NM 20389

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 7-31-88

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 N M 0 0 0 0 8 0 4 4 0 1 D

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

EPA No. - NPDES Permit No. NM-0020389

Homestake Mining Company
P.O. Box 98
Grants, New Mexico 87020

Facility Location:
North Highway 53
Grants, New Mexico

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 HOMESTAKE MINING COMPANY OF CALIFORNIA

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 EDWARD E. KENNEDY DIR. ENV. AFF.	505 287 4456

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P.O. BOX 98

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 GRANTS	NM	87020

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 S.A.N. M.A.T.E.O. R.O.A.D.

B. COUNTY NAME

MCKINLEY

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 N.A.	NM	N A	

MAR 21 1988

6W-PS

HOMESTAKE MINING COMPANY
P.O. BOX 98
GRANTS, NEW MEXICO
87020

March 18, 1988

Mr. Fred Humke
Industrial Permits Section (6 AEWP)
U.S. Environmental Protection Agency
Region VI
1445 Ross Ave.
Dallas, Texas 75202-2733

Re: NPDES Permit No. NM-0020389
Homestake Mining Company of California

Dear Mr. Humke:

This is to certify that Mr. Thomas G. White, General Manager, Homestake Mining Company of California, P.O. Box 98, Grants, New Mexico 87020 is duly authorized to sign all applications, reports, or information submitted in connection with the above referenced permit.

HOMESTAKE MINING COMPANY
By:

A.S. Winters
Vice-President-Mine Operations

EEK:ASW/bgl

EPA NUMBER (copy from Item 1 of Form 1)
NMD000804401

Form Approved OMB No. 158-R0173

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
Uranium	Ore		
Vanadium	Ore		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you do or expect that you will over the next 5 years use or manufacture as an intermediate or final product or byproduct?

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

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ YES *(complete Item VI-C below)* ☒ NO *(go to Section VII)*

C. If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.

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?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII CONTRACT ANALYSIS INFORMATION

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

☒ 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)
NUS Corporation	900 Gemini Avenue Houston, Texas 77058	(713) 488-1810	Those parameters identified as having only one (1) analyses.

IX. CERTIFICATION

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 individuals immediately responsible for obtaining the information, 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. PHONE NO. *(area code & no.)*
John M. Parker, General Manager	(505) 287-4456
C. SIGNATURE J.M. Parker	**D. DATE SIGNED** 6/24/81

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)*: NMD000804401

Form Approved OMB No. 158-R0173

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

OUTFALL NO. 001

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	(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	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*							1	1 mg/l				
b. Chemical Oxygen Demand *(COD)*					8 mg/l		mo/yr					
c. Total Organic Carbon *(TOC)*							1	8 mg/l				
d. Total Suspended Solids *(TSS)*							wk/yr	1.63 mg/l				
e. Ammonia *(as N)*							1	0.4 mg/l				
f. Flow	VALUE 375 gpm		VALUE 700 gpm		VALUE 550 gpm		cont. totalizer			VALUE		
g. Temperature *(winter)*	VALUE 10°C		VALUE 9°C		VALUE 10°C		daily	°C		VALUE		
h. Temperature *(summer)*	VALUE 20°C		VALUE 19°C		VALUE 17°C		daily	°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM 7.3	MAXIMUM 8.6			wk/yr	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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. 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	(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
a. Bromide (24959-67-9)									1	<2.0 mg/l				
b. Chlorine, Total Residual									1	<0.1 mg/l				
c. Color									1	<5.0 mg/l				
d. Fecal Coliform									1	0/100 ml				
e. Fluoride (16984-48-8)									1	0.5 mg/l				
f. Nitrate-Nitrite *(as N)*									1	2.0 mg/l				

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (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. OF ANALYSES
g. Nitrogen, Total Organic (as N)									1	0.4 mg/1				
h. Oil and Grease									1	2.0 mg/1				
i. Phosphorus (as P), Total (7723-14-0)									1	<0.01 mg/1				
j. Radioactivity														
(1) Alpha, Total									1	5.0 ± 0.9 pCi/1				
(2) Beta, Total									1	36 ± 7 pCi/1				
(3) Radium, Total									1	1.2 pCi/1				
(4) Radium 226, Total			16.6pCi/1				5.9pCi/1		wk/yr					
k. Sulfate (as SO_4) (14808-79-8)									1	780 mg/1				
l. Sulfide (as S)									1	<0.1 mg/1				
m. Sulfite (as SO_3) (14265-45-3)									1	<0.5 mg/1				
n. Surfactants									1	0.10 mg/1				
o. Aluminum, Total (7429-90-5)									1	<0.1 mg/1				
p. Barium, Total (7440-39-3)			<1.0 mg/1				<1.0 mg/1		wk/yr					
q. Boron, Total (7440-42-8)									1	0.4 mg/1				
r. Cobalt, Total (7440-48-4)									1	<0.02 mg/1				
s. Iron, Total (7439-89-6)									1	0.09 mg/1				
t. Magnesium, Total (7439-95-4)									1	67 mg/1				
u. Molybdenum, Total (7439-98-7)			0.96 mg/1				0.77 mg/1		wk/yr					
v. Manganese, Total (7439-96-5)									1	0.20 mg/1				
w. Tin, Total (7440-31-5)									1	<1.0 mg/1				
x. Titanium, Total (7440-32-6)									1	<2.0 mg/1				

EPA Form 3510-2C (6-80)

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NMD000804401	001

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

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, non—process wastewater outfalls, and non—required GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	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 (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)										1	<0.1 mg/1				
2M. Arsenic, Total (7440-38-2)				.029 mg/1				.018 mg/1		wkly/yr					
3M. Beryllium, Total, 7440-41-7)										1	<0.01mg/1				
4M. Cadmium, Total (7440-43-9)				<0.01 mg/1				<0.01 mg/1		wkly/yr					
5M. Chromium, Total (7440-47-3)										1	<0.03mg/1				
6M. Copper, Total (7550-50-8)										1	<0.02mg/1				
7M. Lead, Total (7439-97-6)										1	<0.05mg/1				
8M. Mercury, Total (7439-97-6)										1	<0.0002 mg/1				
9M. Nickel, Total (7440-02-0)										1	<0.02 mg/1				
10M. Selenium, Total (7782-49-2)				0.95 mg/1				0.76 mg/1		wkly/yr					
11M. Silver, Total (7440-22-4)										1	<0.02mg/1				
12M. Thallium, Total (7440-28-0)										1	<0.05mg/1				
13M. Zinc, Total (7440-66-6)				0.25 mg/1				0.15 mg/1		wkly/yr					
14M. Cyanide, Total (57-12-5)										1	0.03 mg/1				
15M. Phenols, Total										1	0.01 mg/1				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)				DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST INC. 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)										1	<100 µg/l				
2V. Acrylonitrile (107-13-1)										1	<100 µg/l				
3V. Benzene (71-43-2)										1	<10 µg/l				
4V. Bis (Chloromethyl) Ether (542-88-1)										1	<10 µg/l				
5V. Bromoform (75-25-2)										1	<10 µg/l				
6V. Carbon Tetrachloride (56-23-5)										1	<10 µg/l				
7V. Chlorobenzene (108-90-7)										1	<10 µg/l				
8V. Chlorodibromomethane (124-48-1)										1	<10 µg/l				
9V. Chloroethane (75-00-3)										1	<10 µg/l				
10V. 2-Chloroethylvinyl Ether (110-75-8)										1	<10 µg/l				
11V. Chloroform (67-66-3)										1	<10 µg/l				
12V. Dichlorobromomethane (75-27-4)										1	<10 µg/l				
13V. Dichlorodifluoromethane (75-71-8)										1	<10 µg/l				
14V. 1,1-Dichloroethane (75-34-3)										1	<10 µg/l				
15V. 1,2-Dichloroethane (107-06-2)										1	<10 µg/l				
16V. 1,1-Dichloroethylene (75-35-4)										1	<10 µg/l				
17V. 1,2-Dichloropropane (78-87-5)										1	<10 µg/l				
18V. 1,2-Dichloropropylene (542-75-6)										1	<10 µg/l				
19V. Ethylbenzene (100-41-4)										1	<10 µg/l				
20V. Methyl Bromide (74-83-9)										1	<10 µg/l				
21V. Methyl Chloride (74-87-3)										1	<10 µg/l				

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CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NMD000804401	001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST INC. 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)										1	<10	µg/1			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)										1	<10	µg/1			
24V. Tetrachloroethylene (127-18-4)										1	<10	µg/1			
25V. Toluene (108-88-3)										1	<10	µg/1			
26V. 1,2-Trans-Dichloroethylene (156-60-5)										1	<10	µg/1			
27V. 1,1,1-Trichloroethane (71-55-6)										1	<10	µg/1			
28V. 1,1,2-Trichloroethane (79-00-5)										1	<10	µg/1			
29V. Trichloroethylene (79-01-6)										1	<10	µg/1			
30V. Trichlorofluoromethane (75-69-4)										1	<10	µg/1			
31V. Vinyl Chloride (75-01-4)										1	<10	µg/1			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)										1	<25	µg/1			
2A. 2,4-Dichlorophenol (120-83-2)										1	<25	µg/1			
3A. 2,4-Dimethylphenol (105-67-9)										1	<25	µg/1			
4A. 4,6-Dinitro-O-Cresol (534-52-1)										1	<250	µg/1			
5A. 2,4-Dinitrophenol (51-28-5)										1	<250	µg/1			
6A. 2-Nitrophenol (88-75-5)										1	<25	µg/1			
7A. 4-Nitrophenol (100-02-7)										1	<25	µg/1			
8A. P-Chloro-M-Cresol (59-50-7)										1	<25	µg/1			
9A. Pentachlorophenol (87-86-5)										1	<25	µg/1			
10A. Phenol (108-95-2)										1	<25	µg/1			
11A. 2,4,6-Trichlorophenol (88-06-2)										1	<25	µg/1			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST INGREQUIRED	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															
1B. Acenaphthene (83-32-9)										1	<10	µg/l			
2B. Acenaphtylene (208-96-8)										1	<10	µg/l			
3B. Anthracene (120-12-7)										1	<10	µg/l			
4B. Benzidine (92-87-5)										1	<10	µg/l			
5B. Benzo *(a)* Anthracene (56-55-3)										1	<10	µg/l			
6B. Benzo *(a)* Pyrene (50-32-8)										1	<10	µg/l			
7B. 3,4-Benzo-fluoranthene (205-99-2)										1	<10	µg/l			
8B. Benzo *(ghi)* Perylene (191-24-2)										1	<25	µg/l			
9B. Benzo *(k)* Fluoranthene (207-08-9)										1	<10	µg/l			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)										1	<10	µg/l			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)										1	<10	µg/l			
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)										1	<10	µg/l			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)										1	<10	µg/l			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)										1	<10	µg/l			
15B. Butyl Benzyl Phthalate (85-68-7)										1	<10	µg/l			
16B. 2-Chloro-naphthalene (91-58-7)										1	<10	µg/l			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)										1	<10	µg/l			
18B. Chrysene (218-01-9)										1	<10	µg/l			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)										1	<25	µg/l			
20B. 1,2-Dichloro-benzene (95-50-1)										1	<10	µg/l			
21B. 1,3-Dichloro-benzene (541-73-1)										1	<10	µg/l			

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NMD000804401	001

Form Approved OMB No. 158-R0173

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
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)										1	<10	µg/l			
23B. 3,3'-Dichlorobenzidine (91-94-1)										1	<10	µg/l			
24B. Diethyl Phthalate (84-66-2)										1	<10	µg/l			
25B. Dimethyl Phthalate (131-11-3)										1	<10	µg/l			
26B. Di-N-Butyl Phthalate (84-74-2)										1	<10	µg/l			
27B. 2,4-Dinitrotoluene (121-14-2)										1	<10	µg/l			
28B. 2,6-Dinitrotoluene (606-20-2)										1	<10	µg/l			
29B. Di-N-Octyl Phthalate (117-84-0)										1	<10	µg/l			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)										1	<10	µg/l			
31B. Fluoranthene (206-44-0)										1	<10	µg/l			
32B. Fluorene (86-73-7)										1	<10	µg/l			
33B. Hexachlorobenzene (118-71-1)										1	<10	µg/l			
34B. Hexachlorobutadiene (87-68-3)										1	<10	µg/l			
35B. Hexachlorocyclopentadiene (77-47-4)										1	<10	µg/l			
36B. Hexachloroethane (67-72-1)										1	<10	µg/l			
37B. Indeno *(1,2,3;cd)* Pyrene (193-39-5)										1	<25	µg/l			
38B. Isophorone (78-59-1)										1	<10	µg/l			
39B. Naphthalene (91-20-3)										1	<10	µg/l			
40B. Nitrobenzene (98-95-3)										1	<10	µg/l			
41B. N-Nitrosodimethylamine (62-75-9)										1	< 50	µg/l			
42B. N-Nitrosodi-N-Propylamine (621-64-7)										1	<10	µg/l			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)										1	<10 µg/l				
44B. Phenanthrene (85-01-8)										1	<10 µg/l				
45B. Pyrene (129-00-0)										1	<10 µg/l				
46B. 1,2,4 - Trichlorobenzene (120-82-1)										1	<10 µg/l				
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)										1	<10 µg/l				
2P. α-BHC (319-84-6)										1	<10 µg/l				
3P. β-BHC (319-85-7)										1	<10 µg/l				
4P. γ-BHC (58-89-9)										1	<10 µg/l				
5P. δ-BHC (319-86-8)										1	<10 µg/l				
6P. Chlordane (57-74-9)										1	<20 µg/l				
7P. 4,4'-DDT (50-29-3)										1	<10 µg/l				
8P. 4,4'-DDE (72-55-9)										1	<10 µg/l				
9P. 4,4'-DDD (72-54-8)										1	<10 µg/l				
10P. Dieldrin (60-57-1)										1	<10 µg/l				
11P. α-Endosulfan (115-29-7)										1	<10 µg/l				
12P. β-Endosulfan (115-29-7)										1	<10 µg/l				
13P. Endosulfan Sulfate (1031-07-8)										1	<10 µg/l				
14P. Endrin (72-20-8)										1	<10 µg/l				
15P. Endrin Aldehyde (7421-93-4)										1	<20 µg/l				
16P. Heptachlor (76-44-8)										1	<10 µg/l				

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST-ING REQUIRED	b. BE-LIEVED PRES-ENT	c. BE-LIEVED AB-SENT	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. CONCEN-TRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCEN-TRATION	(2) MASS
GC/MS FRACTION — PESTICIDES *(continued)*														
17P. Heptachlor Epoxide (1024-57-3)										1	< 10 µg/l			
18P. PCB-1242 (53469-21-9)										1	< 40 µg/l			
19P. PCB-1254 (11097-69-1)										1	< 40 µg/l			
20P. PCB-1221 (11104-28-2)										1	< 40 µg/l			
21P. PCB-1232 (11141-16-5)										1	< 40 µg/l			
22P. PCB-1248 (12672-29-6)										1	< 40 µg/l			
23P. PCB-1260 (11096-82-5)										1	< 40 µg/l			
24P. PCB-1016 (12674-11-2)										1	< 40 µg/l			
25P. Toxaphene (8001-35-2)										1	< 20 µg/l			

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