

SRM Materials, LLC

1136 Second Avenue North

Nashville, TN 37208

Telephone: 615-355-1028 - Fax: 615-355-3064

September 20, 2021

Tennessee Department of Environment and Conservation
Division of Mining

SRM Materials, LLC
Woodbury Quarry – Woodbury, TN

Ms. Craighead:

The expansion area at our Woodbury, TN limestone quarry is approximately 5.66 acres. The area will be developed for expanding the existing pit mine. The area will remain undisturbed until the advancement of the pit mine. Processing equipment will not be stored or operated on the increased area. Earth Berms will be constructed along the new area, which will divert stormwater into the existing pit. Stormwater drainage will be treated, and used for aggregate washing and dust suppression. Streams in the vicinity of the area have been identified by a Hydrologic Determination and have been removed from the permitted area. The remaining southeast corner of the property will remain undisturbed during the duration of the NPDES permit.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeremy Harris", is positioned above the printed name.

Jeremy Harris
Environmental Director
jharris@smyrnareadymix.com



Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
Phone:(615) 532-0625

PERMIT CONTACT INFORMATION

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

PERMIT NUMBER: TN0069558

DATE: July 7, 2021

PERMITTED FACILITY: SRM Materials, LLC

COUNTY: Cannon

OFFICIAL PERMIT CONTACT:

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

Official Contact: Dale Cathey	Title or Position: VP of Aggregates		
Mailing Address: 1136 2nd Ave North	City: Nashville	State: TN	Zip: 37208
Phone number(s): 615-490-4661	E-mail: dcathey@smynareadymix.com		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Courtney Marlin	Title or Position: Accounts Payable		
Mailing Address: 1136 2nd Ave North	City: Nashville	State: TN	Zip: 37208
Phone number(s): 615-355-1028	E-mail: cmarlin@smynareadymix.com		

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

Facility Location Contact: Charlie Rediker	Title or Position: Manager		
Facility Location (physical street address): 1327 John Bragg Highway	City: Woodbury	State: TN	Zip: 37190
Phone number(s): 615-306-5794	E-mail: crediker@smynareadymix.com		

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

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

Cognizant Official authorized for permit reporting: Jeremy Harris	Title or Position: Environmental Director		
Mailing Address: 1136 2nd Ave North	City: Nashville	State: TN	Zip: 37208
Phone number(s): 423-402-1498	E-mail: jharris@smynareadymix.com		
Fax number for reporting: 615-242-3064	Does the facility have interest in starting electronic DMR reporting? Yes No Already submitting electric DMR's		

Antidegradation Statement Guidance

To Be Used When Administering Tennessee's Antidegradation Statement as Associated with Obtaining a National Pollutant Discharge Elimination System (NPDES) Permit

The Antidegradation Statement Guidance document is to be used in accordance with the *Tennessee's Antidegradation Statement Rule 0400-40-03-.06* as it pertains to completing the application requirements for a NPDES permit. This document may be used as equivalent information for the EPA Worksheets (A, G, O, R, V, W, X, Y, Z, and AB for the private sector and O, P, Q, S, T, U, and AA for the public sector).

Specifically the document is divided into five parts. Parts 1 - 2 are general information regarding the facility and receiving water. Part 3 characterizes the level of degradation and the alternatives analysis (including social, economic, and environmental considerations of each alternative). Parts 4 – 5 detail the social and economic justification required to demonstrate that the degradation associated with the proposed discharge to an Exceptional Tennessee water (ETW) is justified. All permit applicants must complete, at a minimum, Parts 1-3 of this document. If you propose to discharge to an ETW, you must complete the document in its entirety.

Part 1. Contact Information

1. Company name:	
2. NPDES No.: TN00	
3. Facility or mine name:	
4. County:	

Part 2. Mine and Stream Information

1. Please select the type of mine.

Noncoal

- ☐ Limestone
- ☐ Sand and gravel
- ☐ Ball Clay
- ☐ Industrial sand
- ☐ Zinc

- ☐ Marble
- ☐ Dimension stone
- ☐ Quartzite
- ☐ Other

Coal

- ☐ Reclamation
☐ Active mining
☐ Post mining

- ☐ Prep plants / associated areas
☐ Tipple / load out

2. Please select the type of permit activity requested.

- ☐ Renewal of permit based on currently approved plans
☐ Renewal and modification of permit
☐ Modification of permit
☐ New permit

3. Please list each outfall number, the name of receiving stream(s) and the corresponding stream designation (either Outstanding National Resource Water (ONRW), Exceptional Tennessee Water (ETW), or Non Exceptional Tennessee Water (Non ETW). Use separate paper if necessary.

Outfall(s)	Receiving Stream(s)	Stream Designation		
		ONRW	ETW	NON ETW
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3. Characterize the Level of Degradation in the Proposed Activity and Analysis of Alternatives.

Please select one of the following levels and support your conclusion in the space that follows. Finally, complete the Alternatives Analysis.

Part 3-A- Level of Degradation

☐ The proposed activity is to renew an existing permit.
No changes to the acreage size, the number or location of outfall(s), or the volume of the existing discharge are proposed at this time. Renewal of the permit does not cause degradation above what is already permitted. (If this applies, skip to Part 3-B.)

☐ The proposed activity will cause no measurable degradation.
Activities causing no measurable degradation are defined as those activities that do not cause a measurable increase in levels of a given parameter in the receiving water.

☐ The proposed activity will cause de minimis degradation.
Activities causing de minimis degradation are defined as those activities that cause degradation of a small magnitude as described in *Rule 0400-40-03-.04 (4)(a)*. De minimis activities are described as single discharges that use less than five percent of the available assimilative capacity of the substance being discharged.

*Note, this option is not applicable if the 7Q10 of the receiving water is zero or if the receiving water has unavailable parameters for the pollutant to be discharged.

☐ The proposed activity will cause **more** than de minimis degradation.
Applications for activities causing degradation above the level of de minimis must analyze all reasonable alternatives and describe the level of degradation caused by each of the feasible alternatives. Analysis of each of these alternatives should also discuss the social and economic consequences of each alternative. Applicants must also demonstrate that the proposed degradation will not violate the water quality criteria for existing uses in the receiving waters and is necessary to accommodate important economic and social development in the area.

Attach additional pages as needed

Part 3-B - Alternatives Analysis

The following are examples of alternatives relative to natural resource extraction that are to be considered by applicants under Tennessee's *Antidegradation Statement 0400-40-03-.06*. Please check which treatment option(s) are currently used or will be used at the facility.

- ☐ Connect to existing treatment system
- ☐ Use over-sized ponds to increase treatment ability and holding capacity beyond the 10yr/24hr design storm.
 - Design capacity of the pollution control system
 - Current capacity of the system (%)
- ☐ Divert drainage from non-disturbed areas away from treatment structures, separating storm water from mine wastewater – i.e. diversion berm, ditches, other BMPs.
- ☐ Use pit as primary treatment and/or storage to increase ability to hold water on site during storm events.
- ☐ Use ponds in series, forebays, and/or baffles to increase treatment and retention time.
- ☐ Use chemical treatment for pH adjustment or treatment of solids.
- ☐ Reuse/recycle treated process water to reduce discharge frequency. What percentage is already or will be recycled?

- ☐ Create no-discharge system.
- ☐ Use concurrent reclamation with mining activity.
- ☐ Land application of treated wastewater.

If treatment option used is not listed, please describe in space below.

- 2) Based on the alternatives indicated above, describe the level of degradation caused by each, as well as the social and economic consequences of each alternative. Examples of social and economic consequences may include but are not limited to, improved infrastructure such as road projects, housing development, as well as increasing local tax revenue and employment opportunities.

- 3) Can the level of treatment achievable at the facility ensure that water quality criteria will not be violated? Please explain.

- 4) Is there another discharge location that would have less impact on the watershed?

- 5) Evaluate the mining technique used at the site. Would another technique result in a reduction in quantity or improvement in quality of the discharge from the site?

- 6) Were other locations for the facility evaluated? Describe the reasons why other locations were selected or rejected.

- 7) If this is an existing site, how long has the company mined at this location? If the option to mine has been reserved through payments to the owner or lessor of the rights, how long has that option been reserved? What is the projected life of the mine?

Part 4. Economic Justification

If you are applying for a new or expanded permit that discharges to Exceptional Tennessee Waters (ETW), complete Parts 4 and 5.

The following section shows economic/financial information for the facility. This information is necessary to determine if the applicant can afford to implement appropriate pollution control measures to protect water quality in the receiving water. Attach additional pages as needed.


1. Annual cost of operation and maintenance of pollution control project (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration, and replacement).	\$
2. Annual earnings without pollution control project costs	\$
3. Annual earnings with pollution control project costs	\$

Part 5. Social Justification

The following section shows social justification of the proposed degradation within the community where the facility is located. Attach additional pages as needed.

1. Define the affected community in this case; what areas are included?	
2. What is the current unemployment rate in affected community (if available)?	
3. What is the current national unemployment rate?	

4. How many jobs will the facility provide in the affected community?	
5. What is the average salary of these jobs?	
6. What is the median household income in affected community?	\$
7. What is the total number of households in affected community?	\$
8. What are the current total tax revenues in the affected community?	
9. What amount of tax revenues will be paid by the private entity to the affected community?	\$

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004		
Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION						
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 <input type="checkbox"/> No Form 1. Complete Form 2A.			1.1.2	Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT <input type="checkbox"/> No complete Form 1. Complete Form 2S.		
	1.2	Applicants <i>Required</i> to Submit Form 1						
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2B.			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 <input type="checkbox"/> No 1 and Form 2C.		
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2D.			1.2.4	Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form <input type="checkbox"/> No 1 and Form 2E.		
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15).						
SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))								
Name, Mailing Address, and Location	2.1	Facility Name						
	2.2	EPA Identification Number						
	2.3	Facility Contact						
	Name (first and last)		Title		Phone number			
Email address								
2.4	Facility Mailing Address							
Street or P.O. box								
City or town		State		ZIP code				

EPA Identification Number		NPDES Permit Number		Facility Name		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						
		County name			County code (if known)			
		City or town			State		ZIP code	

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))							
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)			
	3.2	NAICS Code(s)		Description (optional)			

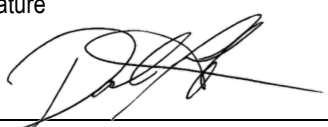
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))							
Operator Information	4.1	Name of Operator					
	4.2	Is the name you listed in Item 4.1 also the owner?					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Operator Information Continued	4.3	Operator Status					
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
	4.4	Phone Number of Operator					
Operator Information Continued	4.5	Operator Address					
		Street or P.O. Box					
		City or town		State		ZIP code	
		Email address of operator					


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 type="checkbox"/> No					

EPA Identification Number	NPDES Permit Number	Facility Name	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 type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)
		<input type="checkbox"/> UIC (underground injection of fluids)	<input type="checkbox"/> NESHAPs (CAA)
		<input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)	
SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))			
Nature of Business	8.1	Describe the nature of your business.	
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 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 type="checkbox"/> Not applicable	

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

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

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2C NPDES				U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS			
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.					
		Outfall Number	Receiving Water Name	Latitude		Longitude	
				° ' "		° ' "	
				° ' "		° ' "	
				° ' "		° ' "	
SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))							
Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))							
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.					
		Outfall Number _____					
		Operations Contributing to Flow					
		Operation			Average Flow		
					mgd		
					mgd		
					mgd		
					mgd		
		Treatment Units					
		Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge	

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Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** _____					
		Operations Contributing to Flow					
		Operation			Average Flow		
					mgd		
					mgd		
					mgd		
					mgd		
		Treatment Units					
		Description (include size, flow rate through each treatment unit, retention time, etc.)			Code from Table 2C-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge
		Outfall Number _____					
		Operations Contributing to Flow					
		Operation			Average Flow		
					mgd		
					mgd		
					mgd		
					mgd		
		Treatment Units					
		Description (include size, flow rate through each treatment unit, retention time, etc.)			Code from Table 2C-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 4.					
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

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

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

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

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

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

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

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.				
	Table A. Conventional and Non-Conventional Pollutants				
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3.			
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.			
		Outfall Number _____ Outfall Number _____ Outfall Number _____			
	7.3	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.			
	Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants				
	7.4	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)			
	<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.8.				
7.5	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
7.6	List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.				
	Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)			
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide

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Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input type="checkbox"/> No	
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Table C. Certain Conventional and Non-Conventional Pollutants		
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Table D. Certain Hazardous Substances and Asbestos		
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)		
	7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input type="checkbox"/> No → SKIP to Section 8.	
	7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))			
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.	
	8.2	List the pollutants below.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

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

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.		
	10.2	Provide information for each contract laboratory or consulting firm below.		
			Laboratory Number 1	Laboratory Number 2
		Name of laboratory/firm		
		Laboratory address		
		Phone number		

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

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

SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**Checklist and Certification Statement**

12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.		
	Column 1	Column 2	
	<input type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments	
	<input type="checkbox"/> Section 2: Line Drawing	<input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments	
	<input type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works	
	<input type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments	
	<input type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments	
	<input type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans	
	<input type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information	<input type="checkbox"/> w/ explanation for identical outfalls
		<input type="checkbox"/> w/ small business exemption request	<input type="checkbox"/> w/ other attachments
		<input type="checkbox"/> w/ Table A	<input type="checkbox"/> w/ Table B
		<input type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D
		<input type="checkbox"/> w/ Table E	<input type="checkbox"/> w/ analytical results as an attachment
	<input type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments	
	<input type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments	
<input type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments		
<input type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments		
<input type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		
12.2	Certification Statement		
	<p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>		
	Name (print or type first and last name)	Official title	
	Signature	Date signed	

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

	Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1.	Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration						
			Mass						
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration						
			Mass						
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration						
			Mass						
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration						
			Mass						
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration						
			Mass						
6.	Flow	<input type="checkbox"/>	Rate						
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C					
	Temperature (summer)	<input type="checkbox"/>	°C	°C					
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.					
	pH (maximum)	<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. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

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

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
1.12	Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)											
2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.22	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.25	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.26	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.27	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.28	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)											
3.1	2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.2	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.3	2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.4	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.5	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)											
4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.7	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.20	1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.21	1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.22	1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.23	3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.24	Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.25	Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.26	Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.27	2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.28	2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.29	Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.31	Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.32	Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.33	Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.46	1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)											
5.1	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.2	α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.3	β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.4	γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.5	δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
5.11	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

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

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

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

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

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.										
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.										
1.	Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.	Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.	Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.	Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.	Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
6.	Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
7.	Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
8.	Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
9.	Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
10.	Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
11.	Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

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

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi)) ¹											
	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
24.	Radioactivity										
	Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
	Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
	Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
	Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							

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

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

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input 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"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>		

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

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input 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"/>		
38.	Furfural	<input type="checkbox"/>	<input type="checkbox"/>		

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

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input 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"/>		
57.	Parathion	<input type="checkbox"/>	<input type="checkbox"/>		

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

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input 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"/>		
76.	Vanadium	<input type="checkbox"/>	<input type="checkbox"/>		

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

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

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

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

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

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

Company SRM Materials, LLC

Minename Woodbury Quarry

NPDES TN0069558

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:
_____.

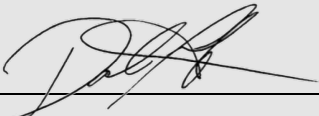
Outfalls _____ have substantially identical effluent quality.

Outfalls _____ have substantially identical effluent quality.

Outfalls _____ 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		07	07	2021
Title	VP of Aggregates	Mo.	Day	Year
		Date Signed		

Property Address:

1327 John Bragg Hwy
Woodbury, TN 37190

Property Owner:

SRM Materials LLC
1136 2nd Ave. North
Nashville, TN 37208

Zoned:

Commercial

Deed Reference:

Tax Map 39, Parcel 112.01 Portion of
111.00 & 112.00

Deed Bk. 215, Pg 679

Land Area:

70.36± Ac.

Flood Note:

A Portion of this site lies within the Zone A
100yr Flood per FEMA Map Number
47015C0104D, Effective date Dec, 3, 2010.

LINE	BEARING	DISTANCE
L1	N 83°23'09" W	301.00'
L2	N 35°39'46" W	140.18'
L3	N 56°44'51" E	455.64'
L4	N 54°45'15" E	1140.41'
L5	S 72°56'20" E	676.93'
L6	S 81°28'36" E	327.25'
L7	S 11°44'22" W	978.18'
L8	S 06°14'58" W	276.08'
L9	S 34°32'39" W	189.65'
L10	S 37°52'33" W	290.37'
L11	S 37°57'16" W	390.00'
L12	S 40°18'54" W	265.73'
L13	S 46°03'23" W	245.44'
L14	S 64°21'45" W	50.45'
L15	N 82°40'15" W	45.00'
L16	N 52°37'01" W	146.43'
L17	N 65°16'52" W	81.60'
L18	N 48°26'53" W	140.77'
L19	N 44°54'15" W	229.13'
L20	N 50°13'26" E	464.52'
L21	N 38°50'10" W	75.33'
L22	N 13°07'36" W	46.29'
L23	N 56°37'25" E	179.78'
L24	N 52°03'10" W	215.36'
L25	N 53°29'28" W	424.55'
L26	N 61°07'50" W	244.15'
L27	N 11°04'39" E	125.61'

VOLUME CALCULATIONS

Area = 43.72 Ac 10yr Stm

Curve number for gravel = 85

Potential Detention

$$S = \frac{1000}{CN} - 10 = \frac{1000}{85} - 10 = 1.76"$$

Runoff Depth - P10 = 5"

$$Q_{10} = \frac{[P10 - (0.2)(S)]^2}{P10 + (0.8)(S)} = \frac{[5 - (0.2)(1.76)]^2}{5 + (0.8)(1.76)} = 3.37"$$

Volume Required

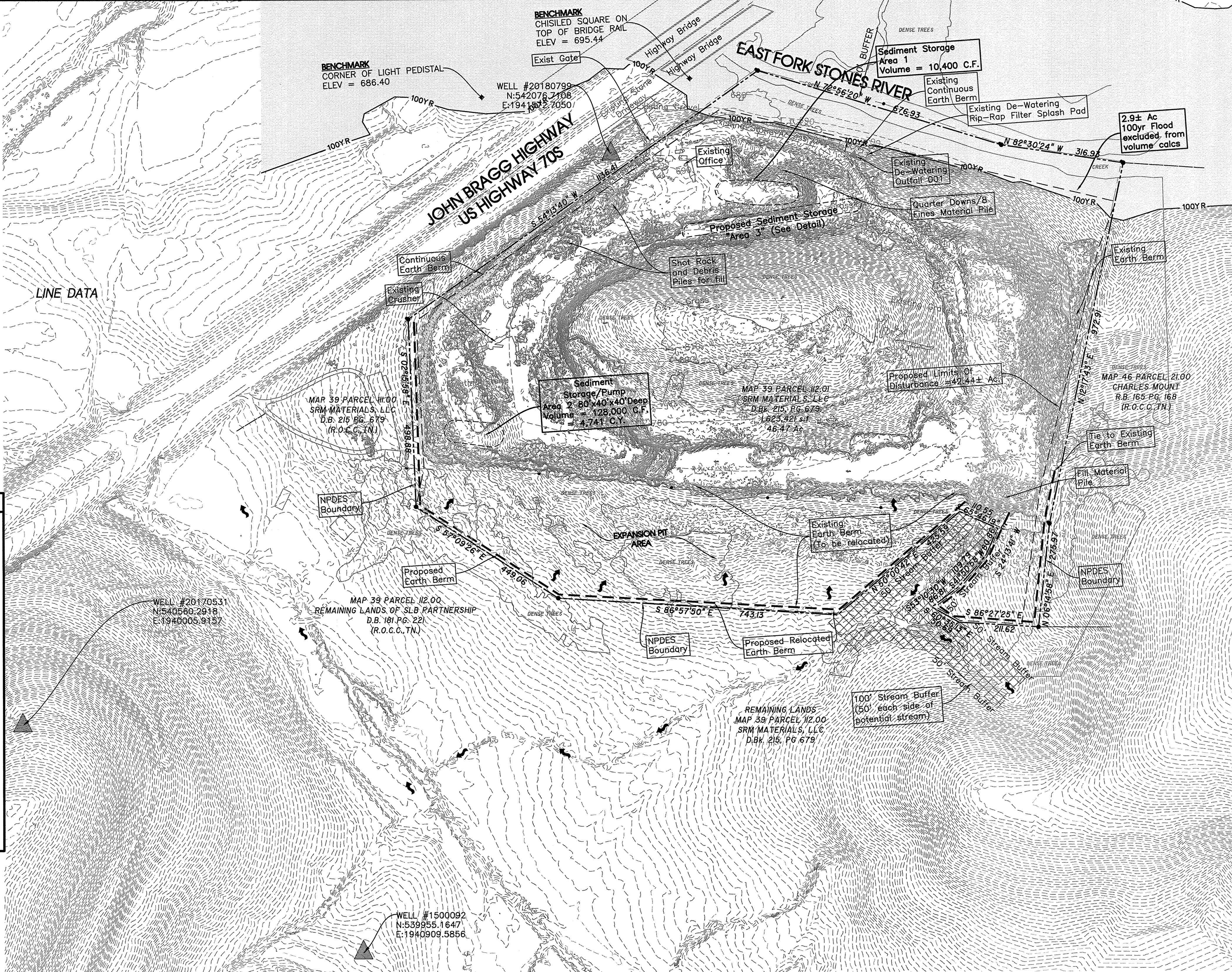
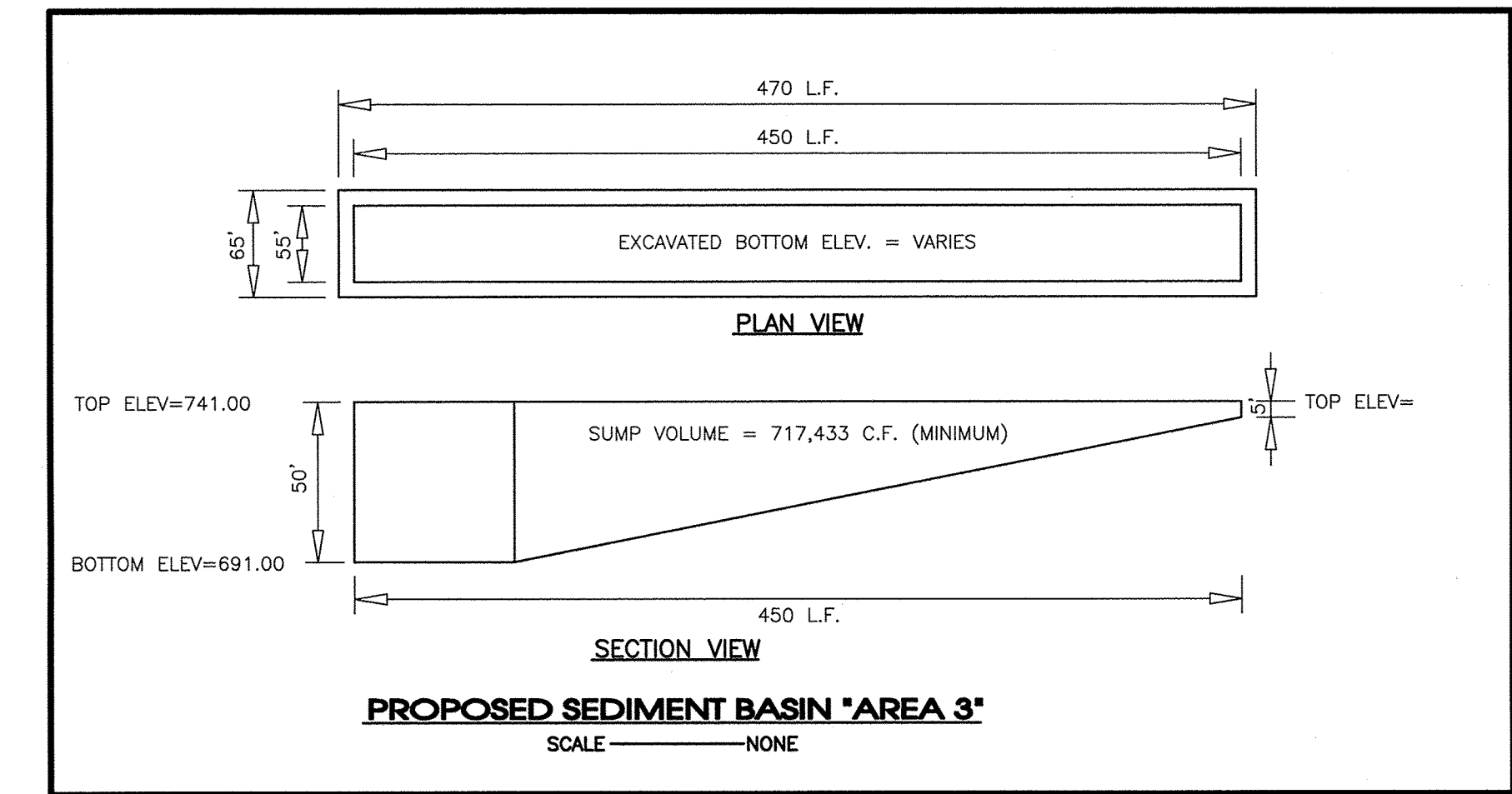
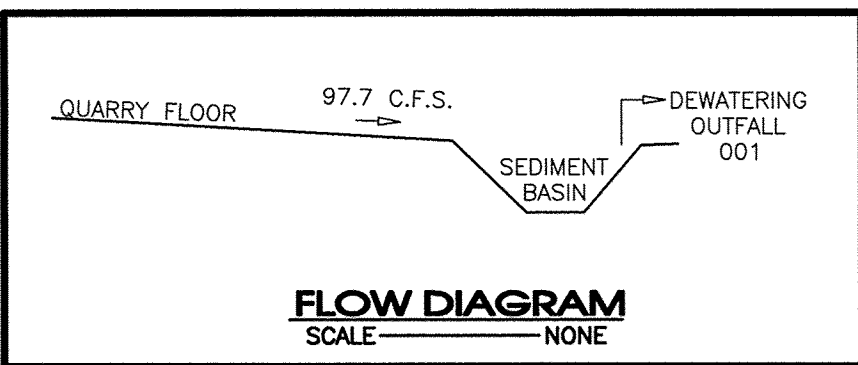
$$Vol = (Q_{10})(Area) \frac{1}{12} = \frac{(43.72)(3.37)}{12} = 12.28 \text{ Ac-Ft}$$

Sediment Storage Required

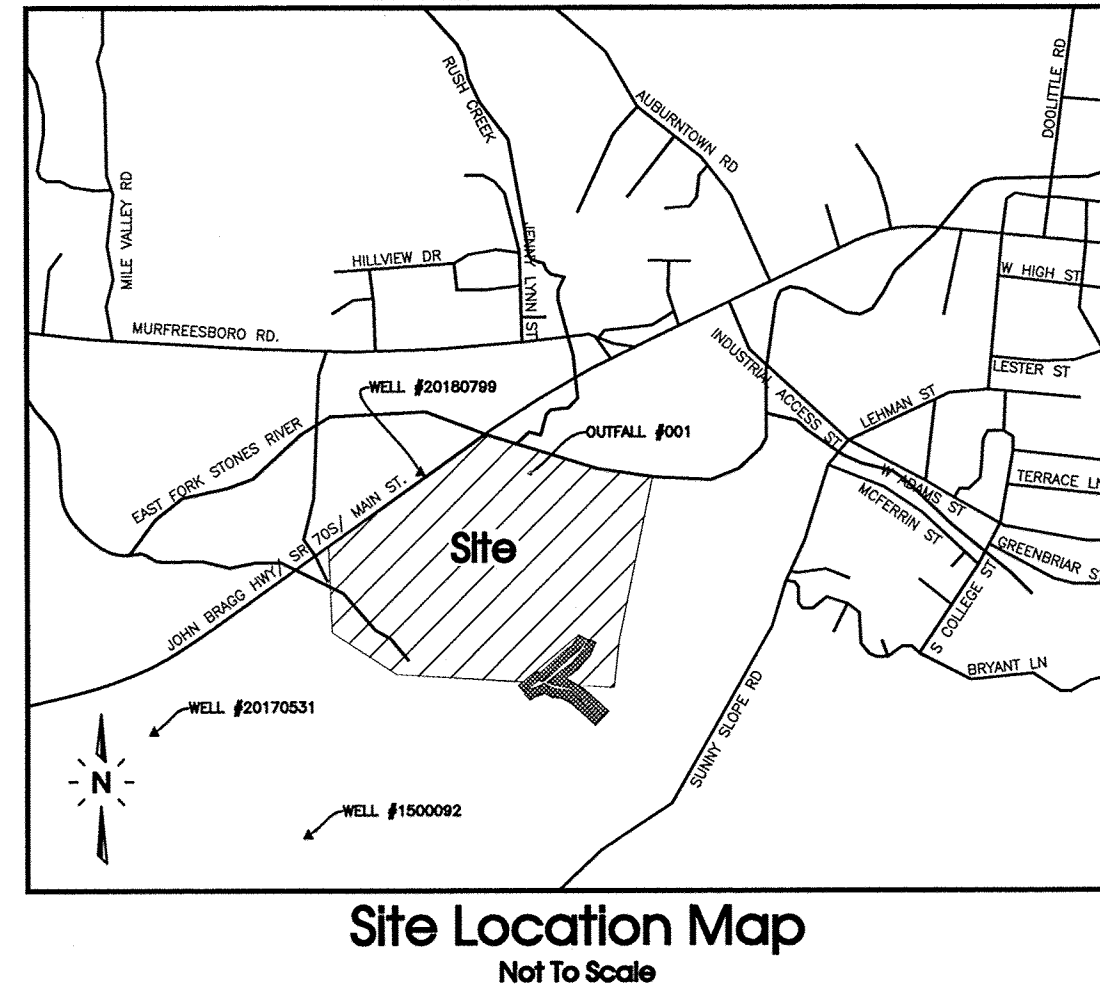
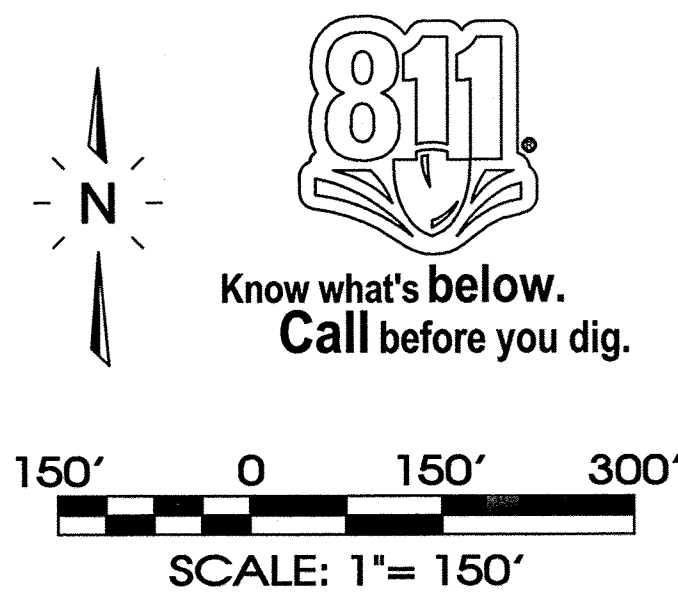
$$\text{Sed} = (0.05)(\text{disturbed area}) = (0.05)(43.72) = 2.19 \text{ Ac-Ft}$$
$$\text{Total} = 12.28 + 2.19 = 14.47 \text{ Ac}$$
$$(14.47 \text{ Ac-Ft})(43560) = 630,313 \text{ C.F.}$$

Volume Storage Provided

- Area 1 = 10,400 C.F.
 - Area 2 = 128,000 C.F.
 - Area 3 = 717,433 C.F.
 - Total = 855,833 C.F.
- Required Storage: 630,313 C.F.
Provided Storage: 855,833 C.F.



Legend:			
	EXIST. CONCRETE MONUMENT		BENCHMARK
	IRON PIN SET (I.P.S.)		HANDICAP PARKING SYMBOL
	IRON PIN FOUND (I.P.F.)	V.A.	VAN ACCESSIBLE HANDICAP DESIGNATION
	EXIST. SIGN POST		HC SIGN
	EXIST. SEWER CLEANOUT		PROPOSED SIGN POST
	EXIST. MANHOLE (SEWER & PHONE)		CONCRETE BOLLARD
	EXIST. CATCH BASIN (STORM SEWER)		WHEEL STOP
	EXIST. WATER/GAS VALVE		CONCRETE SIDEWALK
	EXIST. TELEPHONE RISER		EXTRUDED CURB
	EXIST. GAS RISER		CURB & GUTTER
	ELECTRICAL ENCLOSURE		TRAFFIC ARROW
	EXIST. WATER METER		TURN LANE ARROWS
	EXIST. UTILITY POLE		REVISION NUMBER
	EXIST. FIRE HYDRANT		DRAINAGE STRUCTURE DESIGNATION
	POST INDICATOR VALVE		DRAINAGE PIPE DESIGNATION
	BLOW OFF VALVE		RIP RAP
	REDUCER		RUNOFF FLOW ARROW
	REMOTE FIRE DEPT. CONNECTION		INLET FILTER PROTECTION
	CONCRETE THRUST BLOCK	63.25 x	PROPOSED SPOT ELEVATION
	DOUBLE DETECTOR CHECK VALVE	(63.25 x	EXIST. SPOT ELEVATION
	FIRE DEPT. CONNECTION	>	SEWER/STORM FLOW DIRECTION
	FIRE HYDRANT		CATCH BASIN
	GATE VALVE & BOX		CURB INLET
	WATER METER		AREA DRAIN
	GAS METER		HEADWALL
	GREASE TRAP		WINGED HEADWALL
	EXTERIOR CLEANOUT ECO		CONCRETE SWALE
	MANHOLE		TYPE- X- HEADWALL
EXISTING PHONE		_____ PH _____	
EXISTING ELECTRIC		_____ OH _____	
PROPERTY LINE		_____	
EASEMENTS		_____	
RIGHT OF WAY		_____ ROW _____	
EROSION CONTROL SILT FENCE		_____ SF _____ SF _____	
EROSION EEL		_____ E _____ E _____	
EXISTING TREELINE		_____	
EXISTING FENCELINE		_____ X _____ X _____	
MINIMUM BUILDING SETBACK LINE		_____ MBSL _____	
PROPOSED BERM		_____	
EXISTING GAS LINE		_____ GAS _____	
PROPOSED GAS LINE		_____ GAS _____	
EXISTING STORM		_____ STM _____	
PROPOSED STORM		_____ STM _____	
EXISTING CONTOUR LINES		_____ 601 _____	
PROPOSED CONTOUR LINES		_____ 601 _____	
EXISTING SANITARY SEWER		_____ SS _____ SS _____	
PROPOSED SANITARY SEWER		_____ SS _____ SS _____	
EXISTING WATER		_____ W _____ W _____	
PROPOSED WATER		_____ W _____ W _____	



SEC, Inc.

ENGINEERING • SURVEYING • LAND PLANNING
LANDSCAPE ARCHITECTURE

850 MIDDLE TENNESSEE BOULEVARD
MURFREESBORO, TENNESSEE 37129
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NO PORTION OF THIS DRAWING MAY BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, WITHOUT THE WRITTEN CONSENT OF SEC, INC.

The site as shown on these construction drawings is intended to achieve specific engineering design criteria and objectives. It is the sole responsibility of the owner/developer to ensure that the construction of the site shown on these construction drawings is in total accordance with the design as noted, described or indicated on these drawings, and that the construction is completed in accordance with the design as noted, described or indicated on these drawings.

SRM Materials, LLC
Woodbury Quarry
Site Development & Drainage Map
Cannon County, Tennessee

REVISION: 3-10-21: New Properties
9-10-2021 Comments
9-20-2021 NPDES Boundary

DRAWN: MLG
DATE: 1-16-18
CHECKED: JFR
FILE NAME: 18004Rock.dwg
SCALE: 1" = 150'
JOB NO. 18004
SHEET: C0.1

Master Plan