EPA Region 5 Records Ctr.
315332

REVERE

COPPER AND BRASS INCORPORATED

RECEIVED
APR 10 1984
Environmental Protection Agency
Division of Water Pollution Control
Permit Section-Springfield
State of Illinois

April 6, 1984

P.O. Box 250
Clinton, Ill. 61727
217-935-3111
TWX: 510-527-7750

Manager, Permit Section
NPDES Unit - DWPC
Illinois EPA
2200 Churchill Road
Springfield, IL 62706

Ref: NPDES Permit #IL0002356

Dear Sirs:

Attached is the completed updated NPDES Permit application for this location.

Please note that the concentrations for silver in Outlets 002 and 003 are, we feel, surprisingly high. We have no explanation for these findings since we do not use silver-bearing chemicals anywhere within our plant. We would offer the suggestion that perhaps the method by which these samples were preserved may have created analytical interferences that caused errors in the determinations.

Also, please note that certain GC/MS fraction results are noted as "not reported". Although we requested of Suburban Laboratories a thorough GC/MS analysis as required, they did not return results for those fractions so identified. We have no reason to suspect, based upon our process knowledge, that any of the "not reported" compounds are present in any of our effluents.

Please contact the writer if there are any questions.

Sincerely,

Anthony B. Taubert
Chief Chemist

CC: S. H. Kaprelian
M. A. Fingaman
R. T. Cunningham

Attached - 39 pages

IL0002356 ①

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. 158-R0175

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

S		T/A	C
F	ILD005078274		D
1	2 - 13	14	15

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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.

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	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		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	
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		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	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	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	
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		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	
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		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 REVERE COPPER AND BRASS INCORPORATED

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 TAUBERT ANTHONY CHIEF CHEMIST	217 935 3111

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 PO BOX 250

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 CLINTON	IL	61727

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APR 10 1984
Environmental Protection Agency
Division of Water Pollution Control
Permit Section-Springfield
State of Illinois

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 SOUTH SHERMAN STREET

B. COUNTY NAME

DEWITT

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 CLINTON	IL	61727	

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 3471 (specify) Chrome & Copper Plating	7 3469 (specify) Metal Stampings
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 REVERE COPPER AND BRASS INCORPORATED

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, M = PUBLIC *(other than federal or state)*, S = STATE, O = OTHER *(specify)*, P = PRIVATE
P (specify)

D. PHONE *(area code & no.)*: A 217 935 3111

E. STREET OR P.O. BOX: PO BOX 250

F. CITY OR TOWN: B CLINTON | G. STATE: IL | H. ZIP CODE: 61727

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: 9 N I L0002356	D. PSD *(Air Emissions from Proposed Sources)*: 9 P
B. UIC *(Underground Injection of Fluids)*: 9 U	E. OTHER *(specify)*: 9 73030722 (specify) Illinois EPA Air Operating Permit
C. RCRA *(Hazardous Wastes)*: 9 R	E. OTHER *(specify)*: 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)*

Manufacture of stainless steel kitchen utensils.
Fabrication of stampings from various metals.

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
Anthony B. Taubert Chief Chemist	Anthony B Taubert	4/6/84

COMMENTS FOR OFFICIAL USE ONLY

C

☆ U.S. GOVERNMENT PRINTING OFFICE: 1980—323-829:6355

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1): ILD005078274

Form Approved
OMB No. 2000-0059
Approval expires 3-31-84

(3)

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			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
002	40	08	45	88	57	30	Unnamed tributary of Coon Creek
003	40	08	45	88	57	30	" " " " "
006	40	08	45	88	57	30	" " " " "

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		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
002	Storm, field drainage	11,360 GPD	None		
003	Chrome plating rinses	7000 GPD	2L-2K-2C-1G-1U-5R-1V		
	Copper plating rinses	18,000 GPD	2K-2C-1G-1U-5R-1V		
	Finish department rinses	28,000 GPD	2L-2K-2C-1G-1U-5R-1V		
	Pickling solutions	1000 GPD	2K-2C-1G-1U-5R-1V		
006	Storm drainage	Unknown	None		

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Environmental Protection Agency
WPC—Permit Log In

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUED FROM THE FRONT

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. MAXIMUM 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)* Not Applicable ☐ NO *(go to Section IV)*

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

1. MAXIMUM QUANTITY			2. AFFECTED OUTFALLS *(list outfall numbers)*
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	
Not Applicable			

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 discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

 CONTINUE ON PAGE 3

CONTINUED FROM PAGE 2

EPA I.D. NUMBER (copy from Item 1 of Form 1)
ILD005078274

Form Approved
OMB No. 2000-0059
Approval expires 3-31-84

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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
None			

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? Not Applicable

☐ 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.

(6)

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)*
Monsanto Research Corporation	PO Box 8, Station B, Dayton, Ohio 45407	513-268-3411	TOC Phenols Priority metals GC/MS Fractions
Suburban Laboratories, Inc..	4140 Litt Drive Hillside, IL 60162	312-544-3260	Parts A,B,C where needed

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.)*
Anthony B. Taubert Chief Chemist	217-935-3111 ext. 246
C. SIGNATURE Anthony B Taubert	D. DATE SIGNED 4/6/84

REVERE COPPER AND BRASS
INCORPORATED
NEW YORK, N. Y.
ENG. DEPT.

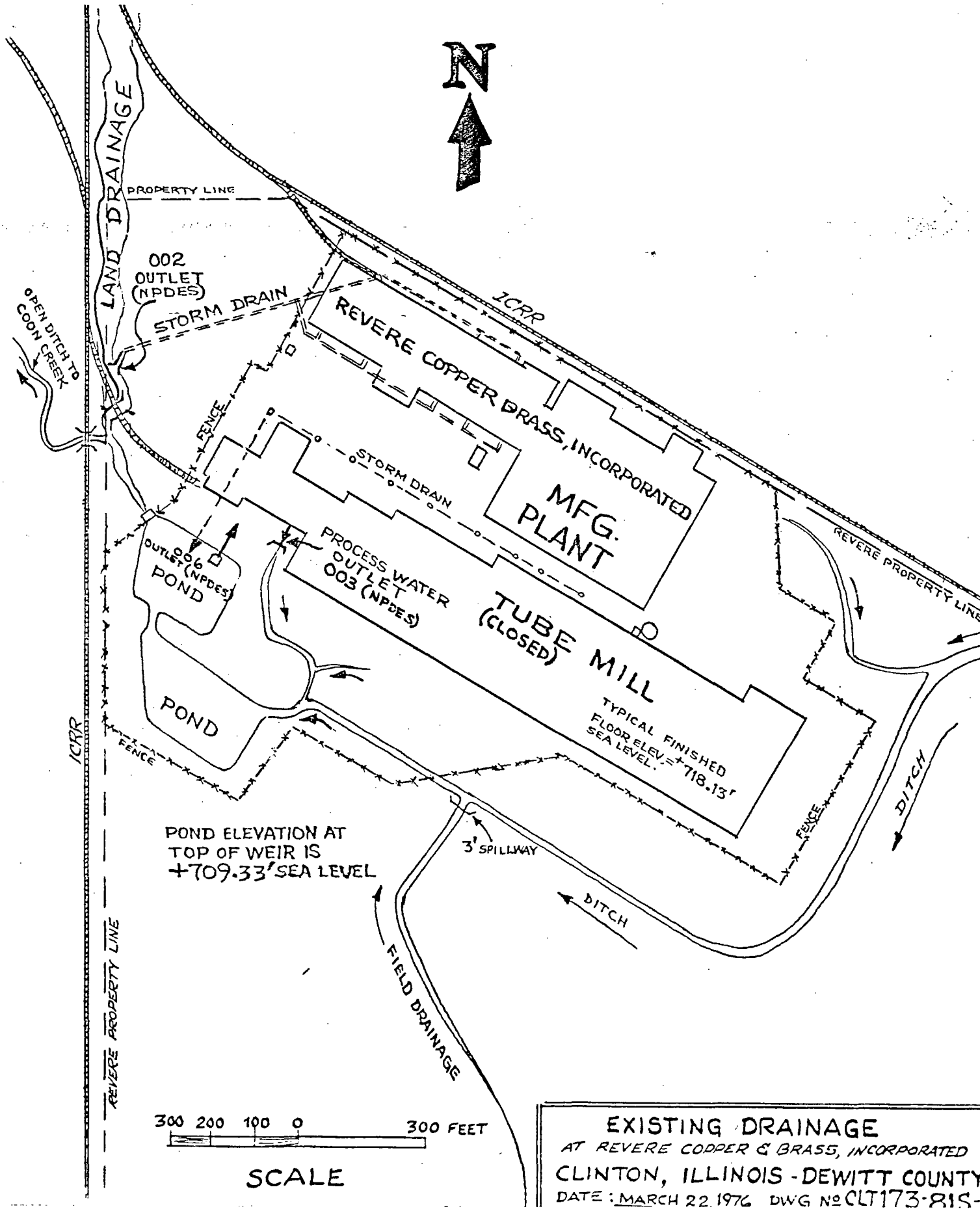
WASTE WATER TREATMENT SYSTEM

CONTENTS
LOCATION SKETCH - EFFLUENT

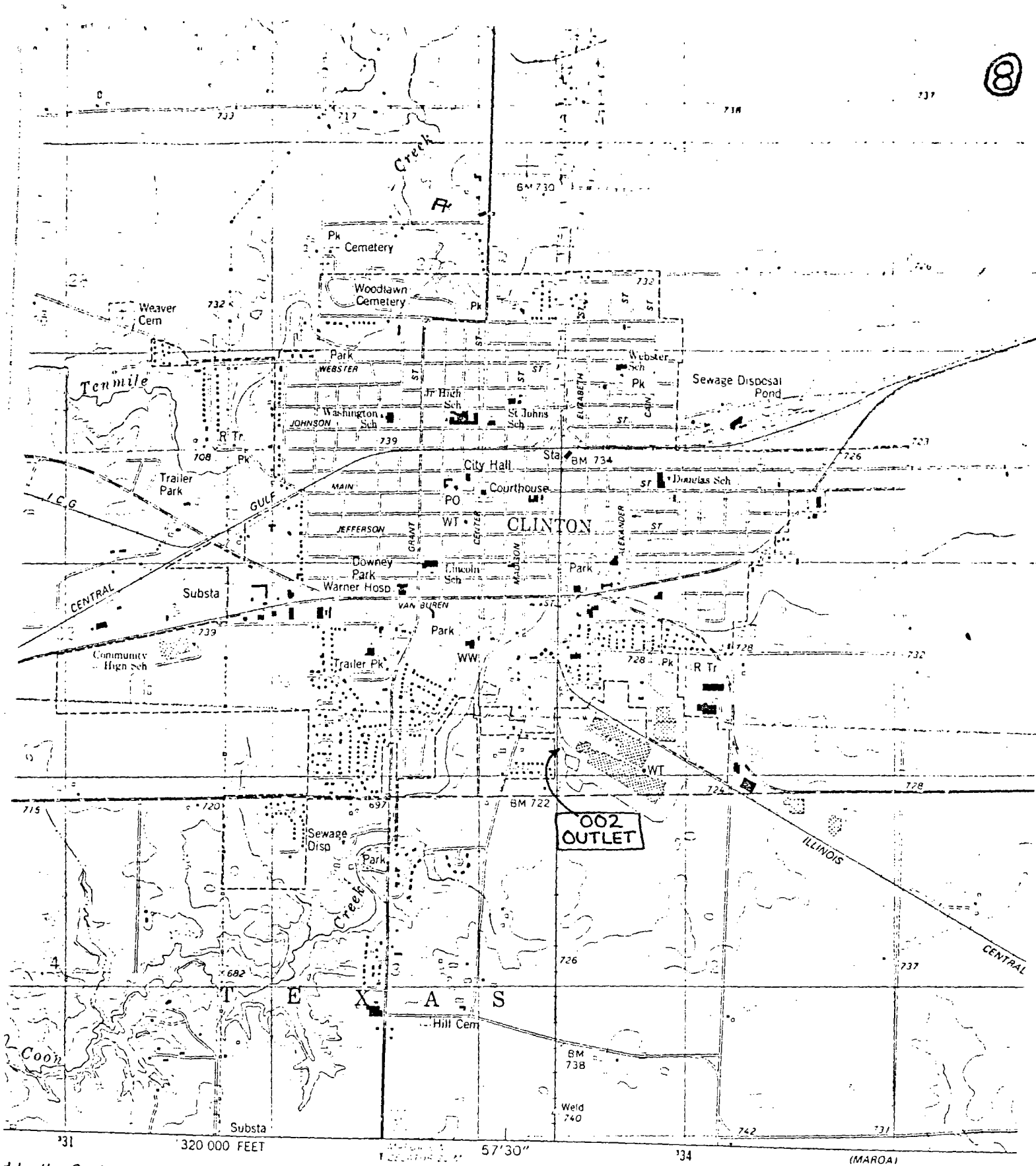
DISCHARGE POINTS 002, 003 & 006

DATE
BY

EV-
S 201-3
7



EXISTING DRAINAGE
AT REVERE COPPER & BRASS, INCORPORATED
CLINTON, ILLINOIS - DEWITT COUNTY
DATE: MARCH 22 1976 DWG No CLT173-815-



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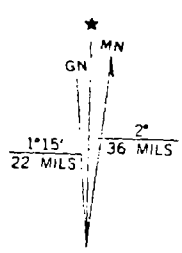

UTM GRID AND 1979 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

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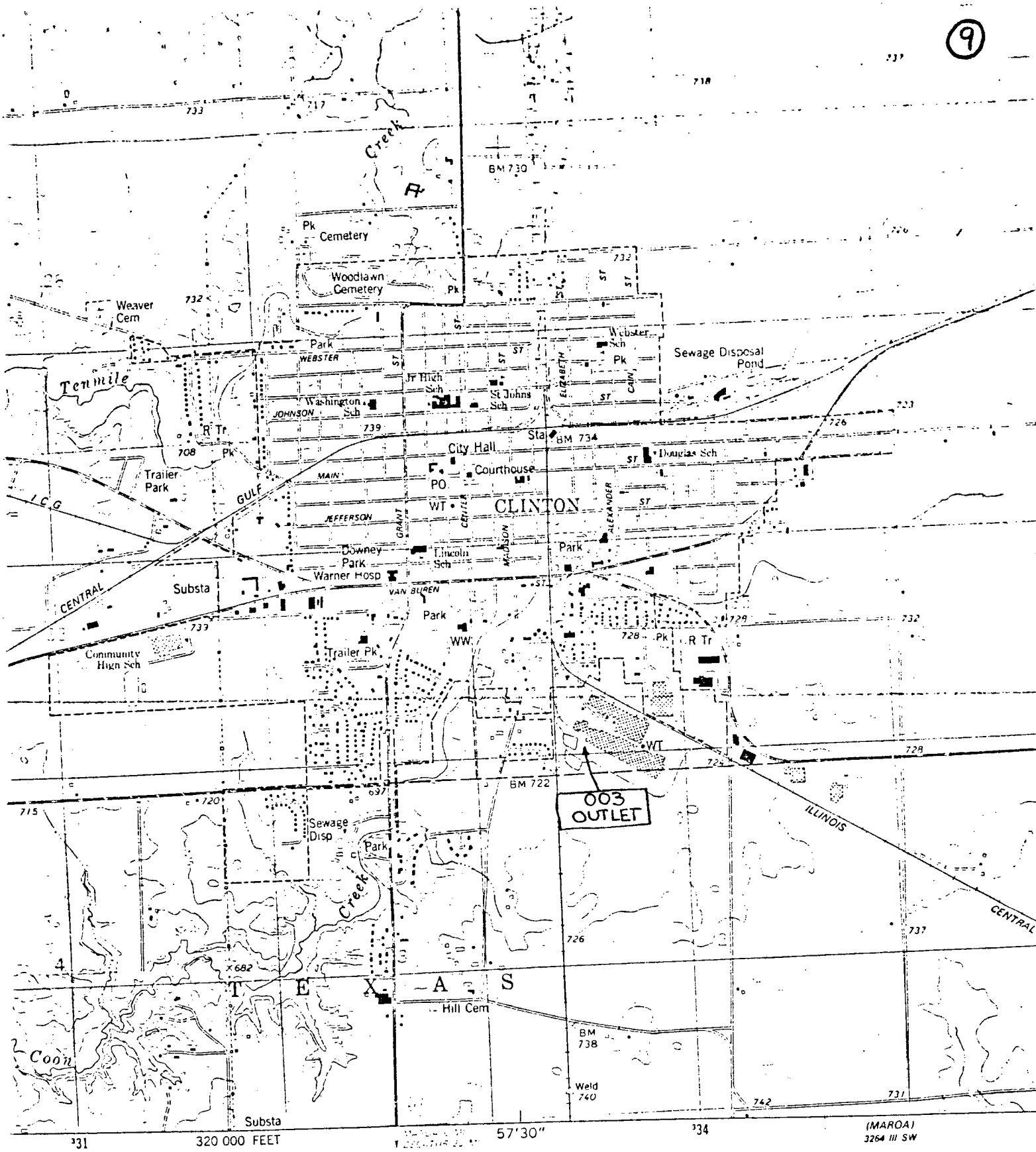
CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VI



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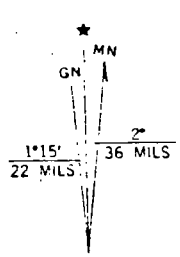

UTM GRID AND 1979 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

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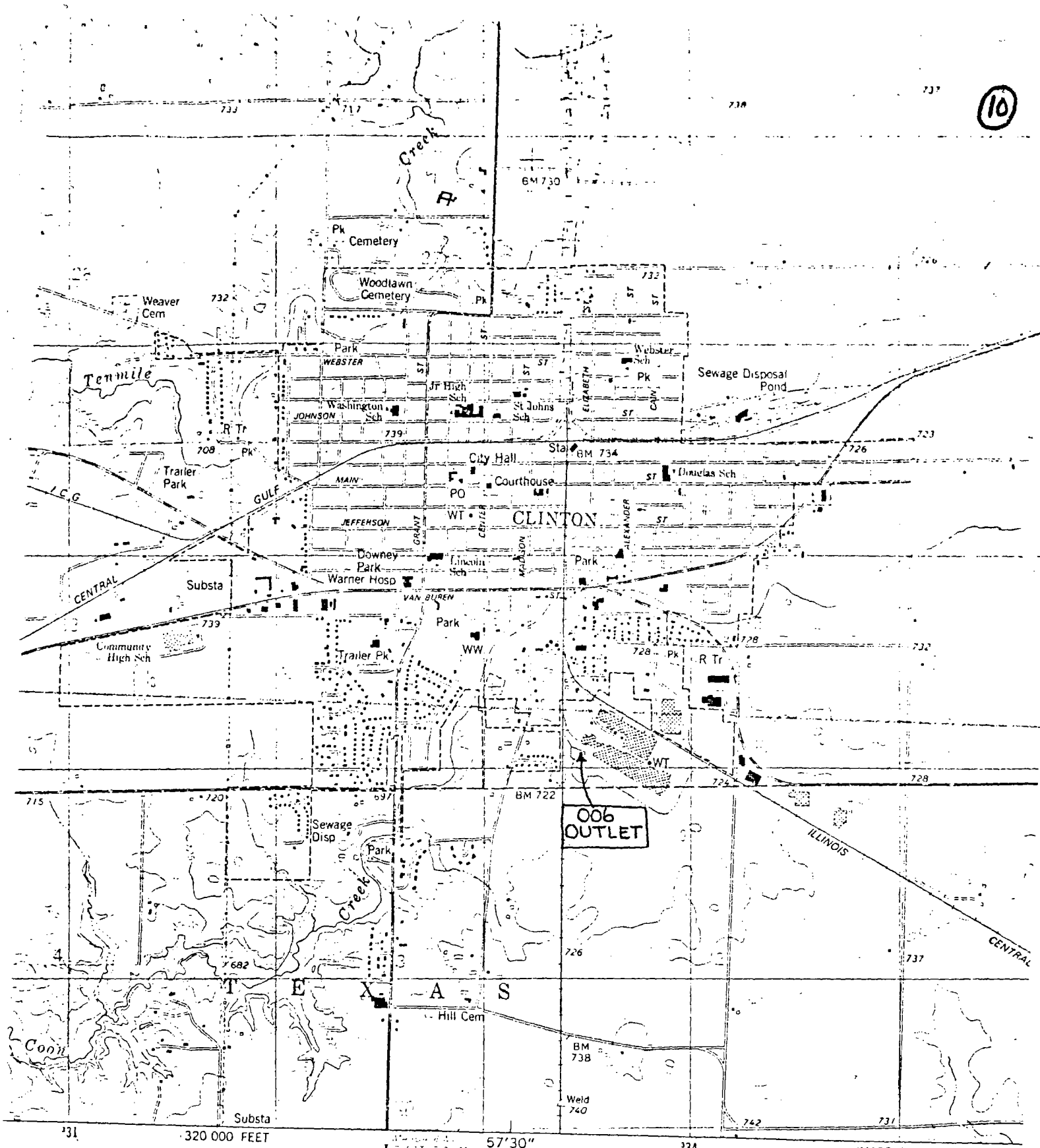
CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIR
AND BY THE STATE GEOLOGICAL SURVEY, URBANA, I



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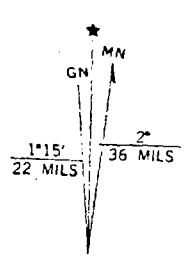

UTM GRID AND 1979 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

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CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIR
AND BY THE STATE GEOLOGICAL SURVEY URBANA, IL

REVERE COPPER AND BRASS
INCORPORATED
NEW YORK, N. Y.
ENG. DEPT.

CLINTON PLANT
REVERE WARE DIVISION
CLINTON, ILL.

SUBJECT
CLINTON PLANT WATER SYSTEM.

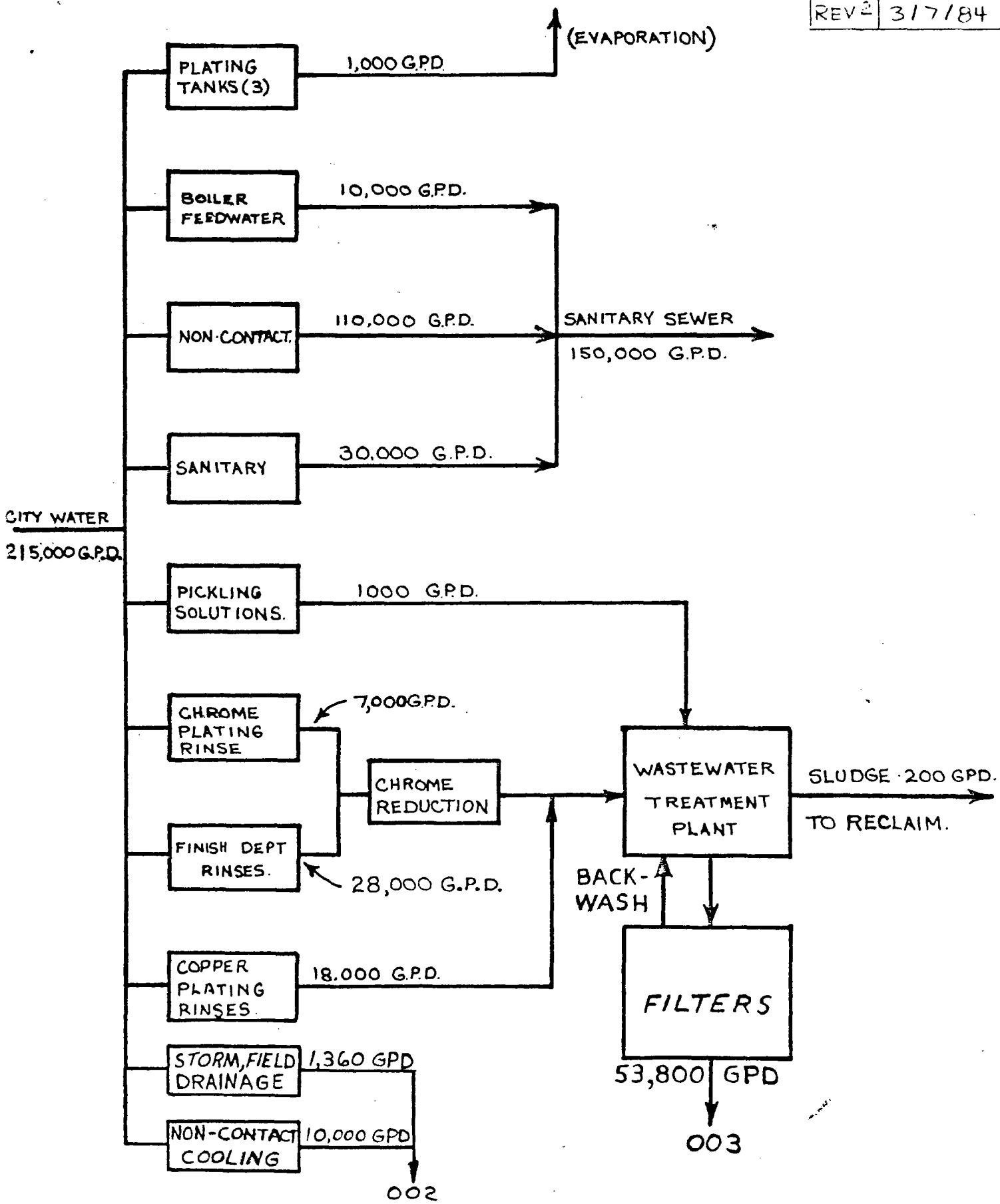
CONTENTS
SCHEMATIC FLOW DIAGRAM.

BASED ON 1983-1984 DATA..

NUMBER
EV..
S201-H

DATE 10·27·81
BY S.M.
11

REV 1	12/27/83	DTL
REV 2	3/7/84	DTL



From the minutes of the meeting of the Board of Directors of Revere Copper and Brass Incorporated on December 21, 1981:

"The President stated that the Illinois Environmental Protection Agency requires that the Board of Directors of each corporation filing applications for certain permits and permit renewals specifically authorize particular individuals to execute such applications and that as a consequence it was desirable to authorize certain individuals to execute such applications. After discussion, and upon motion duly made, seconded and unanimously carried, it was

> RESOLVED, that Messrs. J. M. Eikenberg, B. T. Cunningham and A. R. Taubert be, and each of them hereby is, authorized to execute and file operating permit and permit renewal applications with the Environmental Protection Agency of the State of Illinois and to cause or allow the construction, modification and operation of equipment covered by a permit or permit renewal granted by or sought to be obtained from said Agency."

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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)*: ILD005078274

Form Approved
OMB No. 2000-0059
Approval expires 3-31-84

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

OUTFALL NO. 002

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)* ✲	18.0	2.25			3.94	0.358	18	mg/L	lbs			
b. Chemical Oxygen Demand *(COD)* ✲	50	6.25			26.4	2.4	5	mg/L	lbs			
c. Total Organic Carbon *(TOC)*	4.0	0.5					1	mg/L	lbs			
d. Total Suspended Solids *(TSS)* ✲	145	18.13			17.76	1.164	23	mg/L	lbs			
e. Ammonia *(as N)* ✲	3.2	0.4			1.18	0.107	19	mg/L	lbs			
f. Flow	VALUE 125,055		VALUE		VALUE 90,873		11		lbs	VALUE		
g. Temperature *(winter)*	VALUE 10		VALUE		VALUE		1	°C		VALUE		
h. Temperature *(summer)*	VALUE 10.6		VALUE		VALUE		1	°C		VALUE		
i. pH	MINIMUM 7.2	MAXIMUM 7.8	MINIMUM	MAXIMUM			5	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	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)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate--Nitrite *(as N)*		X												

CONTINUE ON REVERSE

✲ These results include analyses performed by IEPA between 4/4/74 and 9/20/78.

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' 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	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

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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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			<0.10						1	mg/L				
2M. Arsenic, Total (7440-38-2)	X			<0.001						1	mg/L				
3M. Beryllium, Total, 7440-41-7)	X			<0.10						1	mg/L				
4M. Cadmium, Total (7440-43-9)	X			<0.10						1	mg/L				
5M. Chromium, Total (7440-47-3)	X			<0.10						1	mg/L				
6M. Copper, Total (7550-50-8)	X			1.78	0.223			0.431	0.039	12	mg/L	lbs			
7M. Lead, Total (7439-97-6)	X			<0.10						1	mg/L				
8M. Mercury, Total (7439-97-6)	X			<0.10						1	μg/L				
9M. Nickel, Total (7440-02-0)	X			<0.10						1	mg/L				
10M. Selenium, Total (7782-49-2)	X			<0.001						1	mg/L				
11M. Silver, Total (7440-22-4)	X			5.0						1	mg/L				
12M. Thallium, Total (7440-28-0)	X			<0.20						1	mg/L				
13M. Zinc, Total (7440-66-6)	X			<0.10						1	mg/L				
14M. Cyanide, Total (57-12-5)	X			<0.004						1	mg/L				
15M. Phenols, Total	X			<0.001						1	mg/L				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			< 1.0						1	mg/L				
2V. Acrylonitrile (107-13-1)	X			< 1.0						1	mg/L				
3V. Benzene (71-43-2)	X			<0.001						1	mg/L				
4V. Bis (Chloromethyl) Ether (542-88-1)	X			Not reported											
5V. Bromoform (75-25-2)	X			<0.001						1	mg/L				
6V. Carbon Tetrachloride (56-23-5)	X			<0.001						1	mg/L				
7V. Chlorobenzene (108-90-7)	X			<0.001						1	mg/L				
8V. Chlorodibromomethane (124-48-1)	X			<0.001						1	mg/L				
9V. Chloroethane (75-00-3)	X			<0.001						1	mg/L				
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			<0.001						1	mg/L				
11V. Chloroform (67-66-3)	X			<0.001						1	mg/L				
12V. Dichlorobromomethane (75-27-4)	X			<0.001						1	mg/L				
13V. Dichlorodifluoromethane (75-71-8)	X			Not reported											
14V. 1,1-Dichloroethane (75-34-3)	X			<0.001						1	mg/L				
15V. 1,2-Dichloroethane (107-06-2)	X			<0.001						1	mg/L				
16V. 1,1-Dichloroethylene (75-35-4)	X			<0.001						1	mg/L				
17V. 1,2-Dichloropropane (78-87-5)	X			<0.001						1	mg/L				
18V. 1,3-Dichloropropylene (542-75-6)	X			Not reported											
19V. Ethylbenzene (100-41-4)	X			<0.001						1	mg/L				
20V. Methyl Bromide (74-83-9)	X			<0.001						1	mg/L				
21V. Methyl Chloride (74-87-3)	X			<0.001						1	mg/L				

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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 – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)	X			< 0.001						1	mg/L				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			< 0.001						1	mg/L				
24V. Tetrachloroethylene (127-18-4)	X			< 0.001						1	mg/L				
25V. Toluene (108-88-3)	X			< 0.001						1	mg/L				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			< 0.001						1	mg/L				
27V. 1,1,1-Trichloroethane (71-55-6)	X			< 0.001						1	mg/L				
28V. 1,1,2-Trichloroethane (79-00-5)	X			< 0.001						1	mg/L				
29V. Trichloroethylene (79-01-6)	X			< 0.001						1	mg/L				
30V. Trichlorofluoromethane (75-69-4)	X			Not reported											
31V. Vinyl Chloride (75-01-4)	X			< 0.001						1	mg/L				
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			< 0.01						1	mg/L				
2A. 2,4-Dichlorophenol (120-83-2)	X			< 0.01						1	mg/L				
3A. 2,4-Dimethylphenol (105-67-9)	X			< 0.01						1	mg/L				
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			< 0.01						1	mg/L				
5A. 2,4-Dinitrophenol (51-28-5)	X			< 0.01						1	mg/L				
6A. 2-Nitrophenol (88-75-5)	X			< 0.01						1	mg/L				
7A. 4-Nitrophenol (100-02-7)	X			< 0.01						1	mg/L				
8A. P-Chloro-M-Cresol (59-50-7)	X			< 0.01						1	mg/L				
9A. Pentachlorophenol (87-86-5)	X			< 0.01						1	mg/L				
10A. Phenol (108-95-2)	X			< 0.01						1	mg/L				
11A. 2,4,6-Trichlorophenol (88-06-2)	X			< 0.01						1	mg/L				

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															
1B. Acenaphthene (83-32-9)	X			<0.02						1	mg/L				
2B. Acenaphtylene (208-96-8)	X			<0.02						1	mg/L				
3B. Anthracene (120-12-7)	X			<0.02						1	mg/L				
4B. Benzidine (92-87-5)	X			<0.02						1	mg/L				
5B. Benzo *(a)* Anthracene (56-55-3)	X			<0.02						1	mg/L				
6B. Benzo *(a)* Pyrene (50-32-8)	X			<0.02						1	mg/L				
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			<0.02						1	mg/L				
8B. Benzo *(ghi)* Perylene (191-24-2)	X			<0.02						1	mg/L				
9B. Benzo *(k)* Fluoranthene (207-08-9)	X			<0.02						1	mg/L				
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)	X			<0.02						1	mg/L				
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)	X			<0.001						1	mg/L				
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)	X			<0.02						1	mg/L				
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)	X			<0.02						1	mg/L				
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)	X			<0.02						1	mg/L				
15B. Butyl Benzyl Phthalate (85-68-7)	X			<0.02						1	mg/L				
16B. 2-Chloro-naphthalene (91-58-7)	X			<0.02						1	mg/L				
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	X			<0.02						1	mg/L				
18B. Chrysene (218-01-9)	X			<0.02						1	mg/L				
19B. Dibenzo *(a,h)* Anthracene (53-70-3)	X			<0.02						1	mg/L				
20B. 1,2-Dichloro-benzene (95-50-1)	X			<0.02						1	mg/L				
*21B. 1,3-Dichloro-benzene (541-73-1)	X			< 0.02						1	mg/L				

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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)	X			< 0.02						1	mg/L				
23B. 3,3'-Dichlorobenzidine (91-94-1)	X			< 0.02						1	mg/L				
24B. Diethyl Phthalate (84-66-2)	X			< 0.02						1	mg/L				
25B. Dimethyl Phthalate (131-11-3)	X			< 0.02						1	mg/L				
26B. Di-N-Butyl Phthalate (84-74-2)	X			< 0.02						1	mg/L				
27B. 2,4-Dinitrotoluene (121-14-2)	X			< 0.01						1	mg/L				
28B. 2,6-Dinitrotoluene (606-20-2)	X			< 0.01						1	mg/L				
29B. Di-N-Octyl Phthalate (117-84-0)	X			< 0.02						1	mg/L				
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)	X			< 0.02						1	mg/L				
31B. Fluoranthene (206-44-0)	X			< 0.02						1	mg/L				
32B. Fluorene (86-73-7)	X			< 0.02						1	mg/L				
33B. Hexachlorobenzene (118-71-1)	X			< 0.02						1	mg/L				
34B. Hexachlorobutadiene (87-68-3)	X			< 0.02						1	mg/L				
35B. Hexachlorocyclopentadiene (77-47-4)	X			< 0.02						1	mg/L				
36B. Hexachloroethane (67-72-1)	X			< 0.02						1	mg/L				
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)	X			< 0.02						1	mg/L				
38B. Isophorone (78-59-1)	X			< 0.02						1	mg/L				
39B. Naphthalene (91-20-3)	X			< 0.02						1	mg/L				
40B. Nitrobenzene (98-95-3)	X			< 0.02						1	mg/L				
41B. N-Nitrosodimethylamine (62-75-9)	X			< 0.02						1	mg/L				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			< 0.02						1	mg/L				

CONTINUE ON REVERSE

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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)	X			Not reported											
44B. Phenanthrene (85-01-8)	X			<0.02						1	mg/L				
45B. Pyrene (129-00-0)	X			<0.02						1	mg/L				
46B. 1,2,4 - Trichlorobenzene (120-82-1)	X			<0.02						1	mg/L				
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

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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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

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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)*: ILD005078274

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

OUTFALL NO. 003

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)*	5.0						1	mg/L				
b. Chemical Oxygen Demand *(COD)*	26.0						1	mg/L				
c. Total Organic Carbon *(TOC)*	10.0						1	mg/L				
d. Total Suspended Solids *(TSS)*	7.0						1	mg/L				
e. Ammonia *(as N)*	2.2						1	mg/L				
f. Flow	VALUE 715,760		VALUE		VALUE 415,632		71		lbs	VALUE		
g. Temperature *(winter)*	VALUE 10.3		VALUE		VALUE		1	°C		VALUE		
h. Temperature *(summer)*	VALUE 10.6		VALUE		VALUE		1	°C		VALUE		
i. pH	MINIMUM 8.2	MAXIMUM 9.0	MINIMUM	MAXIMUM			31	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)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' 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 (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	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X		5.75				2.79		15	mg/L				
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		58.75	32.07			5.64	2.34	29	mg/L	lbs			
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

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CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
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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)	X			<0.10						1	mg/L				
2M. Arsenic, Total (7440-38-2)	X			<0.001						1	mg/L				
3M. Beryllium, Total, 7440-41-7)	X			<0.10						1	mg/L				
4M. Cadmium, Total (7440-43-9)	X			<0.10						1	mg/L				
5M. Chromium, Total (7440-47-3)	X			<0.10						1	mg/L				
6M. Copper, Total (7550-50-8)	X			206.25	86.46			20.6	8.56	30	mg/L	lbs			
7M. Lead, Total (7439-97-6)	X			<0.10						1	mg/L				
8M. Mercury, Total (7439-97-6)	X			<0.10						1	μg/L				
9M. Nickel, Total (7440-02-0)	X			0.22						1	mg/L				
10M. Selenium, Total (7782-49-2)	X			<0.001						1	mg/L				
11M. Silver, Total (7440-22-4)	X			1.66						1	mg/L				
12M. Thallium, Total (7440-28-0)	X			<0.20						1	mg/L				
13M. Zinc, Total (7440-66-6)	X			<0.10						1	mg/L				
14M. Cyanide, Total (57-12-5)	X			0.014						1	mg/L				
15M. Phenols, Total	X			0.001						1	mg/L				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

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 – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			<1.0						1	mg/L				
2V. Acrylonitrile (107-13-1)	X			<1.0						1	mg/L				
3V. Benzene (71-43-2)	X			<0.001						1	mg/L				
4V. Bis (Chloromethyl) Ether (542-88-1)	X			Not reported											
5V. Bromoform (75-25-2)	X			<0.001						1	mg/L				
6V. Carbon Tetrachloride (56-23-5)	X			<0.001						1	mg/L				
7V. Chlorobenzene (108-90-7)	X			<0.001						1	mg/L				
8V. Chlorodibromomethane (124-48-1)	X			<0.001						1	mg/L				
9V. Chloroethane (75-00-3)	X			<0.001						1	mg/L				
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			<0.001						1	mg/L				
11V. Chloroform (67-66-3)	X			<0.001						1	mg/L				
12V. Dichlorobromomethane (75-27-4)	X			<0.001						1	mg/L				
13V. Dichlorodifluoromethane (75-71-8)	X			Not reported											
14V. 1,1-Dichloroethane (75-34-3)	X			<0.001						1	mg/L				
15V. 1,2-Dichloroethane (107-06-2)	X			<0.001						1	mg/L				
16V. 1,1-Dichloroethylene (75-35-4)	X			<0.001						1	mg/L				
17V. 1,2-Dichloropropane (78-87-5)	X			<0.001						1	mg/L				
18V. 1,3-Dichloropropylene (542-75-6)	X			Not reported											
19V. Ethylbenzene (100-41-4)	X			<0.001						1	mg/L				
20V. Methyl Bromide (74-83-9)	X			<0.001						1	mg/L				
21V. Methyl Chloride (74-87-3)	X			<0.001						1	mg/L				

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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 – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)	X			<0.001						1	mg/L				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			<0.001						1	mg/L				
24V. Tetrachloroethylene (127-18-4)	X			<0.001						1	mg/L				
25V. Toluene (108-88-3)	X			<0.001						1	mg/L				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			<0.001						1	mg/L				
27V. 1,1,1-Trichloroethane (71-55-6)	X			<0.001						1	mg/L				
28V. 1,1,2-Trichloroethane (79-00-5)	X			<0.001						1	mg/L				
29V. Trichloroethylene (79-01-6)	X			<0.001						1	mg/L				
30V. Trichlorofluoromethane (75-69-4)	X			Not reported											
31V. Vinyl Chloride (75-01-4)	X			<0.001						1	mg/L				
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			<0.01						1	mg/L				
2A. 2,4-Dichlorophenol (120-83-2)	X			<0.01						1	mg/L				
3A. 2,4-Dimethylphenol (105-67-9)	X			<0.01						1	mg/L				
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			<0.01						1	mg/L				
5A. 2,4-Dinitrophenol (51-28-5)	X			<0.01						1	mg/L				
6A. 2-Nitrophenol (88-75-5)	X			<0.01						1	mg/L				
7A. 4-Nitrophenol (100-02-7)	X			<0.01						1	mg/L				
8A. P-Chloro-M-Cresol (59-50-7)	X			<0.01						1	mg/L				
9A. Pentachlorophenol (87-86-5)	X			<0.01						1	mg/L				
10A. Phenol (108-95-2)	X			<0.01						1	mg/L				
11A. 2,4,6-Trichlorophenol (88-06-2)	X			<0.01						1	mg/L				

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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															
1B. Acenaphthene (83-32-9)	X			<0.03						1	mg/L				
2B. Acenaphtylene (208-96-8)	X			<0.03						1	mg/L				
3B. Anthracene (120-12-7)	X			<0.03						1	mg/L				
4B. Benzidine (92-87-5)	X			<0.03						1	mg/L				
5B. Benzo *(a)* Anthracene (56-55-3)	X			<0.03						1	mg/L				
6B. Benzo *(a)* Pyrene (50-32-8)	X			<0.03						1	mg/L				
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			<0.03						1	mg/L				
8B. Benzo *(ghi)* Perylene (191-24-2)	X			<0.03						1	mg/L				
9B. Benzo *(k)* Fluoranthene (207-08-9)	X			<0.03						1	mg/L				
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)	X			<0.03						1	mg/L				
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)	X			<0.001						1	mg/L				
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)	X			<0.03						1	mg/L				
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)	X			<0.03						1	mg/L				
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)	X			<0.03						1	mg/L				
15B. Butyl Benzyl Phthalate (85-68-7)	X			<0.03						1	mg/L				
16B. 2-Chloro-naphthalene (91-58-7)	X			<0.03						1	mg/L				
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	X			<0.03						1	mg/L				
18B. Chrysene (218-01-9)	X			<0.03						1	mg/L				
19B. Dibenzo *(a,h)* Anthracene (53-70-3)	X			<0.03						1	mg/L				
20B. 1,2-Dichloro-benzene (95-50-1)	X			<0.03						1	mg/L				
21B. 1,3-Dichloro-benzene (541-73-1)	X			<0.03						1	mg/L				

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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)	X			< 0.03						1	mg/L				
23B. 3,3'-Dichlorobenzidine (91-94-1)	X			< 0.03						1	mg/L				
24B. Diethyl Phthalate (84-66-2)	X			< 0.03						1	mg/L				
25B. Dimethyl Phthalate (131-11-3)	X			< 0.03						1	mg/L				
26B. Di-N-Butyl Phthalate (84-74-2)	X			< 0.03						1	mg/L				
27B. 2,4-Dinitrotoluene (121-14-2)	X			< 0.01						1	mg/L				
28B. 2,6-Dinitrotoluene (606-20-2)	X			< 0.01						1	mg/L				
29B. Di-N-Octyl Phthalate (117-84-0)	X			< 0.03						1	mg/L				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	X			< 0.03						1	mg/L				
31B. Fluoranthene (206-44-0)	X			< 0.03						1	mg/L				
32B. Fluorene (86-73-7)	X			< 0.03						1	mg/L				
33B. Hexachlorobenzene (118-71-1)	X			< 0.03						1	mg/L				
34B. Hexachlorobutadiene (87-68-3)	X			< 0.03						1	mg/L				
35B. Hexachlorocyclopentadiene (77-47-4)	X			< 0.03						1	mg/L				
36B. Hexachloroethane (67-72-1)	X			< 0.03						1	mg/L				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X			< 0.03						1	mg/L				
38B. Isophorone (78-59-1)	X			< 0.03						1	mg/L				
39B. Naphthalene (91-20-3)	X			< 0.03						1	mg/L				
40B. Nitrobenzene (98-95-3)	X			< 0.03						1	mg/L				
41B. N-Nitrosodimethylamine (62-75-9)	X			< 0.03						1	mg/L				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			< 0.03						1	mg/L				

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)	X			Not reported						--					
44B. Phenanthrene (85-01-8)	X			0.03						1	mg/L				
45B. Pyrene (129-00-0)	X			0.03						1	mg/L				
46B. 1,2,4-Trichlorobenzene (120-82-1)	X			0.03						1	mg/L				
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X							--					
2P. α-BHC (319-84-6)			X							--					
3P. β-BHC (319-85-7)			X							--					
4P. γ-BHC (58-89-9)			X							--					
5P. δ-BHC (319-86-8)			X							--					
6P. Chlordane (57-74-9)			X							--					
7P. 4,4'-DDT (50-29-3)			X							--					
8P. 4,4'-DDE (72-55-9)			X							--					
9P. 4,4'-DDD (72-54-8)			X							--					
10P. Dieldrin (60-57-1)			X							--					
11P. α-Endosulfan (115-29-7)			X							--					
12P. β-Endosulfan (115-29-7)			X							--					
13P. Endosulfan Sulfate (1031-07-8)			X							--					
14P. Endrin (72-20-8)			X							--					
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

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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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

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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)*: ILD005078274

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

OUTFALL NO. 006

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)*	3.0						1	mg/L				
b. Chemical Oxygen Demand *(COD)*	43.0						1	mg/L				
c. Total Organic Carbon *(TOC)*	6.0						1	mg/L				
d. Total Suspended Solids *(TSS)*	30.0				14.25		4	mg/L				
e. Ammonia *(as N)*	0.53						1	mg/L				
f. Flow	VALUE 16,000,000(est)		VALUE		VALUE 560,000(est)		3		lbs	VALUE		
g. Temperature *(winter)*	VALUE 4 (est)		VALUE		VALUE		1	°C		VALUE		
h. Temperature *(summer)*	VALUE 11 (est)		VALUE		VALUE		1	°C		VALUE		
i. pH	MINIMUM 6.6	MAXIMUM 7.1	MINIMUM	MAXIMUM			3	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)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*		X												

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' 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 (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	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

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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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7550-50-8)			X												
7M. Lead, Total (7439-97-6)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

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 – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

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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 – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

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

CONTINUE ON REVERSE

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

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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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												