

Hurricane Creek Mining, LLC.

**SMCRA Permit No. 3341
NPDES Permit No. TN007016
Claiborne County, TN**

Mine No. 2

CN-1090 Permit Contact Information

NPDES Form 1

NPDES Fork 2D

Attachment 1: Outfall Locations

Attachment 2: Line Drawing

Attachment 3: Request for Waiver

Attachment 4: Location Map

Attachment 5: NPDES Map

Attachment 6: ARAP Map

Attachment 7: USACE Permit Transfer

Rev: 07/12/2023

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

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

PERMIT CONTACT INFORMATION

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

PERMIT NUMBER: _____ DATE: _____

PERMITTED FACILITY: _____ COUNTY: _____

OFFICIAL PERMIT CONTACT:

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

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

PERMIT BILLING ADDRESS (where invoices should be sent):

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

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


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

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

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

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

EPA Identification Number New Facility	NPDES Permit Number TN0070716	Facility Name Mine No. 2	Form Approved 03/05/19 OMB No. 2040-0004
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Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION
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SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))

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

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

Name, Mailing Address, and Location	2.1	Facility Name		
		Hurricane Creek Mining, LLC. (Mine #2)		
	2.2	EPA Identification Number		
		New Facility		
	2.3	Facility Contact		
		Name (first and last) Johnny Asher	Title Authorized Managing Member	Phone number (423) 736 - 7667
		Email address asherfarms@gmail.com		
2.4	Facility Mailing Address			
	Street or P.O. Box 3380 Cedar Fork Rd.			
	City or town Tazewell	State TN	ZIP code 38789	

EPA Identification Number New Facility	NPDES Permit Number TN0070716	Facility Name Mine No. 2	Form Approved 03/05/19 OMB No. 2040-0004
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Name, Mailing Address, and Location Continued	2.5	Facility Location	
	Street, route number, or other specific identifier 5 Miles Southeast from TN 90 jct. with Valley Creek Road		
	County name Claiborne	County code (if known)	
	City or town Clairfield	State TN	ZIP code 37715

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

SIC and NAICS Codes	3.1	SIC Code(s)	Description (optional)
		1221	Surface Coal Mining
	3.2	NAICS Code(s)	Description (optional)

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

Operator Information	4.1	Name of Operator	
	Hurricane Creek Mining, LLC.		
	4.2	Is the name you listed in Item 4.1 also the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	4.3	Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____	
4.4	Phone Number of Operator		
(423) 736 - 7667			

Operator Information Continued	4.5	Operator Address	
	Street or P.O. Box 3380 Cedar Fork Rd.		
	City or town Tazewell	State TN	ZIP code 38789
Email address of operator asherfarms@gmail.com			

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

Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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EPA Identification Number New Facility	NPDES Permit Number TN0070716	Facility Name Mine No. 2
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Form Approved 03/05/19
OMB No. 2040-0004

SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)				
	<input checked="" type="checkbox"/>	NPDES (discharges to surface water)	<input type="checkbox"/>	RCRA (hazardous wastes)	<input type="checkbox"/>	UIC (underground injection of fluids)
	<input type="checkbox"/>	PSD (air emissions)	<input type="checkbox"/>	Nonattainment program (CAA)	<input type="checkbox"/>	NESHAPs (CAA)
<input type="checkbox"/>	Ocean dumping (MPRSA)	<input checked="" type="checkbox"/>	Dredge or fill (CWA Section 404) USACE: LRN-2009-00479	<input type="checkbox"/>	Other (specify)	

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

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)
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SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business. Apply for new NPDES permit coverage for Hurricane Creek Mining; previously permitted by Double Mountain Mining covered under TN0069281. Surface and Auger Coal Mining and Reclamation Operation will consist of re-mining of the Sterling, Strays, and Poplar Lick Coal Seams.
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SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))


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

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

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) <input checked="" type="checkbox"/> Not applicable
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SECTION 11: CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (c))

Checklist and Certification Statement	11.1	<p>In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Column 1</th> <th style="width: 50%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 3: SIC Codes</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 4: Operator Information</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 5: Indian Land</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 6: Existing Environmental Permits</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 7: Map</td> <td><input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 8: Nature of Business</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 10: Variance Requests</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table>	Column 1	Column 2	<input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 3: SIC Codes	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 4: Operator Information	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 5: Indian Land	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> Section 8: Nature of Business	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 10: Variance Requests	<input type="checkbox"/> w/ attachments	<input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
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11.2	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (print or type first and last name) Johnny Asher</td> <td style="width: 50%;">Official title Managing Member</td> </tr> <tr> <td>Signature </td> <td>Date signed Feb 22 2023</td> </tr> </table>	Name (print or type first and last name) Johnny Asher	Official title Managing Member	Signature 	Date signed Feb 22 2023																					
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Form 2D NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS THAT HAVE NOT YET COMMENCED DISCHARGE OF PROCESS WASTEWATER
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SECTION 1. EXPECTED OUTFALL LOCATION (40 CFR 122.21(k)(1))

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

SECTION 2. EXPECTED DISCHARGE DATE (40 CFR 122.21(k)(2))

Expected Discharge Date	2.1	Month	Day	Year

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

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets as necessary.			
		Outfall Number _____			
		Operations Contributing to Flow			
		Operation	Average Flow		
			mgd		
			mgd		
			mgd		
			mgd		
			mgd		
		Treatment Units			
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	

3.1
Cont.

Average Flows and Treatment Continued

****Outfall Number**** _____

Operations Contributing to Flow

Operation	Average Flow
	mgd
	mgd
	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

****Outfall Number**** _____

Operations Contributing to Flow

Operation	Average Flow
	mgd
	mgd
	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

SECTION 4. LINE DRAWING (40 CFR 122.21(k)(3)(ii))

Line Drawing	4.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2D-2 at end of instructions for example.)
		<input type="checkbox"/> Yes See Attachment 2 <input type="checkbox"/> No

SECTION 5. INTERMITTENT OR SEASONAL FLOWS (40 CFR 122.21(k)(3)(iii))

Intermittent or Seasonal Flows	5.1	Except for stormwater runoff, leaks, or spills, are any expected discharges described in Sections 1 and 3 intermittent or seasonal?						
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.						
	5.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operations (list)	Frequency		Rate and Volume		Duration
				Average Days/Week	Average Months/Year	Maximum Daily Discharge	Maximum Total Volume	
				days/week	months/year	mgd	gallons	days
				days/week	months/year	mgd	gallons	days
				days/week	months/year	mgd	gallons	days
		Outfall Number	Operations (list)	Frequency		Rate and Volume		Duration
				Average Days/Week	Average Months/Year	Maximum Daily Discharge	Maximum Total Volume	
				days/week	months/year	mgd	gallons	days
				days/week	months/year	mgd	gallons	days
			days/week	months/year	mgd	gallons	days	
	Outfall Number	Operations (list)	Frequency		Rate and Volume		Duration	
			Average Days/Week	Average Months/Year	Maximum Daily Discharge	Maximum Total Volume		
			days/week	months/year	mgd	gallons	days	
			days/week	months/year	mgd	gallons	days	
			days/week	months/year	mgd	gallons	days	

SECTION 6. PRODUCTION (40 CFR 122.21(k)(4))

Production	6.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under CWA Section 304 apply to your facility?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7.		
	6.2	Provide the following information on applicable ELGs.		
		ELG Category	ELG Subcategory	Regulatory Citation

Production Continued	6.3	Are the limitations in the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7.				
	6.4	Provide an expected measure of average daily production expressed in terms and units of applicable ELGs.				
		Expected Actual Average Daily Production for First Three Years				
		Outfall Number	Year	Operation, Product, or Material	Quantity per Day <small>(note basis if applicable)</small>	Unit of Measure
			Year 1			
			Year 2			
			Year 3			
			Year 1			
			Year 2			
			Year 3			
		Year 1				
	Year 2					
	Year 3					

SECTION 7. EFFLUENT CHARACTERISTICS (40 CFR 122.21(k)(5))

Effluent Characteristics	See the instructions to determine the parameters and pollutants you are required to monitor and, in turn, the tables you must complete. Note that not all applicants need to complete each table.			
	Table A. Conventional and Non-Conventional Parameters			
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A parameters for any of your outfalls? <input type="checkbox"/> Yes See Attachment 3 <input type="checkbox"/> No → SKIP to Item 7.3.		
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application. Outfall number _____ Outfall number _____ Outfall number _____		
	7.3	Have you have provided estimates or actual data for all Table A parameters for each of your outfalls for which a waiver has not been requested and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all parameters at all outfalls.		
	Table B. Certain Conventional and Non-Conventional Pollutants			
	7.4	Have you checked "Believed Present" for all pollutants listed in Table B that are limited directly or indirectly by an applicable ELG? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	7.5	Have you checked "Believed Present" or "Believed Absent" for all remaining pollutants listed in Table B? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	7.6	Have you provided estimated data for those Table B pollutants for which you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Table C. Toxic Metals, Total Cyanide, and Total Phenols		
7.7	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.8	Have you completed Table C by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Table D. Organic Toxic Pollutants (GC/MS Fractions)		
7.9	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table D, then SKIP to Item 7.12. <input type="checkbox"/> No	
7.10	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table D for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.11	Have you completed Table D by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)		
7.12	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the Instructions, or do you know or have reason to believe that TCDD is or may be present in effluent from any of your outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Table E. Certain Hazardous Substances and Asbestos		
7.13	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table E for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.14	Have you completed Table E by reporting the reason the pollutants are expected to be present and available quantitative data for pollutants you indicated are "Believed Present" for each applicable outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Intake Credits, Tables A through E		
7.15	Are you applying for net credits for the presence of any of the pollutants on Tables A through E for any of your outfalls? <input type="checkbox"/> Yes → Consult with your NPDES permitting authority. <input type="checkbox"/> No	
SECTION 8. ENGINEERING REPORT (40 CFR 122.21(k)(6))		
Engineering Report	8.1	Do you have any technical evaluations of your wastewater treatment, including engineering reports or pilot plant studies? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 8.3.
	8.2	Have you provided the technical evaluation and all related documents to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8.3	Are you aware of any existing plant(s) that resemble production processes, wastewater constituents, or wastewater treatment at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.


Engineering Report Continued	8.4	Provide the name and location of the similar plants.	
		Name of Similar Plants	Location of Similar Plants

SECTION 9. OTHER INFORMATION (40 CFR 122.21(k)(7))

Other Information	9.1	Have you attached any optional information that you would like considered as part of the application review process (i.e., material beyond that which you have already noted in the application as being attached)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.
	9.2	List the additional items and briefly note why you have included them.
		1.
		2.
		3.
		4.
	5.	

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

Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2D that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or tables, or provide attachments.	
		Column 1	Column 2
		<input type="checkbox"/> Section 1: Expected Outfall Location	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input type="checkbox"/> Section 2: Expected Discharge Date	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 4: Line Drawing	<input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
		<input type="checkbox"/> Section 5: Intermittent or Seasonal Flows	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 6: Production	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 7: Effluent Characteristics	<input type="checkbox"/> w/ Table A waiver request or approval <input type="checkbox"/> Table A <input type="checkbox"/> Table B <input type="checkbox"/> Table C <input type="checkbox"/> Table D <input type="checkbox"/> Table E <input type="checkbox"/> w/ other attachments
		<input type="checkbox"/> Section 8: Engineering Report	<input type="checkbox"/> w/ technical evaluations and related attachments
		<input type="checkbox"/> Section 9: Other Information	<input type="checkbox"/> w/ optional information
		<input type="checkbox"/> Section 10: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

EPA Identification Number New Facility		NPDES Permit Number TN0070716	Facility Name Mine No. 2	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	10.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
		Name (print or type first and last name) Johnny Asher	Official title Managing Member	
		Signature 	Date signed Feb. 22 2023	

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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETER ESTIMATES (40 CFR 122.21(k)(5)(i))¹

Pollutant	Waiver Requested (if applicable)	Units	Effluent Data			Intake Water	
			Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per parameter)	
<input type="checkbox"/> Check here if you have applied to your NPDES authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.							
1. Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Mass					
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Mass					
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Mass					
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Mass					
5. Ammonia (as N)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Mass					
6. Flow	<input type="checkbox"/>	Rate				<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Temperature	<input type="checkbox"/>	°C	°C			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/>	°C	°C				
8. pH	<input type="checkbox"/>	Standard units	s.u.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/>	Standard units	s.u.				

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

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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii))¹

Pollutant	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)				
	Believed Present	Believed Absent	Effluent			Intake Water	
			Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per item)
<input type="checkbox"/>	Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table B for the noted outfall <i>unless</i> you have quantitative data available.						
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2. Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3. Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4. Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
6. Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
8. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
11. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii))¹

Pollutant		Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)				
		Believed Present	Believed Absent	Effluent			Intake Water	
				Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)		Source of Information (use codes in instructions)
12.	Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
13.	Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
14.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
15.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
16.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
17.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
18.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
19.	Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
20.	Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
21.	Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
22.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii))¹

Pollutant	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)					
	Believed Present	Believed Absent	Effluent				Intake Water	
			Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per item)	
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
24. Radioactivity								
24.1 Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
24.2 Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
24.3. Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
24.4 Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					

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

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TABLE C. TOXIC METALS, TOTAL CYANIDE, AND TOTAL PHENOLS (40 CFR 122.21(k)(5)(iii)(A))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present in Discharge (Provide both concentration and mass estimates for each pollutant.)							
	Believed Present	Believed Absent	Effluent				Intake Water			
			Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (Use codes in Instructions.)	Believed Present? (Check only one response per pollutant.)			
<input type="checkbox"/>	Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table C for the noted outfall <i>unless</i> you have quantitative data available.									
1. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
2. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
3. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
4. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
5. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
6. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
7. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
8. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
9. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
10. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
11. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
12. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
13. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
14. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							
15. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Mass							

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

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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)							
	Believed Present	Believed Absent	Units	Effluent			Intake Water			
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)			
<input type="checkbox"/>	Check here if all pollutants listed in Table D are expected to be absent from your facility's discharge.									
<input type="checkbox"/>	Check here if the facility believes it is exempt from Table D reporting requirements because it is a qualified small business. See the instructions for exemption criteria and for a list of materials you must attach to the application.									
Note: If you check either of the above boxes, you do not need to complete Table D for the noted outfall <i>unless</i> you have quantitative data available.										
1. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)										
1.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						
1.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Mass						

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)		Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)					
		Believed Present	Believed Absent	Units	Effluent			Intake Water	
					Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
1.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.21	1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.22	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
1.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)					
	Believed Present	Believed Absent	Units	Effluent			Intake Water	
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
1.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
1.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
1.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
1.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)								
2.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)					
	Believed Present	Believed Absent	Units	Effluent			Intake Water	
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
2.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
2.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)								
3.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent			Intake Water
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)
3.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent			Intake Water
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)
3.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.30 1,2-diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.37 Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)					
	Believed Present	Believed Absent	Units	Effluent			Intake Water	
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
3.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
3.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
4. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)								
4.1. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
4.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
4.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
4.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
4.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					
4.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass					

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)		Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)					
		Believed Present	Believed Absent	Units	Effluent			Intake Water	
					Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)	
4.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.11	α -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.12	β -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.14	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					
4.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration					<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass					

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent			Intake Water
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)	Believed Present? (check only one response per pollutant)
4.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

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

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TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
<input type="checkbox"/>	Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table E for the noted outfall <i>unless</i> you have quantitative data available.			
1. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
2. Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
3. Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
4. Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
5. Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
6. Aniline	<input type="checkbox"/>	<input type="checkbox"/>		
7. Benzonitrile	<input type="checkbox"/>	<input type="checkbox"/>		
8. Benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
9. Butyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
10. Butylamine	<input type="checkbox"/>	<input type="checkbox"/>		
11. Captan	<input type="checkbox"/>	<input type="checkbox"/>		
12. Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>		
13. Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>		
14. Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>		
15. Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>		
16. Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>		
17. Cresol	<input type="checkbox"/>	<input type="checkbox"/>		
18. Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

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

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

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

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

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

EPA Identification Number	Facility Name	Outfall Number
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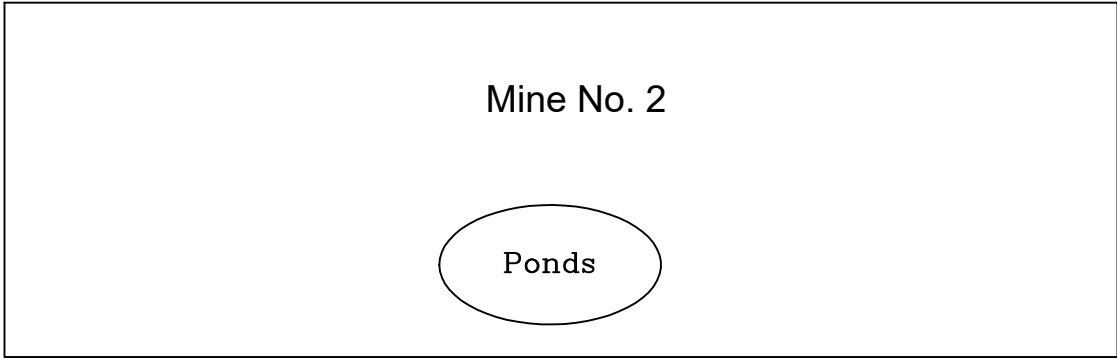
TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

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

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

**Attachment 1: Outfall Location
EPA Form 2D; Section 1****Hurricane Creek Mining, LLC.
SMCRA: 3341
NPDES: TN0070716**

Pond Name	NPDES ID	Latitude	Longitude	Receiving Water
SS-20	SS20	36.548071	83.820713	Unnamed Trib. of Tackett Creek
SS-21	SS21	36.543059	83.828918	Unnamed Trib. of Tackett Creek
SS-2	S02	36.536361	83.82925	Unnamed Trib. of Tackett Creek
SS-1	S01	36.533639	83.833167	Unnamed Trib. of Tackett Creek
Pond 1	B01	36.540028	83.845444	Unnamed Trib. of Valley Creek
Pond 2	B02	36.543972	83.844472	Unnamed Trib. of Valley Creek
Pond 3	B03	36.548639	83.849806	Unnamed Trib. of Valley Creek
Pond 4	B04	36.548917	83.847889	Unnamed Trib. of Hurricane Creek
Pond 5	B05	36.550028	83.846278	Unnamed Trib. of Hurricane Creek
Pond 6	B06	36.549861	83.841889	Unnamed Trib. of Hurricane Creek
Pond 7	B07	36.550333	83.840722	Unnamed Trib. of Hurricane Creek
Pond 8	B08	36.553194	83.837389	Unnamed Trib. of Hurricane Creek
Pond 9	B09	36.555889	83.837889	Unnamed Trib. of Hurricane Creek
Pond 10	B10	36.559694	83.839389	Unnamed Trib. of Hurricane Creek
Pond 11	B11	36.565028	83.841444	Unnamed Trib. of Hurricane Creek
Pond 12	B12	36.566444	83.841833	Unnamed Trib. of Hurricane Creek
Pond 13	B13	36.564806	83.841778	Unnamed Trib. of Hurricane Creek
Pond 14	B14	36.564667	83.849583	Unnamed Trib. of Hurricane Creek
Pond 15	B15	36.563667	83.849583	Unnamed Trib. of Hurricane Creek
Pond 16	B16	36.564667	83.851889	Unnamed Trib. of Pigeon Roost Br.
Pond 17	B17	36.567944	83.851528	Unnamed Trib. of Pigeon Roost Br.
Pond 18	B18	36.5685	83.856778	Unnamed Trib. of Pigeon Roost Br.
Pond 19	B19	36.568721	83.854728	Unnamed Trib. of Pigeon Roost Br.
Pond 28	B28	36.539833	83.842611	Unnamed Trib. of Spruce Lick Br.
Pond 29	B29	36.539667	83.842611	Unnamed Trib. of Spruce Lick Br.
Pond 30	B30	36.539333	83.839194	Unnamed Trib. of Spruce Lick Br.
Pond 31	B31	36.541223	83.832122	Unnamed Trib. of Tackett Creek
Pond 32	B32	36.543397	83.829762	Unnamed Trib. of Tackett Creek

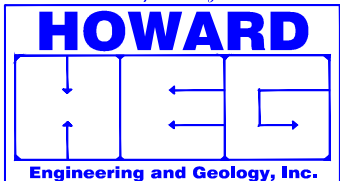


- UT of Tackett C.
- UT of Valley Ck.
- UT of Hurricane Ck.
- UT of Pigeon Roost Br.
- UT of Spruce Lick Br.

Hurricane Creek Mining, LLC.

OSM Permit: 3341
NPDES: TN0070716
Claiborne County, TN
Attachment 2: Line
Drawing EPA Form 2D;
Section 4

Date: 02/20/2023



PO Box 271 - 2550 W Hwy 72 Suite 1 - Harlan, Ky - 40831
(606) 573-6924 - <http://www.howardeng-geo.com/>

**Request for Waiver
Testing and/or Monitoring of Effluent
EPA Application Form 2C**

[Requirements found in 40 CFR 122.21 (g) or (k)]

Company Hurricane Creek Mining, LLC.
 Minename Mine No. 2
 NPDES TN0070716

Only one sample needs to be collected from outfalls where effluent quality is substantially identical. However, where effluent quality varies, additional samples must be collected.

Check the boxes that apply and fill in the information, where applicable.

Submit three copies. One copy must have the original signature of the permittee.

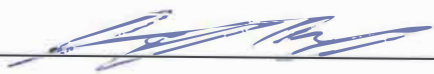
Outfall effluent quality varies. Samples were collected and tested for outfalls:
B23 - Effluent Table C Sample from 10/29/2020

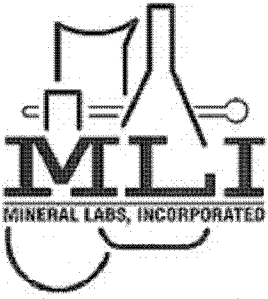
Outfalls SS20, SS21, S01, S02 have substantially identical effluent quality.

Outfalls B01-B19, B28-B32 have substantially identical effluent quality.

This is my request to the Director to allow the testing of one outfall. Outfalls for my facility have substantially identical effluent quality.

This is my request to the Director for a waiver from the testing and reporting of the parameters: Biochemical Oxygen Demand (BOD), Chemical Oxygen Demand (COD), Total Organic Carbon (TOC), Ammonia (as N), and Temperature. Testing and reporting of these parameters do not provide information essential to NPDES permit issuance.

Signature		Feb.	22	2023
Title	Managing Member	Mo.	Day	Year
		Date Signed		



MINERAL LABS INC.

Box 549
Salyersville, Kentucky 41465
Phone (606)349-6145
Fax (606)349-6102
Certificate of Analysis

Middlesboro Mining Inc
P.O. Box 1787
Middlesboro, KY 40965

Date/Time Collected: 10/29/2020 14:35:00
Date/Time Received: 11/05/2020 8:00:00
Lab Number: 020025221

Permit Number: 3296

Attention: Kevin Hoskins
Test Type:
Site ID: Outfall B23 (1)

Parameter	EXC	Result	Units	MDL	MRL	Method	Preservative	Date/Time/Tech Analyzed
Lab Sample ID: 020025221						Sample Type: Compliance		
Temperature Field		20.7	Degrees C			*		10/29/20 14:35 CLT
Flow		.144	MGD			*		10/29/20 14:35 CLT
pH Field		7.90	S.U.			*SM 4500 H+ -B		10/29/20 14:35 CLT
Total Recoverable Silver		< 2.0	ug/L	0.4	2.0	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Arsenic		< 2.0	ug/L	0.1	2.0	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Beryllium		< 0.3	ug/L	0.1	0.3	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Cadmium		< 0.19	ug/L	0.1	0.19	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Chromium		1.0	ug/L	0.3	0.5	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Copper		< 5	ug/L	0.3	5	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Nickel		< 25	ug/L	1	25	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Lead		< 2.0	ug/L	0.1	2.0	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Antimony		< 2.0	ug/L	0.2	2.0	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Selenium		1.7	ug/L	0.1	0.5	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 16:45 RB
Total RecoverableThallium		< 0.15	ug/L	0.1	0.15	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 12:42 RB
Total Recoverable Zinc		8	ug/L	0.6	2	EPA 200.8 Rev 5.4-1994	HNO3	11/06/20 14:55 RB
Low Level Mercury		< 5	ng/L	0.4	5	EPA 1631 E	BrCl	11/13/20 16:55 SLM
Mercury Sample Blank		< 5	ng/L	0.4	5	EPA 1631 E	BrCl	11/13/20 16:55 SLM
Phenolics		< 50	ug/L	10	50	EPA 420.4 Rev 1.0-1993	H2SO4	11/13/20 16:42 SLM
Cyanide		< 3.3	ug/L	2.2	3.3	EPA 335.4 Rev 1.0-1993	NaOH	11/12/20 16:19 SLM
Sample Received at		1.9	Degrees C					

*Taken on Site
NDP= No Data Provided H - Holding Time
CLT= Client T - Temperature
ND= Not Detected J - Estimated Value

The analyses above are reported to the best of my knowledge and belief.

Submitted By:

Sharlonda Matthews Environmental Manager

Batch



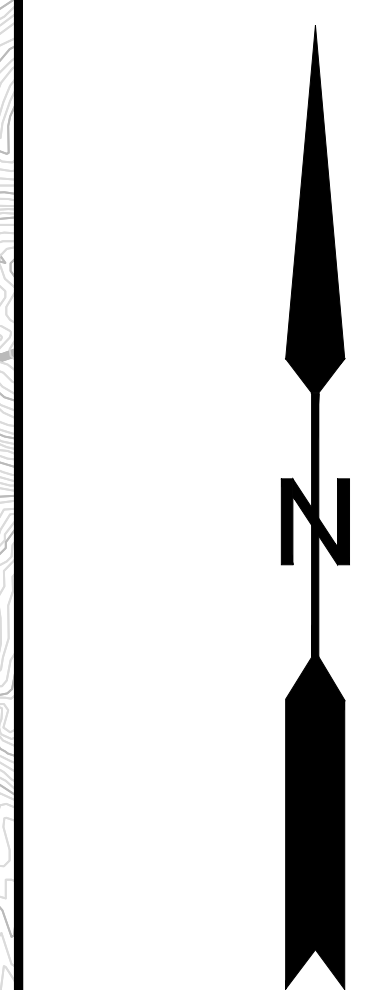
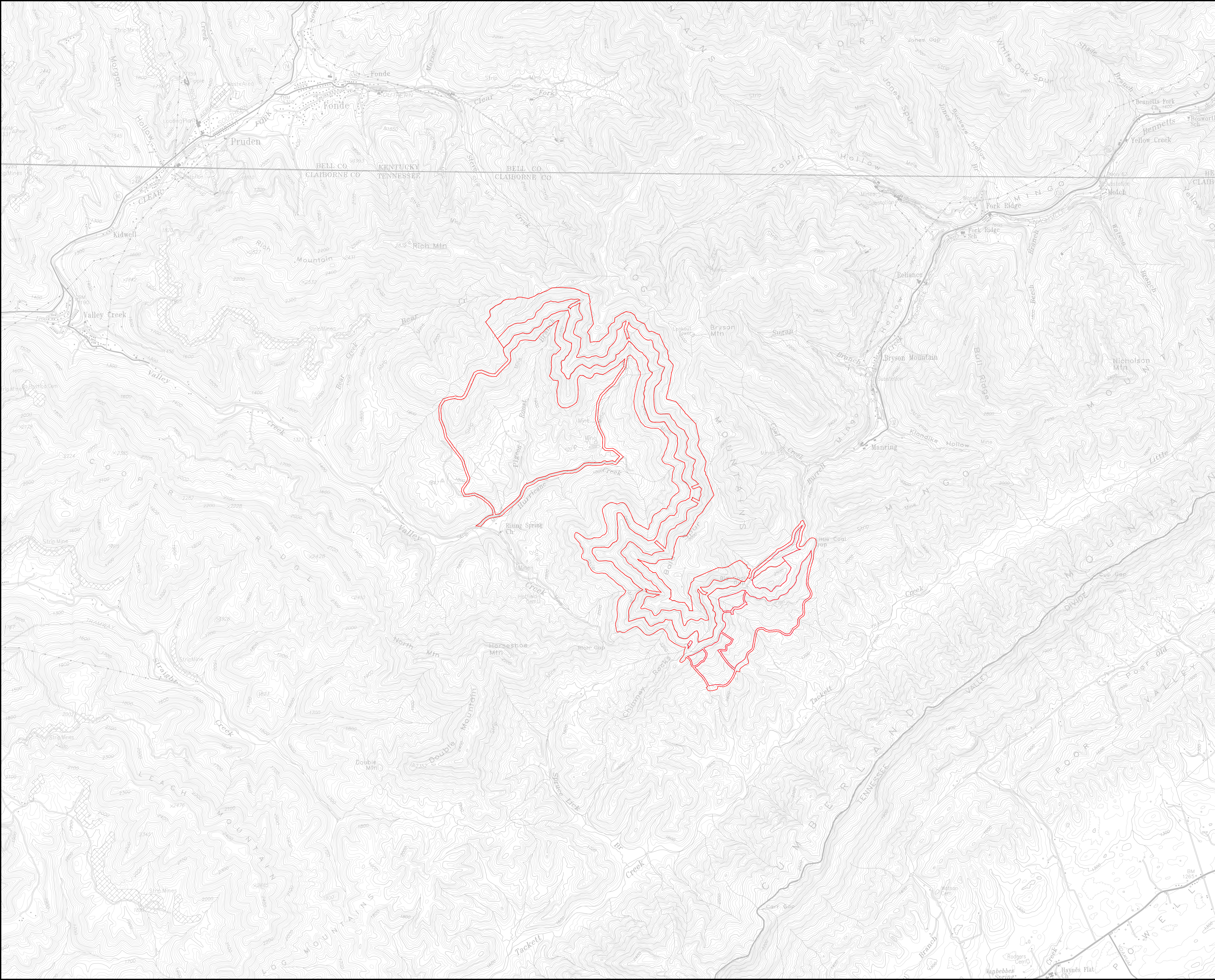
20007567@@

Page Number: 1

Lab Id



020025221



I do hereby certify that to the best of my knowledge and belief, the map shows all the information required by the zoning laws of this State.

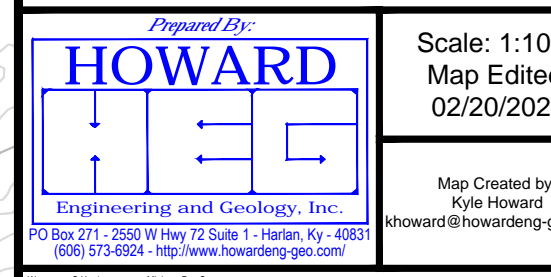
Map Editor Date

Legend
 Permit Boundary

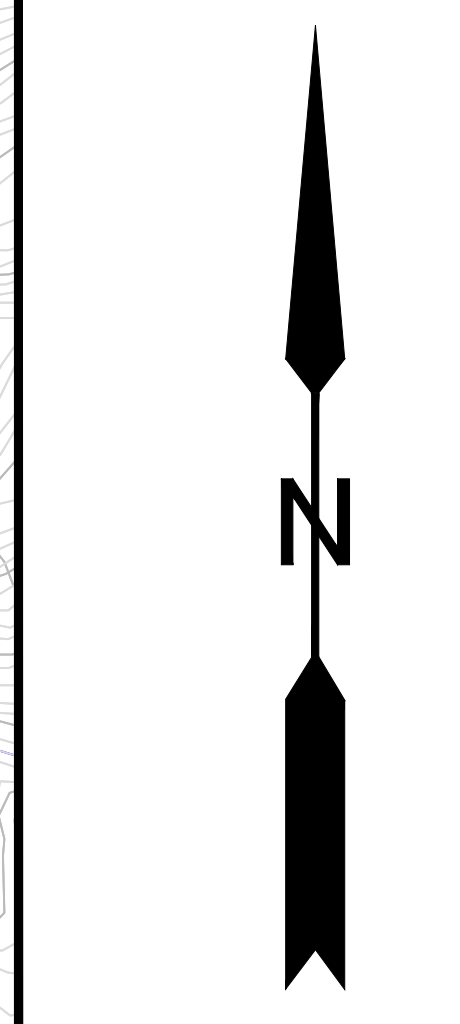
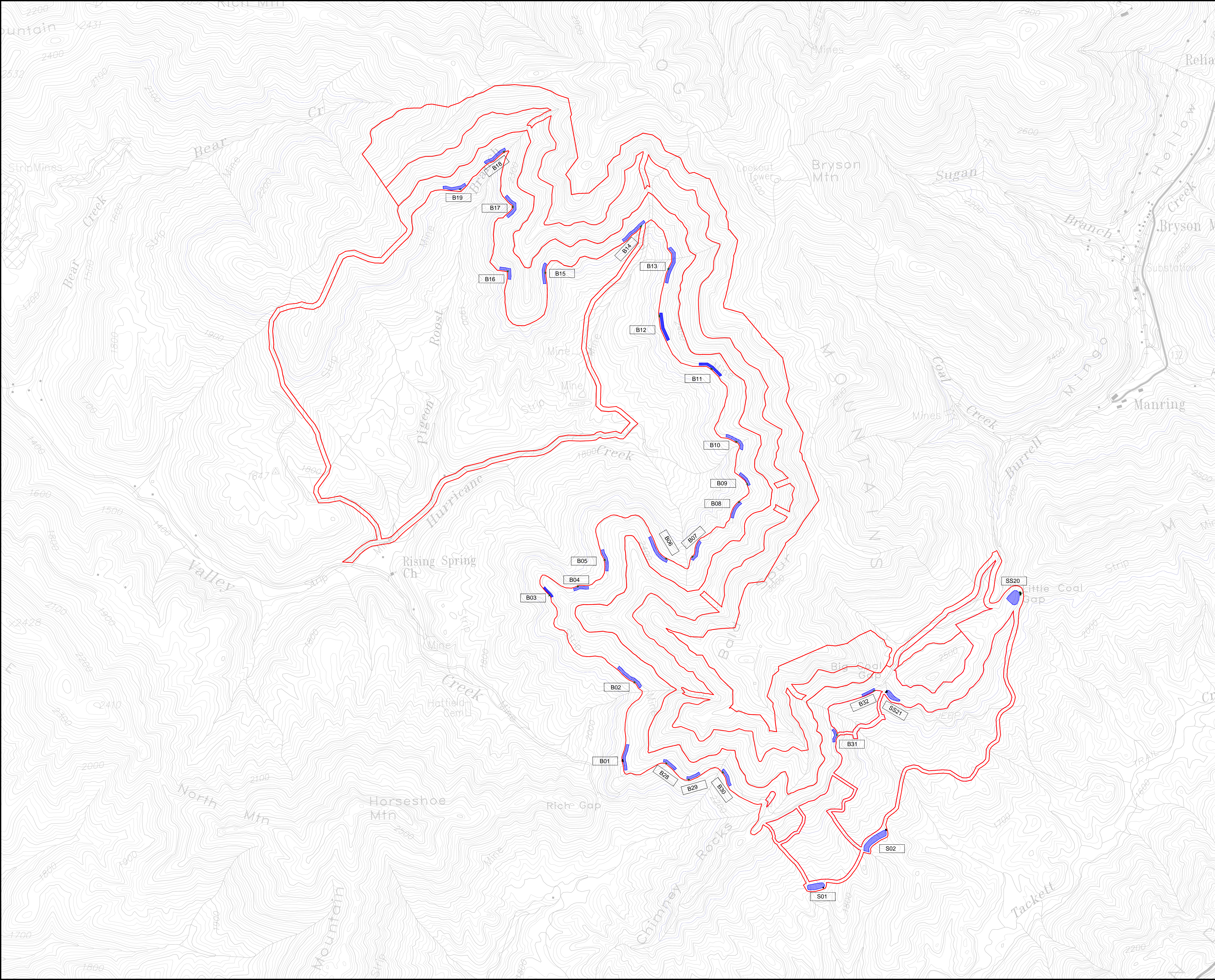
Total Surface Area: 657.90 acres
 Total Auger Area: 549.20 acres
 Total Permit Area: 1207.10 acres

Hurricane Creek Mining, LLC.

Mine No. 2
 NPDES Permit: TN0070716
 SMCRA Permit: 3341



Scale: 1:1000
 Map Edited: 02/20/2023



I do hereby certify that to the best of my knowledge and belief, the map shows all the information required by the existing laws of this State.
 Map Editor Date

- Legend**
- Outfalls
 - Permit Boundary
 - Spillway

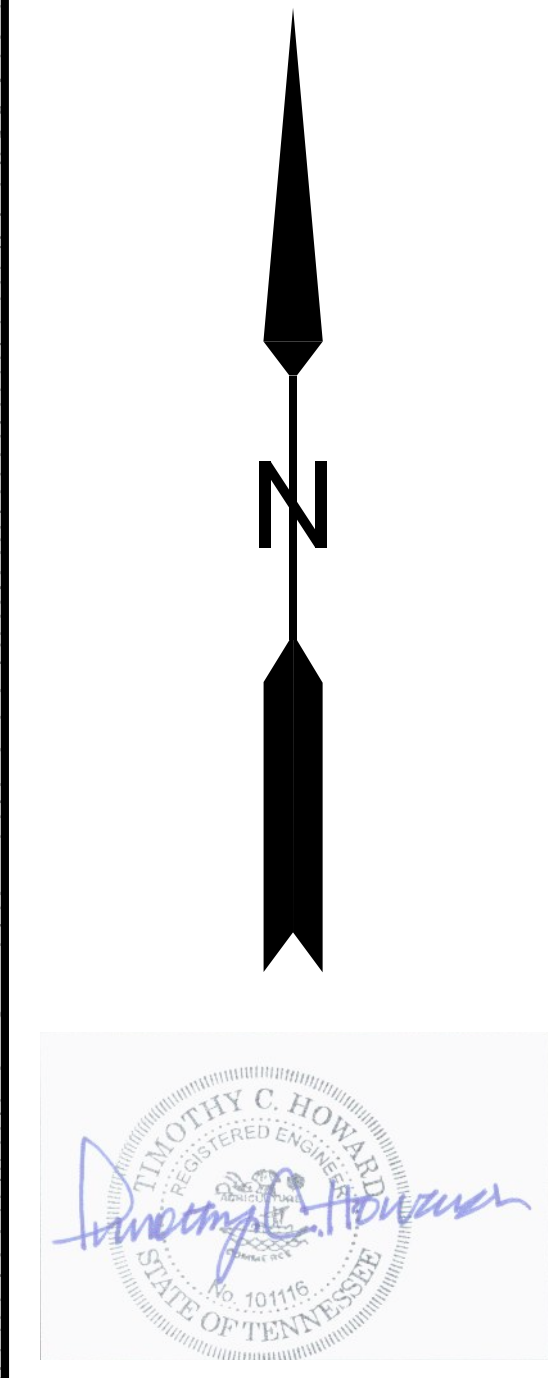
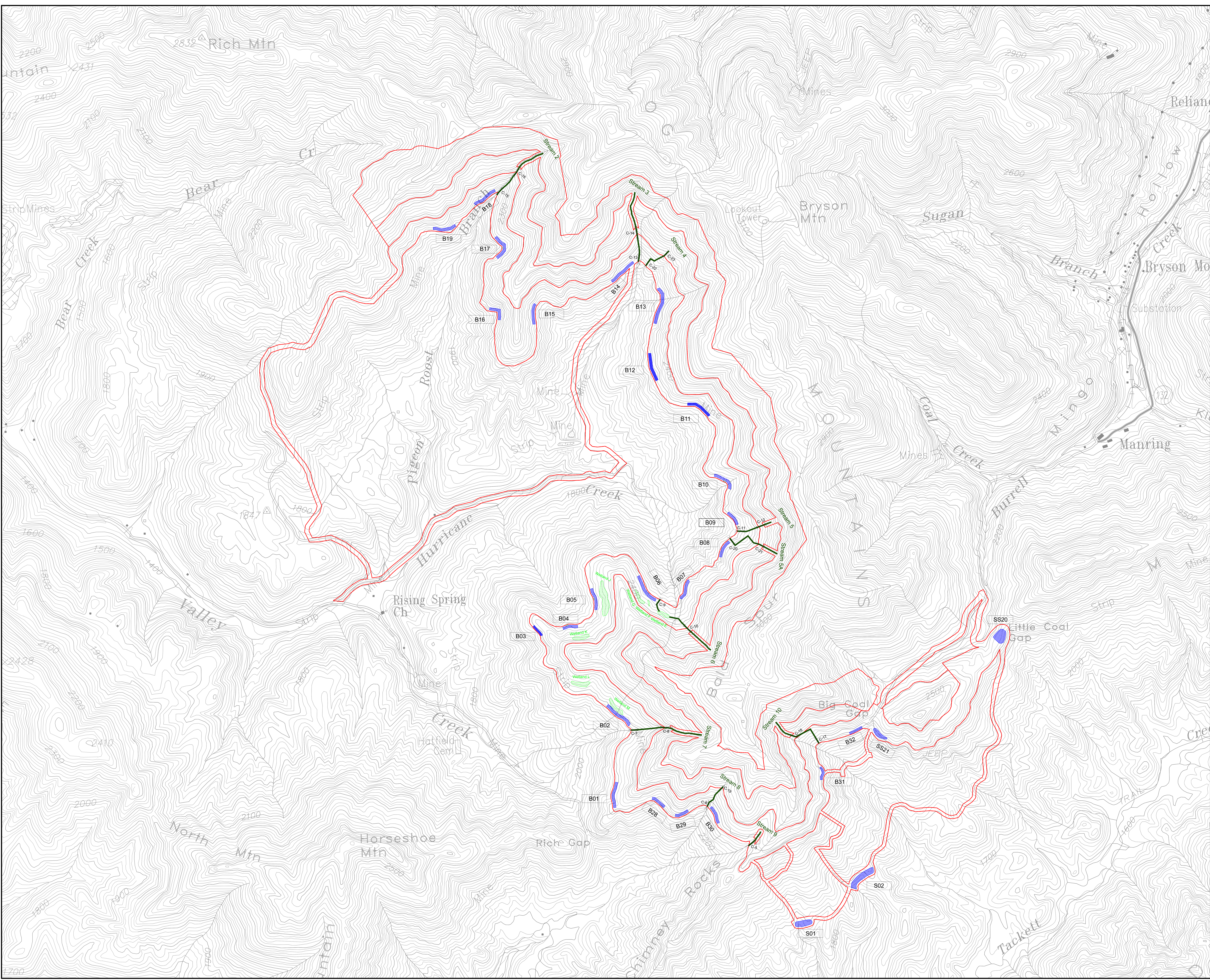
Total Surface Area: 657.90 acres
 Total Auger Area: 549.20 acres
 Total Permit Area: 1207.10 acres

Hurricane Creek Mining, LLC.

Mine No. 2
 NPDES Permit: TN0070716
 SMCRA Permit: 3341

HOWARD
 I E G
 Engineering and Consulting, Inc.
 1000 S. 10th St., Suite 100
 Knoxville, TN 37902
 Phone: (615) 582-1111
 Fax: (615) 582-1112
 Email: info@howardieg.com
 www.howardieg.com

Scale: 1:500
 Map Edited: 02/20/2023
 Map Created by: Anthony C. Howard
 Date: 02/20/2023



I do hereby certify that to the best of my knowledge and belief, the map shows all the information required by the mining law of this state.

Signature: _____ Date: _____

- Legend**
- NPDES Outfalls
 - Permit Boundary
 - Jurisdictional Waters 404
 - Wetlands
 - Culvert Crossing

Total Surface Area: 657.9 acres
 Total Auger Area: 549.2 acres
 Total Permit Area: 1207.1 acres

Hurricane Creek Mining, LLC.

Sterling-Strays Mine #2
 NPDES Permit: TN0070716
 SMCRA Permit: 3341
 ARAP: NW

HOWARD Engineering and Geology, Inc.
 Scale: 1:500
 Map Created: 7/11/23
 Map Created by: [Name]
 [Contact Information]



DEPARTMENT OF THE ARMY
NASHVILLE DISTRICT, CORPS OF ENGINEERS
REGULATORY DIVISION
3701 BELL ROAD
NASHVILLE, TENNESSEE 37214

June 16, 2023

SUBJECT: File No. LRN-2009-00479; Transfer Request, OSMRE Permit #3296, Unnamed Tributaries to Tackett Creek, Valley Creek, Hurricane Creek, Pigeon Roost Branch, Bear Creek, and Spruce Lick Branch, Claiborne County, Tennessee

Johnny Asher
3380 Cedar Fork Rd
Tazewell, TN 38789

Mr. Asher,

This confirms the transfer of Army Permit No. LRN-2009-00479 from the prior permittee, Apollo Fuels, Inc, to Hurricane Creek Mining, LLC in accordance with 33 CFR 325 Appendix A. Please note the attached permit, including all terms and conditions, will continue to be binding on the new permittee.

If you have any questions or concerns, please contact Mr. Brent Sewell at 615-417-0240, or e-mail Brent.J.Sewell@usace.army.mil.

Sincerely,

A handwritten signature in blue ink that reads "Heather N. Markway".

Heather N. Markway
Acting Chief, Technical Services Branch
Regulatory Division

Copies Furnished:
Kyle Howard
Howard Engineering and Geology, Inc.



APPROVED

**DIVISION OF WATER
RESOURCES**

MINING SECTION

BY: Daniel R Murray
DATE: 4/30/24