Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved. OMB No. 2040-0086. Approval expires 5-31-

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F M D 0 0 2 1 6 8 7

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

MD0021687
Upper Potomac River Commission
528 Maryland Avenue
Westernport, MD 21562

GENERAL INSTRUCTIONS

f a preprinted label has been provided, affi in the designated space. Review the inform tion carefully; If any of it is incorrect, cros rough it and enter the correct data in th ppropriate fill—in area below. Also, if any o e preprinted data is absent *(the area to th ft of the label space lists the informatio at should appear)*, please provide it in th roper fill—in area(s) below. If the label i omplete and correct, you need not complet ems I, III, V, and VI *(except VI-B whic ust be completed regardless)*. Complete a ems if no label has been provided. Refer t e instructions for detailed item descrip ons and for the legal authorizations unde hich this data is collected.

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X		

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP UPPER POTOMAC RIVER COMMISSION

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 SHOEMAKER SCOTT SUPERINTENDENT	301 359 9555

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 528 MARYLAND AVENUE

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 WESTERNPORT	MD	21562

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 528 MARYLAND AVENUE

B. COUNTY NAME

ALLEGANY

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 WESTERNPORT	MD	21562	

NTINUED FROM THE FRONT

II. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
2621 *(specify)* Pulp & Paper Manufacture Fine Paper Bleached Kraft Mill	C 7 *(specify)* N/A

C. THIRD	D. FOURTH
(specify) N/A	C 7 *(specify)* N/A

VIII. OPERATOR INFORMATION

A. NAME: UPPER POTOMAC RIVER COMMISSION

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

S *(specify)*

D. PHONE *(area code & no.)*: C A 301 359 9555

E. STREET OR P.O. BOX: 528 MARYLAND AVENUE

F. CITY OR TOWN: C B WESTERNPORT

G. STATE: MD

H. ZIP CODE: 21562

IX. INDIAN LAND
Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: C T I 9 N MD0021687

B. UIC *(Underground Injection of Fluids)*: C T I 9 U

C. RCRA *(Hazardous Wastes)*: C T I 9 R

D. PSD *(Air Emissions from Proposed Sources)*: C T I 9 P

E. OTHER *(specify)*: C T I 9 *(specify)*

E. OTHER *(specify)*: C T I 9 *(specify)*

XI. MAP

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

XII. NATURE OF BUSINESS *(provide a brief description)*

The UPRC is a waste treatment facility treating approximately 21 MGD of wastewater using an activated sludge process. Approximately .50-.75 MGD of the flow is municipal waste received from the towns of Westernport, MD, Luke, MD, Piedmont, WV and sanitary waste stream from the MeadWestvaco Paper Mill in Luke, MD. The remaining 20.25-20.5 MGD is industrial wastewater from the MeadWestvaco Paper mill located in Luke, MD

XIII. CERTIFICATION *(see instructions)*

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

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
John J. McMullen, Jr., Chairman	John J. McMullen, Jr.	April 21, 2005

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only.

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

Form Approved.
OMB No. 2040-0086.
Approval expires 8-31-98.

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
001	39	28	48	79	02	30	North Branch of Potomac
101 Internal							*Discharged internally to primary clarifers

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	MeadWestvaco		Influent waste is screened, receives primary treatment	1	T
	(Kraft Paper Mill)		(2 primary tanks-140' diameter, 12' side walls)	*2	K
			Approximately-3.2 hour detention time	1	U
			Primary overflow goes to cooling tower	*2	K
			Waste then travels through 4 aeration bays (275' long X 42' wide X 17' deep)	3	A
			Approximate-6.7 hour detention time		
			Flow then goes to final clarification	1	U
			(3 tanks-140' diameter, 12' side walls)		
			Approximately -4 hour detention time		
			Overflow discharged to North Branch of Potomac, underflow		
			recycled to front of aeration bay, waste activated		
			sludge pumped to primaries	5	U
			Underflow from primary pumped to vacuum filter and dewatered	5	P
			Sludge cake used for land Reclamation projects in MD & WV	5	Q
101	Sanitary waste from		Influent waste is screened, pumped	1	T
	MeadWestvaco, Luke, MD,		to contact tank (sodium hypochlorite)	2	H
	Westernport, MD and		Grit is removed, overflow from contact tank discharged	1	U
	Piedmont, WV		at point 101 to primary clarifier, waste is then	1	M
			treated as described above.		

FOR OFFICIAL USE ONLY (effluent guidelines sub-categories)

*Neutralization as needed at these points.

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES *(complete the following table)* ☒ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DURATION *(in days)*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☒ YES *(complete Item III-C)* ☐ NO *(go to Section IV)*

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

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS *(list outfall numbers)*
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	
1,744	Tons/Day	Bleached Kraft paper mill (fine paper)	001

IV. IMPROVEMENTS

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

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

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

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

CONTINUE ON PAGE 3

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

☐ YES *(list all such pollutants below)* ☒ NO *(go to Item VI-B)*

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

[X] YES (identify the test(s) and describe their purposes below) [ ] NO (go to Section VIII)

In accordance with Special Condition M of our NPDES (MD0021687) permit, we conducted the last quarterly Acute & Chronic Toxicity evaluation in September 2002.

Ceriodaphnia dubia (survival & reproduction) results

LC50	> 100% effluent
NOEC	50% effluent
LOEC	100% effluent

Pimephales promelas (survival & growth) results

LC50	> 100% effluent
NOEC	100% effluent
LOEC	> 100% effluent

VIII. CONTRACT ANALYSIS INFORMATION

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

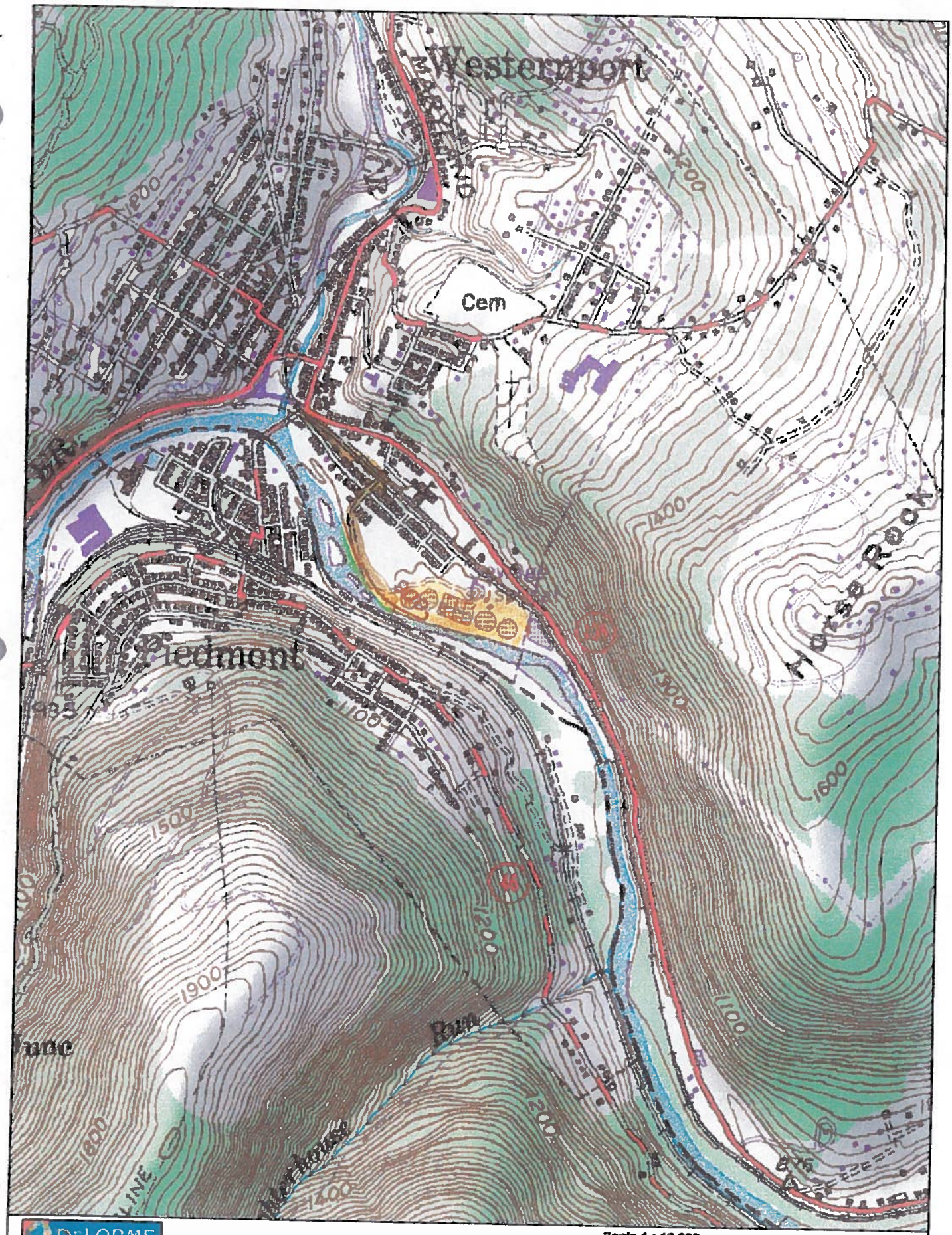
[X] YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) [ ] NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
emron Environmental Services	156 Starlite Drive Marietta, OH 45750	1-740-373-4071	See attachment I

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
John J. McMullen, Jr., Chairman	301-777-1515
C. SIGNATURE: John J. McMullen, Jr	D. DATE SIGNED: April 21, 2005



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Scale 1 : 12,800
1" = 1070 ft

TN
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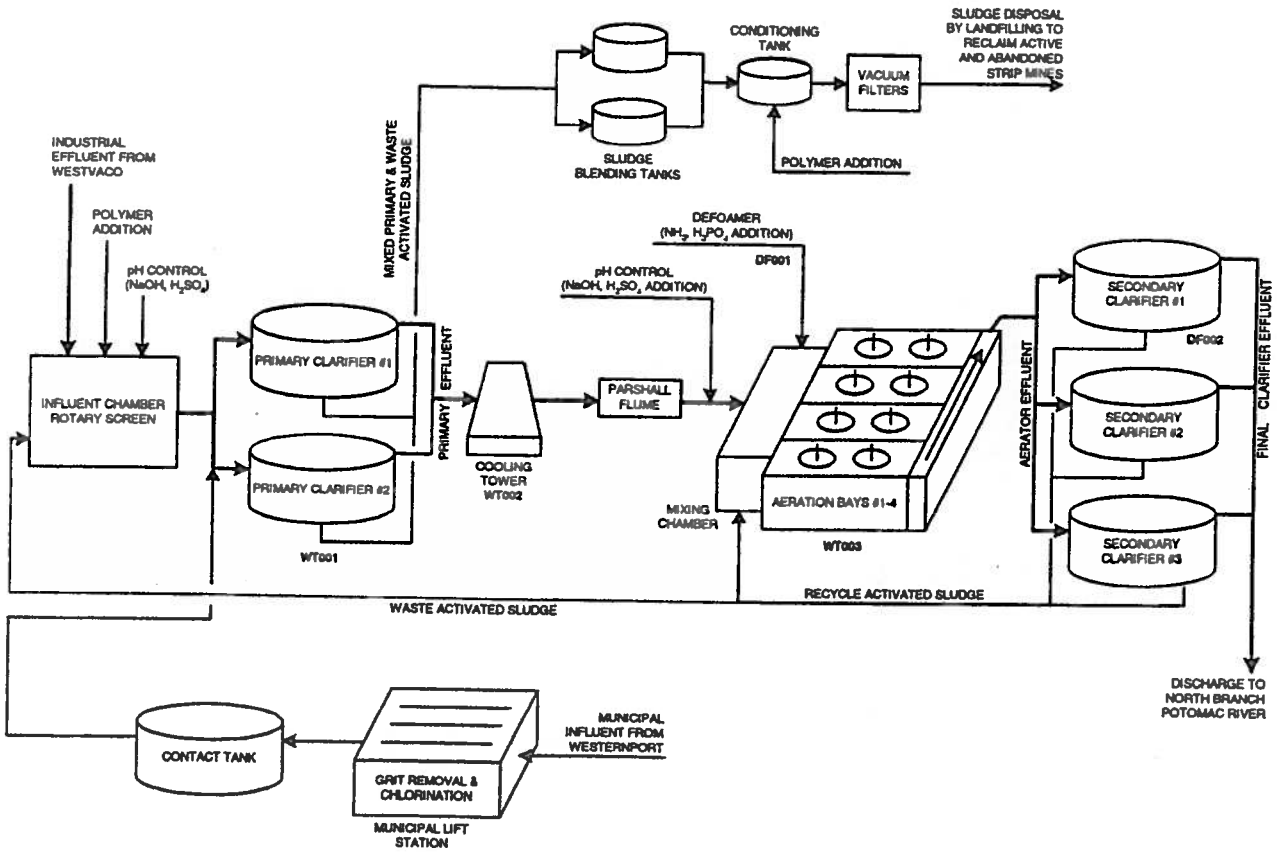
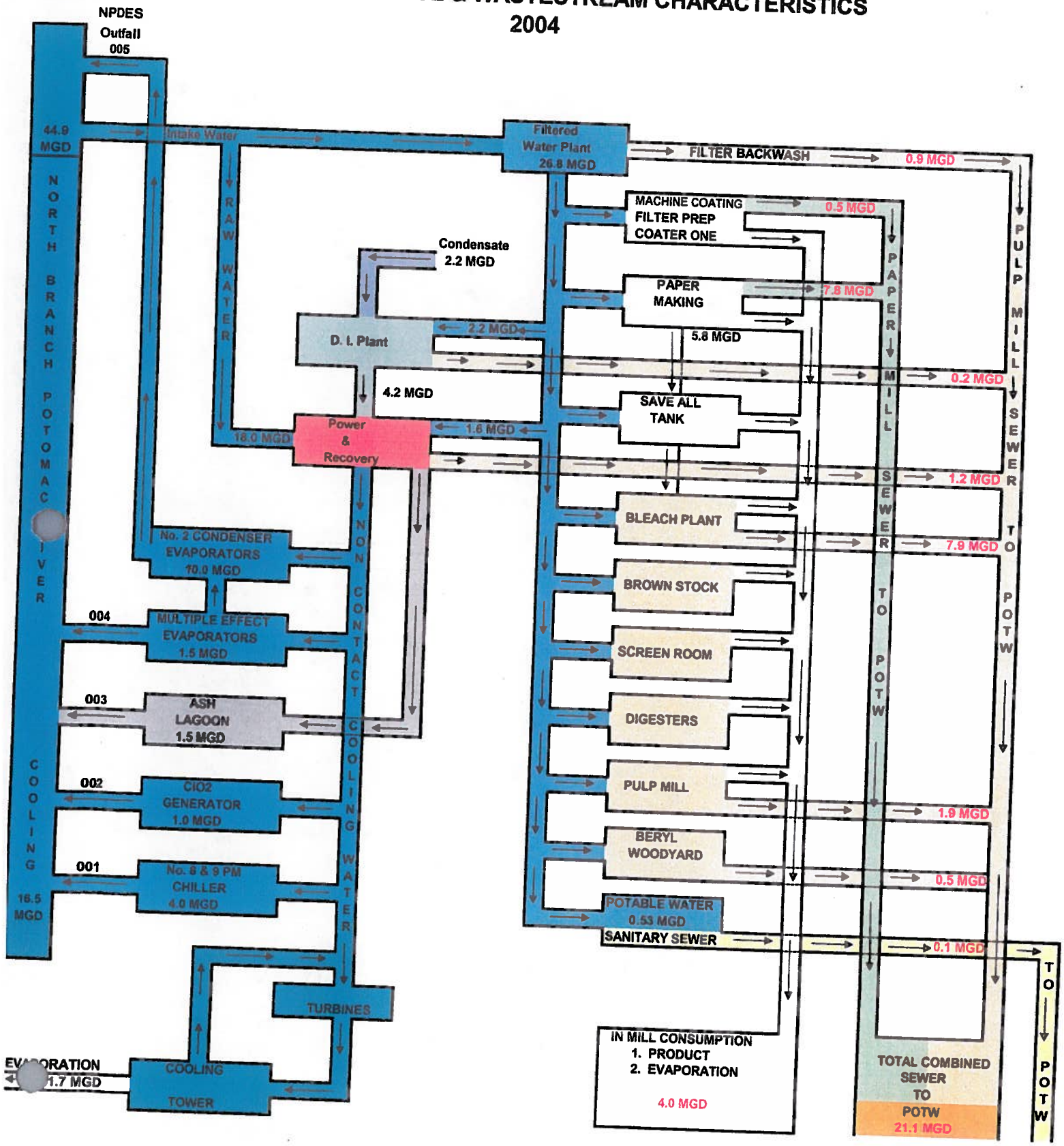


Process Flow Diagram – UPRC Waste Treatment Facility

LUKE MILL
WATER USE & WASTESTREAM CHARACTERISTICS
2004



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

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: MD0021687

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL N

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD)	59	9974	30	5770	26	4727	365	mg/l	lbs			
b. Chemical Oxygen Demand (COD)	250	42,847					1	mg/l	lbs			
c. Total Organic Carbon (TOC)	124	21,252					1	mg/l	lbs			
d. Total Suspended Solids (TSS)	61	11,145	43	7542	27	4882	365	mg/l	lbs			
e. Ammonia (as N)	0.27	51	0.14	27	0.12	21.50	156	mg/l	lbs			
f. Flow	VALUE 28.13		VALUE 23.43		VALUE 21.91		365	MGD	N/A	VALUE		
g. Temperature (winter)	VALUE 35.00		VALUE 33.33		VALUE 31.66		182	°C		VALUE		
h. Temperature (summer)	VALUE 36.66		VALUE 35.55		VALUE 33.88		183	°C		VALUE		
i. pH	MINIMUM 6.6	MAXIMUM 7.6	MINIMUM 6.9	MAXIMUM 7.2			365	STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)														
b. Chlorine, Total Residual			< 0.1	< 23.46			< 0.1		365	mg/l	lbs			
c. Color			550	N/A	427	N/A	384	N/A	365	PCU's	N/A			
d. Fecal Coliform			23		3			2.25	156	MPN/ 100 ml				
e. Fluoride (16984-48-8)														
f. Nitrate-Nitrite (as N)			0.46	64	0.26	49	0.25	46.17	156	mg/l	lbs			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. ANALYSES
g. Nitrogen, Total Organic (as N)			2.86	546	1.23	223	1.06	195	156	mg/1	lbs			
h. Oil and Grease									1					
i. Phosphorus (as P), Total (7723-14-0)			4.35	879	0.51	102	0.24	45	156	mg/1	lbs			
j. Radioactivity														
(1) Alpha, Total									1					
(2) Beta, Total									1					
(3) Radium, Total									1					
(4) Radium 226, Total									1					
k. Sulfate (as SO_4) (14808-79-8)			193	33,078					1	mg/1	lbs			
l. Sulfide (as S)			<1	<171					1	mg/1	lbs			
m. Sulfite (as SO_3) (14265-45-3)			<2.0	<361					1	mg/1	lbs			
n. Surfactants			0.399	72					1	mg/1	lbs			
o. Aluminum, Total (7429-90-5)			1.26	216					1	mg/1	lbs			
p. Barium, Total (7440-39-3)			0.32	55					1	mg/1	lbs			
q. Boron, Total (7440-42-8)			<.10	<17					1	mg/1	lbs			
r. Cobalt, Total (7440-48-4)			<.02	<3.4					1	mg/1	lbs			
s. Iron, Total (7439-89-6)			0.187	32					1	mg/1	lbs			
t. Magnesium, Total (7439-95-4)			7.16	1227					1	mg/1	lbs			
u. Molybdenum, Total (7439-98-7)			<.10	<17					1	mg/1	lbs			
v. Manganese, Total (7439-96-5)			1.18	202					1	mg/1	lbs			
w. Tin, Total (7440-31-5)			<.50	<86					1	mg/1	lbs			
x. Titanium, Total (7440-32-6)			<.03	<5.1					1	mg/1	lbs			

CONTINUE ON PAGE V-3

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

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			<.002	<3.61					1	mg/l	lbs.			
2M. Arsenic, Total (7440-38-2)	X			<.10	<18					1	mg/l	lbs.			
3M. Beryllium, Total, (7440-41-7)	X			<.01	<1.8					1	mg/l	lbs.			
4M. Cadmium, Total (7440-43-9)	X			<.01	<1.8					1	mg/l	lbs.			
5M. Chromium, Total (7440-47-3)	X			<.02	<3.61					1	mg/l	lbs.			
6M. Copper, Total (7440-50-8)	X			<.02	<3.61					1	mg/l	lbs.			
7M. Lead, Total (7439-92-1)	X			<.005	<.90					1	mg/l	lbs.			
8M. Mercury, Total (7439-97-6)	X			<.002	<.036					1	mg/l	lbs.			
9M. Nickel, Total (7440-02-0)	X			<.04	<7.22					1	mg/l	lbs.			
10M. Selenium, Total (7782-49-2)	X			<.02	<3.61					1	mg/l	lbs.			
11M. Silver, Total (7440-22-4)	X			<.01	<1.8					1	mg/l	lbs.			
12M. Thallium, Total (7440-28-0)	X			<.005	<.90					1	mg/l	lbs.			
13M. Zinc, Total (7440-66-6)	X			<.02	<3.61					1	mg/l	lbs.			
14M. Cyanide, Total (57-12-5)	X			<.01	<1.8					1	mg/l	lbs.			
15M. Phenols, Total	X			<5.26	<0.949					1	mg/l	lbs.			
DIOXIN															
1. 2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	X			DESCRIBE RESULTS <10 PPQ						1	ug/l	lbs.			

CONTINUE ON REVERSE

NUMBER (if available)	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			<100	<18.04					1	ug/l	lbs			
2V. Acrylonitrile (107-13-1)	X			<100	<18.04					1	ug/l	lbs			
3V. Benzene (71-43-2)	X			<5	<0.902					1	ug/l	lbs			
4V. Bis (Chloromethyl) Ether (542-88-1)	X			<5.26	<0.949					1	ug/l	lbs			
5V. Bromoform (75-25-2)	X			<5	<0.902					1	ug/l	lbs			
6V. Carbon Tetrachloride (56-23-5)	X			<5	<0.902					1	ug/l	lbs			
7V. Chlorobenzene (108-90-7)	X			<5	<0.902					1	ug/l	lbs			
8V. Chlorodibromomethane (124-48-1)	X			<5	<0.902					1	ug/l	lbs			
9V. Chloroethane (75-00-3)	X			<10	<1.80					1	ug/l	lbs			
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			<10	<1.80					1	ug/l	lbs			
11V. Chloroform (67-66-3)	X			<5	<0.902					1	ug/l	lbs			
12V. Dichlorobromomethane (75-27-4)	X			<5	<0.902					1	ug/l	lbs			
13V. Dichlorodifluoromethane (75-71-8)	X			<5	<0.902					1	ug/l	lbs			
14V. 1,1-Dichloroethane (75-34-3)	X			<5	<0.902					1	ug/l	lbs			
15V. 1,2-Dichloroethane (107-06-2)	X			<5	<0.902					1	ug/l	lbs			
16V. 1,1-Dichloroethylene (75-35-4)	X			<5	<0.902					1	ug/l	lbs			
17V. 1,2-Dichloropropane (78-87-5)	X			<5	<0.902					1	ug/l	lbs			
18V. 1,3-Dichloropropylene (542-75-6)	X			<5	<0.902					1	ug/l	lbs			
19V. Ethylbenzene (100-41-4)	X			<5	<0.902					1	ug/l	lbs			
20V. Methyl Bromide (74-83-9)	X			<10	<1.80					1	ug/l	lbs			
21V. Methyl Chloride (74-87-3)	X			<5	<0.902					1	ug/l	lbs			

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CONTINUE ON PAGE V-5

AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)	X			< 5	< 0.902					1	ug/1	lbs			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			< 5	< 0.902					1	ug/1	lbs			
24V. Tetrachloroethylene (127-18-4)	X			< 5	< 0.902					1	ug/1	lbs			
25V. Toluene (108-88-3)	X			< 5	< 0.902					1	ug/1	lbs			
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			< 5	< 0.902					1	ug/1	lbs			
27V. 1,1,1-Trichloroethane (71-55-6)	X			< 5	< 0.902					1	ug/1	lbs			
28V. 1,1,2-Trichloroethane (79-00-5)	X			< 5	< 0.902					1	ug/1	lbs			
29V. Trichloroethylene (79-01-6)	X			< 5	< 0.902					1	ug/1	lbs			
30V. Trichlorofluoromethane (75-69-4)	X			< 10	< 1.80					1	ug/1	lbs			
31V. Vinyl Chloride (75-01-4)	X			< 10	< 1.80					1	ug/1	lbs			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			< 5.26	< 0.949					1	ug/1	lbs			
2A. 2,4-Dichlorophenol (120-83-2)	X			< 5.26	< 0.949					1	ug/1	lbs			
3A. 2,4-Dimethylphenol (105-67-9)	X			< 5.26	< 0.949					1	ug/1	lbs			
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			< 26.3	< 4.74					1	ug/1	lbs			
5A. 2,4-Dinitrophenol (51-28-5)	X			< 26.3	< 4.74					1	ug/1	lbs			
6A. 2-Nitrophenol (88-75-5)	X			< 5.26	< 0.949					1	ug/1	lbs			
7A. 4-Nitrophenol (100-02-7)	X			< 26.3	< 4.74					1	ug/1	lbs			
8A. P-Chloro-M-Cresol (59-50-7)	X			< 5.26	< 0.949					1	ug/1	lbs			
9A. Pentachlorophenol (87-86-5)	X			< 26.3	< 4.74					1	ug/1	lbs			
10A. Phenol (108-95-2)	X			< 5.26	< 0.949					1	ug/1	lbs			
11A. 2,4,6-Trichlorophenol (88-06-2)	X			< 5.26	< 0.949					1	ug/1	lbs			

CONTINUE ON REVERSE

AND C NUMBE (If availab	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)	X			< 5.26	< 0.949					1	ug/l	lbs			
2B. Acenaphthylene (208-96-8)	X			< 5.26	< 0.949					1	ug/l	lbs			
3B. Anthracene (120-12-7)	X			< 5.26	< 0.949					1	ug/l	lbs			
4B. Benzidine (92-87-5)	X			< 26.3	< 4.74					1	ug/l	lbs			
5B. Benzo (a) Anthracene (56-55-3)	X			< 5.26	< 0.949					1	ug/l	lbs			
6B. Benzo (a) Pyrene (50-32-8)	X			< 5.26	< 0.949					1	ug/l	lbs			
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			< 5.26	< 0.949					1	ug/l	lbs			
8B. Benzo (ghi) Perylene (191-24-2)	X			< 5.26	< 0.949					1	ug/l	lbs			
9B. Benzo (k) Fluoranthene (207-08-9)	X			< 5.26	< 0.949					1	ug/l	lbs			
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	X			< 5.26	< 0.949					1	ug/l	lbs			
11B. Bis (2-Chloroethyl) Ether (111-44-4)	X			< 5.26	< 0.949					1	ug/l	lbs			
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)	X			< 5.26	< 0.949					1	ug/l	lbs			
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	X			< 5.26	< 0.949					1	ug/l	lbs			
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	X			< 5.26	< 0.949					1	ug/l	lbs			
15B. Butyl Benzyl Phthalate (85-68-7)	X			< 5.26	< 0.949					1	ug/l	lbs			
16B. 2-Chloronaphthalene (91-58-7)	X			< 5.26	< 0.949					1	ug/l	lbs			
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	X			< 5.26	< 0.949					1	ug/l	lbs			
18B. Chrysene (218-01-9)	X			< 5.26	< 0.949					1	ug/l	lbs			
19B. Dibenzo (a,h) Anthracene (53-70-3)	X			< 5.26	< 0.949					1	ug/l	lbs			
20B. 1,2-Dichlorobenzene (95-50-1)	X			< 5.26	< 0.949					1	ug/l	lbs			
21B. 1,3-Dichlorobenzene (541-73-1)	X			< 5.26	< 0.949					1	ug/l	lbs			

CONTINUE ON PAGE V-

AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)	X			< 5.26	< 0.949					1	ug/1	lbs			
23B. 3,3'-Dichlorobenzidine (91-94-1)	X			< 10.5	< 1.89					1	ug/1	lbs			
24B. Diethyl Phthalate (84-66-2)	X			< 5.26	< 0.949					1	ug/1	lbs			
25B. Dimethyl Phthalate (131-11-3)	X			< 5.26	< 0.949					1	ug/1	lbs			
26B. Di-N-Butyl Phthalate (84-74-2)	X			< 5.26	< 0.949					1	ug/1	lbs			
27B. 2,4-Dinitrotoluene (121-14-2)	X			< 5.26	< 0.949					1	ug/1	lbs			
28B. 2,6-Dinitrotoluene (606-20-2)	X			< 5.26	< 0.949					1	ug/1	lbs			
29B. Di-N-Octyl Phthalate (117-84-0)	X			< 5.26	< 0.949					1	ug/1	lbs			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	X			< 5.26	< 0.949					1	ug/1	lbs			
31B. Fluoranthene (206-44-0)	X			< 5.26	< 0.949					1	ug/1	lbs			
32B. Fluorene (86-73-7)	X			< 5.26	< 0.949					1	ug/1	lbs			
33B. Hexachlorobenzene (118-74-1)	X			< 5.26	< 0.949					1	ug/1	lbs			
34B. Hexachlorobutadiene (87-68-3)	X			< 5.26	< 0.949					1	ug/1	lbs			
35B. Hexachlorocyclopentadiene (77-47-4)	X			< 5.26	< 0.949					1	ug/1	lbs			
36B. Hexachloroethane (67-72-1)	X			< 5.26	< 0.949					1	ug/1	lbs			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X			< 5.26	< 0.949					1	ug/1	lbs			
38B. Isophorone (78-59-1)	X			< 5.26	< 0.949					1	ug/1	lbs			
39B. Naphthalene (91-20-3)	X			< 5.26	< 0.949					1	ug/1	lbs			
40B. Nitrobenzene (98-95-3)	X			< 5.26	< 0.949					1	ug/1	lbs			
41B. N-Nitrosodimethylamine (62-75-9)	X			< 5.26	< 0.949					1	ug/1	lbs			
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			< 5.26	< 0.949					1	ug/1	lbs			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)	X			< 5.26	< 0.949					1	ug/l	lbs			
44B. Phenanthrene (85-01-8)	X			< 5.26	< 0.949					1	ug/l	lbs			
45B. Pyrene (129-00-0)	X			< 5.26	< 0.949					1	ug/l	lbs			
46B. 1,2,4-Trichlorobenzene (120-82-1)	X			< 5.26	< 0.949					1	ug/l	lbs			
GC/MS FRACTION — PESTICIDES															
1P. Aldrin (309-00-2)	X			< 0.0825	< 0.015					1	ug/l	lbs			
2P. α-BHC (319-84-6)	X			< 0.0515	< 0.009					1	ug/l	lbs			
3P. β-BHC (319-85-7)	X			< 0.0515	< 0.009					1	ug/l	lbs			
4P. γ-BHC (58-89-9)	X			< 0.0515	< 0.009					1	ug/l	lbs			
5P. δ-BHC (319-86-8)	X			< 0.0515	< 0.009					1	ug/l	lbs			
6P. Chlordane (57-74-9)	X			< 0.103	< 0.019					1	ug/l	lbs			
7P. 4,4'-DDT (50-29-3)	X			< 0.103	< 0.019					1	ug/l	lbs			
8P. 4,4'-DDE (72-55-9)	X			< 0.103	< 0.019					1	ug/l	lbs			
9P. 4,4'-DDD (72-54-8)	X			< 0.103	< 0.019					1	ug/l	lbs			
10P. Dieldrin (60-57-1)	X			< 0.103	< 0.019					1	ug/l	lbs			
11P. α-Endosulfan (115-29-7)	X			< 0.0515	< 0.009					1	ug/l	lbs			
12P. β-Endosulfan (115-29-7)	X			< 0.103	< 0.019					1	ug/l	lbs			
13P. Endosulfan sulfate (1031-07-8)	X			< 0.103	< 0.019					1	ug/l	lbs			
14P. Endrin (72-20-8)	X			< 0.103	< 0.019					1	ug/l	lbs			
15P. Endrin aldehyde (7421-93-4)	X			< 0.103	< 0.019					1	ug/l	lbs			
16P. Heptachlor (76-44-8)	X			< 0.0515	< 0.009					1	ug/l	lbs			

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NUMBER (If available)	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b.
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)	X			< 0.0515	< 0.009					1	ug/l	lbs			
18P. PCB-1242 (53469-21-9)	X			< 0.515	< 0.009					1	ug/l	lbs			
19P. PCB-1254 (11097-69-1)	X			< 0.515	< 0.009					1	ug/l	lbs			
20P. PCB-1221 (11104-28-2)	X			< 0.515	< 0.009					1	ug/l	lbs			
21P. PCB-1232 (11141-16-5)	X			< 0.515	< 0.009					1	ug/l	lbs			
22P. PCB-1248 (12672-29-6)	X			< 0.515	< 0.009					1	ug/l	lbs			
23P. PCB-1260 (11096-82-5)	X			< 0.515	< 0.009					1	ug/l	lbs			
24P. PCB-1016 (12674-11-2)	X			< 0.515	< 0.009					1	ug/l	lbs			
25P. Toxephene (8001-35-2)	X			< 1.03	< 0.186					1	ug/l	lbs			