conduit or thru treatment plant	Smpl.	=4.98		03 - MGD					0	01/YR - Annual	ES - ESTIMA
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD						01/YR - Annual	ES - ESTIMA
NODI: -		NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00630	Nitrite + Nitrate total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>

Comments

Aluminum, Iron, and Magnesium were previously reported on the January 2016 NetDMR submittal. The following parameters were also analyzed; Turbidity = 577.4 NTU, TSS = 307 mg/L, Floating Solids = 0 & N, and Flow = 0.34 MGD (Mo. Avg.) and 4.98 MGD (Daily Max.) per permit TN0081205.

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
 Name: Joseph Geren
 E-Mail: JosephShane.Geren@wacker.com
 Date/Time: 2016-06-14 09:45 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW4 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW4-G - (no description)

Report Dates & Status

Monitoring Period: From 05/01/16 to 05/31/16
Status: NetDMR Validated

DMR Due Date: 06/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0			Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0			Req.					<=.68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0			Req.					<=.064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0			Req.					<=.018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0			Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0			Req.					<=.75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0			Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA
NODI: -		NODI		8 - Other (See Comments)								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Any discharge that occurred was outside the permit required sampling times of NPDES Permit #TN0081205.

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-06-14 09:48 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-A - TIER 1 LIMITS

Permitted Feature: 001 - External Outfall

DMR Due Date: 05/15/16

Report Dates & Status

Monitoring Period: From 04/01/16 to 04/30/16
Status: NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type	
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3				Units
00400	pH	Smpl.				=7.5		=8.3	12 - SU	0	01/01 - Daily	GR - GRAB
1	Effluent Gross											
Season:	0	Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI										
00530	Solids, total suspended	Smpl.						=1204.3	19 - mg/L	0	01/01 - Daily	CP - COMPOS
1	Effluent Gross											
Season:	0	Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=1.0997	=1.2679	03 - MGD					0	01/01 - Daily	CN - CONTIN
1	Effluent Gross											
Season:	0	Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI										
70295	Solids, total dissolved	Smpl.		=102170	26 - lb/d					0	01/01 - Daily	CP - COMPOS
1	Effluent Gross											
Season:	0	Req.		<=185468 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
NODI: -		NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-05-10 10:54 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-B - TIER 2 LIMITS

Permitted Feature: 001 - External Outfall

DMR Due Date: 05/15/16

Report Dates & Status

Monitoring Period: From 04/01/16 to 04/30/16
Status: NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.										
1 - Effluent Gross												
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
00530	Solids, total suspended	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		<=462370 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-05-10 10:57 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-C - TIER 3 LIMITS

Report Dates & Status

Monitoring Period: From 04/01/16 to 04/30/16
Status: NetDMR Validated

DMR Due Date: 05/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.										
1 - Effluent Gross												
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
00530	Solids, total suspended	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		<=740258 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-05-10 10:59 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW1 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW1-G - (no description)

Report Dates & Status

Monitoring Period: From 04/01/16 to 04/30/16
Status: NetDMR Validated

DMR Due Date: 05/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA	
NODI: -		NODI		8 - Other (See Comments)								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Any discharge that occurred was outside the permit required sampling times of NPDES Permit #TN0081205.

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-05-10 11:04 (Time Zone:-05:00)

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Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW4 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW4-G - (no description)

Report Dates & Status

Monitoring Period: From 04/01/16 to 04/30/16
Status: NetDMR Validated

DMR Due Date: 05/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., and Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA	
NODI: -		NODI		8 - Other (See Comments)								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Any discharge that occurred was outside the permit required sampling times of NPDES Permit #TN0081205.

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-05-10 11:07 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-A - TIER 1 LIMITS

Permitted Feature: 001 - External Outfall

DMR Due Date: 04/15/16

Report Dates & Status

Monitoring Period: From 03/01/16 to 03/31/16
Status: NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.				=7.5		=8.6	12 - SU	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 0			Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily
NODI: -		NODI										
00530	Solids, total suspended	Smpl.						=500	19 - mg/L	0	01/01 - Daily	CP - COMPOS
1 - Effluent Gross												
Season: 0			Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=1.143691	=1.629855	03 - MGD					0	01/01 - Daily	CN - CONTIN
1 - Effluent Gross												
Season: 0			Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily
NODI: -		NODI										
70295	Solids, total dissolved	Smpl.		=109920	26 - lb/d					0	01/01 - Daily	CP - COMPOS
1 - Effluent Gross												
Season: 0			Req.		<=185468 DAILY MX	26 - lb/d						01/01 - Daily
NODI: -		NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-04-08 09:29 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-B - TIER 2 LIMITS

Report Dates & Status

Monitoring Period: From 03/01/16 to 03/31/16
Status: NetDMR Validated

DMR Due Date: 04/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00400	pH	Smpl.									
1 - Effluent Gross											
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period			
00530	Solids, total suspended	Smpl.									
1 - Effluent Gross											
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L	01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period			
50050	Flow, in conduit or thru treatment plant	Smpl.									
1 - Effluent Gross											
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD					01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period							
70295	Solids, total dissolved	Smpl.									
1 - Effluent Gross											
Season: 0		Req.		<=462370 DAILY MX	26 - lb/d					01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period							

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-04-08 09:32 (Time Zone: -05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-C - TIER 3 LIMITS

Report Dates & Status

Monitoring Period: From 03/01/16 to 03/31/16
Status: NetDMR Validated

DMR Due Date: 04/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.										
1 - Effluent Gross												
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
00530	Solids, total suspended	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		<=740258 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-04-08 09:35 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW1 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW1-G - (no description)

Report Dates & Status

Monitoring Period: From 03/01/16 to 03/31/16
Status: NetDMR Validated

DMR Due Date: 04/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA	
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period. The following parameters were also analyzed; Turbidity = 11.71 NTU, TSS = 29.0 mg/L, Floating Solids = 0 & N, and Flow = 0.59 MGD (Mo. Avg.) and 5.49 MGD (Daily Max) per permit TN0081205

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-04-08 09:40 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW4 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW4-G - (no description)

Report Dates & Status

Monitoring Period: From 03/01/16 to 03/31/16
Status: NetDMR Validated

DMR Due Date: 04/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00610	Nitrogen, ammonia total [as N]	Smpl.									
1 - Effluent Gross											
Season: 0		Req.					<=4 DAILY MX	19 - mg/L	01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period				
00630	Nitrite + Nitrate total [as N]	Smpl.									
1 - Effluent Gross											
Season: 0		Req.					<=.68 DAILY MX	19 - mg/L	01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period				
00927	Magnesium, total [as Mg]	Smpl.									
1 - Effluent Gross											
Season: 0		Req.					<=.064 DAILY MX	19 - mg/L	01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period				
01042	Copper, total [as Cu]	Smpl.									
1 - Effluent Gross											
Season: 0		Req.					<=.018 DAILY MX	19 - mg/L	01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period				
01045	Iron, total [as Fe]	Smpl.									
1 - Effluent Gross											
Season: 0		Req.					<=5 DAILY MX	19 - mg/L	01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period				
01105	Aluminum, total [as Al]	Smpl.									
1 - Effluent Gross											
Season: 0		Req.					<=.75 DAILY MX	19 - mg/L	01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment plant	Smpl.									
1 - Effluent Gross											
Season: 0		Req.		Req Mon DAILY MX	03 - MGD				01/YR - Annual	ES - ESTIMA	
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period							

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

The following parameters were also analyzed; Turbidity = 18.28 NTU, TSS = 9.0 mg/L, Floating Solids = 0 & N, and Flow = 0.03 MGD (Mo. Avg.) and 0.25 MGD (Daily Max) per permit TN0081205

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-04-08 09:44 (Time Zone:-05:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-A - TIER 1 LIMITS

Permitted Feature: 001 - External Outfall

DMR Due Date: 03/15/16

Report Dates & Status

Monitoring Period: From 02/01/16 to 02/29/16
Status: NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter Code	Name	NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH					=7.2		=8.8	12 - SU	0	01/01 - Daily	GR - GRAB
	1 - Effluent Gross	Smpl.										
	Season: 0	Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
	NODI: -	NODI										
00530	Solids, total suspended							=651.1	19 - mg/L	0	01/01 - Daily	CP - COMPOS
	1 - Effluent Gross	Smpl.										
	Season: 0	Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
	NODI: -	NODI										
50050	Flow, in conduit or thru treatment plant											
	1 - Effluent Gross	Smpl.	=1.517815	=1.926024	03 - MGD					0	01/01 - Daily	CN - CONTIN
	Season: 0	Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
	NODI: -	NODI										
70295	Solids, total dissolved											
	1 - Effluent Gross	Smpl.		=70824	26 - lb/d					0	01/01 - Daily	CP - COMPOS
	Season: 0	Req.		<=185468 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
	NODI: -	NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-03-10 12:32 (Time Zone:-06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-B - TIER 2 LIMITS

Report Dates & Status

Monitoring Period: From 02/01/16 to 02/29/16
Status: NetDMR Validated

DMR Due Date: 03/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.										
1 - Effluent Gross												
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
00530	Solids, total suspended	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		<=462370 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-03-10 12:35 (Time Zone:-06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-C - TIER 3 LIMITS

Report Dates & Status

Monitoring Period: From 02/01/16 to 02/29/16
Status: NetDMR Validated

DMR Due Date: 03/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter Code	Parameter Name	NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH											
	1 - Effluent Gross	Smpl.										
	Season: 0	Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
	NODI: -	NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
00530	Solids, total suspended											
	1 - Effluent Gross	Smpl.										
	Season: 0	Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
	NODI: -	NODI						9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment plant											
	1 - Effluent Gross	Smpl.										
	Season: 0	Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
	NODI: -	NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved											
	1 - Effluent Gross	Smpl.										
	Season: 0	Req.		<=740258 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
	NODI: -	NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-03-10 12:38 (Time Zone:-06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW1 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW1-G - (no description)

Report Dates & Status

Monitoring Period: From 02/01/16 to 02/29/16
Status: NetDMR Validated

DMR Due Date: 03/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<= .68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<= .064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<= .018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<= .75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA	
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period. The following parameters were also analyzed; Turbidity = 7.97 NTU, TSS = 7.8 mg/L, Floating Solids = 0 & N, and Flow = 1.21 MGD (Mo. Avg.) and 9.11 MGD (Daily Max) per permit TN0081205.

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-03-10 12:46 (Time Zone: -06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW4 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW4-G - (no description)

Report Dates & Status

Monitoring Period: From 02/01/16 to 02/29/16
Status: NetDMR Validated

DMR Due Date: 03/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA	
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period. The following parameters were also analyzed; Turbidity = 82.09 NTU, TSS = 19.0 mg/L, Floating Solids = 0 & N, and Flow = 0.06 MGD (Mo. Avg.) and 0.42 MGD (Daily Max) per permit TN0081205.

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-03-10 12:57 (Time Zone:-06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-A - TIER 1 LIMITS

Report Dates & Status

Monitoring Period: From 01/01/16 to 01/31/16
Status: NetDMR Validated

DMR Due Date: 02/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter Code	Name	NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH					=6.9		=9	12 - SU	0	01/01 - Daily	GR - GRAB
	1 - Effluent Gross	Smpl.										
	Season: 0	Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
	NODI: -	NODI										
00530	Solids, total suspended							=50.5	19 - mg/L	0	01/01 - Daily	CP - COMPOS
	1 - Effluent Gross	Smpl.										
	Season: 0	Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
	NODI: -	NODI										
50050	Flow, in conduit or thru treatment plant											
	1 - Effluent Gross	Smpl.	=1.456223	=1.714399	03 - MGD					0	01/01 - Daily	CN - CONTIN
	Season: 0	Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
	NODI: -	NODI										
70295	Solids, total dissolved											
	1 - Effluent Gross	Smpl.		=75853	26 - lb/d					0	01/01 - Daily	CP - COMPOS
	Season: 0	Req.		<=185468 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
	NODI: -	NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments**Attachments**

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-02-09 13:44 (Time Zone:-06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-B - TIER 2 LIMITS

Report Dates & Status

Monitoring Period: From 01/01/16 to 01/31/16
Status: NetDMR Validated

DMR Due Date: 02/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.										
1 - Effluent Gross												
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
00530	Solids, total suspended	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		<=462370 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-02-09 13:48 (Time Zone:-06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-C - TIER 3 LIMITS

Permitted Feature: 001 - External Outfall

DMR Due Date: 02/15/16

Report Dates & Status

Monitoring Period: From 01/01/16 to 01/31/16
Status: NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.										
1 - Effluent Gross												
Season: 0		Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI				9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
00530	Solids, total suspended	Smpl.										
1 - Effluent Gross												
Season: 0		Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		<=740258 DAILY MX	26 - lb/d						01/01 - Daily	CP - COMPOS
NODI: -		NODI		9 - Conditional Monitoring - Not Required This Period								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-02-09 13:50 (Time Zone:-06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW1 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW1-G - (no description)

Report Dates & Status

Monitoring Period: From 01/01/16 to 01/31/16
Status: NetDMR Validated

DMR Due Date: 02/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L			01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.68 DAILY MX	19 - mg/L			01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
X 00927	Magnesium, total [as Mg]	Smpl.					=20.7	19 - mg/L	1		01/YR - Annual	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.					<=.064 DAILY MX	19 - mg/L			01/YR - Annual	GR - GRAB
NODI: -		NODI										
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.018 DAILY MX	19 - mg/L			01/YR - Annual	GR - GRAB
NODI: -		NODI					8 - Other (See Comments)					
X 01045	Iron, total [as Fe]	Smpl.					=25.3	19 - mg/L	1		01/YR - Annual	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L			01/YR - Annual	GR - GRAB
NODI: -		NODI										
X 01105	Aluminum, total [as Al]	Smpl.					=58.6	19 - mg/L	1		01/YR - Annual	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.					<=.75 DAILY MX	19 - mg/L			01/YR - Annual	GR - GRAB
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=6.29		03 - MGD					0	01/YR - Annual	ES - ESTIMA
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD						01/YR - Annual	ES - ESTIMA
NODI: -		NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00927	Magnesium, total [as Mg]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
01045	Iron, total [as Fe]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
01105	Aluminum, total [as Al]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>

Comments

The following parameters were also analyzed; Turbidity = 69.1 NTU, TSS = 51.0 mg/L, and Floating Solids = 0 & N per permit TN0081205 * Previously sampled in November 2015

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
 Name: Joseph Geren
 E-Mail: JosephShane.Geren@wacker.com
 Date/Time: 2016-02-09 13:58 (Time Zone:-06:00)

©2008 NetDMR

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW4 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW4-G - (no description)

Report Dates & Status

Monitoring Period: From 01/01/16 to 01/31/16
Status: NetDMR Validated

DMR Due Date: 02/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
X 00927	Magnesium, total [as Mg]	Smpl.					=9.4	19 - mg/L	1	01/YR - Annual	GR - GRAB	
1 - Effluent Gross												
Season: 0		Req.					<=.064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI										
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
X 01045	Iron, total [as Fe]	Smpl.					=8	19 - mg/L	1	01/YR - Annual	GR - GRAB	
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI										
X 01105	Aluminum, total [as Al]	Smpl.					=13.1	19 - mg/L	1	01/YR - Annual	GR - GRAB	
1 - Effluent Gross												
Season: 0		Req.					<=.75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=0.29		03 - MGD					01/YR - Annual	ES - ESTIMA	
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA	
NODI: -		NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00927	Magnesium, total [as Mg]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
01105	Aluminum, total [as Al]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
01045	Iron, total [as Fe]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>

Comments

The following parameters were also analyzed; Turbidity = 41.1 NTU, TSS = 10.0 mg/L, and Floating Solids = 0 & N per permit TN0081205 *Analysis not conducted

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
 Name: Joseph Geren
 E-Mail: JosephShane.Geren@wacker.com
 Date/Time: 2016-02-09 14:04 (Time Zone:-06:00)

Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-A - TIER 1 LIMITS

Report Dates & Status

Monitoring Period: From 12/01/15 to 12/31/15
Status: NetDMR Validated

DMR Due Date: 01/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.				=6.4		=8.8	12 - SU	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 0			Req.				>=6 DAILY MN		<=9 DAILY MX	12 - SU		01/01 - Daily
NODI: -		NODI										
00530	Solids, total suspended	Smpl.						=208	19 - mg/L	0	01/01 - Daily	CP - COMPOS
1 - Effluent Gross												
Season: 0			Req.						Req Mon DAILY MX	19 - mg/L		01/01 - Daily
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=1.526074	=1.797886	03 - MGD					0	01/01 - Daily	CN - CONTIN
1 - Effluent Gross												
Season: 0			Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily
NODI: -		NODI										
70295	Solids, total dissolved	Smpl.		=4053	26 - lb/d					0	01/01 - Daily	CP - COMPOS
1 - Effluent Gross												
Season: 0			Req.		<=185468 DAILY MX	26 - lb/d						01/01 - Daily
NODI: -		NODI										
TAA3B	LC50 Static 48Hr Acute Ceriodaphnia	Smpl.				>4.88			23 - %	0	02/YR - Twice Per Year	GR - GRAB
1 - Effluent Gross												
Season: 0			Req.				>=1.22 MINIMUM			23 - %		02/YR - Twice Per Year
NODI: -		NODI										
TAA6C	LC50 Static 48Hr Acute Pimephales	Smpl.				>4.88			23 - %	0	02/YR - Twice Per Year	GR - GRAB
1 - Effluent Gross												
Season: 0			Req.				>=1.22 MINIMUM			23 - %		02/YR - Twice Per Year
NODI: -		NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-01-13 06:14 (Time Zone:-06:00)

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Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-B - TIER 2 LIMITS

Report Dates & Status

Monitoring Period: From 12/01/15 to 12/31/15
Status: NetDMR Validated

DMR Due Date: 01/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH											
1 - Effluent Gross		Smpl.										
Season: 0		Req.			>=6 DAILY MN		<=9 DAILY MX		12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI			9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period					
00530	Solids, total suspended											
1 - Effluent Gross		Smpl.										
Season: 0		Req.					Req Mon DAILY MX		19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
50050	Flow, in conduit or thru treatment plant											
1 - Effluent Gross		Smpl.										
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved											
1 - Effluent Gross		Smpl.										
Season: 0		Req.			<=462370 DAILY MX	26 - lb/d					01/01 - Daily	CP - COMPOS
NODI: -		NODI			9 - Conditional Monitoring - Not Required This Period							
TAA3B	LC50 Static 48Hr Acute Ceriodaphnia											
1 - Effluent Gross		Smpl.										
Season: 0		Req.									02/YR - Twice Per Year	GR - GRAB
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
TAA6C	LC50 Static 48Hr Acute Pimephales											
1 - Effluent Gross		Smpl.										
Season: 0		Req.							23 - %		02/YR - Twice Per Year	GR - GRAB
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

* Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-01-13 06:17 (Time Zone:-06:00)

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Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: 001-C - TIER 3 LIMITS

Report Dates & Status

Monitoring Period: From 12/01/15 to 12/31/15
Status: NetDMR Validated

DMR Due Date: 01/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00400	pH	Smpl.										
1 - Effluent Gross												
Season: 0		Req.			>=6 DAILY MN		<=9 DAILY MX		12 - SU		01/01 - Daily	GR - GRAB
NODI: -		NODI			9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period					
00530	Solids, total suspended	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					Req Mon DAILY MX		19 - mg/L		01/01 - Daily	CP - COMPOS
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD						01/01 - Daily	CN - CONTIN
NODI: -		NODI	9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period								
70295	Solids, total dissolved	Smpl.										
1 - Effluent Gross												
Season: 0		Req.			<=740258 DAILY MX	26 - lb/d					01/01 - Daily	CP - COMPOS
NODI: -		NODI			9 - Conditional Monitoring - Not Required This Period							
TAA3B	LC50 Static 48Hr Acute Ceriodaphnia	Smpl.										
1 - Effluent Gross												
Season: 0		Req.									02/YR - Twice Per Year	GR - GRAB
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
TAA6C	LC50 Static 48Hr Acute Pimephales	Smpl.										
1 - Effluent Gross												
Season: 0		Req.							23 - %		02/YR - Twice Per Year	GR - GRAB
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

*Conditional Monitoring - Not Required This Period

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-01-13 06:19 (Time Zone:-06:00)

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Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW1 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW1-G - (no description)

Report Dates & Status

Monitoring Period: From 12/01/15 to 12/31/15
Status: NetDMR Validated

DMR Due Date: 01/15/16

Considerations for Form Completion

Principal Executive Officer

First Name:
Title:

Last Name:
Telephone:

No Data Indicator (NODI)
Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					9 - Conditional Monitoring - Not Required This Period					
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=.75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					8 - Other (See Comments)					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA	
NODI: -		NODI		8 - Other (See Comments)								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Industrial Storm Not Required. The following parameters were also analyzed; Turbidity = 377 NTU, TSS = 175 mg/L, and Floating Solids = 0 & N per permit #TN0081205

Attachments

No attachments.

Report Last Saved By**WACKER POLYSILICON NORTH AMERICA, LLC**

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-01-13 06:24 (Time Zone:-06:00)

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Permit

Permit ID: TN0081311
Permittee: WACKER POLYSILICON NORTH AMERICA, LLC
Facility: WACKER POLYSILICON NORTH AMERICA, LLC
Permitted Feature: SW4 - External Outfall

Major:
Permittee Address: 3855 NORTH OCOEE ST NW 3RD FLOOR
 CLEVELAND , TN37312
Facility Location: 553 MCBRYANT ROAD NW
 CHARLESTON , TN37310
Discharge: SW4-G - (no description)

Report Dates & Status

Monitoring Period: From 12/01/15 to 12/31/15
Status: NetDMR Validated

DMR Due Date: 01/15/16

Considerations for Form Completion

Principal Executive Officer

First Name: Dr. Konrad
Title: V.P., Site Manager

Last Name: Bachhuber
Telephone: 423-780-8800

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00610	Nitrogen, ammonia total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=4 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					F - Insufficient Flow for Sampling					
00630	Nitrite + Nitrate total [as N]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<= .68 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					F - Insufficient Flow for Sampling					
00927	Magnesium, total [as Mg]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<= .064 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					F - Insufficient Flow for Sampling					
01042	Copper, total [as Cu]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<= .018 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					F - Insufficient Flow for Sampling					
01045	Iron, total [as Fe]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<=5 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					F - Insufficient Flow for Sampling					
01105	Aluminum, total [as Al]	Smpl.										
1 - Effluent Gross												
Season: 0		Req.					<= .75 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB	
NODI: -		NODI					F - Insufficient Flow for Sampling					
50050	Flow, in conduit or thru treatment plant	Smpl.										
1 - Effluent Gross												
Season: 0		Req.		Req Mon DAILY MX	03 - MGD					01/YR - Annual	ES - ESTIMA	
NODI: -		NODI		F - Insufficient Flow for Sampling								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

WACKER POLYSILICON NORTH AMERICA, LLC

User: JosephShane.Geren@wacker.com
Name: Joseph Geren
E-Mail: JosephShane.Geren@wacker.com
Date/Time: 2016-01-13 06:27 (Time Zone:-06:00)

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***SECTION V - ITEM H. – APPLICATION
REVIEW FEE \$1,000***

WACKER

Wacker Polysilicon North America LLC
3301 Sutton Road
Adrian MI 49221-9397

JPMorgan Chase Bank, N.A.
Syracuse, NY

00117040

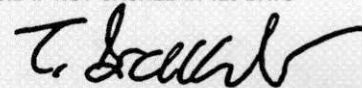
50-937/213

*** ONE THOUSAND USD***

CHECK NO 3470004554
DATE 06/02/2016
AMOUNT: USD
\$*****1,000.00*

Tennessee Department of Environment
Conservation
Divison of Fiscal Services
Cibsikudated Fee Sectoion APC
312 Rosa L Parks Ave 10th Floor
Nashville TN 37243

VOID IF NOT CASHED IN 120 DAYS



MP
AUTHORIZED SIGNATURE

Wacker Polysilicon North America LLC

CHECK # 3470004554

VENDOR NO. 25061917

DOCUMENT #	INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
20065194	TN0081311 RENEWA R	05/26/2016	1,000.00	0.00	1,000.00
CHECK TOTAL			1,000.00	0.00	1,000.00

SECTION V - ITEM I. – SCHEMATIC OF WATER FLOW/DRAWING SHEETS

Under this Section, the following drawing sheets are listed:

Schematic of Water Flow

Site Map/Drainage Area Plan Figure 1

Site Map/Drainage Area Plan Figure 2

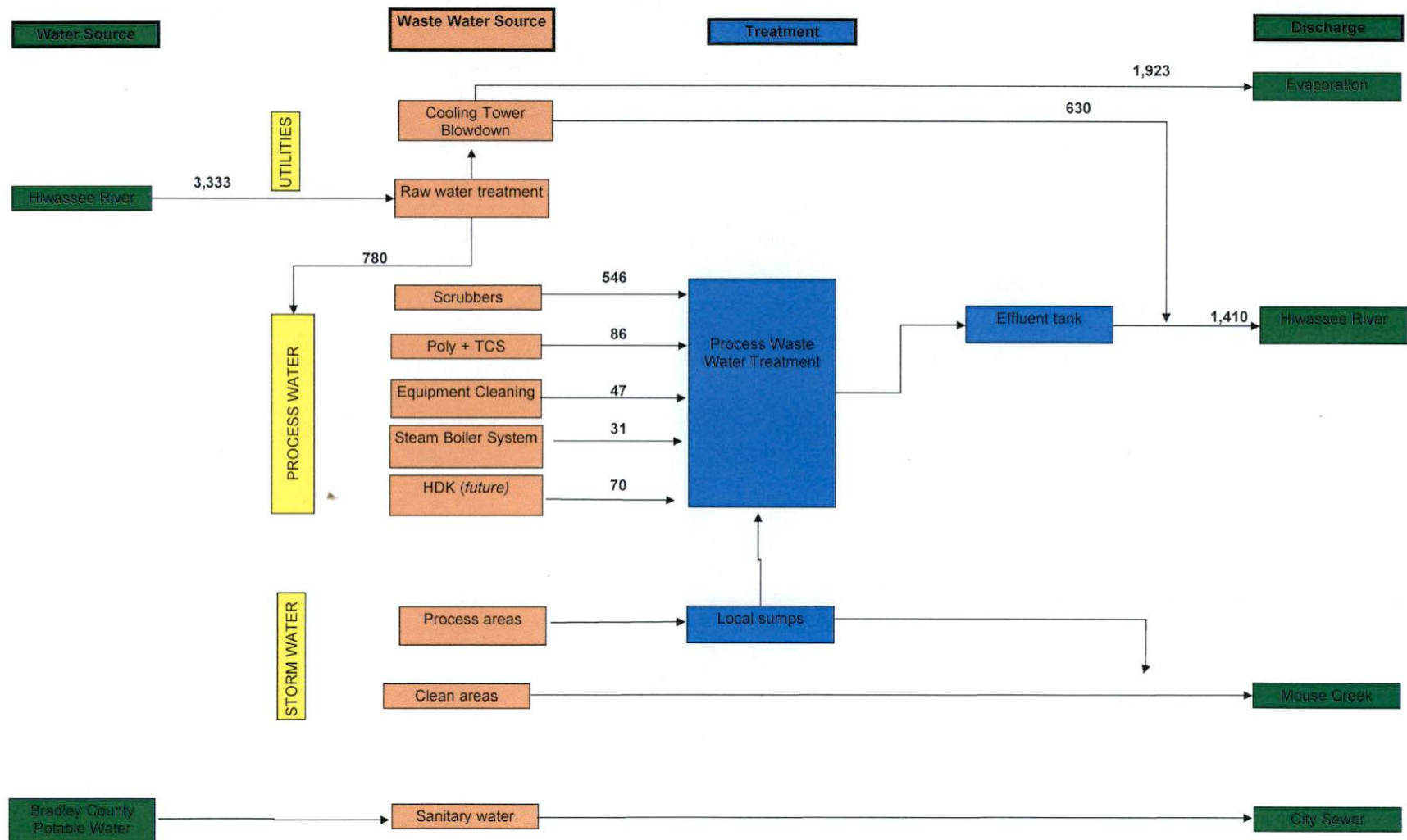
Drainage Area 1, Detention Pond #1, Details

Drainage Area 2, Detention Pond #2, Details

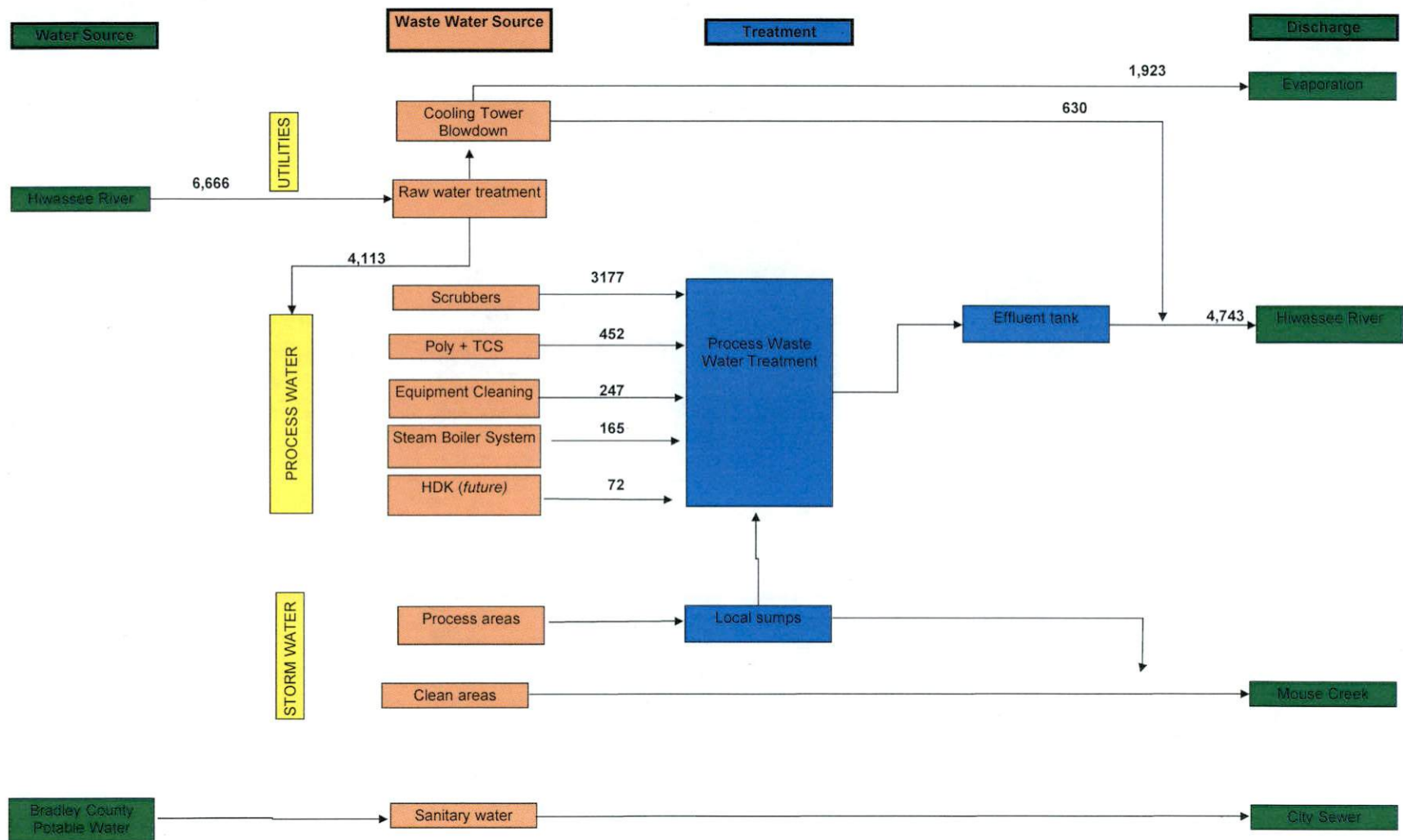
Drainage Area 3, Detention Pond #3, Details

Drainage Area 4, Detention Pond #4, Details

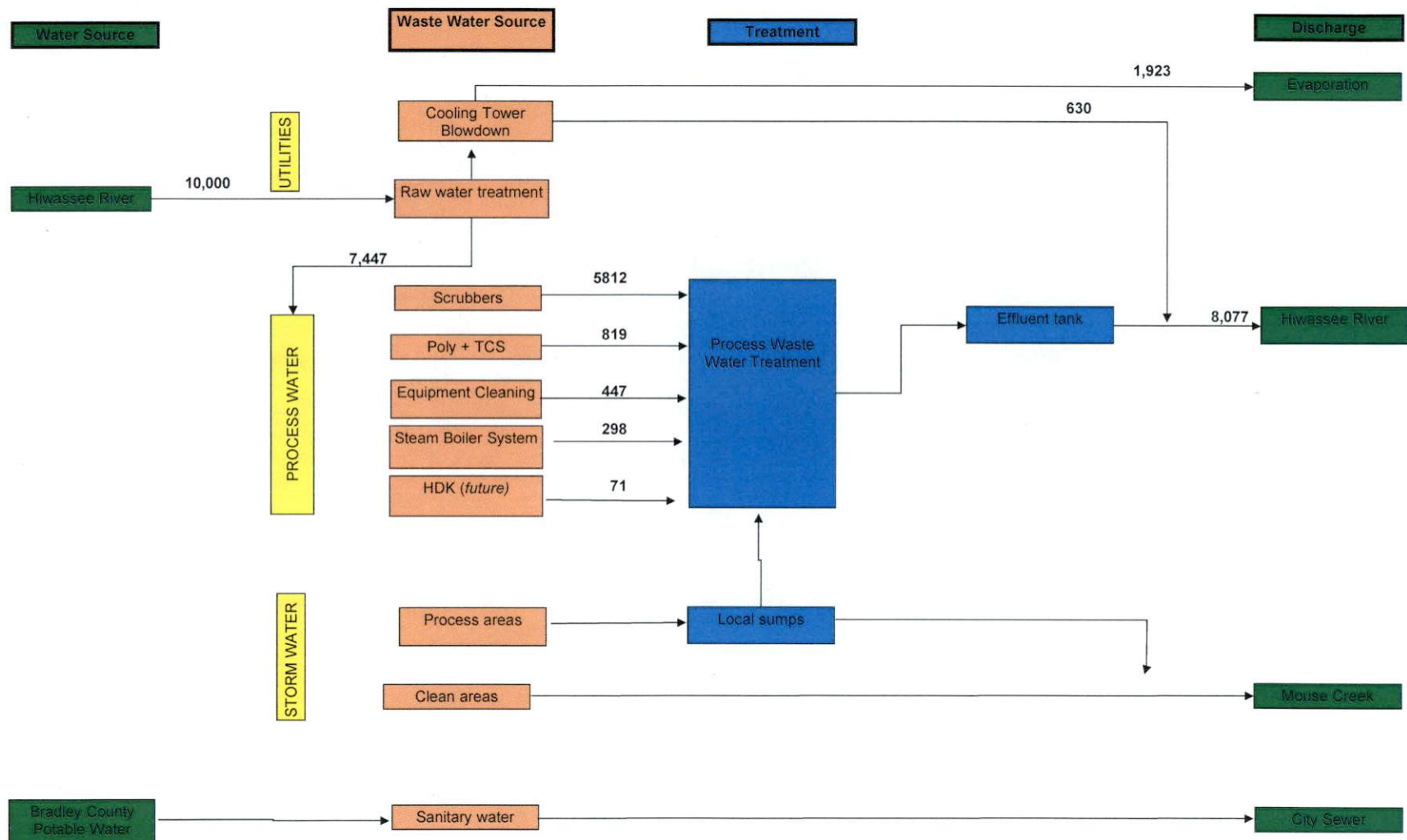
Offsite Drainage Bypass Plan



Notes: 1) All values are estimated in gallons/minute
 2) Polysilicon Production capacity = 25 kilotonnes/year
 3) HDK Production capacity = 13 kilotonnes/year
 4) Volume is estimated at maximum intake system capacity to demonstrate balance of water handling across site
 June 2016 Version



Notes: 1) All values are estimated in gallons/minute
 2) Polysilicon Production capacity = 50 kilotonnes/year
 3) HDK Production capacity = 13 kilotonnes/year
 4) Volume is estimated at maximum intake system capacity to demonstrate balance of water handling across site
 June 2016 Version



Notes: 1) All values are estimated in gallons/minute
 2) Polysilicon Production capacity = 80 kilotonnes/year
 3) HDK Production capacity - 13 kilotonnes/year
 4) Volume is estimated at maximum intake system capacity to demonstrate balance of water handling across site
 June 2016 Version

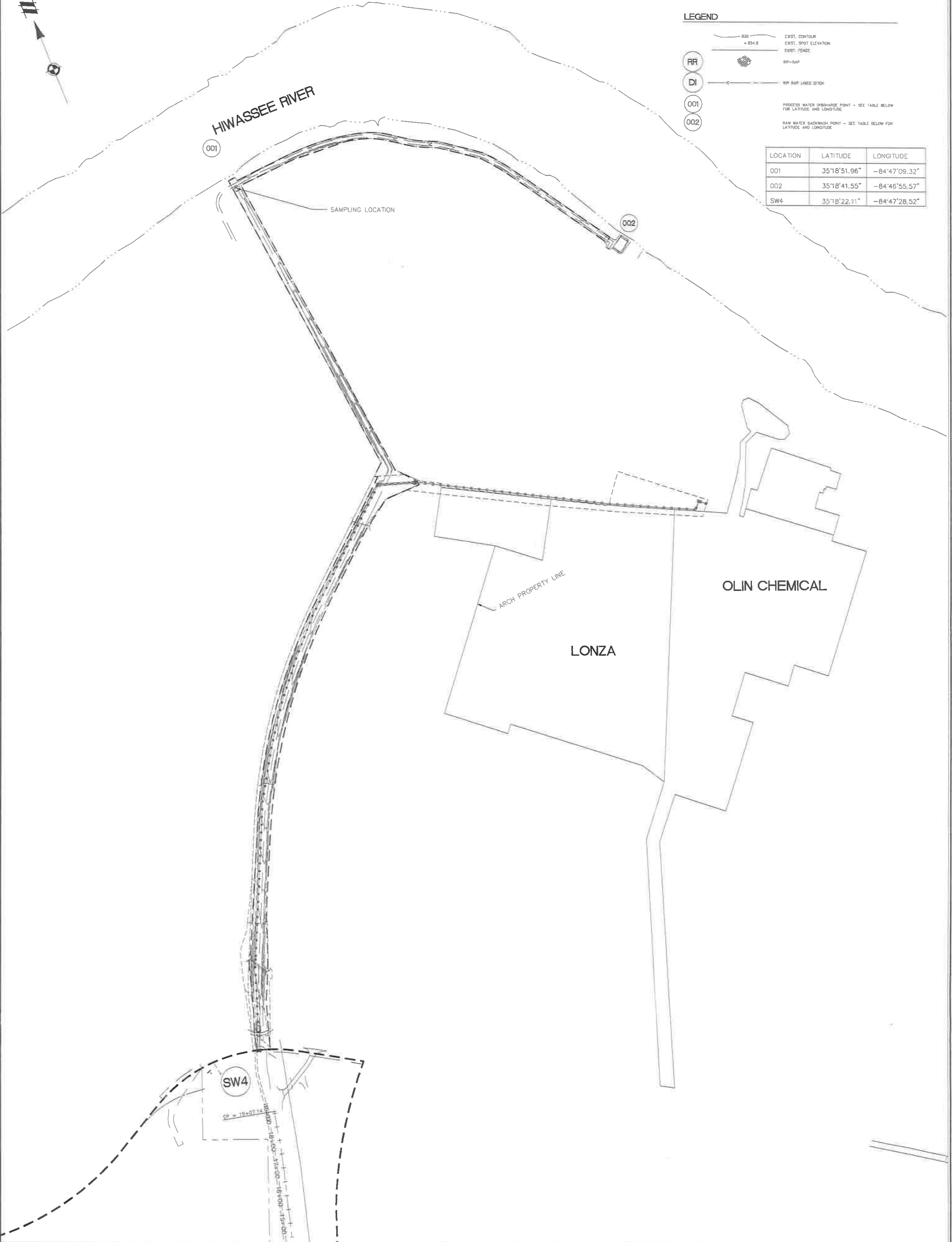




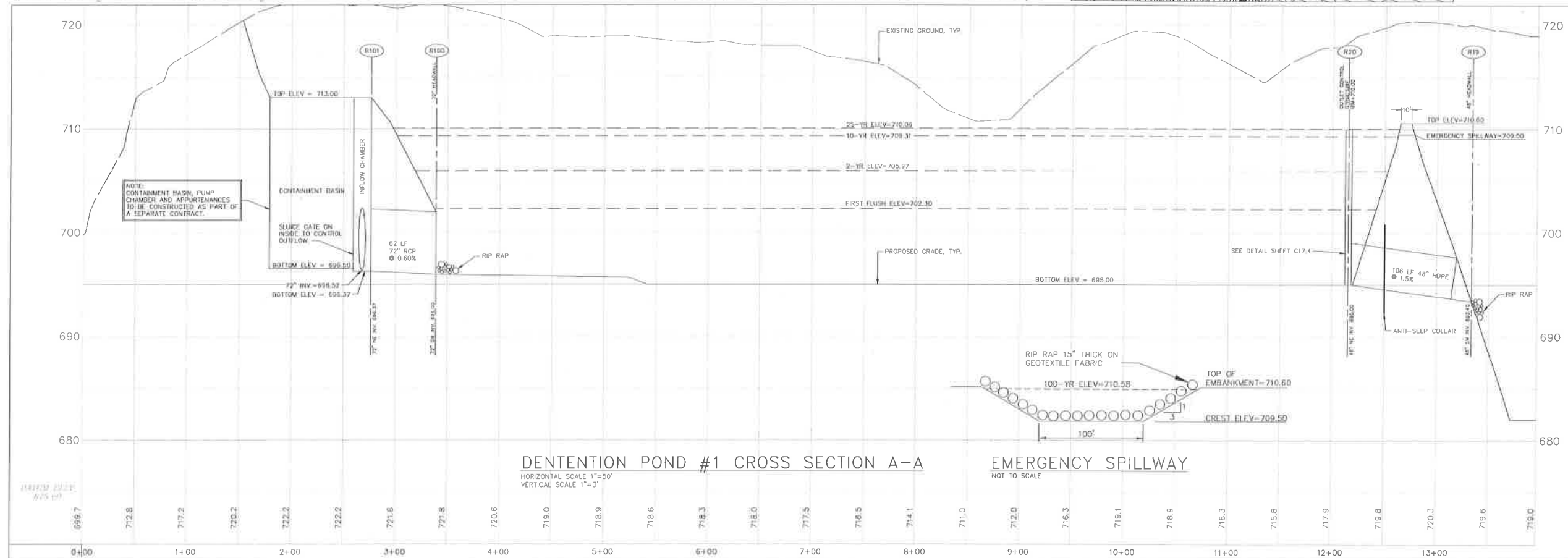
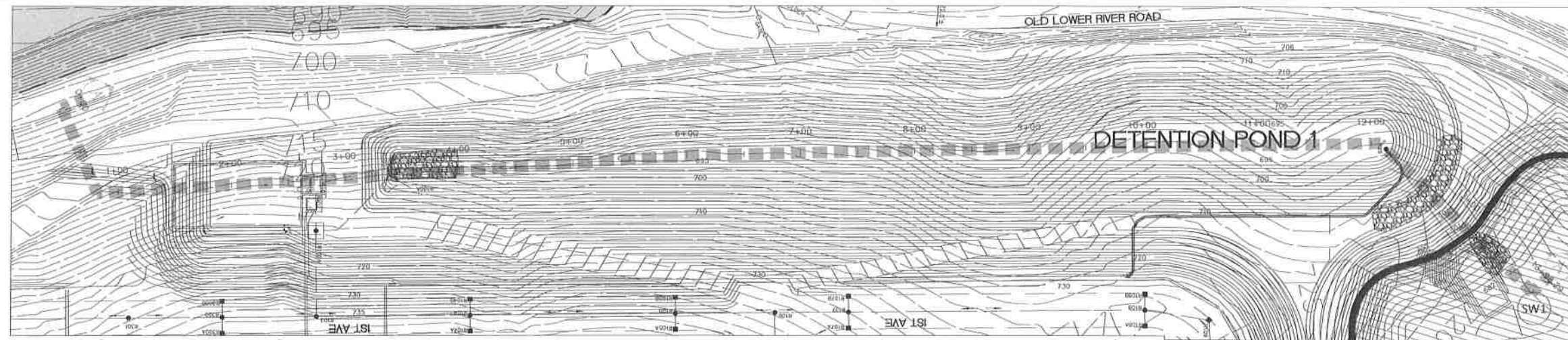
LEGEND

- 830 EXIST. CONTOUR
- 854.6 EXIST. SPOT ELEVATION
- EXIST. FENCE
- RP-RAP
- RP RAP LINED DITCH
- PROCESS WATER DISCHARGE POINT - SEE TABLE BELOW FOR LATITUDE AND LONGITUDE
- RAW WATER BACKWASH POINT - SEE TABLE BELOW FOR LATITUDE AND LONGITUDE

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

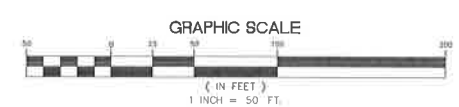
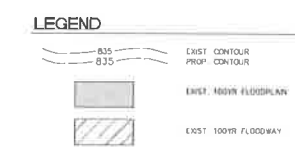


<p>SCALE 0 25 50 100 150 1" = 150 FEET</p> <p>DATE: JDM / JCH P.L.M. M. KENDALL</p> <p>CADD FILE: JDM 080003486</p> <p>SHEET NO. 2</p>	<p>REVISIONS</p>	<p>CLIENT WACKER POLYSILICON NORTH AMERICA, LLC</p> <p>WACKER POLY 11 TENNESSEE STORM WATER POLLUTION PREVENTION PLANS</p> <p>INDUSTRIAL STORM WATER POLLUTION PREVENTION PLAN FIG. 2</p>	<p>DATE: JUNE 25, 2014</p> <p>CHARLESTON</p> <p>BRADLEY COUNTY, TENNESSEE</p>
----------------------------------------------------------------------------------------------------------------------------------------------------	------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------



DRAINAGE AREA 1

TOTAL ACREAGE = 145.56
 DISTURBED AREA = 5.00
 STABILIZED AREA = 140.56



REV	DATE	BY	DESCRIPTION	DATE	NAME	COMPANY
0			ASBUILT STORM SEWER SYSTEM	07/31/2015	ATG	ATWELL
1	07/20/2015	JDM	Wacker Polysilicon North America, LLC Site Charleston Tennessee			

Scale: 1" = 50'

Tolerances: ISO 9015

Document Type: RECORD DRAWINGS CONTRACT 1B

Replaces:

Replaced by:

Drawing No.: C17.0

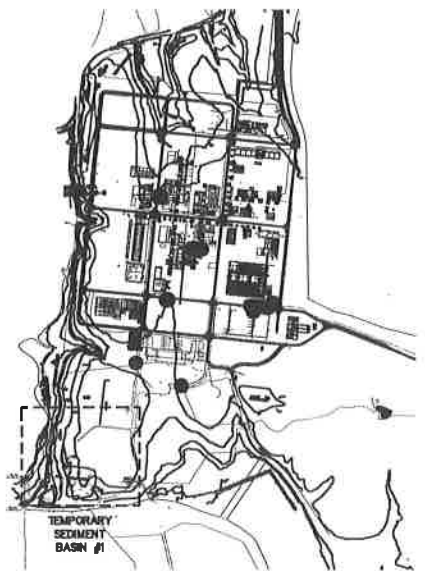
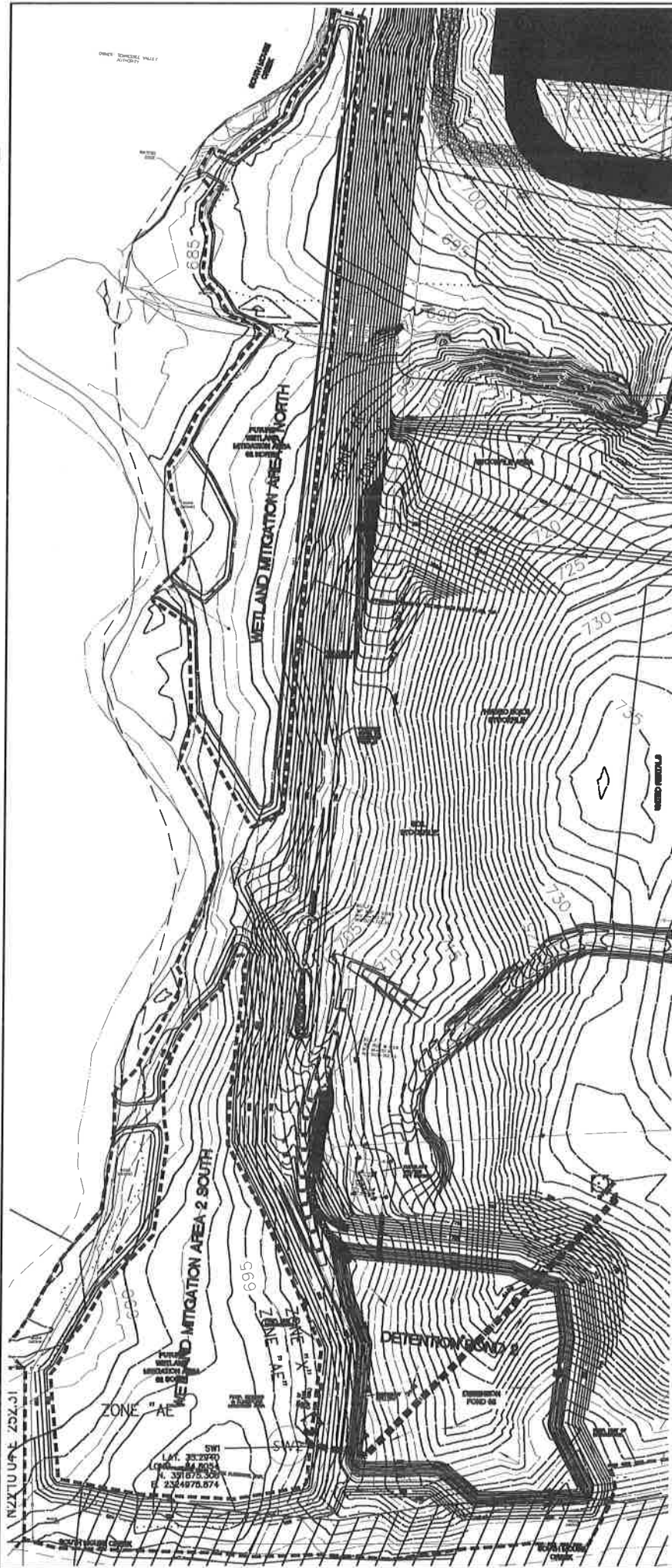
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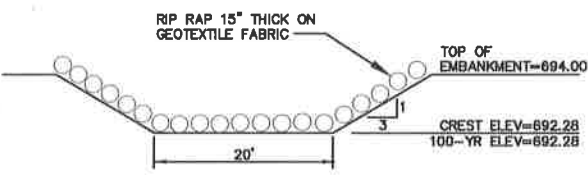
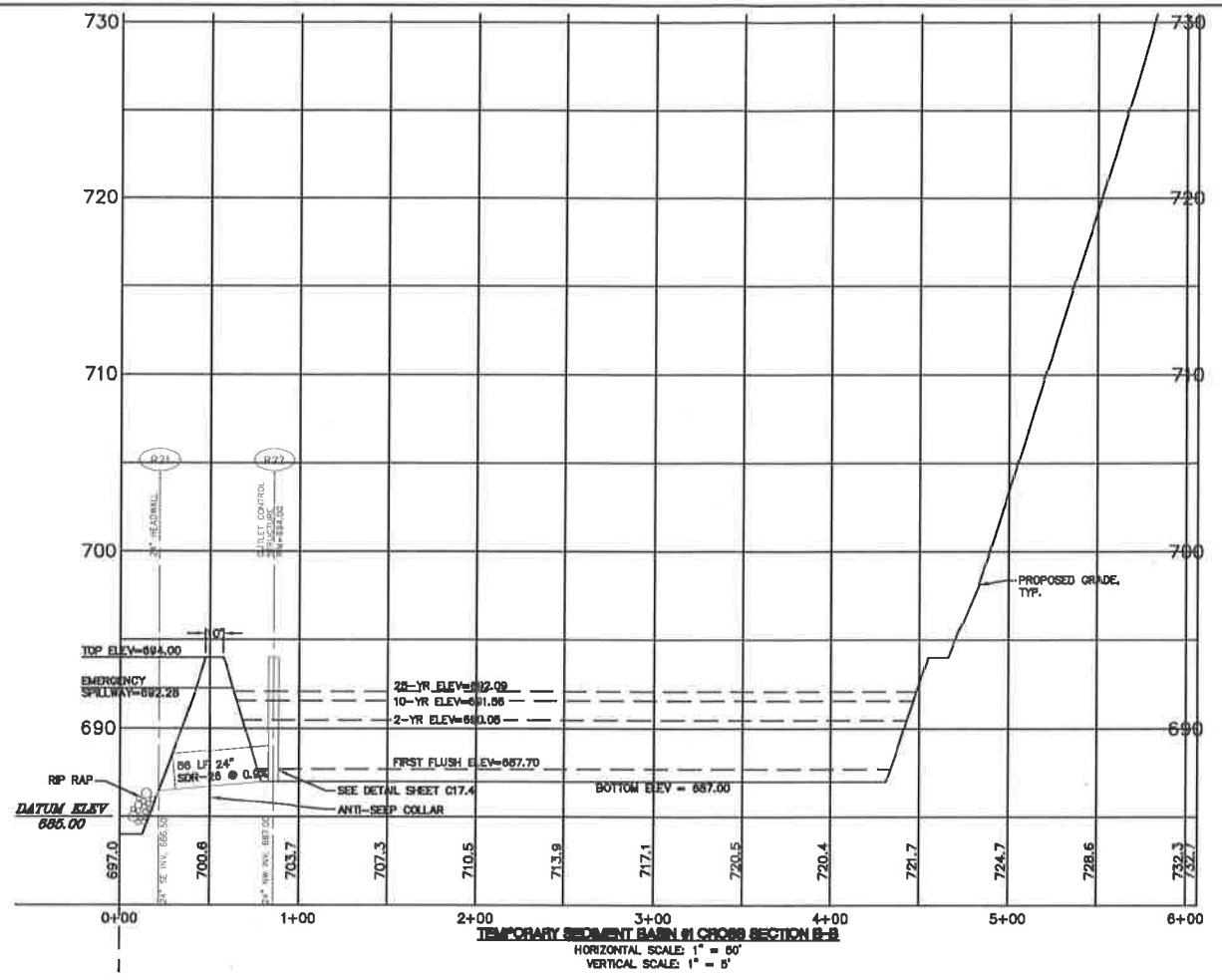
THE LOCATIONS OF EXISTING UNDERGROUND UTILITIES ARE SHOWN IN AN APPROXIMATE WAY ONLY AND HAVE NOT BEEN INDEPENDENTLY VERIFIED BY THE OWNER OR ITS REPRESENTATIVE. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION OF ALL EXISTING UTILITIES BEFORE COMMENCING WORK, AND AGREES TO BE FULLY RESPONSIBLE FOR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

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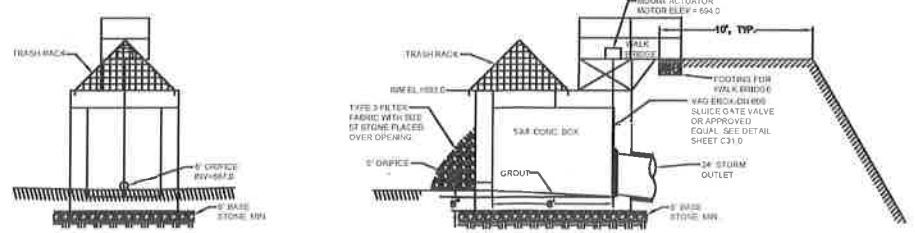
LOCATION MAP
SCALE: 1" = 100'



EMERGENCY SPILLWAY
NOT TO SCALE

DRAINAGE AREA 2

TOTAL ACREAGE = 33.21
DISTURBED AREA = 2.5
STABILIZED AREA = 30.71



DETENTION POND #2 OUTLET STRUCTURE
NOT TO SCALE

- SOIL EROSION**
- DSF** TEMPORARY DOUBLE ROW S&T FENCE WITH WRC BACKING; 3 FT. SEPARATION (CC-S1R-3C)
 - SF** TEMPORARY S&T FENCE WITH WRC BACKING (CC-S1R-3C)
 - BF** INTERM S&T FENCE (CC-S1R-3B)
NOTE: INTERM S&T FENCE TO BE INSTALLED AT THE TOP OF FILL PLACEMENT; INTERM S&T FENCE TO BE RELOCATED AS NECESSARY AS FILL PLACEMENT PROCEEDS.
 - TP** TEMPORARY TREE PROTECTION FENCE
 - ST** TEMPORARY SEDIMENT TRAP WITH ROCK STABILIZED OUTLET
 - CE** TEMPORARY CONSTRUCTION EXIT
 - RR** RIP-RAP
 - DI** TEMPORARY DIVERSION DITCH
 - PAM** TEMPORARY SEDIMENT TREATMENT BATH
 - FR** STONE FILTER RING (OR CORE LOOS AS APPROVED BY 100C)
 - BF** RIPARIAN BUFFER
 - DW** TEMPORARY DOWNSLOPE TRAP
 - CS** TEMPORARY CHECK DAM (OR EROSION EEL AS APPROVED BY 100C)
 - CS** TEMPORARY SEDIMENT BASIN OUTLET CONTROL STRUCTURE

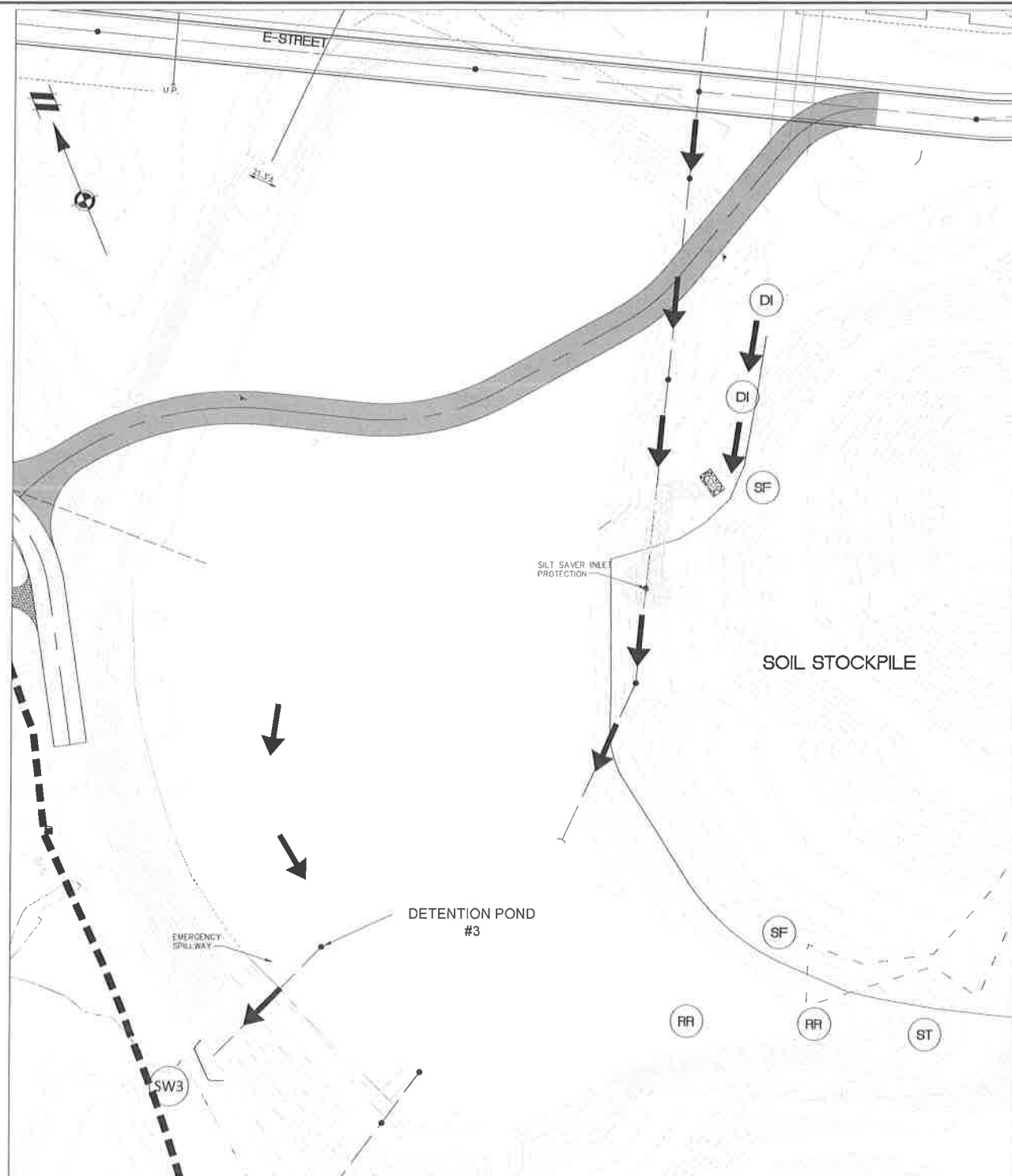
CHARLESTON
BRADLEY COUNTY, TENNESSEE

CLIENT
WACKER POLYSILICON NORTH AMERICA, LLC
WACKER POLY 11 TENNESSEE
STORM WATER POLLUTION
PREVENTION PLANS

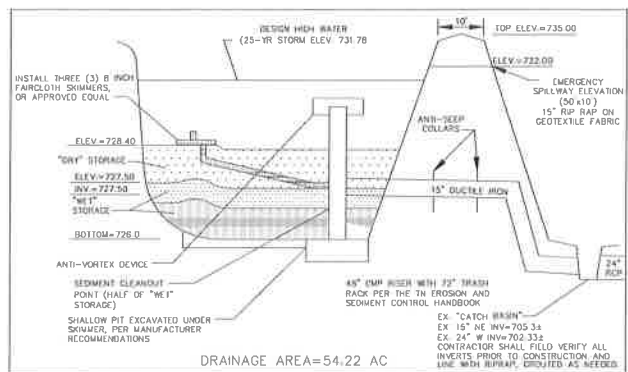
DATE JUNE 06, 2014

REVISIONS

SCALE 0 50 100
1" = 100 FEET
DR. JMK | CH. MCJ
P.M. M. KENDALL
CAD FILE:
08003466P02-02.dwg
JOB 08003466
SHEET NO.
2

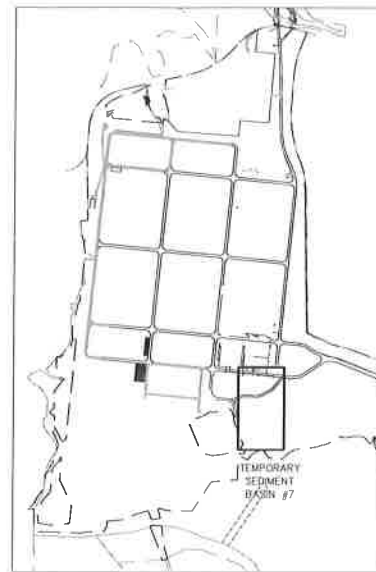


DETENTION POND #3
SCALE: 1" = 50'



DETENTION POND #3 CROSS SECTION DETAIL
NTS

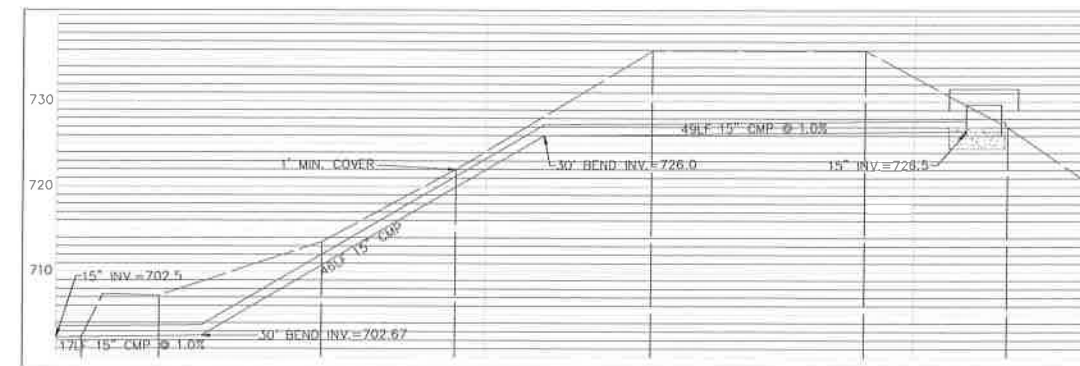
NOTE:
THE 25-YR, 24 HOUR STORM WAS USED AS A BASIS FOR THE DESIGN OF THE SEDIMENT POND.



LOCATION MAP
SCALE: 1" = 1,000'

DRAINAGE AREA 3

TOTAL ACREAGE = 55.41
DISTURBED AREA = 2.0
STABILIZED AREA = 53.41

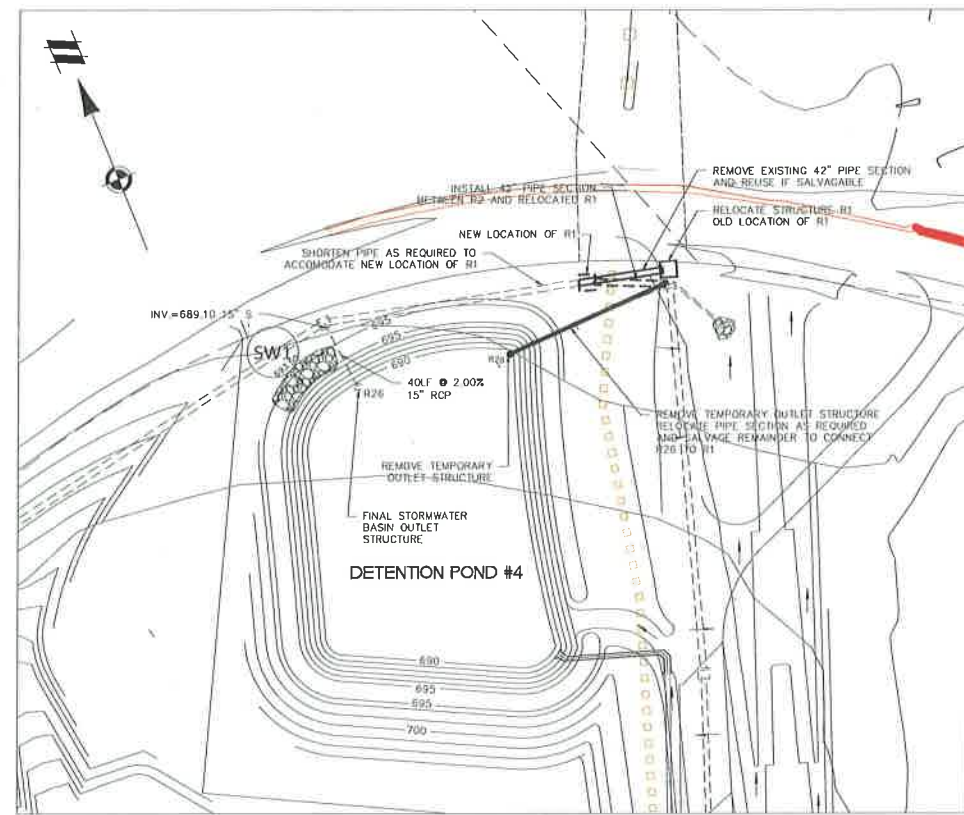


DETENTION POND #3
1"=10'

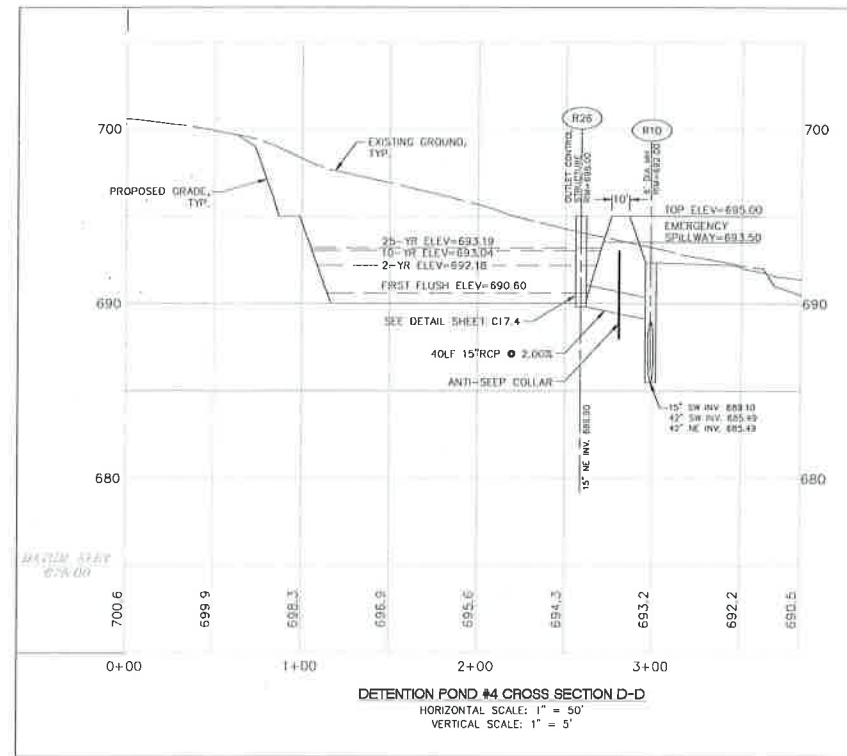
SOIL EROSION

- DSF ——— TEMPORARY DOUBLE ROW SALT FENCE WITH WIRE BACKING, 3FT. SEPARATION (EC-S19-3C)
- SF ——— TEMPORARY SALT FENCE WITH WIRE BACKING (EC-S19-3C)
- ISF ——— INTERM SALT FENCE (EC-S19-3B)
NOTE: INTERM SALT FENCE TO BE INSTALLED AT THE TOE OF FILL PLACEMENT. INTERM SALT FENCE TO BE RELOCATED AS NECESSARY AS FILL PLACEMENT PROCEEDS
- TP ——— TEMPORARY TREE PROTECTION FENCE
- ST ——— TEMPORARY SEDIMENT TRAP WITH ROCK STABILIZED OUTLET
- CE [hatched] TEMPORARY CONSTRUCTION EXIT
- RR [stone] RIP-RAP
- DI [dashed line] TEMPORARY DIMENSION DITCH
- PAM [dashed line] TEMPORARY STORMWATER TREATMENT BISH
- FR [stone] STONE FILTER RING (OR CORE LOGS AS APPROVED BY TDEC)
- BF [stone] RIPRAP BUFFER
- DW [stone] TEMPORARY SEWERAGE BISH
- [stone] TEMPORARY BIFFLE
- [stone] TEMPORARY CHECK DAM (OR EROSION EEL AS APPROVED BY TDEC)
- [stone] TEMPORARY SEDIMENT BASK (OUTLET CONTROL STRUCTURE)

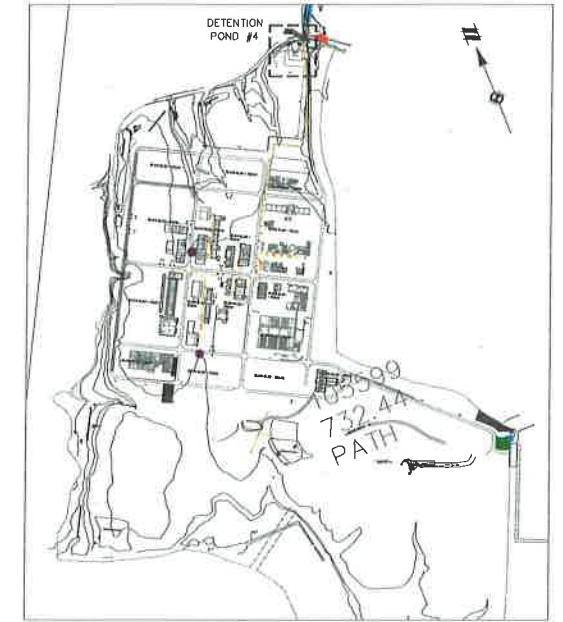
CLIENT	WACKER POLYSILICON NORTH AMERICA, LLC
PROJECT	WACKER POLY 11 TENNESSEE STORM WATER POLLUTION PREVENTION PLANS
LOCATION	CHARLESTON, BRADLEY COUNTY, TENNESSEE
DATE	MAY 16, 2014
REVISIONS	
SCALE	0 25 50 1" = 50 FEET
DR.	JMK CH: MCJ
P.M.	M. KENDALL
CAD FILE	08003466P005-04.dwg
JOB	08003466
SHEET NO.	4



DETENTION POND #4
SCALE: 1" = 1000'



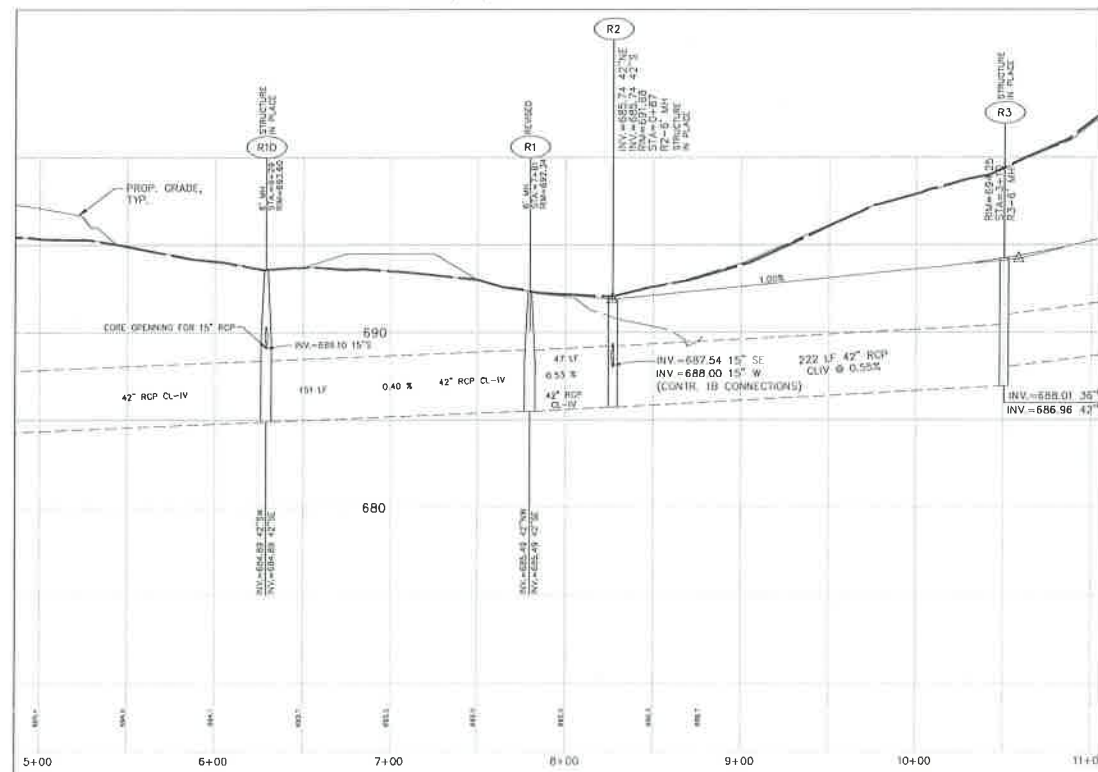
DETENTION POND #4 CROSS SECTION D-D
HORIZONTAL SCALE: 1" = 50'
VERTICAL SCALE: 1" = 5'



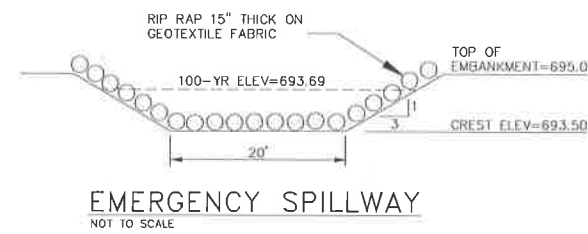
DRAINAGE AREA MAP
SCALE: 1" = 1000'

LEGEND

- 835
835 EXIST. CONTOUR
 PROG. CONTOUR
- EXIST. 100YR FLOODPLAIN
- EXIST. 100YR FLOODWAY



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



EMERGENCY SPILLWAY
NOT TO SCALE

DRAINAGE AREA #4

TOTAL ACREAGE = 9.52
DISTURBED AREA = 0.5
STABILIZED AREA = 9.02



REV 11.0

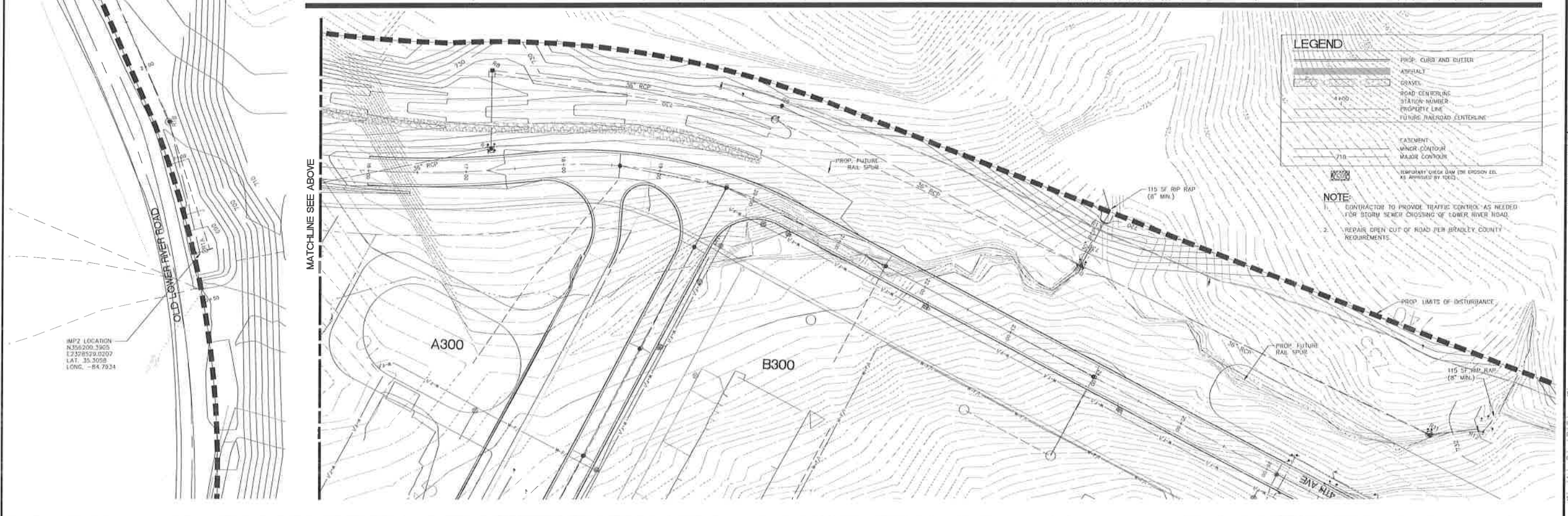
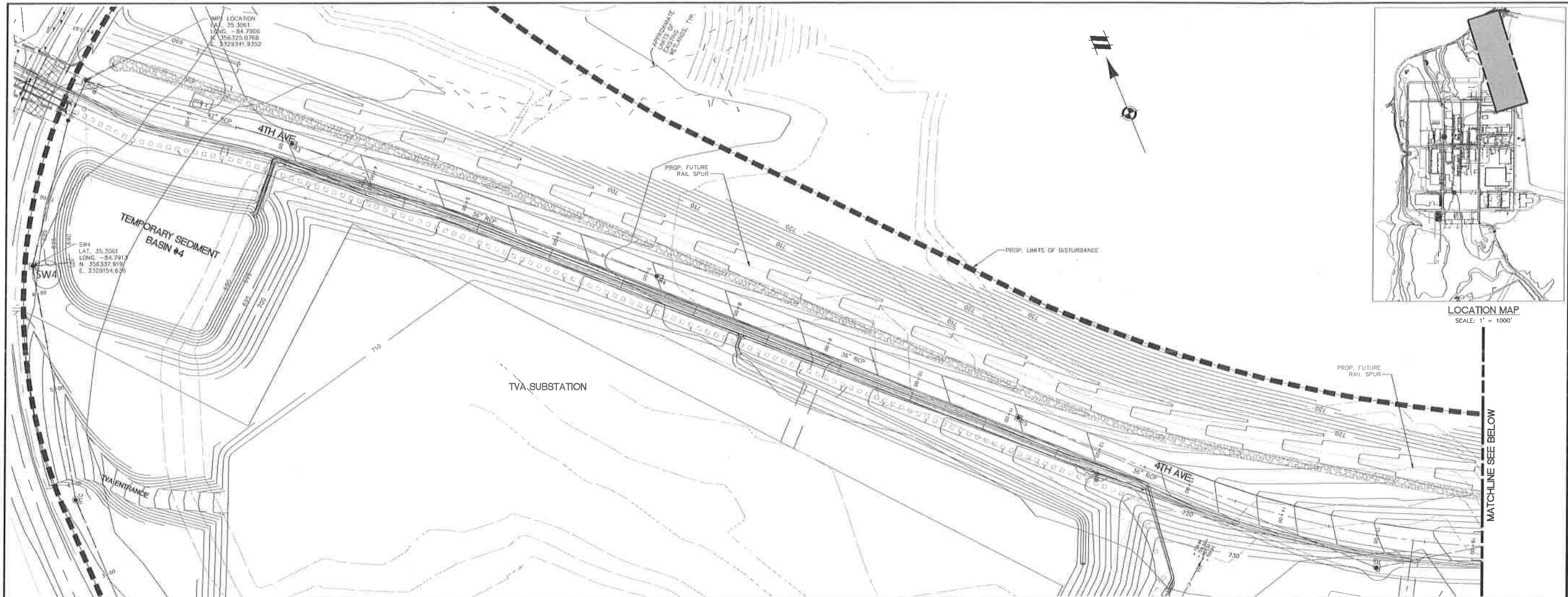


Know what's below.
Call before you dig.

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REV#	Date	Name	Alteration	Date	ATG Name	ATWELL Company
REV# 0			ASBULT STORM SEWER SYSTEM	07/31/2015	ATG	ATWELL
Index						
Drawn	07/20/2015	JDM	Wocker Polysilicon North America, LLC Site Charleston Tennessee			
Checked						
Norm tested						
Approved						
Scale	1"=50'					
Tolerances	ISO 8015					
Document-Title	DRAINAGE AREA 4 DETENTION POND #4 DETAILS					
Replaces	RECORD DRAWINGS CONTRACT 1B					
Replaced by						
Drawing-No:	C17.3					
CAD-No:	00003400GP-17-PND.dwg					



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

CHARLESTON
BRADLEY COUNTY, TENNESSEE