West Virginia Department of Environmental Protection

Personal Information Policy Statement

We will process your personal information (email address, mailing address and/or telephone number) in accordance with the State of West Virginia's Privacy Policy for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. The Division of Water and Waste Management will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact the DEP's Chief Privacy officer at depprivacyofficer@wv.gov.

FOR INFORMATION PURPOSES ONLY
THIS APPLICATION IS REQUIRED TO
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State of West Virginia - Department of Environmental Protection Division of Water and Waste Management

Form I NPDES Industrial

Application for NPDES Water Pollution Control Permit Manufacturing and Commercial Operations

Revised 5/91 Please print or type in the unshaded areas only

Application No. WV
Existing Permit No.
WV
IW

IWL

ı.	NAME OF FACILITY				
II.	FACILITY CONTACT				
	A. Name and Title (last, first, and ti	:le) B. Phone (a	area code & number)		
III.	FACILITY MAILING ADDRESS				
	A. Street or Post Office Box				
	B. City or Town	C. State	D. Zip Code		
IV.	FACILITY LOCATION				
	A. Street, Route No. or other specif	ic identifier			
	B. City, Town or nearest Post Office	e C. County	D. Zip Code		
٧.	OPERATOR AND OWNERSHIP IN	FORMATION			
	A. Name and Address of Operator		B. Phone		
	C. Is name listed in Item V-A also o	wner Yes (go to Item V-E)	No (complete V-D)		
	D. Name and Address of Owner				
	E. Status of Operator (Enter appropression F-Federal S-State	oriate letter into the answer box, if "Other" specif P-Private M-Public O-Other	fy) Specify:		
VI.	APPLICANT REQUEST				
	A. Reissue existing State Water Po	Illution Control Permit or State NPDES Permit (g	go to Item VII)		
	B. Modify existing State Water Poll	ution Control Permit or State NPDES Permit (se	ee instructions)		
	C. 1. Allow sewage, industrial wast any point source, to flow into t	es or other wastes, or effluent therefrom, produc he waters of this State;	ced by or emanating from		
	2. Make, cause or permit to be made any outlet, or substantially enlarge or add to the load of any existing outlet, for the discharge of sewage, industrial wastes or other wastes, or the effluent therefrom, into the waters of this State;				
	discharge or deposit of treate	dify, or operate a disposal system or part thereod d or untreated sewage, industrial wastes or othe his State, or any extension to or addition to such	er wastes, or the effluent		
		tration of any sewage, industrial wastes or othe cified or permitted under any existing permit;	r wastes in excess of the		
		point source, the operation of which would caus ge, industrial wastes or other wastes discharging FORMATION PURPOSES			

VII.	REISSUANCE OF EXISTIN	G PERMITS						
	A. Since issuance of your existing permit have you added any outlets, modified or added to your treatment or disposal system in any way, increased the volume or concentration or your waste(s) or waste stream(s), or extended, modified or added to your facility any operation which would cause an increase in the volume or concentration of waste(s) discharged? Yes No (see instructions before completing remainder of this form)							
VIII.	SIC CODES (4-digit, in ord	er of priority)						
	A. First	B. Second			C. Third		D. Fourth	1
IX.	EXISTING ENVIRONMENTA	L PERMITS (ir	ncluding	other (Office of Water Reso	urces P	ermits)	
	A. Issuing Agency and Addre	ss	B. Type Perm		C. Permit Number		Date sued	E. Expiration Date
X.	MAP OR DRAWING							
	A. Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all wells, sinkholes, springs, rivers and other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant in the map area. See instructions for precise requirements.							
XI.	XI. NATURE OF BUSINESS (provide a brief description)							
	A. Provide a brief description of the business.							
	B. Do you qualify as a small b	ousiness? (See	instruction	ons for o	qualification criteria)		Yes	No
XII.	CERTIFICATION (see instru	uctions)						
	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 upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
A. N	NAME AND OFFICIAL TITLE (type or print)	В.	SIGNA	TURE		C. DATE	SIGNED

Page 2

Annl	ication	No	WV	
ADDI	ıcalıdı	INU.	V V V	

XIII. OUTLET LOCATION

For each outlet, list the latitude and longitude to the nearest second, the River Mile Point (if known) and the name of the immediate receiving water. (see instructions)

A. Outlet Number	B. <u>Latitude</u>			C. <u>Longitude</u>			D. River	E. Immediate Receiving
(list)	1. Deg	2. Min	3. Sec	1. Deg	2. Min	3. Sec	Mile Point	Water (include all streams To Major Basin)

XIV. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

- A. Include with this application: (1) A site layout drawing (see instructions for precise details); (2) A line drawing showing the water flow through the facility (see details and Figure 1 of the instructions for an example); and (3) Details and drawings of each treatment unit (see instructions for precise details).
- B. For each outlet provide a description of: (1)(a) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff (including material handling and storage area run-off and areas where pesticides, herbicides, soil conditioners and fertilizers are applied); (1)(b) The average flow contributed by each operation; and (2) The treament received by the wastewater. Continue on additional sheets if necessary.

Outlet	1. <u>Operation(s) C</u>	Contributing to Flow	2. <u>Treatment</u>		
Number (list)	a. Operation (list)	b. Average Flow (mgd)	a. Description	b. List Codes from Table 1 (see instructions)	
	FOR IN	FORMATION PUR	POSES ONLY		
	THIS AL	PPLICATION IS RI	EQUIRED TO		

	C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items XIV-A or B intermittent or seasonal?									
			plete the fo	llowing tab	ole)		No (go to Sec	tion XV)		
				3. Frequency (Avg)		4. <u>Flow</u>				
	1. Outlet Number	Operation Contributi	na		b Man	4h o	a. Flow Rate	e (mgd)	b. <u>Dura</u>	ation (in days)
	(list)	Flow (list)	a. D	ays Per Veek	b. Mor Per	Year	1. Long Term Avg.	2. Max Daily		
Y										_
XV.		GUIDELINE		`						
	A. Does an et facility?	fluent guidelin	e limitation Yes (comp	_	•		304 of the Clean No (go to Item		apply to yo	our
	B. What spec	ific effluent gu	ideline(s) ap	ply to you	r operati	on? Inclu	de appropriate s	ubcategory	of industry	/.
	C. Are limitations in the applicable effluent guideline expressed in terms of production? Yes (complete XV-D) No (go to XV-E)									
							ur maximum leve		on, expre	ssed in the
	E. Provide the	e appropriate t	pasis for cal	culating gu	uideline b	pased eff	luent limitations.			
			<u> </u>					1		
1. N	MAXIMUM QUA	ANTITY I		Onorotio	n nrodu	at matar	ial ata (anaaifu)		FFECTED st outlet n	OUTLETS umbers)
a.	Quantity/day	b. Units Mea	5 01	. Operatio	n, produ	ci, maiei	ial, etc. (specify)	, ,		,
ΧV	. IMPROVE	MENTS								
	A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.									
	Yes (complete the following table) No (go to Item XVI-B)									
1. Identification of 2. <u>A</u> Condition Agree -			2. Affec	ted Outlet	t <u>s</u>	3. B	rief Description o Project	f 4. <u>l</u>	Final Com	pliance Date
	ment, etc.		a. Number	b. Sou Discha			FTOJECT	a. Re	equired	b. Projected
		FC	R INF	RMA	TIOI	N PUF	RPOSES C	NLY		
			IIS API	PLICA	TIO	l IS F	REQUIRE	то то		

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			Application	No. WV			
ΧVI	. IMPROVEMENTS (con	tinued)					
	B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. Mark "X" if description of additional control programs is attached.						
ΧVI	I. INTAKE AND EFFLUEN	NT CHARACTERISTICS					
	A,B,C See instructions before proceeding - Complete one set of tables for each outlet. Annotate the outlet D,E,F number in the space provided. NOTE: Tables XVII-A,XVII-B,XVII-D,XVII-E, XVII-F, and XVII-G are included on separate sheets numbered XVII-1 through XVII-11.						
	reason to believe is dis	scharged or may be discharge	d in Table 3 of the instructions, what from any outlet. For every polluiny analytical data in your possess	tant you list, briefly describe			
1. F	Pollutant	2. Source	1. Pollutant	2. Source			
YVI	II POTENTIAL DISCHAR	PGES NOT COVERED BY AN	IAI VSIS				
XVI	II. POTENTIAL DISCHAF	RGES NOT COVERED BY AN	IALYSIS				
	next 5 years use or ma	nufacture as an immediate of sand provide MATERIAL SAF	ed in Item XVII-C which you do or final product or byproduct. Also lise FETY DATA SHEETS (MSDS) for	st sources and expected			
	B. Provide a listing and frequency of all chemical or treatment agents used in cooling water systems, boiler water systems, well redevelopment operations, and each wastewater treatment system utilized. Also list all pesticides, hebicides, soil conditioners and fertilizers used at this site, and provide MSDS Sheets for each agent listed. Continue on additional sheets if necessary.						

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X.	BIOLOGICA	AL TOXICITY TES	STING DATA					
					est for acute or chronic toxicity has been made discharge within the last 3 years?			
	Yes (identify the test(s) and describe their purpose) No (go to Item XX)							
Γ								
΄ .		AND ANALYSIS I						
4	A. Sampling M	lethod: Briefly des	scribe procedure fol	lowed including ty	pe of equipment or collection apparatus used.			
Ŀ	B. Were samp	le fixations used?	Yes	No				
Ī			ition of Standard M					
ŀ	Ye	s (go to XX-E)	No (cor	nplete Item XX-D)				
ľ	D. Describe method used during analysis.							
ľ	E. Outlet	F. Time	G. Date	H. Date	I. Name and Address of Laboratory			
ŀ	Sampled	Sampled	Sampled	Analyzed				
L								
L								
Į,	J. Has the laboratory in Item XX-I received any required certification to perform the waste analysis associated with							
	this application? Yes (complete Item XX-K) No (go to Item XX-L)							
	V Drovido tha		•	<u> </u>	o (go to itom /// L)			
	n. Flovide the	name and addres	ss of certifying ager	юу.				
	L. Has any Pe	rformance Audit I	nspection (PAI) bee	en performed at the	e laboratory listed in Item XX-I?			
			ete Item XX-M)	No (go to				
		name and addre	ss of the agency co	onducting the audit	t and the date of the most recent audit			
	performed.							

Page 6

					Application No. WV				
XXI	. SLUDGE [DISPOSAL							
	Does or will y	our facility generate Yes (complete A a		other solid wastes, or other pollut w) No (go to XXII)	ants for disposal?				
	A. Describe n	nethod of disposal (landfill, inci	ineration, other)					
	B. Submit name, location, Agency issuing permit for landfill and attach letter of acceptance of wastes from disposal operator if other than "on-site".								
XXI	I. OPERATIO	N AND MAINTENAI	NCE						
	A. Has a Best Management Practicec (BMP) plan been developed for your facility? Yes No								
	B. Specify a p	olan of maintenance	for each tr	reatment unit described in Item X	(IV-B.				
	1. Outlet 2. Treatment 3. Plan of Maintenance Number Unit								
		neans of coping with failures, repairs, etc			oe employed during idle periods caused				
	D. Describe p			s at barge, rail or truck loading an					
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PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this
nformation on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

JTI	NO.

X V 11.	INTAKE AND EFFLUENT	CHARACTERISTICS (CONTO	i from page 5)		
CADII	A Von must provide the results	of at least one analysis for avery no	allutant in this table. C	Complete one table for each outlet	Can instructions for additional datails

TABLE A. YOU	i must provide th	e results of at I	east one analysis	for every polluta	nt in this table. Co	omplete one tal	ole for each out			itional details.		
			;	2. EFFLUENT					(specify if nk)	4.IN	TAKE (option	al)
1. Pollutant	a. MAXIMUM D	AILY VALUE	b. MAXIMUM 3 (if avai		c. LONG TERM (if availe		d. No. OF	a.		a. LONG TERM	AVG. VALUE	b. NO. OF
	(1) CONCENTRATIO N	(2) MASS	(1) CONCENTRATIO N	(2) MASS	(1) CONCENTRATIO N	(2) MASS	ANALYSES	CONCEN- TRATION	b. MASS	(1) CONCENTRATIO N	(2) MASS	ANALYSES
a.Biochemical Oxygen Demand (BOD)												
b.Chemical Oxygen Demand												
c.Total Organic Carbon (TOC)												
d.Total Suspended Solids (TSS)												
e.Ammonia (as N)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE					VALUE		
g. Temperature (summer)	VALUE		VALUE		VALUE					VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDA	RD UNITS			

TABLE B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outlet. See instructions for additional details and requirements.

	2.MA	RK 'X'			_	3. EFFLUENT	_		_	4. UNITS (spe	cify if blank)	5.INT	AKE (optional)
1. Pollutant		b.		IMUM DAILY VALUE		1 30 DAY VALUE vailable)		M AVG. VALUE				a. LONG TERM	AVG. VALUE	b. NO.
and CAS NO.		Belie		VALUE	(ij ii	vanabie)	(if a	vailable)	d. No. OF	a. CONCEN-				OF
(If available)		ved Abse nt	(1) CONCEN TRATION	(2) MASS	(1) CONCENTRAT ION	(2) MASS	(1) CONCENTRAT ION	(2) MASS	ANALYS ES	TRATION	b. MASS	(1) CONCENTRATIO N	(2) MASS	ANALYS ES
a. Bromide (24959-67-9)														
b. Chloride														
c. Chlorine Residual														
d. Color														
e. Fecal Coliform														
f. Fluoride (16984-48-8)					FOR	NFORM	TATIC	IN PUR	POS	ES OF	ILY			
g. Nitrate- Nitrite (as N)					THIS	APPLIC	ATIC	N IS R	EQU	IRED	TO			

											OUTLE	T NO.		
	2.MAI	RK 'X'				3. EFFLUENT				4. UNITS (spe	cify if blank)	5.INT	AKE (optional)	.)
	9	b.	a. MAXIMU	JM DAILY	b. MAXIMUN	M 30 DAY VALUE	c. LONG TER	M AVG. VALUE		1	- 92 9	a. LONG TERM		
1. Pollutant and CAS NO. (If	Belie		VAI	LUE	(if a	ıvailable)	(if a	vailable)	d. No. OF	govern			ļ	b. NO.
available)	ved	ved	(1)	(2)	(1)	(2)	(1)	(2)	ANALYS	a. CONCEN- TRATION	b. MASS	(1)	(2)	OF ANALYS
	Pres	Abs	CONCENTRA	MASS	CONCENTRAT	MASS	CONCENTRAT	MASS	ES	IKAHON		CONCENTRATIO	MASS	ES
	ent	ent	TION		ION		ION					N		<u> </u>
h. Nitrogen,														1
Total Organic (as N)														1
i. Oil and														
Grease														
j. Phosphorus														
(as P), Total														
(7723-14-0)														
k.Radioactivity	1	-												├──
(1) Alpha, Total														
(2) Beta,														
Total														
(3) Radium,														
Total (4) Radium														├──
(4) Radium 226, Total														
l. Sulfate														
(as SO4)														
(14808-79-8)														
m. Sulfide														1
(as S) n. Sulfite														-
(as SO3)														1
(14265-45-3)														
o. Surfactants														
p. Aluminum,														1
Total														
(7429-90-5)														
q. Barium,Total (7440-39-3)														
r. Boron,Total														
(7440-42-8)														
s. Cobalt,Total														
(7440-48-4) t. Iron, Total														ļ
(7439-89-6)														
u. Magnesium,														1
Total														
(7439-95-4)														<u> </u>
v.Molybdenum, Total														
(7439-98-7)						1							1	
w. Manganese,														
Total					1	1							1	
(7439-96-5)						HEOD:			B-0-6				 '	
x. Tin, Total (7440-31-5)					FOR I	NFORM	IAIIC	IN PUR	POS	ES OF	ILY		1	
y. Titanium,														
Total					THIS	APPLIC	CATIO	NISR	EQU	IRED !	TO		1	
(7440-32-6)							77114							

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U	JIL	. E I	INC	J.

TABLE C - If you are a primary industry and this outlet contains process wastewater, refer to Table 2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary indusrties, non-process wastewater outlet, and non-required GC/MS fractions) mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe to be absent. If you mark either column 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outlet. See instructions for additional details and requirements.

	Julic	i. be	- 11150	ructions ic	n additiona	ii detaiis aiid i	equirements.								
	2. N	MARK	(X'				3. EFFLUENT	Γ			4. UNITS (spe	ecify if blank)	5.INT	AKE (optional)
1.5.11	а	b	С	a. MAXIM	UM DAILY	b. MAXIMUI	M 30 DAY VALUE	c. LONG TER	M AVG. VALUE		` .		a. LONG TERM		
1. Pollutant and CAS NO. (If		Belie			LUE		available)	(if av	vailable)	d. No. OF	a. CONCEN-				b. NO. OF
	ng Requ ired	Prese	ved Abse nt	(1) CONCEN TRATION	(2) MASS	(1) CONCENTRA TION	(2) MASS	(1) CONCENTRA TION	(2) MASS	ANALYS ES	TRATION	b. MASS	(1) CONCENTRATIO N	(2) MASS	ANALYS ES
METALS, CYAN	IDE, A	AND T	TOTAI	L PHENOLS											
1M. Antimony,															
Total (7440-38-2)															
2M. Arsenic,															
Total															
(7440-38-2) 3M. Beryllium,															
Total(74440-41-															
10tai(/4440-41-															
4M. Cadmium,															•
Total (7440-43-9)															
5M. Chromium,															
Total (7440-47-3)															
6M. Copper,															
Total															
(7550-50-8)															
7M. Lead, Total															
(7439-97-6)															
8M. Mercury,															
Total (7439-97-8)															
9M. Nickel,															
Total															
(7440-02-0)															
10M. Selenium,															
Total (7782-49-2)															<u> </u>
11M. Silver,															
Total															
(7440-22-4) 12M. Thallium,															-
Total (7440-28-0)															
13M. Zinc, Total															1
(7440-66-6)															
14M. Cyanide,															
Total (57-12-5)													1		
15M. Phenols,															
Total											<u> </u>				
DIOXIN															
2,3,7,8-Tetra-				DESCRIBE I	RESULTS			<u> </u>							
chlorobibenzo-P- Dioxin(1764-01-					F	OR IN	IFORM	ATIO	N PUR	POS	ES ON	ILY			

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												OUTLE	T NO.		
	2. 1	MARK	'X'				3. EFFLUENT	Γ			4. UNITS (spe	ecify if blank)	5.INT	AKE (optional)
1 D.11 4 4 1	a.	b.	c.	a. MAXIM	UM DAILY	b. MAXIMUI	M 30 DAY VALUE	c. LONG TER	M AVG. VALUE		` 1		a. LONG TERM		
1. Pollutant and CAS NO. (If		Belie		VA	LUE	(if a	available)	(if a	vailable)	d. No. OF	CONCEN				b. NO. OF
available)	ng	ved	ved	(1)	(2)	(1)	(2)	(1)	(2)	ANALYS	a. CONCEN- TRATION	b. MASS	(1)	(2)	ANALYS
	Requ ired	Prese nt	Abse nt	CONCEN	MASS	CONCENTRA TION	MASS	CONCENTRA	MASS	ES			CONCENTRATIO	MASS	ES
GC/MS FRACTIO				TRATION OMPOLINDS	S	11011		TION					N		
1V. Acrolein	1	OLITI	ILL C	COMI COND.	2										
(107-02-8)															
2V. Acrylonitrile															
(107-13-1)															
3V. Benzene															
(71-43-2) 4V. Bromoform															
(75-25-2)															
5V. Carbon															
Tetrachloride															
(56-23-5)															
6V.															
Chlorobenzene															
(108-90-7) 7V. Chlorodi-															
bromomethane															
(124-48-1)															
8V. Chloroethane															
(75-00-3)															
9V. 2-Chloro-															
ethylvinyl Ether (110-75-8)															
10V. Chloroform															
(67-66-3)															
11V. Dichloro-															
bromomethane															
(75-27-4)															
12V. 1,1- Dichloro-															
ethane (75-34-3)															
13V. 1,2-															
Dichloro-															
ethane (107-06-2)															
14V. 1,1-															
Dichloro-															
ethylene(75-35-4) 15V. 1,2-															
Dichloro-															
propane (78-87-5)															
16V. 1,3-															
Dichloro-															
propylene															
(542-75-6)															
17V. Ethylbenzene															
(100-41-4)					_										
18V. Methyl					F	OR II	IFORM	ATIO	N PUR	POS	ES OF	ILY	 		
Bromide(74-83-9)	L														
19V. Methyl					7	HIE /	APPLIC	ATIO	N IC D	EOU	IDED	TO			
Chloride(74-87-3)						ПІЭЛ	AFFLIC	MIIU	M GI FI	EWU	INEU		<u> </u>		

OUTLET NO.

	2.1	f A D IZ	(37)				2 FEEL HEND				4 IDHTTC /	· · · · · · · · · · · · · · · · · · ·		ATZE / 1	`
		//ARK	. 'X'	. 14.377.	IDADATES.	1 14 1771 77	3. EFFLUENT		MANG TALLE	ı	4. UNITS (spe	ecify if blank)		AKE (optional)
1. Pollutant and			c.		UM DAILY		M 30 DAY VALUE		M AVG. VALUE				a. LONG TERM	AVG. VALUE	b. NO.
CAS NO. (If		Belie		VA	LUE	· ·	available)	(if a	vailable)	d. No. OF	a. CONCEN-				OF
			ved	(1)	(2)	(1)	(2)	(1)	(2)	ANALYS	TRATION	b. MASS	(1)	(2)	ANALYS
		Prese		CONCEN	MASS	CONCENTRA TION	MASS	CONCENTRA	MASS	ES			CONCENTRATIO	MASS	ES
			nt	TRATION				TION					N		
GC/MS FRACT	ΓΙΟΝ	1 - V	OLAT	TILE COM	POUNDS (c	ontinued)									
20V. Methylene															
Chloride(75-09-2)															
21V.1,1,2,2-															
Tetra -															
chloroethane (79-34-5)															
22V. Tetrachloro-															
ethylene(127-18-															
4)															
23V. Toluene															
(108-88-3)															
24V. 1,2-Trans-															
Dichloroethylene															
(156-60-5) 25V. 1,1,1-Tri-			\vdash												
25V. 1,1,1-Tri- chloroethane															
(71-55-6)															
26V. 1,1,2-Tri-															
chloroethane															
(79-00-5)															
27V. Trichloro-															
ethylene															
(79-01-61)															
28V. Vinyl															
Chloride(75-01-4) GC/MS FRACTIO	NI A	CID (OMD	OUNDS											
1A.2-	/N - A	CID	OMI	JUNDS											
Chlorophenol															
(95-57-8)															
2A. 2,4-Dichloro-															
phenol (120-83-2)															
3A.2,4-Dimethyl-															
phenol (105-67-9)															
4A. 4,6-Dinitro- O- Cresol (534-															
52-1)															
5A. 2,4-Dinitro-															
phenol (51-28-5)															
6A. 2-Nitro-															
phenol(88-75-5)															
7A. 4-Nitro-															
phenol(100-02-7)			$\vdash \vdash \downarrow$												
8A. P-Chloro-M-															
Cresol (59-50-7) 9A. Pentachloro-		-	\vdash												
phenol (87-86-5)										İ					
10A. Phenol						OP II	IEO DA	ATIO	N DIIE	DOS	EC OL	IIV			
(108-95-2)						UK II	NFORM	HIIU	N PUR	LOS	E9 OL				
11A. 2,4,6-Tri-															
chlorophenol						HIS A	APPLIC	ATIO	NISR	FOL	IRFD	TO			
(88-06-2)							ALL EIG	7110	11 10 11	-40					

BE SUBMITTED PAGE XVII-5
TRONICALLY

												OUTLE	T NO.		
	2. 1	MARK	'X'				3. EFFLUENT	1			4. UNITS (spe	cify if blank)	5.INT.	AKE (optional	()
1 D.H	a.	b.	c.	a. MAXIM	IUM DAILY	b. MAXIMU	M 30 DAY VALUE		M AVG. VALUE		`1		a. LONG TERM		
1. Pollutant and CAS NO. (If	Testi	Belie		VA	LUE	(if	available)	(if a	vailable)	d. No. OF	a. CONCEN-				b. NO. OF
available)	ng Requ ired	ved Prese nt	ved Abse nt	(1) CONCEN TRATION	(2) MASS	(1) CONCENTRA TION	(2) MASS	(1) CONCENTRA	(2) MASS	ANALY SES	TRATION	b. MASS	(1) CONCENTRATIO	(2) MASS	ANALYS ES
GC/MS FRACTION					INDS			TION					N		
1B.Acenaphthene	1 - 152	I DE/TY	LOTR	TIE COMI O	I										
(83-32-9)															
2B.Acenaphtylene (208-96-8)															
3B. Anthracene															
(120-12-7) 4B. Benzidine															
(92-87-5)															
5B. Benzo (a) Anthracene															
(56-55-3)															
6B.Benzo(a)Pyrene															
(50-32-8) 7B. 3,4-Benzo-															
fluoranthene															
(205-99-2)															
8B. Benzo (ghi) Perylene(191-24-2)															
9B. Benzo (k)															
Fluoranthene															
(207-08-9) 10B.Bis(2-Chloro-	-														
ethoxy) Methane															
(111-91-1)															
11B.Bis(2-Chloro- ethyl) Ether(111-															
44-4)															
12B.Bis(2-Chloro-															
<i>isopropyl</i>) Ether (39638-32-9)															
13B.Bis(2- <i>Ethyl</i> -		t													
hexyl) Phthalate															
(117-81-7) 14B. 4-Bromo-		 													
phenyl Phenyl Ether (101-55-3)															
15B. Butyl Benzyl Phthalate (85-68-7)															
16B. 2-Chloro-		t													
naphthalene															
(91-58-7) 17B. 4-Chloro-															
phenyl Phenyl															
Ether (7005-72-3)	ļ	!													ļ
18B. Chrysene (218-01-9)															
19B. Dibenzo (a,h)		1													
Anthracene (53-70-3)															
20B. 1,2-Dichloro- benzene(95-50-1)															
21B. 1,3-Dichloro- benzene(541-73-1)					F	DR IN	IFORM	IOITA	N PUR	POS	ES ON	ILY			

OUTLET NO

												OUTLE	T NO.		
	2. N	ИARК	'X'				3. EFFLUENT	l			4. UNITS (spec	cify if blank)	5.INT	AKE (optional)
1. Pollutant and	a. Testi	b. Belie	C. Balia	a. MAXIM VA	UM DAILY LUE		M 30 DAY VALUE available)	c. LONG TER	M AVG. VALUE vailable)	d. No.		<u> </u>	a. LONG TERM		b. NO.
CAS NO. (If available)	ng		ved	(1) CONCEN TRATION	(2) MASS	(1) CONCENTRA TION	(2) MASS	(1) CONCENTRA TION	(2) MASS	OF ANALY SES	a. CONCEN- TRATION	b. MASS	(1) CONCENTRATIO N	(2) MASS	OF ANALYS ES
GC/ MS FRACT	ΓΙΟΝ	- BA			COMPOUN	IDS		HON					TV.		
22B. 1,4-Dichloro- benzene(106-46-7)															
23B. 3,3-Dichloro- benzidine (91-94-1)															
24B. Diethyl Phthalate (84-66-2)															
25B. Dimethyl Phthalate (131-11-3)															
26B. Di-N-Butyl Phthalate(84-74-2) 27B. 2,4-Dinitro-															
toluene (121-14-2) 28B. 2,6-Dinitro- toluene (206-20-2)															
29B.Di-N-Octyl Phthalate (117-84-0)															
30B.1,2-Diphenyl- hydrazine (as Azo-															
benzene)(122-66-7) 31B. Fluoranthene (206-44-0)															
32B. Fluorene (86-73-7)															
33B. Hexa- chlorobenzene (118-71-1)															
34B. Hexa- chlorobutadiene (87-68-3)															
35B. Hexachloro- cyclopentadiene (77-47-4)															
36B. Hexachloro- ethane (67-72-1)															
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)															
38B. Isophorone (78-59-1)															
39B. Naphthalene (91-20-3) 40B. Nitrobenzene															
(98-95-3) 41B. N-Nitro- sodimethylamine															
(62-75-9) 42B. N-Nitrosodi-					F	OR IN	FORM/	ATIO	V PUR	POS	ES ON	LY			
N-Propylamine (621-64-7)							DDI IO								

												OUTLE	T NO.		
	2. 1	//ARK	'X'				3. EFFLUENT	[4. UNITS (sp	ecify if blank)	5.INT	AKE (optional)
1. D. II. 4 4 1	a.	b.	c.		UM DAILY		M 30 DAY VALUE		RM AVG. VALUE		(1)		a. LONG TERM		
1. Pollutant and CAS NO. (If		Belie		VA	LUE	(if	available)	(if a	vailable)	d. No. OF	a. CONCEN-				b. NO. OF
available)	ng	ved Prese	ved	(1) CONCEN TRATION	(2) MASS	(1) CONCENTRA TION	(2) MASS	(1) CONCENTRA TION	(2) MASS	ANALYS ES	TRATION	b. MASS	(1) CONCENTRATIO N	(2) MASS	ANALYS ES
GC/MS FRACTIO	ON - E	ASE/N	EUTI	RAL COMPO	OUNDS (contin	ued)									
43B. N-Nitro- sodiphenylamine (86-30-6)															
44B. Phenanthrene (85-01-8)															
45B. Pyrene (129-00-0)															
46B. 1,2,4-Tri- chlorobenzene (120-82-1)															
GC/MS FRACTION	ON - P	ESTIC	IDES												
1P. Aldrin (309-00-2)															
2P. "-BHC (319-84-6)															
3P. \$-BHC (319-85-7) 4P. (-BHC															
(58-89-9) 5P. *-BHC															
(319-86-8) 6P. Chlordane															
(57-74-9) 7P. 4,4-DDT															
(50-29-3) 8P. 4,4-DDE															
(72-55-9) 9P. 4,4-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. "- Endosulfan (115-29-7)															
12P. \$- Endosulfan															
(115-29-7) 13P. Endosulfan Sulfate															
(1031-07-8) 14P. Endrin															
(72-20-8) 15P. Endrin Aldehyde															
(7421-93-4) 16P. Heptachlor							150514								

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												OUTLE	T NO.		
	2. 1	MARK	. 'X'				3. EFFLUENT				4. UNITS (spe	cify if blank)	5.INT	AKE (optional)
1. Pollutant and CAS NO. (If	a. Testi				UM DAILY LUE		M 30 DAY VALUE available)		RM AVG. VALUE vailable)	d. No. OF	a. CONCEN-		a. LONG TERM	AVG. VALUE	b. NO. OF
available)	available) ng Requ Prese A ired nt n C/MS FRACTION - PESTICI P. Heptachlor	ved Abse nt	(1) CONCEN TRATION	(2) MASS	(1) CONCENTRA TION	(2) MASS	(1) CONCENTRA TION	(2) MASS	ANALYS ES	TRATION	b. MASS	(1) CONCENTRATIO N	(2) MASS	ANALYS ES	
GC/MS FRACTI	ON - P	ESTIC	CIDES	(continued)	•										
17P. Heptachlor															
Epoxide															
(1024-57-3)															
18P. PCB-1242															
(53469-21-9)															
19P. PCB-1254															
(11097-69-1)															
20P. PCB-1221															
(11104-28-2)															
21P. PCB-1232															
(11141-16-5)															
22P. PCB-1248															
(12672-29-6)															
23P. PCB-1260															
(11096-82-5)															
24P. PCB-1016															
(12674-11-2)	_														
25P. Toxaphene (8001-35-2)															

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Outlet I	No	
Ouliet i	NO.	

XVII. STORMWATER DISCHARGE INFORMATION

Part D - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outlet. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number		
	Grab Sample Taken During First 30 Minutes	Flow Weighted Composite	GrabSample Taken During First 30 Minutes	Flow Weighted Composite	of Storm Events Sampled	Sources of Pollutants	
Oil and Grease							
Biological Oxygen Demand (BOD5)							
Chemical Oxygen Demand (COD)							
Total Suspended Solids (TSS)							
Total Kjeldahl Nitrogen							
Nitrite plus Nitrate Nitrogen							
Total Phosphorus							
pН	Minimum	Maximur	n				

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

Maximum Values (include units) Average Values (include units) Number Pollutant and of Storm Sources of Pollutants CAS Number Grab Sample GrabSample **Events** Flow Weighted Flow Weighted (if available) Taken During Taken During Sampled Composite Composite First 30 Minutes First 30 Minutes FOR INFORMATION PURPOSES ONLY

Outlet	Nο	
Outlet	110.	

XVII. STORMWATER DISCHARGE INFORMATION

Part F - List each pollutant shown in Tables B and C of this application that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outlet.

Maximum Values (include units)		Average Values (include units)		Number		
Grab Sample Taken During First 30 Minutes	Flow Weighted Composite	GrabSample Taken During First 30 Minutes	Flow Weighted Composite	of Storm Events Sampled	Sources of Pollutants	
	Grab Sample Taken During	Grab Sample Taken During Flow Weighted	Grab Sample Taken During Grab Sample Taken During Grab Sample Taken During	Grab Sample Flow Weighted Taken During Flow Weighted Taken During Comparity Taken During	Grab Sample Taken During Grap Sample Taken During	

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

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total Rainfall during storm event (in inches)	Number of days and/or hours between beginning of storm measured and the end of previous measurable rain event	5. Maximum during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)	Season sample was taken	Form of Precipitation (rainfall, snowmelt)

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

FOR INFORMATION PURPOSES ONLY
THIS APPLICATION IS REQUIRED TO

BE SUBMITTED ELECTRONICALLY