



DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES

South Dakota Surface Water Discharge Program Application for Permit to Discharge Wastewater

GENERAL INFORMATION

This form is provided by the Secretary of the South Dakota Department of Agriculture and Natural Resources in accordance with §74:52:02:08 of the Administrative Rules of South Dakota. No South Dakota Surface Water Discharge Permit will be issued except under completion, and submittal of this form to:

South Dakota Department of Agriculture and Natural Resources
Surface Water Quality Program
Joe Foss Building
523 East Capitol Avenue
Pierre, SD 57501

Check the appropriate response:

Permit Renewal New Application

Indicate type of facility (check most appropriate response):

POTW Industry
Water Treatment Plant Federal
Other (please specify)

PLEASE PRINT OR TYPE

1. Name of Facility:

2. Mailing Address of Owner:

Name _____
Street _____
City _____
State _____ County _____ Zip Code _____

3. Mailing address of facility (if different from owner):

Name _____
Street _____
City _____
State _____ County _____ Zip Code _____

Include other local contacts:

Name _____ Title _____ Phone _____
Name _____ Title _____ Phone _____

4. Telephone Number:

Owner: _____ Facility: _____

FOR SDDANR USE ONLY

Application Number: _____	Permit Number: _____
Date Received: _____	Date Permitted: _____
New Facility: _____	Existing Facility: _____
Receiving Stream: _____	PCS: _____

5. Is this facility located on Indian lands?

Yes

No

6. Please include a brief description of the nature of the business conducted at this facility.

Include from one to four Standard Industrial Classification (SIC) codes which best reflect the principal products or services provided by the facility.

Please list all the activities which require the applicant to obtain a discharge permit.

7. Operational History:

Date Constructed: _____

Operational Start-up: _____

NOTE: Provide a narrative description of each change or improvement made to this facility, either currently underway or anticipated over the next five years, which will affect the quality of the discharge or generated sludge. For each change or improvement, provide projected dates, as accurately as possible, for completion of each step listed below:

A. Begin Construction _____

B. End Construction _____

C. Begin Discharge _____

D. Operational Level Attained _____

8. Type of treatment (check all appropriate boxes):

A. No treatment

Stabilization pond:

A. Effluent discharge to "Waters of the State"

B. Effluent used for irrigation

C. Total retention - No Discharge

D. Stabilization pond/artificial wetland system

E. Infiltration/percolation basins

F. Aerated Lagoon

G. Other, please explain: _____

Mechanical Treatment Facilities:

A. Conventional Secondary Treatment

B. Advanced Treatment - Tertiary

C. Other, please explain: _____

NOTE: Please attach a description of the treatment units employed by the facility, including a line drawing of the current wastewater treatment facility. Waters of the State can not be used for treatment

9. Number of separate discharge points which have an existing or potential release of treated or untreated wastewater (outfalls): _____

Describe the discharge and the type of wastewater from each outfall. Include all overflows, bypasses, or seasonal discharges from lift stations, lagoons, holding ponds, etc.:

Outfall 001 _____

Outfall 002 _____

Outfall 003 _____

Attach additional sheets if necessary.

NOTE: Please place points of discharge on a topographic map, or other map if a topographic map is unavailable. This map should extend to one (1) square mile beyond the property boundaries of the facility and each of its intake and discharge facilities; each of its hazardous waste treatment, storage, or disposal facilities; each well where fluids from the facility are injected underground; and those wells, springs, other surface water bodies, drinking water wells, and surface water intake structures listed in public records, or otherwise known to the applicant in the map area.

10. Are you able to bypass your treatment facility?

Yes If yes, which outfall(s) listed above correspond to this bypass discharge? _____

No

11. Is discharge (check one):

A. Continuous

B. Intermittent

C. Seasonal

D. No Discharge

If other than continuous, please explain:

12. Name of Receiving Waters: _____

If wastewater is discharged to places other than surface water, please explain:

13. Type of Sludge disposal (check all appropriate boxes):

- A. Land Application (please explain): _____
- B. Surface Disposal
- C. Landfill
- D. Other (please explain): _____
- E. Sludge is not generated or disposed of at this facility

14. If A, B, C, or D was marked in Question 13, provide a narrative on the following sludge production information: (Attach additional sheets if necessary)

- A. Tons of dry sludge produced each year _____
- B. Average percent solids sludge produced _____
- C. Tons of dry sludge disposed of each year _____
- D. Average percent solids sludge sent for use and/or disposal _____
- E. Attach any sludge monitoring data obtained over the last year (including groundwater monitoring data, results of hazardous waste tests, and results of actions taken to determine whether sludge is hazardous). Include a description of the methods used and sampling locations and dates.

15. List other information which you feel should be brought to the attention of the SDDANR in regard to the issuance of a discharge permit for the facility. (Attach additional sheets if necessary.)

16. Type of Discharge (check all that apply):

- Publicly Owned Treatment Works (Complete Appendix A)
- Existing Industrial process wastewater (Complete Appendix B)
- New Industrial process wastewater (Complete Appendix C)
- Non-contact cooling water, or other non-process wastewater (Complete Appendix D)
- Storm water associated with industrial activity (Complete Appendix E)
- Large or medium municipal separate storm sewer system
- Discharge to sanitary sewer and/or Publicly Owned Treatment Works (Complete Appendix C)
- Backwash from water treatment plants (Complete Appendix C)
- Concentrated animal feeding operation (Complete Appendix C)
- Concentrated aquatic animal production facility (Complete Appendix C)
- Privately owned treatment works (Complete Appendix C)
- Federal facility (except those located on Indian reservations) (Complete Appendix C)
- Silvicultural point source (Complete Appendix C)
- Other (please specify) _____

17. Does this application substantially duplicate an application by the same applicant which was denied by the SDDANR or the USEPA within the past five years and which has not been reversed by a court of competent jurisdiction?

Yes

No

18. Existing Environmental Permits

Please check all other Environmental Permits which are held by the facility. Include permit numbers in the space provided:

A. NPDES or SWD (Discharges to Surface Water) _____

B. UIC (Underground Injection of Fluids) _____

C. RCRA (Hazardous Wastes) _____

D. PSD (Air Emissions from Proposed Sources) _____

E. Other (please specify) _____

F. Other (please specify) _____

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 directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I also certify that I will provide for the operation of this facility in accordance with the Rules and Regulations Governing Operation of Water Pollution Control Facilities and will provide certified operators as required by SDCL 34A-3, Water Supply and Treatment System Operators. I am aware that there are significant penalties for submitting false information, including revocation of the permit and the possibility of fine and imprisonment for knowing violations.

NOTE: Application must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Name _____ Title _____

Date _____

Signature _____

STATE OF SOUTH DAKOTA

BEFORE THE SECRETARY OF

THE DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES

IN THE MATTER OF THE
APPLICATION OF

STATE OF _____

COUNTY OF _____

CERTIFICATION OF

APPLICANT

I, _____, the applicant in the above matter after being duly sworn upon oath hereby certify the following information in regard to this application:

I have read and understand South Dakota Codified Law Section 1-41-20 which provides:

"The secretary may reject an application for any permit filed pursuant to Titles 34A or 45, including any application by any concentrated swine feeding operation for authorization to operate under a general permit, upon making a specific finding that:

(1) The applicant is unsuited or unqualified to perform the obligations of a permit holder based upon a finding that the applicant, any officer, director, partner, or resident general manager of the facility for which application has been made:

(a) Has intentionally misrepresented a material fact in applying for a permit;

(b) Has been convicted of a felony or other crime involving moral turpitude;

(c) Has habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage;

(d) Has had any permit revoked under the environmental laws of any state or the United States; or

(e) Has otherwise demonstrated through clear and convincing evidence of previous actions that the applicant lacks the necessary good character and competency to reliably carry out the obligations imposed by law upon the permit holder; or

(2) The application substantially duplicates an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Nothing in this subdivision may be construed to prohibit an applicant from submitting a new application for a permit previously denied, if the new application represents a good faith attempt by the applicant to correct the deficiencies that served as the basis for the denial in the original application.

All applications filed pursuant to Titles 34A and 45 shall include a certification, sworn to under oath and signed by the applicant, that he is not disqualified by reason of this section from obtaining a permit. In the absence of evidence to the contrary, that certification shall constitute a prima facie showing of the suitability and qualification of the applicant. If at any point in the application review, recommendation or hearing process, the secretary finds the applicant has intentionally made any material misrepresentation of fact in regard to this certification,

consideration of the application may be suspended and the application may be rejected as provided for under this section.

Applications rejected pursuant to this section constitute final agency action upon that application and may be appealed to circuit court as provided for under chapter 1-26."

I certify pursuant to 1-41-20, that as an applicant, officer, director, partner, or resident general manager of the activity or facility for which the application has been made that I; a) have not intentionally misrepresented a material fact in applying for a permit; b) have not been convicted of a felony or other crime of moral turpitude; c) have not habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage; (d) have not had any permit revoked under the environmental laws of any state or the United States; or e) have not otherwise demonstrated through clear and convincing evidence of previous actions that I lack the necessary good character and competency to reliably carry out the obligations imposed by law upon me. I also certify that this application does not substantially duplicate an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Further;

"I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct."

Dated this _____ day of _____, 20____.

Applicant (print)

Applicant (signature)

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public (signature)

My commission expires: _____

(SEAL)

**PLEASE ATTACH ANY ADDITIONAL INFORMATION NECESSARY TO DISCLOSE
ALL FACTS AND DOCUMENTS PERTAINING TO
SDCL 1-41-20 (1) (a) THROUGH (e).
ALL VIOLATIONS MUST BE DISCLOSED, BUT WILL NOT
AUTOMATICALLY RESULT IN THE REJECTION OF AN APPLICATION**

Water Permits Division



Application Form 2C

Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

NPDES Permitting Program

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect information and complete Form 2C to be 32.5 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

FORM 2C—INSTRUCTIONS

General Instructions

Who Must Complete Form 2C?

You must complete Form 2C if you answered “Yes” to Item 1.2.2 on Form 1—that is, if you are an existing manufacturing, commercial, mining, or silvicultural facility that currently discharges process wastewater.

Where to File Your Completed Form

Submit your completed application package (Forms 1 and 2C) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1’s “General Instructions” to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2C (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2C. Note that NPDES authorities will deny claims for treating any effluent data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Federal Registry Service, NPDES permit number, and facility name at the top of each page of Form 2C and any attachments. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of Form 1’s “General Instructions” for contact information. Additionally, for Tables A through E, provide the applicable outfall number at the top of each page.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in these instructions and Form 2C are in the “Glossary” at the end of the “General Instructions” in Form 1.

Line-by-Line Instructions

Section 1. Outfall Location

Item 1.1. Identify each of the facility’s outfall structures by number. For each outfall, specify the latitude and longitude to the nearest 15 seconds and name of the receiving water. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary. The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Section 2. Line Drawing

Item 2.1. Attach a line drawing showing water flow through your facility, from intake to discharge. Indicate the sources of intake water (e.g., city, well, stream, other); operations contributing wastewater to the effluent including process and production areas, sanitary flows, cooling water, and stormwater runoff; and treatment units labeled to correspond to the more detailed descriptions under Section 3. You may group similar operations into a single unit.

Construct a water balance on the line drawing by showing average flows (specify units) between intakes, operations, treatment units, and outfalls. Show all significant losses of water to products, the atmosphere, and discharge. You should use actual measurements wherever available; otherwise use your best estimate. If you cannot determine a water balance for your activities (such as mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. An example of an acceptable line drawing is provided in Exhibit 2C–1 at the end of these instructions.

Section 3. Average Flows and Treatment

Item 3.1. For each outfall identified under Item 1.1, provide the following information: (1) all processes, operations, or production areas that contribute wastewater to the effluent for the outfall, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) average flow of wastewater contributed by each operation in million gallons per day (mgd); (3) a description of the treatment unit (including size of each treatment unit, flow rate through each treatment unit, retention time, etc.); (4) the applicable treatment code(s) from Exhibit 2C–2 (see end of instructions); and (5) the ultimate disposal of any solid or fluid wastes that are not discharged to the receiving water. You may describe processes, operations, or production areas in general terms (e.g., “dye-making reactor” or “distillation tower”). You may estimate the average flow of point sources composed of stormwater; however, you must

FORM 2C—INSTRUCTIONS CONTINUED

indicate the basis of the rainfall event and the method of estimation. Add additional sheets as necessary.

Item 3.2. Answer whether you are applying for an NPDES permit to operate a privately owned treatment works. If yes, continue to Item 3.3. If no, skip to Section 4.

Item 3.3. Attach a list to your application that includes the identity of each user of the treatment works, then answer “Yes” to Item 3.3.

Section 4. Intermittent Flows

Item 4.1. Answer “Yes” or “No” to indicate whether any of the discharges you described in Sections 1 and 3 of Form 2C are intermittent or seasonal, except for stormwater runoff, spillage, or leaks. An intermittent discharge is one that is not continuous. A continuous discharge is one that occurs without interruption during the operating hours of the facility, except for infrequent shutdowns for maintenance, process changes, or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year. If yes, continue to Item 4.2. If no, skip to Section 5.

Item 4.2. By relevant outfall number, identify each operation that has intermittent or seasonal discharges. Indicate the average frequency (days per week and months per year), the long-term average and maximum daily flow rates in mgd, and the duration of the intermittent or seasonal discharges. Base your answers on actual data if available. Otherwise, provide your best estimate. Report the average of all daily values measured during days when the discharge occurred for “Long-Term Average,” and report the highest daily value for “Maximum Daily.”

Section 5. Production

Item 5.1. Indicate whether any effluent limitation guidelines (ELGs) promulgated under Section 304 of the Clean Water Act (CWA) apply to your facility. If yes, continue to Item 5.2. If no, skip to Section 6. All ELGs promulgated by EPA appear in the *Federal Register* and are published annually in 40 CFR Subchapter N. An ELG applies if you have any operations contributing process wastewater in any subcategory covered by a Best Practicable Control Technology Currently Available (BPT), Best Conventional Pollutant Control Technology (BCT), or Best Available Technology Economically Achievable (BAT) guideline. If you are unsure whether you are covered by a promulgated ELG, consult your NPDES permitting authority (see Exhibit 1–1 of the “General Instructions” of Form 1). You must check “Yes” if an applicable ELG has been promulgated, even if the ELG is being contested in court. If you believe that a promulgated ELG has been remanded for reconsideration by a court and does not apply to your operations, you may answer “No” to Item 5.1 and skip to Section 6.

Item 5.2. Complete Item 5.2 by indicating the applicable ELG category, ELG subcategory, and corresponding regulatory citation. See the example below.

Applicable ELGs	5.2	ELG Category	ELG Subcategory	Regulatory Citation
		Pulp, Paper, and Paperboard Point Source Category	Secondary Fiber Non-Deink Subcategory	40 CFR 430, Subpart J

Item 5.3. Indicate if the limitations in the applicable ELGs are expressed in terms of production or other measure of operation. For operational parameter, it is expressed in terms of production (e.g., “pounds of biological oxygen demand per cubic foot of logs from which bark is removed,” or “pounds of total suspended solids per megawatt hour of electrical energy consumed by smelting furnace”). An example of an ELG not expressed in terms of a measure of operation is one that limits the concentration of pollutants. If yes, continue to Item 5.4. If no, skip to Section 6.

Item 5.4. Indicate the operations, products, or materials produced at the facility for each outfall. For each operation, product, or material produced, denote the quantity produced per day using the measurement units specified in the applicable ELG. The NPDES permitting authority will use the production information to apply ELGs to your facility. You may not claim that the production information you submit is confidential. You do not need to indicate how you calculated the reported information. The production figures provided must be based on a reasonable measure of actual daily production, not on design capacity or on predictions of future operations. To obtain alternate limits under 40 CFR 122.45(b)(2)(ii), you must define your maximum production capability and demonstrate to the NPDES permitting authority that your actual production is substantially below maximum production capability and that there is a reasonable potential for an increase above actual production during the duration of the permit.

Section 6. Improvements

Item 6.1. Indicate if you are 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 your application. The requirements include, but are not limited to, permit conditions, administrative enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. If yes, continue to Item 6.2. If no, skip to Item 6.3.

Item 6.2. Briefly identify and describe each applicable project (e.g., consent decree, enforcement order, or permit condition). For each condition, specify the affected outfall number(s), the source(s) of the discharge, the projected final compliance date, and the required final compliance date.

Item 6.3. OPTIONAL ITEM. If desired, attach descriptions of any additional water pollution control programs (or other environmental projects that could affect your discharges) that are now underway or planned. Indicate in your attachments whether each program is actually underway or is planned, and indicate your actual or planned schedule for construction.

Section 7. Effluent and Intake Characteristics

Items 7.1 to 7.17. These items require you to collect and report data for the parameters and pollutants listed in Tables A through E, located at the end of Form 2C. The instructions for completing the tables are table-specific in addition to the criteria for determining who should complete them. In general, the following conditions apply:

FORM 2C—INSTRUCTIONS CONTINUED

Table	Pollutants/Parameters	Who Completes?
A	Conventional and non-conventional pollutants	All applicants from all outfalls unless a waiver is obtained from the NPDES permitting authority.
B	Toxic metals, cyanide, total phenols, and organic toxic pollutants	Applicants in the primary industry categories listed in Exhibit 2C-3 at the end of these instructions.
C	Certain conventional and non-conventional pollutants	Applicants subject to ELGs that limit pollutants directly or indirectly and applicants who believe pollutants may be present in their facility's discharge.
D	Certain hazardous substances and asbestos	Applicants who believe pollutants may be present in their facility's discharge.
E	2,3,7,8-tetrachlorodibenzo-p-dioxin (2,3,7,8-TCDD)	Applicants that use or manufacture the pollutant or believe the pollutant may be present in the facility's discharge.

Important note: Read the “General Instructions for Reporting, Sampling, and Analysis” on pages 2C-5 and 2C-6 before completing Section 7 and Tables A through E.

Item 7.1 and Table A. All applicants must report at least one analysis for each conventional and non-conventional pollutant listed in Table A for each outfall (one table per outfall). This includes outfalls discharging only noncontact cooling water or stormwater runoff. However, at your request, the NPDES permitting authority may waive the requirement to test for one or more of the listed pollutants for specific outfalls, upon a determination that available information is adequate to support issuance of your NPDES permit with less stringent reporting requirements. You may also request a waiver from your NPDES permitting authority for one or more of the Table A pollutants for your industry category or subcategory. Indicate whether you are requesting a waiver in response to Item 7.1. If yes, continue to Item 7.2. If no, skip to Item 7.3.

Item 7.2. Specify the outfalls for which you are requesting a waiver. Next, indicate on Table A for the applicable outfalls the pollutants for which the waiver is being requested. Attach your waiver request and supporting information to your completed Form 2C.

Item 7.3. Test your effluent from each outfall for each pollutant listed in Table A for which you have not requested a waiver. You may also conduct optional tests of your intake water for the Table A pollutants. See the “General Instructions for Reporting, Sampling, and Analysis” on pages 2C-5 and 2C-6 for further information.

Item 7.4 and Table B. This item asks whether any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3. If you are applying for a permit for a privately owned treatment works, determine your testing requirements based on the industrial categories of your contributors. This exercise is simply to determine your testing requirements only. You are not giving up your right to challenge your inclusion in the category determined for testing (e.g., for deciding whether an ELG is applicable) before your permit is issued. If yes, continue to Item 7.5. If no, skip to Item 7.8.

Complete a separate Table B for each outfall. Section 1 of Table B lists toxic metals, cyanide, and total phenols. Sections 2 through 5 of Table B list the pollutants in each of the gas chromatography/mass spectrometry (GC/MS) fractions. Note that inclusion of total phenols in Section 1 of Table B does not mean that EPA is classifying the group as toxic pollutants.

Item 7.5. Because you indicated in Item 7.4 that the facility's processes contribute wastewater that falls into one or more of the primary industry categories, check “Testing Required” for all toxic metals, cyanide, and total phenols in Section 1 of Table B. Answer “Yes” to Item 7.5 once you have completed this task.

Item 7.6. Because you indicated in Item 7.4 that the facility's processes contribute wastewater that falls into one or more of the primary industry categories, list the primary industry categories applicable to your facility. Next, review Exhibit 2C-3 to determine whether testing is required and for which GC/MS fraction(s): volatile compounds, acid compounds, base/neutral compounds, and pesticides. Check the applicable boxes for each GC/MS fraction requiring testing.

Item 7.7. For each of the required GC/MS fractions, check “Testing Required” for each of the pollutants in the required fraction in Sections 2 through 5 of Table B. Answer “Yes” to Item 7.7 once you have completed this task.

Item 7.8 and Sections 1 through 5 of Table B. For all other cases (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions) and remaining pollutants, check “Believed Present” or “Believed Absent” in Sections 1 through 5 of Table B to indicate whether you have reason to believe that any of the pollutants listed are discharged from your outfalls. Answer “Yes” to Item 7.8 after you have completed this step.

Item 7.9 and Section 1 of Table B. For each pollutant you know or have reason to believe is present in your discharge from each applicable outfall in concentrations of 10 parts per billion (ppb) or greater, you must report quantitative data. For every pollutant expected to be discharged in concentrations less than 10 ppb, you must submit quantitative data or briefly describe the reasons the pollutant is expected to be discharged. For pollutants in intake water, see the discussion under “General Instructions for Reporting, Sampling, and Analysis” below. Answer “Yes” to Item 7.9 once you have completed Section 1 of Table B.

Item 7.10. This item asks if you qualify as a “small business.” If so, you are exempt from submitting quantitative data for the organic toxic pollutants on Table B (Sections 2 through 5). You still must indicate, though, whether you believe any of the pollutants listed in Sections 1 through 5 are present in your discharge per the Instructions at Item 7.8 above.

You can qualify as a small business in two ways: (1) If your facility is a coal mine and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (such as a schedule of estimated total production under 30 CFR 795.14(c)) instead of conducting analyses for the organic toxic pollutants. (2) If your facility is not a coal mine and if your gross total annual sales for the most recent three years average less than \$100,000 per year (in second quarter 1980 dollars), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants.

The production or sales data must be for the facility that is the source of the discharge. The data should not be limited to production or sales for the process or processes that contribute to the discharge, unless those are the only processes at your facility.

FORM 2C—INSTRUCTIONS CONTINUED

For sales data, in situations involving intra-corporate transfer of goods and services, the transfer price per unit should approximate market prices for those goods and services as closely as possible. Sales figures for years after 1980 should be indexed to the second quarter of 1980 by using the gross national product price deflator (second quarter of 1980 = 100). This index is available online from the U.S. Department of Commerce, Bureau of Economic Analysis at <http://bea.gov/national/pdf/SNTables.pdf>.

If you qualify as a small business according to the criteria above, answer "Yes" to Item 7.10. Check the box at the top of Table B to show that you are not required to submit quantitative data for the organic toxic pollutants (Sections 2 through 5 of Table B), then skip to Item 7.12. Otherwise, answer "No" and continue to Item 7.11.

Item 7.11 and Sections 2 through 5 of Table B. Unless you qualify as a small business (see Item 7.10), you must provide quantitative data for all pollutants for which you marked "Testing Required" in Sections 2 through 5 of Table B. You must also provide quantitative data for all pollutants you marked as "Believed Present" in Sections 2 through 5 of Table B if you discharge those pollutants in concentrations of 10 ppb or greater, except for acrolein, acrylonitrile, 2,4-dinitrophenol, and 2-methyl-4,6-dinitrophenol. If you discharge any of the four latter pollutants in concentrations of 100 ppb or greater, you must report quantitative data. If you discharge the pollutants in Sections 2 through 5 of Table B less than these thresholds (i.e., <100 ppb for acrolein, acrylonitrile, 2,4-dinitrophenol, and 2-methyl-4,6-dinitrophenol and <10 ppb for all others), you must submit quantitative data or briefly describe the reasons the pollutant is in your discharge.

For pollutants in intake water, see the discussion under "General Instructions for Reporting, Sampling, and Analysis" on pages 2C-5 and 2C-6 for further information.

Once you have completed these tasks, answer "Yes" to Item 7.11.

Item 7.12 and Table C. For each outfall (including outfalls containing only noncontact cooling water or stormwater runoff), indicate whether you know or have reason to believe that any of the pollutants listed on Table C are present in your discharge. If so, mark the box in the "Believed Present" column for each applicable pollutant. If not, mark the box in the "Believed Absent" column for each applicable pollutant. Answer "Yes" to Item 7.12 once you have completed the required task for each outfall.

Item 7.13 and Table C. You are required to report quantitative data for any Table C pollutants that are directly limited in an applicable ELG or are indirectly limited in an applicable ELG through an expressed limitation on an indicator (e.g., use of total suspended solids (TSS) as an indicator to control the discharge of iron and aluminum). For all other pollutants that you marked as "Believed Present," you must either report quantitative data or briefly describe the reasons the pollutant is expected to be discharged.

For pollutants in intake water, see the discussion under "General Instructions for Reporting, Sampling, and Analysis" on pages 2C-5 and 2C-6 for further information.

Answer "Yes" to Item 7.13 when you have fully completed the tasks associated with Table C and Items 7.12 and 7.13 above.

Item 7.14 and Table D. For each outfall, indicate if you believe that any pollutant listed in Table D is "Believed Present" or "Believed Absent" in your facility's effluent. Check the boxes in the applicable columns on Table D next to each pollutant. For every pollutant believed present, you must briefly describe the reasons the pollutant is expected to be discharged and report any quantitative data you have for that pollutant. Note that you are not required to perform analytical tests for any of the Table D pollutants at this time. However, if you have prior test results, you must report them.

Item 7.15. Answer "Yes" to this Item when you have completed Table D.

Under 40 CFR 117.12(a)(2), certain discharges of hazardous substances (listed in Exhibit 2C-4 at the end of these instructions) may be exempted from the requirements of Section 311 of the CWA, which establishes reporting requirements, civil penalties, and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance can be exempted if the origin, source, and amount of the discharged substances are identified in the NPDES permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place.

Exemptions are allowed from the requirements of CWA Section 311. Applications for exemptions must set forth the following information:

1. The substance and the amount of each substance that may be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment to be provided for the discharge by:
 - a. An onsite treatment system separate from any treatment system treating your normal discharge;
 - b. A treatment system designed to treat your normal discharge and that is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
 - c. Any combination of the above.

See 40 CFR 117.12(a)(2) and (c) or contact your NPDES permitting authority for further information on exclusions from CWA Section 311.

Item 7.16. Indicate whether:

- Your facility uses or manufactures 2,4,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnell); 2,4,5-trichlorophenol (TCP); or hexachlorophene (HCP).
- You know or have reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) is or may be present in an effluent.

If yes, continue to Item 7.17. If no, skip to Section 8.

Item 7.17 and Table E. If you answered "Yes" to Item 7.16, you must report *qualitative* data, generated using a screening procedure not calibrated with analytical standards, for TCDD. Your screening analyses must be performed using gas chromatography with an electron capture detector. A TCDD standard for quantitation is not required. Describe the results of your screening analysis (e.g., "no measurable baseline deflection at the retention time of TCDD" or "a measurable peak within the tolerances of the retention time of TCDD.") on Table E. The NPDES permitting authority may require you to perform a quantitative analysis if you report a positive result.

Answer "Yes" to Item 7.17 when you have completed Table E.

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Tables A through E and Section 7 of Form 2C.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the EPA Identification Number, NPDES permit number, facility name, and applicable outfall number at the top of each page of the tables and any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls so long as the sheets contain all of the required information and are similar in format to Tables A through E. For example, you may be able to print a report in a compatible format from the data system used in your GC/MS analysis completed under Table B.

Table A requires you to report at least one analysis for each pollutant listed. Tables B through D require you to report analytical data in two ways. For some pollutants, you may be required to check the box in the "Testing Required" column and test and report the levels of the pollutants in your discharge whether or not you expect them to be present in your discharge. For all other pollutants, you must check the box in either the "Believed Present" or "Believed Absent" columns based on your best estimate and test for those you believe to be present (with some exceptions). Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, maintenance chemicals, intermediate and final products and byproducts, and any previous analyses known to you of your effluent or similar effluent. For example, if you manufacture pesticides, you should expect those pesticides to be present in contaminated stormwater runoff.

If you would expect a pollutant to be present solely because of its presence in your intake water, you must mark "Believed Present" but you are not required to analyze for that pollutant. Instead, mark an "X" in the long-term average value of the "Intake" column; optionally, you may instead provide intake data.

Reporting of Effluent Data

Report sampling results for all pollutants in Tables A through C as concentration *and* total mass, except for flow, temperature, pH, color, and fecal coliform organisms. If you are reporting quantitative data under Table D, report concentration only.

Flow, temperature, pH, color, and fecal coliform organisms must be reported as mgd, degrees Celsius (°C), standard units, color units, and most probable number per 100 milliliters (MPN/100 mL), respectively. Use the following abbreviations in the columns requiring "units" in Tables A through D.

Concentration	Mass
ppm = parts per million	lbs = pounds
mg/L = milligrams per liter	ton = tons (English tons)
ppb = parts per billion	mg = milligrams
µg/L = micrograms per liter	g = grams
MPN = most probable number per 100 milliliters	kg = kilograms
	T = tonnes (metric tons)

All reporting of values for metals must be in terms of "total recoverable metal," unless:

- An applicable, promulgated ELG specifies the limitation for the metal in dissolved, valent, or total form;
- All approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium); or
- The permitting authority has determined that in establishing case-by-case limitations it is necessary to express the limitations of the metal in dissolved, valent, or total form to carry out the provisions of the CWA.

Note that you are *not* required to complete the "Maximum Monthly Discharge" and the "Long-Term Average Daily Discharge" columns of Tables A through C; however, these fields should be completed if data are available.

If you measure only one daily value, complete the "Maximum Daily Discharge" columns of the tables and enter "1" in the "Number of Analyses" columns. The NPDES permitting authority may require additional analyses to further characterize your discharges.

For composite samples, the daily value is the total mass or average concentration found in a composite sample taken over the operating hours of the facility during a 24-hour period. For grab samples, the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of at least four grab samples taken over the operating hours of the facility during a 24-hour period.

If you measure more than one daily value for a pollutant and those values are representative of your wastestream, you must report them. You must describe your method of testing and data analysis.

When an applicant has two or more outfalls with substantially identical effluents, the NPDES permitting authority may allow the applicant to test only one outfall and report those quantitative data as applying to the substantially identical outfall. If the permitting authority grants your request, attach a separate sheet to the application form identifying the outfall tested and describing why the other outfall(s) are substantially identical.

Reporting of Intake Data

You are not required to report data under the "Intake" columns of Tables A through C unless you wish to demonstrate your eligibility for a "net" effluent limitation for one or more pollutants in Tables A through C (i.e., an effluent limitation adjusted by subtracting the average level of the pollutant(s) present in your intake water). NPDES regulations allow net limitations only in certain circumstances. To demonstrate your eligibility, under the "Intake" columns report the average of the results of analyses of your intake water and discuss the requirements for a net limitation with your NPDES permitting authority. If your water is treated before use, test the water after it has been treated.

General Instructions for Reporting, Sampling, and Analysis Continued

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact your NPDES permitting authority for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 1–1 of Form 1 for contact information. Any specific requirements in the applicable analytical methods—for example, sample containers, sample preservation, holding times, and the collection of duplicate samples—must be followed.

The time when you sample should be representative of your normal operation, to the extent feasible, with all processes that contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and enterococci (previously known as fecal streptococcus at 40 CFR 122.26(d)(2)(iii)(A)(3)), and volatile organic compounds.

For all other pollutants, a 24-hour composite sample, using a minimum of four grab samples, must be used unless specified otherwise at 40 CFR 136. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period greater than 24 hours.

For stormwater discharges, a minimum of one to four grab samples must be taken, depending on the duration of the discharge. One grab sample must be taken in the first hour (or less) of discharge, with one more grab sample (up to a minimum of four) taken in each succeeding hour of discharge for discharges lasting four hours or more.

Except for stormwater discharges, the NPDES permitting authority may waive composite sampling requirements for any outfall for which you demonstrate that use of an automatic sampler is infeasible and that the minimum of four grab samples will be representative of your discharge. Results of analyses of individual grab samples for any parameter may be averaged to obtain the daily average. Grab samples that are not required to be analyzed immediately may be composited in the laboratory, if the container, preservation, and holding time requirements are met and if sample integrity is not compromised during compositing. See Table II at 40 CFR 136.3 for further information.

A **grab sample** is an individual sample of at least 100 milliliters collected at a randomly chosen time over a period not exceeding 15 minutes.

A **composite sample** is a combination of at least eight sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over a 24-hour period. The composite must be flow proportional; either the time interval between each aliquot or the volume of each aliquot must be proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot.

Aliquots may be collected manually or automatically. For “GC/MS Fraction—Volatile Compounds” in Table B, aliquots must be combined in the laboratory immediately before analysis. Four (rather than eight) aliquots or grab samples should be collected for this fraction. These four samples should be collected during actual hours of discharge over a 24-hour period and need not be flow proportioned. Only one analysis is required.

Use of Historical Data

Existing data may be used, if available, in lieu of sampling conducted solely for the purposes of this application, provided that: all data requirements are met; sampling was performed, collected, and analyzed no more than 4.5 years prior to submission; all data are representative of the discharge; and all available representative data are considered in the values reported.

Analysis

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is “sufficiently sensitive” when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility’s discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.
- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of “sufficiently sensitive,” the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the NPDES permitting authority may determine that the method is not performing adequately and the NPDES permitting authority should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the NPDES permitting authority, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method’s precision, accuracy, or resolution, may be considered when assessing the performance of the method.

Section 8. Used or Manufactured Toxics

Item 8.1. Indicate if any pollutant listed in Table B is used or manufactured in your facility as an intermediate or final product or byproduct. If yes, continue to Item 8.2. If no, skip to Section 9.

Item 8.2. List the applicable toxic pollutants. Note that the NPDES permitting authority may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the permitting authority has adequate information to issue you a permit. You may *not* claim this information as confidential. Note that you do *not* need to distinguish between use or production of the pollutants or list amounts.

Section 9. Biological Toxicity Tests

Item 9.1. Indicate if you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years. If yes, continue to Item 9.2. If no, skip to Section 10.

Item 9.2. Identify the tests known to have been performed and the purposes of each. For each test, check "Yes" or "No" to indicate if you have submitted the test results to the NPDES permitting authority and the date the results were submitted. The NPDES permitting authority may ask you to provide additional details after reviewing your application.

Section 10. Contract Analyses

Item 10.1. Indicate if any of the analyses reported in Section 7 were performed by a contract laboratory or consulting firm. If yes, continue to Item 10.2. If no, skip to Section 11.

Item 10.2. Identify each laboratory or firm used in the table provided. For each, provide the name, address, and phone number of the laboratory or firm and the pollutants analyzed.

Section 11. Additional Information

Item 11.1. In addition to the information reported on the application form, the NPDES permitting authority may request additional information reasonably required to assess the discharges of the facility and to determine whether to issue an NPDES permit. The additional information may include additional quantitative data and bioassays to assess the relative toxicity of discharges to aquatic life and requirements to determine the cause of the toxicity. Indicate under Item 11.1 whether the NPDES permitting authority has requested additional information from you. If yes, continue to Item 11.2. If no, skip to Section 12.

Item 11.2. List the items requested and attach the required information to the application.

Section 12. Checklist and Certification Statement

Item 12.1. Review the checklist provided. In Column 1, mark the sections of Form 2C that you have completed and are submitting with your application. In Column 2, indicate for each section whether you are submitting attachments.

Item 12.2. The CWA provides for severe penalties for submitting false information on this application form. Section 309(c)(2) of the CWA provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both."

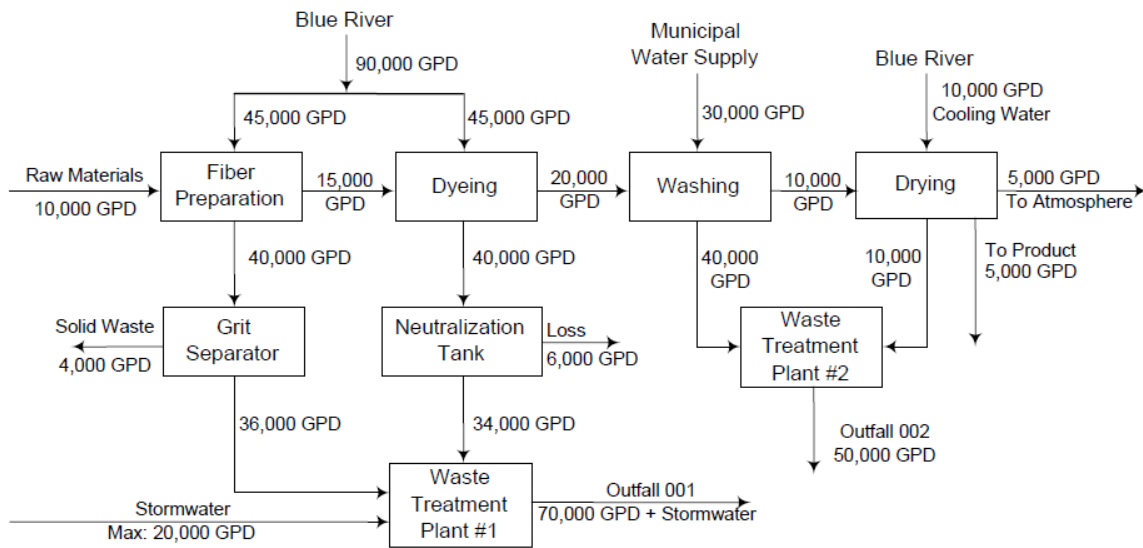
FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

**Submit your completed Form 1, Form 2C, and
all associated attachments
(and any other required NPDES application forms)
to your NPDES permitting authority.**

Exhibit 2C-1. Example Line Drawing



Schematic of Water Flow
Brown Mills, Inc.
City, County, State

Exhibit 2C–2. Codes for Treatment Units and Disposal of Wastes Not Discharged

1. PHYSICAL TREATMENT PROCESSES

1-A	Ammonia stripping	1-M	Grit removal
1-B	Dialysis	1-N	Microstraining
1-C	Diatomaceous earth filtration	1-O	Mixing
1-D	Distillation	1-P	Moving bed filters
1-E	Electrodialysis	1-Q	Multimedia filtration
1-F	Evaporation	1-R	Rapid sand filtration
1-G	Flocculation	1-S	Reverse osmosis (<i>hyperfiltration</i>)
1-H	Flotation	1-T	Screening
1-I	Foam fractionation	1-U	Sedimentation (<i>settling</i>)
1-J	Freezing	1-V	Slow sand filtration
1-K	Gas-phase separation	1-W	Solvent extraction
1-L	Grinding (<i>comminutors</i>)	1-X	Sorption

2. CHEMICAL TREATMENT PROCESSES

2-A	Carbon adsorption	2-G	Disinfection (<i>ozone</i>)
2-B	Chemical oxidation	2-H	Disinfection (<i>other</i>)
2-C	Chemical precipitation	2-I	Electrochemical treatment
2-D	Coagulation	2-J	Ion exchange
2-E	Dechlorination	2-K	Neutralization
2-F	Disinfection (<i>chlorine</i>)	2-L	Reduction

3. BIOLOGICAL TREATMENT PROCESSES

3-A	Activated sludge	3-E	Pre-aeration
3-B	Aerated lagoons	3-F	Spray irrigation/land application
3-C	Anaerobic treatment	3-G	Stabilization ponds
3-D	Nitrification–denitrification	3-H	Trickling filtration

4. WASTEWATER DISPOSAL PROCESSES

4-A	Discharge to surface water	4-C	Reuse/recycle of treated effluent
4-B	Ocean discharge to outfall	4-D	Underground injection

5. SLUDGE TREATMENT AND DISPOSAL PROCESSES

5-A	Aerobic digestion	5-M	Heat drying
5-B	Anaerobic digestion	5-N	Heat treatment
5-C	Belt filtration	5-O	Incineration
5-D	Centrifugation	5-P	Land application
5-E	Chemical conditioning	5-Q	Landfill
5-F	Chlorine treatment	5-R	Pressure filtration
5-G	Composting	5-S	Pyrolysis
5-H	Drying beds	5-T	Sludge lagoons
5-I	Elutriation	5-U	Vacuum filtration
5-J	Flotation thickening	5-V	Vibration
5-K	Freezing	5-W	Wet oxidation
5-L	Gravity thickening		

Exhibit 2C-3. Testing Requirements for Organic Toxic Pollutants Industry Categories*

INDUSTRY CATEGORY	GC/MS FRACTION†				Pesticide
	Volatile	Acid	Base/Neutral		
Adhesives and sealants.....	X	X	X		<input type="checkbox"/>
Aluminum forming.....	X	X	X		<input type="checkbox"/>
Auto and other laundries.....	X	X	X		X
Battery manufacturing.....	X	<input type="checkbox"/>	X		<input type="checkbox"/>
Coal mining.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Coil coating.....	X	X	X		<input type="checkbox"/>
Copper forming.....	X	X	X		<input type="checkbox"/>
Electric and electronic compounds.....	X	X	X		X
Electroplating.....	X	X	X		<input type="checkbox"/>
Explosives manufacturing.....	<input type="checkbox"/>	X	X		<input type="checkbox"/>
Foundries.....	X	X	X		<input type="checkbox"/>
Gum and wood chemicals (all subparts except D and F)	X	X	<input type="checkbox"/>		<input type="checkbox"/>
Gum and wood chemicals, Subpart D (tall oil rosin)	X	X	X		<input type="checkbox"/>
Gum and wood chemicals, Subpart F (rosin-based derivatives)	X	X	X		<input type="checkbox"/>
Inorganic chemicals manufacturing	X	X	X		<input type="checkbox"/>
Iron and steel manufacturing.....	X	X	X		<input type="checkbox"/>
Leather tanning and finishing.....	X	X	X		<input type="checkbox"/>
Mechanical products manufacturing.....	X	X	X		<input type="checkbox"/>
Nonferrous metals manufacturing.....	X	X	X		X
Ore mining, Subpart B (base and precious metals).....	<input type="checkbox"/>	X	<input type="checkbox"/>		<input type="checkbox"/>
Organic chemicals manufacturing	X	X	X		X
Paint and ink formulation	X	X	X		<input type="checkbox"/>
Pesticides	X	X	X		X
Petroleum refining.....	X	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Pharmaceutical preparations.....	X	X	X		<input type="checkbox"/>
Photographic equipment and supplies.....	X	X	X		<input type="checkbox"/>
Plastic and synthetic materials manufacturing.....	X	X	X		X
Plastic processing.....	X	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Printing and publishing	X	X	X		X
Pulp and paperboard mills	X	X	X		X
Rubber processing.....	X	X	X		<input type="checkbox"/>
Soap and detergent manufacturing	X	X	X		<input type="checkbox"/>
Steam electric power plants.....	X	X	<input type="checkbox"/>		<input type="checkbox"/>
Textile mills (except Subpart C, Greige Mills).....	X	X	X		<input type="checkbox"/>
Timber products processing	X	X	X		X

* See note at conclusion of 40 CFR 122, Appendix D (1983) for explanation of effect of suspensions on testing requirements for primary industry categories.

† The pollutants in each fraction are listed in Table B.

X = Testing is required.


☐ = Testing is not required.

Exhibit 2C–4. Hazardous Substances

1. Acetaldehyde
2. Acetic acid
3. Acetic anhydride
4. Acetone cyanohydrin
5. Acetyl bromide
6. Acetyl chloride
7. Acrolein
8. Acrylonitrile
9. Adipic acid
10. Aldrin
11. Allyl alcohol
12. Allyl chloride
13. Aluminum sulfate
14. Ammonia
15. Ammonium acetate
16. Ammonium benzoate
17. Ammonium bicarbonate
18. Ammonium bichromate
19. Ammonium bifluoride
20. Ammonium bisulfite
21. Ammonium carbamate
22. Ammonium carbonate
23. Ammonium chloride
24. Ammonium chromate
25. Ammonium citrate
26. Ammonium fluoroborate
27. Ammonium fluoride
28. Ammonium hydroxide
29. Ammonium oxalate
30. Ammonium silicofluoride
31. Ammonium sulfamate
32. Ammonium sulfide
33. Ammonium sulfite
34. Ammonium tartrate
35. Ammonium thiocyanate
36. Ammonium thiosulfate
37. Amyl acetate
38. Aniline
39. Antimony pentachloride
40. Antimony potassium tartrate
41. Antimony tribromide
42. Antimony trichloride
43. Antimony trifluoride
44. Antimony trioxide
45. Arsenic disulfide
46. Arsenic pentoxide
47. Arsenic trichloride
48. Arsenic trioxide
49. Arsenic trisulfide
50. Barium cyanide
51. Benzene
52. Benzoic acid
53. Benzonitrile
54. Benzoyl chloride
55. Benzyl chloride
56. Beryllium chloride
57. Beryllium fluoride
58. Beryllium nitrate
59. Butylacetate
60. n-butylphthalate
61. Butylamine
62. Butyric acid
63. Cadmium acetate
64. Cadmium bromide
65. Cadmium chloride
66. Calcium arsenate
67. Calcium arsenite
68. Calcium carbide
69. Calcium chromate
70. Calcium cyanide
71. Calcium dodecylbenzenesulfonate
72. Calcium hypochlorite
73. Captan
74. Carbaryl
75. Carbofuran
76. Carbon disulfide
77. Carbon tetrachloride
78. Chlordane
79. Chlorine
80. Chlorobenzene
81. Chloroform
82. Chloropyrifos
83. Chlorosulfonic acid
84. Chromic acetate
85. Chromic acid
86. Chromic sulfate
87. Chromous chloride
88. Cobaltous bromide
89. Cobaltous formate
90. Cobaltous sulfamate
91. Coumaphos
92. Cresol
93. Crotonaldehyde
94. Cupric acetate
95. Cupric acetoarsenite
96. Cupric chloride
97. Cupric nitrate
98. Cupric oxalate
99. Cupric sulfate
100. Cupric sulfate ammoniated
101. Cupric tartrate
102. Cyanogen chloride
103. Cyclohexane
104. 2,4-D acid (2,4-dichlorophenoxyacetic acid)
105. 2,4-D esters (2,4-dichlorophenoxyacetic acid esters)
106. DDT
107. Diazinon
108. Dicamba
109. Dichlobenil
110. Dichlone
111. Dichlorobenzene
112. Dichloropropane
113. Dichloropropene
114. Dichloropropene-dichloropropane mix
115. 2,2-dichloropropionic acid
116. Dichlorvos
117. Dieldrin
118. Diethylamine
119. Dimethylamine
120. Dinitrobenzene
121. Dinitrophenol
122. Dinitrotoluene
123. Diquat
124. Disulfoton
125. Diuron
126. Dodecylbenzenesulfonic acid
127. Endosulfan
128. Endrin
129. Epichlorohydrin
130. Ethion
131. Ethylbenzene
132. Ethylenediamine
133. Ethylene dibromide
134. Ethylene dichloride
135. Ethylene diaminetetracetic acid (EDTA)
136. Ferric ammonium citrate
137. Ferric ammonium oxalate
138. Ferric chloride
139. Ferric fluoride
140. Ferric nitrate
141. Ferric sulfate
142. Ferrous ammonium sulfate
143. Ferrous chloride
144. Ferrous sulfate
145. Formaldehyde
146. Formic acid
147. Fumaric acid
148. Furfural
149. Guthion
150. Heptachlor
151. Hexachlorocyclopentadiene
152. Hydrochloric acid
153. Hydrofluoric acid
154. Hydrogen cyanide
155. Hydrogen sulfide
156. Isoprene
157. Isopropanolamine dodecylbenzenesulfonate
158. Kelthane
159. Kepone
160. Lead acetate
161. Lead arsenate
162. Lead chloride
163. Lead fluoborate
164. Lead fluorite
165. Lead iodide
166. Lead nitrate
167. Lead stearate
168. Lead sulfate
169. Lead sulfide
170. Lead thiocyanate
171. Lindane
172. Lithium chromate
173. Malathion
174. Maleic acid
175. Maleic anhydride
176. Mercaptodimethur
177. Mercuric cyanide
178. Mercuric nitrate
179. Mercuric sulfate
180. Mercuric thiocyanate
181. Mercurous nitrate
182. Methoxychlor
183. Methyl mercaptan
184. Methyl methacrylate
185. Methyl parathion
186. Mevinphos
187. Mexacarbate
188. Monoethylamine
189. Monomethylamine
190. Naled
191. Naphthalene
192. Naphthenic acid
193. Nickel ammonium sulfate
194. Nickel chloride
195. Nickel hydroxide
196. Nickel nitrate
197. Nickel sulfate
198. Nitric acid
199. Nitrobenzene
200. Nitrogen dioxide
201. Nitrophenol
202. Nitrotoluene
203. Paraformaldehyde
204. Parathion
205. Pentachlorophenol
206. Phenol
207. Phosgene
208. Phosphoric acid
209. Phosphorus
210. Phosphorus oxychloride
211. Phosphorus pentasulfide
212. Phosphorus trichloride
213. Polychlorinated biphenyls (PCB)
214. Potassium arsenate
215. Potassium arsenite

Exhibit 2C–4. Hazardous Substances

216. Potassium bichromate	245. Sodium phosphate (dibasic)	271. Uranyl acetate
217. Potassium chromate	246. Sodium phosphate (tribasic)	272. Uranyl nitrate
218. Potassium cyanide	247. Sodium selenite	273. Vanadium penoxide
219. Potassium hydroxide	248. Strontium chromate	274. Vanadyl sulfate
220. Potassium permanganate	249. Strychnine	275. Vinyl acetate
221. Propargite	250. Styrene	276. Vinylidene chloride
222. Propionic acid	251. Sulfuric acid	277. Xylene
223. Propionic anhydride	252. Sulfur monochloride	278. Xylenol
224. Propylene oxide	253. 2,4,5-T acid (2,4,5-trichlorophenoxyacetic acid)	279. Zinc acetate
225. Pyrethrins	254. 2,4,5-T amines (2,4,5-trichlorophenoxy acetic acid amines)	280. Zinc ammonium chloride
226. Quinoline	255. 2,4,5-T esters (2,4,5-trichlorophenoxy acetic acid esters)	281. Zinc borate
227. Resorcinol	256. 2,4,5-T salts (2,4,5-trichlorophenoxy acetic acid salts)	282. Zinc bromide
228. Selenium oxide	257. 2,4,5-TP acid (2,4,5-trichlorophenoxy propanoic acid)	283. Zinc carbonate
229. Silver nitrate	258. 2,4,5-TP acid esters (2,4,5-trichlorophenoxy propanoic acid esters)	284. Zinc chloride
230. Sodium	259. TDE (tetrachlorodiphenyl ethane)	285. Zinc cyanide
231. Sodium arsenate	260. Tetraethyl lead	286. Zinc fluoride
232. Sodium arsenite	261. Tetraethyl pyrophosphate	287. Zinc formate
233. Sodium bichromate	262. Thallium sulfate	288. Zinc hydrosulfite
234. Sodium bifluoride	263. Toluene	289. Zinc nitrate
235. Sodium bisulfite	264. Toxaphene	290. Zinc phenolsulfonate
236. Sodium chromate	265. Trichlorofon	291. Zinc phosphide
237. Sodium cyanide	266. Trichloroethylene	292. Zinc silicofluoride
238. Sodium dodecylbenzenesulfonate	267. Trichlorophenol	293. Zinc sulfate
239. Sodium fluoride	268. Triethanolamine dodecylbenzenesulfonate	294. Zirconium nitrate
240. Sodium hydrosulfide	269. Triethylamine	295. Zirconium potassium fluoride
241. Sodium hydroxide	270. Trimethylamine	296. Zirconium sulfate
242. Sodium hypochlorite		297. Zirconium tetrachloride
243. Sodium methylate		
244. Sodium nitrite		

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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					

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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

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. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; border-bottom: 1px solid black;">1.</td> <td style="width: 33.33%; border-bottom: 1px solid black;">4.</td> <td style="width: 33.33%; border-bottom: 1px solid black;">7.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2.</td> <td style="border-bottom: 1px solid black;">5.</td> <td style="border-bottom: 1px solid black;">8.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3.</td> <td style="border-bottom: 1px solid black;">6.</td> <td style="border-bottom: 1px solid black;">9.</td> </tr> </table>	1.	4.	7.	2.	5.	8.	3.	6.	9.
	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.

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SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))								
Checklist and Certification Statement	12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.						
		Column 1		Column 2				
	<input 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 <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			

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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"/>	