Z 276 570 816

Receipt for Certified Mail

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PS Form 3800, March 1993

Sent to MR. John J. Bailey	
Street and No. 744 Belleville Ave.	
P.O., State and ZIP Code New Bedford, MA 02742	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
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Fold at line over top of envelope to the

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☑ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MR. John J. Bailey, Jr. C.S.P
Director of Safety, Health & Environmental Affairs
Acushnet Company - Rubber Division
744 Belleville Ave.
P.O. BOX E916
NEW Bedford, MA 02742

4a. Article Number
Z 276 570 816

4b. Service Type
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

5. Signature (Addressee)
MA0003918-NPR

6. Signature (Agent)
X

7. Date of Delivery
FEB 1 1995

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

CODED PCS
DATE 1/27/95

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

JAN 26 1995

Mr. John J. Bailey, Jr., C.S.P.
Director of Safety, Health &
Environmental Affairs
Acushnet Company - Rubber Division
744 Belleville Avenue
P.O. Box E916
New Bedford, MA 02742-0916

Re: NPDES No. MA0003913

Dear Mr. Bailey:

Your National Pollutant Discharge Elimination System (NPDES) permit for the above referenced facility has been terminated for the reason indicated below:

_____	Facility Tied-In to a POTW
_____	Facility Gone Out of Business
X	Discharge Terminated
_____	Other

Since this permit was issued pursuant to the Clean Water Act (the Federal Act), as amended and the Massachusetts Clean Water Act (the State Act) 21 M.G.L. Section 43.45, as amended, the permit is hereby terminated under both Federal and State statute.

If, in the future, your facility wishes to resume a discharge to waters of the United States, an application for discharge must be made to this Agency at least 180 days in advance of the proposed discharge. (See 40 C.F.R. Section 122.21). Any proposed new discharge, which meets the definition of new source, 40 C.F.R. Section 122.2, must meet the requirements of any applicable "new source performance standards" for your industry, 33 U.S.C. Section 1316, and shall protect state water quality standards. Any treatment required to be installed to meet new source performance standards, state water quality standards, or any other requirements of a new permit shall be installed prior to discharge to the waters.

CONCURRENCES

SYMBOL	JW/CB	WCP						
SURNAME	Vergara	Lavery						
DATE	1/20/95	1/31/95						

OFFICIAL FILE COPY

If you have any questions relative to the NPDES program, do not hesitate to contact Diane Castricone, of my staff. She may be reached at (617) 565-3936.

Sincerely,

Veronica C. Harrington, Chief
NPDES Program Operations Section

cc: MA Department of Environmental Protection

CONCURRENCES								
SYMBOL								
SURNAME								
DATE								

REPORT OF PHONE CALL
VISIT

In _____ Out _____

File MA0003913

Date 9/28 Time _____

Routing _____

Person Contacted John Bailey

Phone No. _____

Location New Bedford, MA

Subject Acushnet Company Rubber Div

Summary – ~~as~~ cooling water outfall is close looped. had received general permit authority for stormwater outfalls # MAR 008234

Action Required NPR?

Diane Cathcine
Signature

☆GPO 951-000

ACUSHNET COMPANY
RUBBER DIVISION

Manufacturers of Elastomeric Products

AUG

NPDES #
?

NPR ?

July 28, 1994

U.S. Environmental Protection Agency
Region 1
John F. Kennedy Federal Building
Boston, MA 02203-2211
Attention: Ms. Olga Vergara

RE: Acushnet Company Rubber Division NPDES No. MA003913001

Dear Olga:

I am pleased to report that we have finally resolved elimination of our roof drain reporting requirement from the above captioned NPDES Permit. I spoke with Mr. Josh Habibe at the Stormwater Hotline on June 23, 1994 and he agreed that it would be appropriate to add our roof drains numbers 002 and 003 to our stormwater general permit number MAR00A234. He indicated that we should retain roof drain monitoring for pH, Oil and Grease, and COD as is presently done with our permit number MA003913001. He suggested we perform the testing semi-annually and thus make it possible to discontinue our NPDES permit with you.

We have amended our stormwater pollution prevention and best management practice plan to include the two roof drains as specified above.

We will continue to report zero discharge under Permit Number MA003913001 until such time as the permit is closed or until further direction is received from your office,.

Should you require additional information or if I may be of assistance, please do not hesitate to contact me.

As always, I appreciate your assistance and helping us maintain permit standards.

Sincerely,

John J. Bailey, Jr., C.S.P.
Director of Safety, Health & Environmental Affairs

/r

JB94/166

DEP.doc

744 Belleville Ave., P.O. Box E916, New Bedford, MA 02742-0916
Tel. (508) 998-4000 / FAX (508) 998-4100

ACUSHNET COMPANY
RUBBER DIVISION

Manufacturers of Elastomeric Products

MA0003913

August 15,1991

AUG 22 1991

Ms. Olga Vergara
United States Environmental Protection Agency
Region 1
J.F.Kennedy Federal Building
Boston
MA. 02203-2211

Dear Ms. Vergara:

Per our conversation on August 15 I am returning our permit reapplication to you. It was returned to us by mistake with the cover from Mr. McSweeney dated August 7, 1991.

Should you have any questions or need further information, please contact me directly.

Very Truly Yours,

RGMorris

Robert G. Morris
Environmental Compliance Specialist

cc: R.Dubiel
J.DeMello

744 Belleville Ave., P.O. Box E916, New Bedford, MA 02742-0916
Tel. (508) 998-4000 / FAX (508) 998-4100

(fill—in areas are spaced for elite type, i.e., 12 characters/inch). VCS MAB 3/1/91

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

S F MA 0003913 T/A D C

1 2 - 13 14 15

LABEL ITEMS

I. EPA I.D. NUMBER	MA 0003913
III. FACILITY NAME	ACUSHNET COMPANY
V. FACILITY MAILING ADDRESS	P.O.BOX E-916 NEW BEDFORD, MA. 02742-0916
VI. FACILITY LOCATION	744 BELLEVILLE AVENUE NEW BEDFORD, MA. 02742-0916

AUG 22 1991

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	
	16	17	18		19	20	21
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			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	
	22	23	24		25	26	27
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	
	28	29	30		31	32	33
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	
	34	35	36		37	38	39
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	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP ACUSHNET COMPANY Rubber Division- Plant B

15 16 - 29 30 - 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
C 2 BAILEY, JOHN J. Jr.	508	997	2811
15 16 - 45	46 - 48	49 - 51	52 - 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 P.O. Box E-916

15 16 - 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 New Bedford, Ma.	MA.	0 2 7 4 2
15 16 - 40	41 42	47 - 51

FEB 28 1991

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 744 Belleville Ave.

15 16 - 45

B. COUNTY NAME

Bristol

46 - 70

JUL 29 1991

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 New Bedford	MA.	0 2 7 4 2	
15 16 - 40	41 42	47 - 51	52 - 54

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 3069 (specify) Misc. Rubber products NOC	7 (specify) N/A

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

VIII. OPERATOR INFORMATION

A. NAME: ACUSHNET COMPANY

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

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

P (specify)

D. PHONE (area code & no.): A 508 997 2811

E. STREET OR P.O. BOX: P.O. Box E-916

F. CITY OR TOWN: New Bedford

G. STATE: MA.

H. ZIP CODE: 02742

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

	A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
	9 N MA 0003913	9 P N/A
	B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
	9 U N/A	9 N/A (specify)
	C. RCRA (Hazardous Wastes)	E. OTHER (specify)
	9 R MAD 001025154	9 N/A (specify)

XI. MAP

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

XII. NATURE OF BUSINESS (provide a brief description)

The Acushnet Co. manufactures custom molded rubber products for original equipment manufacturers in the automotive, aircraft, and safety appliance industries. Also, for various industrial or consumer product industries. Raw materials including natural and synthetic rubbers, oils, fillers,and additives are formulated and mixed in banburys. The mixed rubber compounds are mixed and finished on rubber mills and fed into extruders. The continuous extrusions are cooled on conveyers and cut to size to be used as mold preparations. These preparations are placed into molds and are compression molded in hydraulic presses. Some of the parts are post cured in ovens and deflashed in tumblers or by hand trimming. These parts are then inspected, packaged, and shipped to customers.

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
Robert S. Dubiel President and Chief Executive Officer	Robert S. Dubiel	2/22/91

COMMENTS FOR OFFICIAL USE ONLY

C

☆ U.S. Government Printing Office : 1985 - 486-785/32991

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1) MA 0003913

OMB No. 2040-0086
Approval expires 7-31-88

FORM 2C NPDES

EPA

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

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
1	70°	55'	7"	41°	40'	9"	Acushnet River
2	70°	55'	8"	41°	40'	9"	Acushnet River
3	70°	55'	10"	41°	40'	8"	Acushnet River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
1	Air conditioning water cooling, non-contact single pass, 200 tons of cooling- 5 to 6 months operation.	163,000 gal.day	None	4A	
1	Non contact cooling water for 7 rubber mills and 1 calendar single pass 2 average water temp. change.	15,000 gal.day	None	4A	
1	Non-contact cooling water from 3 extruders & 4 mills- 1-2° temp. change. Extrusions are transferred to metal conveyers which can be sprayed or immersed. 20% of product may partially contact water.	65,000 gal.day	None	4A	
2	6" roof drain from steel single story warehouse.	2320 gal. year	None	4A	
3	6" roof drain from steel single story warehouse.	2320 gal. year	None	4A	

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

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

[X] YES *(complete the following table)* [ ] NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY a. DAYS PER WEEK *(specify average)*	3. FREQUENCY b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE *(in mgd)* 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME *(specify with units)* 2. MAXIMUM DAILY	4. FLOW c. DURATION *(in days)*
1	Air Conditioner cooling water	5	6	.163	.163	.163	.163	180
1	Non contact cooling water for mills and extruders.	5	12	.0191	.7632	.015	.403	350
1	Three extruders and four mills.	5	12	.086	.1728	.065	.092	350

III. PRODUCTION

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

[X] 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)*?

[X] YES *(complete Item III-C)* [ ] NO *(go to Section IV)*

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

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	2. AFFECTED OUTFALLS *(list outfall numbers)*
52,000	Pounds/day	Rubber milling and extruding	1
38,500	Pounds/Day	Water cooling conveyer	

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)* [X] NO *(go to Item IV-B)*

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

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VA 0003913

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

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
Chromium	Chrome plating bath originally connected to the outfall water system, prior to 1976. Test results over the past 10 years indicate levels less detectible for the test method used. It appears we may not need to test for this chemical in the future. These results have continued throughout the duration of our current permit.		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

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

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ 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)*
Acushnet Company Titleist Golf Division R & D Labaratory	P.O. Box E-916 New Bedford, Ma. 02742	508-997-2811	PH, C.O.D.,T.S.S. Total Chromium, Infrared Oil and Grease.

IX. CERTIFICATION

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

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
Robert S. Dubiel President and Chief Executive Officer	508-997-2811
C. SIGNATURE Robert S. Dubiel	D. DATE SIGNED 2/22/91

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)*: MA 0003913

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)* — OUTFALL NO. 1

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	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	-	-	-	-	-	-	12	Mg/L	Lbs/day	Unknown	-	0
b. Chemical Oxygen Demand *(COD)*	5.3	12.3	27.3	27.3	10.03	10.03	12	Mg/L	Mg/L	Unknown	-	0
c. Total Organic Carbon *(TOC)*	Waver requested-No tests made			-	-	-	-	-	-	Unknown	-	0
d. Total Suspended Solids *(TSS)*	5.85	3.8	1.1	5.85	0.34	1.38	12	Mg/L	Lbs/day	Unknown	-	0
e. Ammonia *(as N)*	N/A	-	-	-	-	-	-	-	-	-	-	-
f. Flow	VALUE 500,000		VALUE 11,000,000		VALUE 255,000	-	-	-	-	VALUE -	-	-
g. Temperature *(winter)*	VALUE 3 C		VALUE N/A		VALUE 5 C			°C		VALUE 3 C		-
h. Temperature *(summer)*	VALUE 24 C		VALUE N/A		VALUE 26 C			°C		VALUE 24 C		-
i. pH	MINIMUM 6.5	MAXIMUM 8.0	MINIMUM N/A	MAXIMUM N/A				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	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 a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE 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'		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. 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	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X		3.03	1.97	3.03	1.97	0.43	0.66	1	Mg/L	Lbs/day	Unknown	-	-
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, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b; you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			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 (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			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											

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 — 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'			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 *(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												

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															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo *(a)* Anthracene (56-55-3)			X												
6B. Benzo *(a)* Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo *(ghi)* Perylene (191-24-2)			X												
9B. Benzo *(k)* Fluoranthene (207-08-9)			X												
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X												
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X												
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X												
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			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 – 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												
[illegible] 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 (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
[illegible] Hexachlorocyclopentadiene ([illegible]-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

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												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 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												

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.

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

OUTFALL NO. 2

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)*	Not tested for this value.											
b. Chemical Oxygen Demand *(COD)*	10.54	Mg/L	10.54	Mg/L	10.54	Mg/L	1					
c. Total Organic Carbon *(TOC)*	Not tested for this value.											
Total Suspended Solids *(TSS)*	Not tested for this value.											
e. Ammonia *(as N)*	Not tested for this value.											
f. Flow	VALUE 160 gal./day		VALUE N/A		VALUE 2320 gal./year		1			VALUE		
g. Temperature *(winter)*	VALUE Ambient Air		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE Ambient Air		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.5	MAXIMUM 8.0	MINIMUM 6.6	MAXIMUM 7.4			1	STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(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 (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		0.54	Mg/L	0.54	Mg/L	0.54	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												
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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EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
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CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER *(if available)*	2. MARK 'X'			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															
M. Antimony, Total (7440-36-0)			X												
M. Arsenic, Total (7440-38-2)			X												
M. Beryllium, Total, 7440-41-7)			X												
M. Cadmium, Total (7440-43-9)			X												
M. Chromium, Total (7440-47-3)			X												
M. Copper, Total (7440-50-8)			X												
M. Lead, Total (7439-92-1)			X												
M. Mercury, Total (7439-97-6)			X												
M. Nickel, Total (7440-02-0)			X												
0M. Selenium, Total (7782-49-2)			X												
1M. Silver, Total (7440-22-4)			X												
2M. Thallium, Total (7440-28-0)			X												
3M. Zinc, Total (7440-66-6)			X												
4M. Cyanide, Total (57-12-5)			X												
5M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

ONTINUED FROM THE FRONT

. 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	
C/MS FRACTION – VOLATILE COMPOUNDS															
V. Acrolein 107-02-8)			X												
V. Acrylonitrile 107-13-1)			X												
V. Benzene 71-43-2)			X												
V. Bis *(Chloro-ethyl)* Ether 542-88-1)			X												
V. Bromoform 75-25-2)			X												
V. Carbon etrachloride 56-23-5)			X												
V. Chlorobenzene 108-90-7)			X												
V. Chlorodi-romomethane 124-48-1)			X												
V. Chloroethane 75-00-3)			X												
0V. 2-Chloro-thylvinyl Ether 110-75-8)			X												
1V. Chloroform 67-66-3)			X												
2V. Dichloro-romomethane 75-27-4)			X												
3V. Dichloro-ifluoromethane 75-71-8)			X												
4V. 1,1-Dichloro-thane (75-34-3)			X												
5V. 1,2-Dichloro-thane (107-06-2)			X												
6V. 1,1-Dichloro-thylene (75-35-4)			X												
7V. 1,2-Dichloro-ropane (78-87-5)			X												
8V. 1,3-Dichloro-ropylene (542-75-6)			X												
9V. Ethylbenzene 100-41-4)			X												
0V. Methyl romide (74-83-9)			X												
1V. Methyl hloride (74-87-3)			X												

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MA 0003913	2

Form Approved.
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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	
C/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
V. Methylene loride (75-09-2)			X												
V. 1,1,2,2-Tetra-loroethane 9-34-5)			X												
V. Tetrachloro-ylene (127-18-4)			X												
V. Toluene 08-88-3)			X												
V. 1,2-Trans-chloroethylene 56-60-5)			X												
V. 1,1,1-Tri-o ane 1-5			X												
V. 1,1,2-Tri-oroethane 0-00-5)			X												
V. Trichloro-ylene (79-01-6)			X												
V. Trichloro-oromethane 3-69-4)			X												
V. Vinyl loride (75-01-4)			X												
/MS FRACTION – ACID COMPOUNDS															
. 2-Chlorophenol 5-57-8)			X												
. 2,4-Dichloro-nol (120-83-2)			X												
. 2,4-Dimethyl-nol (105-67-9)			X												
4 nitro-O-sol 84-52-1)			X												
2,4-Dinitro-nol (51-28-5)			X												
2-Nitrophenol -75-5)			X												
4-Nitrophenol 0-02-7)			X												
P-Chloro-M-sol (59-50-7)			X												
Pentachloro-nol (87-86-5)			X												
. Phenol 3-95-2)			X												
. 2,4,6-Tri-rophenol 06-2)			X												

NTINUED FROM THE FRONT

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	
C/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
3. Acenaphthene 3-32-9)			X												
3. Acenaphtylene 08-96-8)			X												
3. Anthracene 20-12-7)			X												
3. Benzidine 2-87-5)			X												
B. Benzo *(a)* nthracene 6-55-3)			X												
B. [illegible]o *(a)* yrene (50-32-8)			X												
B. 3,4-Benzo-uoranthene 205-99-2)			X												
B. Benzo *(ghi)* erylene 191-24-2)			X												
B. Benzo *(k)* luoranthene 207-08-9)			X												
0B. Bis *(2-Chloro-thoxy)* Methane 11-91-1)			X												
1B. Bis *(2-Chloro-thyl)* Ether 11-44-4)			X												
2B. Bis *(2-Chloroiso-opyl)* Ether (102-60-1)			X												
3B. Bis *(2-Ethyl-exyl)* Phthalate 17-81-7)			X												
4B. [illegible]Bromo-h[illegible]Phenyl [illegible]th[illegible] (101-55-3)			X												
5B. Butyl Benzyl hthalate (85-68-7)			X												
6B. 2-Chloro-aphthalene 91-58-7)			X												
7B. 4-Chloro-henyl Phenyl ther (7005-72-3)			X												
8B. Chrysene 218-01-9)			X												
9B. Dibenzo *(a,h)* Anthracene 53-70-3)			X												
0B. 1,2-Dichloro-enzene (95-50-1)			X												
1B. 1,3-Dichloro-enzene (541-73-1)			X												

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CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MA 0003913	2

Form Approved.
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Approval expires 7-31-88

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)*															
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 (118-74-1)			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												

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

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MA 0003913	2

Form Approved.
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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												
[illegible]. PCB-1248 ([illegible]72-29-6)			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)*: MA 0003913

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

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

OUTFALL NO. 3

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)*	Not tested for this value.											
b. Chemical Oxygen Demand *(COD)*	16.2	Mg/L	16.2	Mg/L	16.2	Mg/L	1					
c. Total Organic Carbon *(TOC)*	Not tested for this value.											
d. Total Suspended Solids *(TSS)*	Not tested for this value.											
e. Ammonia *(as N)*	Not tested for this value.											
f. Flow	VALUE 160.0gal/day		VALUE N/A		VALUE 2320 gal/year		1			VALUE		
g. Temperature *(winter)*	VALUE Ambient Air		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE Ambient Air		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 7.2	MINIMUM 6.0	MAXIMUM 7.2				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(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	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)		X												
h. Oil and Grease	X		1.53	Mg/L	1.53	Mg/L	0.50	Mg/L	5					
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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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MA 0003913	3

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CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			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												
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 (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			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											

CONTINUE ON REVERSE

ONTINUED FROM THE FRONT

. 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															
V. Acrolein 107-02-8)			X												
V. Acrylonitrile 107-13-1)			X												
V. Benzene 71-43-2)			X												
V. Bis (Chloro-ethyl) Ether 542-88-1)			X												
V. Bromoform 75-25-2)			X												
V. Carbon Tetrachloride 56-23-5)			X												
V. Chlorobenzene 108-90-7)			X												
V. Chlorodi-bromomethane 124-48-1)			X												
V. Chloroethane 75-00-3)			X												
0V. 2-Chloro-ethylvinyl Ether 110-75-8)			X												
1V. Chloroform 67-66-3)			X												
2V. Dichloro-bromomethane 75-27-4)			X												
3V. Dichloro-difluoromethane 75-71-8)			X												
4V. 1,1-Dichloro-ethane (75-34-3)			X												
5V. 1,2-Dichloro-ethane (107-06-2)			X												
6V. 1,1-Dichloro-ethylene (75-35-4)			X												
7V. 1,2-Dichloro-propane (78-87-5)			X												
8V. 1,3-Dichloro-propylene (542-75-6)			X												
9V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUE ON PAGE V-5

NTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MA 0003913	3

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

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	
:/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
V. Methylene loride (75-09-2)			X												
V. 1,1,2,2-Tetra-oroethane)-34-5)			X												
V. Tetrachloro-ylene (127-18-4)			X												
V. Toluene)8-88-3)			X												
V. 1,2-Trans-chloroethylene 6-60-5)			X												
V. 1,1,1-Tri-oroethane 1-55-6)			X												
V. 1,1,2-Tri-oroethane)-00-5)			X												
V. Trichloro-ylene (79-01-6)			X												
V. Trichloro-oromethane 3-69-4)			X												
V. Vinyl loride (75-01-4)			X												
/MS FRACTION – ACID COMPOUNDS															
. 2-Chlorophenol 3-57-8)			X												
. 2,4-Dichloro-enol (120-83-2)			X												
. 2,4-Dimethyl-en (105-67-9)			X												
. 4,6-Dinitro-O-sol (534-52-1)			X												
. 2,4-Dinitro-enol (51-28-5)			X												
. 2-Nitrophenol 3-75-5)			X												
. 4-Nitrophenol)0-02-7)			X												
. P-Chloro-M-sol (59-50-7)			X												
. Pentachloro-enol (87-86-5)			X												
A. Phenol)8-95-2)			X												
A. 2,4,6-Tri-orophenol 3-06-2)			X												

NTINUED FROM THE FRONT

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	
C/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
3. Acenaphthene (3-32-9)			X												
3. Acenaphtylene (08-96-8)			X												
3. Anthracene (20-12-7)			X												
3. Benzidine (2-87-5)			X												
3. Benzo (a) nthracene (56[illegible])			X												
3. Benzo (a) yrene (50-32-8)			X												
3. 3,4-Benzo-uoranthene (205-99-2)			X												
3. Benzo (ghi) erylene (191-24-2)			X												
3. Benzo (k) luoranthene (207-08-9)			X												
0B. Bis (2-Chloro-thoxy) Methane (111-91-1)			X												
1B. Bis (2-Chloro-thyl) Ether (11-44-4)			X												
2B. Bis (2-Chloroiso-ropyl) Ether (102-60-1)			X												
3B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X												
14 Bromo-phe Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MA 0003913	3

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

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												
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 (118-74-1)			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												

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												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 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												

CONTINUE ON PAGE V

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MA 0003913	3

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

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												
[illegible]. 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												

☆U.S. GOVERNMENT PRINTING OFFICE : 1986 O - 491-191 (46116)

The Commonwealth of Massachusetts

Department of Environmental Protection
Division of Water Pollution Control

Department of Environmental Protection certifies that

Acushnet Company - Plant B
744 Belleville Avenue
New Bedford, Massachusetts 02741

has been inspected in accordance with
Massachusetts Water Pollution Contol Regulation 314 CMR. 2.12

Director Brian Donahue

Fiscal year 1990

ACUSHNET COMPANY
RUBBER DIVISION

Manufacturers of Elastomeric Products

February 25, 1991

Mr. James O'Connell
Project Review Coordinator
Coastal Zone Management Office
100 Cambridge Street-20th Floor
Boston, Ma. 02202

Dear Mr. O'Connell

The Acushnet Company in New Bedford, Massachusetts is working with the Permits Branch, Region 1 of the Environmental Protection Agency to renew our NPDES permit for discharge to the Acushnet River. Our facility, which is the source of the wastewater discharge, is engaged in the manufacturing of custom molded rubber products. The discharges into the Acushnet River will be from storm water runoff and non-contact cooling water.

Pursuant to the requirements of 301 CMR 21.00 regarding federal consistency review conducted by MCZM, we have reviewed the Regulations and Policies and have concluded that the proposed activity (proposed NPDES permitted discharge) complies with the policies of the Massachusetts approved Coastal Zone Management Program and will be conducted in a manner consistent with such policies. We have reviewed all of the MCZM Policies and find that policy 3 applies to our activity. In particular, our consistency with MCZM Policy 3 regarding effluent limitations and water quality standards will continue to be monitored by the DEP, EPA, and by my company personnel. All activities associated with this NPDES permit, once issued, will remain consistent with Federal and State effluent limitations and water quality standards.

If there is any further information that you require regarding this project, please contact me.

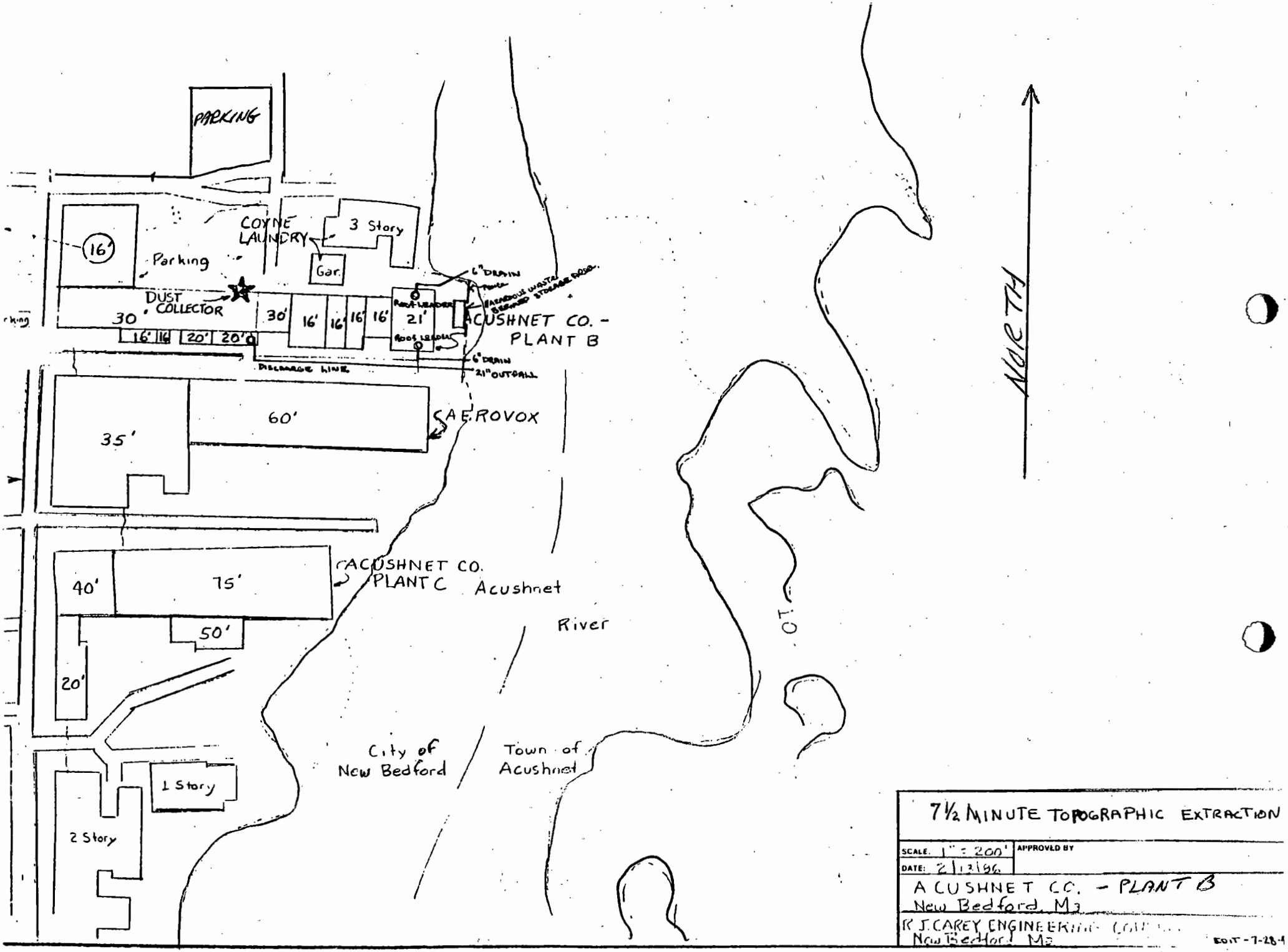
Sincerely,

Robert G. Morris
Environmental Specialist

744 Belleville Ave., P.O. Box E916, New Bedford, MA 02742-0916
Tel. (617) 997-2811 / TWX 710-344-0653 / PANAFAX (617) 993-0512

INTERCHANGE
Ashley Sch
Brooklawn Park
Quarries
RIVER
TOOTLE LANE
Playground
Pecksland Cem
Sacred Heart Cem
Fairhaven
Wpodside Cem
Livesey Park
INTERCHANGE 24
Gravel Pits
Oxford
INTERCHANGE
155
Riverside Cem
Radio Towers (WBSM)
NEW BEDFORD
FAIRHAVEN
Drive-In Theater
East Fairhaven
High Sch
Doane Memorial Field
Cushman Park
Sewage Disposal
Leroy Wood Sch
Pope Beach

Clifford
Westgate Park
Substa
BM 121
Clifford Chapel
Pine Hill Acres
INTERCHANGE 6
BM 112
Polish National Cem
INTERCHANGE 5
BM 113
Campbell Sch
BM 112
FORMER BOUNDARY
ACUSHNET
Deep Brook
MORSES LANE
Sherwood Forest
Cem
Howard Sch
Coury Heights
St Theresas
Calvary Ch
BM 106
HOLYOKE ST
CONRAH
Gravel Pit
MARYLAND ST
OHIO ST
BM 54
Swift Bog
Acushnet Jr High Sch
HARWICH
PARK
Gravel Pit
Ford Jr High Sch
Cranberry Bogs
Gravel Pit
BM 45
LEONARD ROAD
Cranberry Bogs
Gravel Pits
Sandpit
A C U S H N E T
Acushnet River
Gravel Pit
Gravel Pit
Gravel Pits
Parry Hill Ch
PERRY HILL RD
MENDALL ST
Mendall Hill
Lookout Tower
Radio Tower
ROAD
HAMLIN
MAIN
Gravel Pit
Playground
Cranberry Bog
St Francis Xavier Sch
Acushnet Cem
BM 76
Cem
Acushnet
HATHAWAY RD
ROCHESTER
MARION



7½ MINUTE TOPOGRAPHIC EXTRACTION

SCALE: 1" = 200'

APPROVED BY

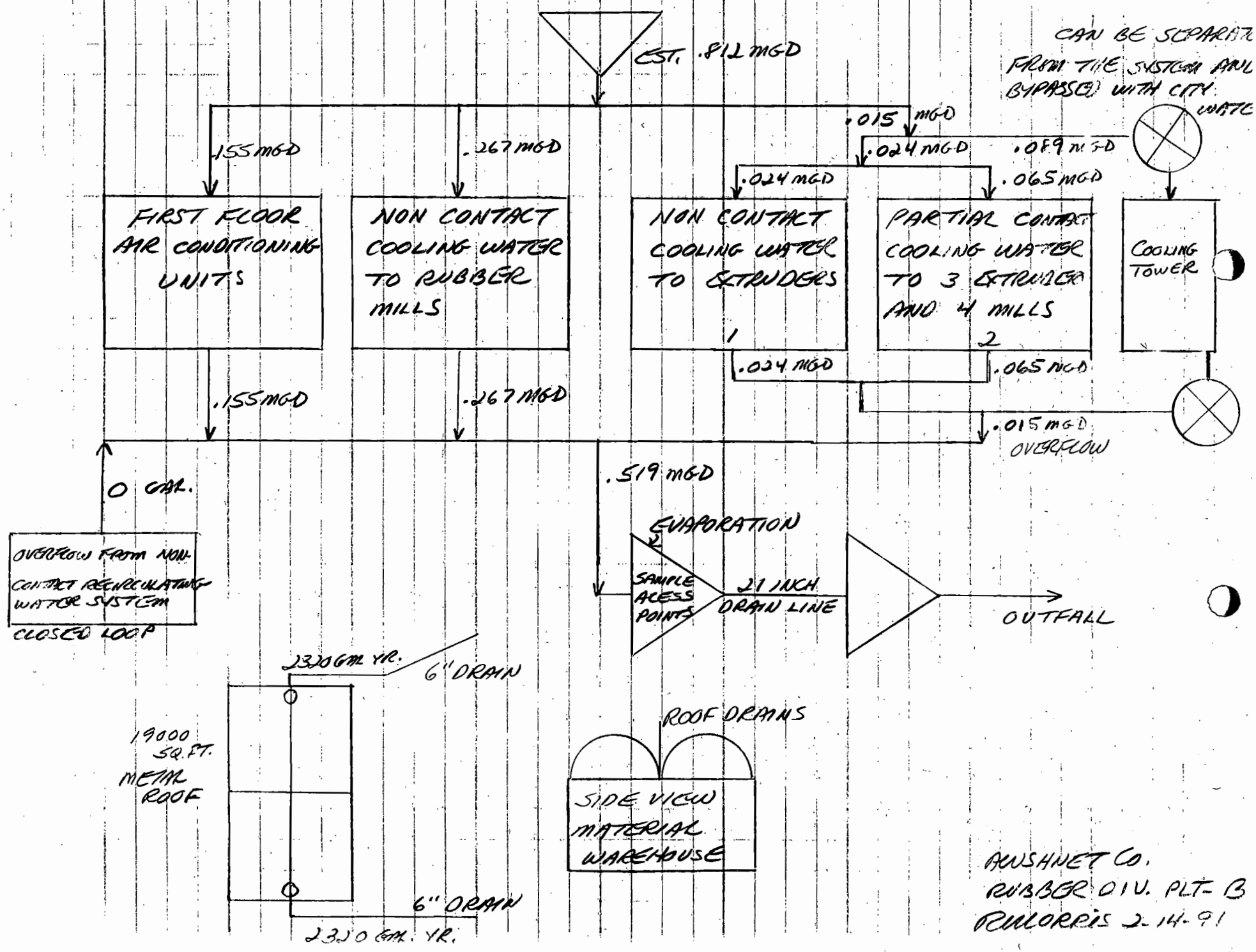
DATE: 2/13/96

ACUSHNET CO. - PLANT B
New Bedford, Ma

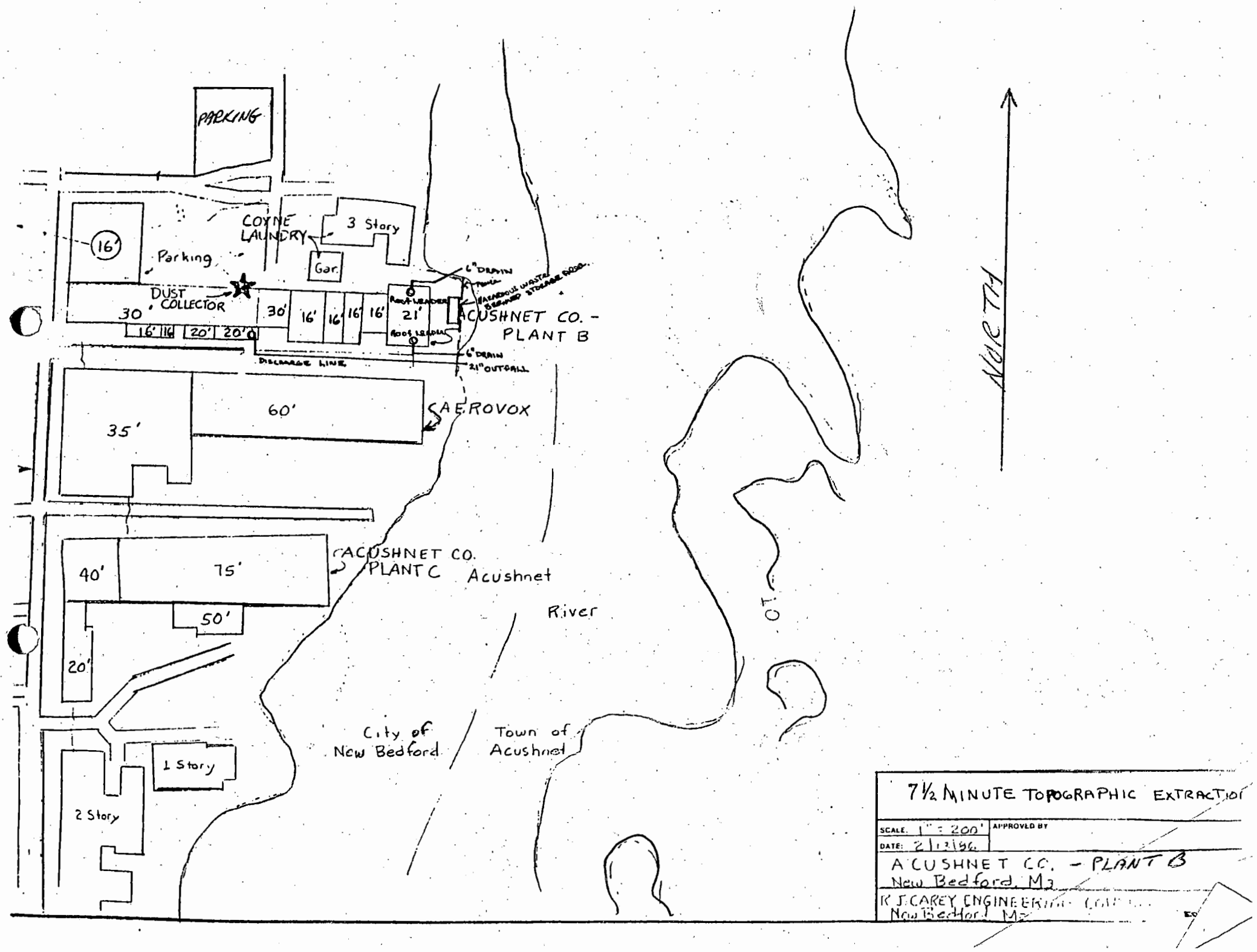
R.J. CAREY ENGINEERING CORP.
New Bedford, Ma

EDIT - 7-28-4

MUNICIPAL WATER SUPPLY



AUSHNET CO.
RUBBER DIV. PLT- B
RWLORRIS 2-14-91


PARKING
16'
Parking
COYNE LAUNDRY
3 Story
Gar.
DUST COLLECTOR
30'
16' 16
20' 20'
30'
16'
16'
16'
16'
21'
ROOF LEADERS
6" DRAIN
HAZARDOUS WASTE GROUND STORAGE ROOM
ROOF LEADERS
ACUSHNET CO. - PLANT B
6" DRAIN
21" OUTFALL
DISCHARGE LINE
35'
60'
AEROVOX
40'
75'
ACUSHNET CO. PLANT C
50'
20'
Acushnet
River
City of New Bedford
Town of Acushnet
1 Story
2 Story
NORTH
7½ MINUTE TOPOGRAPHIC EXTRACTION
SCALE: 1" = 200'
APPROVED BY
DATE: 2/12/86
ACUSHNET CO. - PLANT B
New Bedford, Ma
R.J. CAREY ENGINEERING CORP.
New Bedford, Ma

U[illegible]ED STATES ENVIRONMENTAL PROTE[illegible]ON AGENCY

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

AUG 08 1991

EPA/WCB/O.VERGARA/WIV/08/02/91 COMP DISK/DUBIEL.COM

Mr. Robert S. Dubiel
President and Chief Executive Officer
Acushnet Division - Plant B
P.O. Box E-916
New Bedford, MA 02742

Re: NPDES Reapplication No. MA0003913

Dear Mr. Dubiel:

Your reapplication for a National Pollutant Discharge Elimination System (NPDES) permit has been reviewed and appears to be complete. You may be contacted for additional information as the permit is developed, should it be necessary to clarify, modify or supplement any previously submitted information. By copy of this letter, your State Water Pollution Control Agency is being furnished a copy of your complete application for certification pursuant to §401(a)(1) of the Clean Water Act, as amended, 33 U.S.C. §1341(a)(1).

A draft permit and statement of basis or fact sheet will be prepared by this office and forwarded to you for comment prior to the opening of the public comment period. The draft permit will then be publicly noticed and forwarded for state certification if certification has not previously been received on the application. If it is deemed necessary, a public hearing will be held, in which case, the comment period will be extended until the close of the hearing. After the close of the public comment period, your final permit will be issued providing no new substantial questions are raised. If new questions develop during the comment period, it may be necessary to draft a new permit, revise the statement of basis or fact sheet and/or reopen the public comment period.

The conditions of your present permit will continue in force until your new permit is issued and becomes effective since you have filed a timely and complete application. 40 C.F.R. §122.6, 48 Fed. Reg. 14158 (April 1, 1983).

CONCURRENCES

SYMBOL	IW/CB	IW/CB	PCS					
SURNAME	Vergara	[illegible]	Bowers					
DATE	8/2/91	8/7/91	8/8/91					

EPA Form 1320-1 (12-70) OFFICIAL FILE COPY

★U.S.GPO:1988-0-206-471

Should you have any questions concerning the permit issuance process, do not hesitate to contact Olga Vergara of my staff. She may be reached at (617) 565-3529.

Sincerely yours,

Edward K. McSweeney, Chief
Wastewater Management Branch

cc: State Water Pollution Control Agency

CONCURRENCES								
SYMBOL								
SURNAME								
DATE								

P 385 420 707

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Mr. Robert A. Dubiel	
Street and No. P.O. Box S-916	
P.O., State and ZIP Code New Bedford, MA 02742	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, June 1985 ★U.S.G.P.O. 1989-234-556

MA 000 39

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ■ Show to whom delivered, date, and addressee's address. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Mr. Robert A. Dubiel
President and Chief
Executive Officer
Acushnet Division-Plant 5
P.O. Box S-916
New Bedford, MA 02742

4. Article Number
P 385 420 707

Type of Service:
☐ Registered ☐ Insured
■ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
AUG 10 1991

8. Addressee's Address *(ONLY if requested and fee paid)*
MA0003913

PS Form 3811, Apr. 1989 ★U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

ACUSHNET COMPANY
RUBBER DIVISION

Manufacturers of Elastomeric Products

July 23,1991

Ms. Olga Vergara
United States Environmental Protection Agency
Region 1
J.F.Kennedy Federal Building
Boston
MA. 02203-2211

Dear Ms. Vergara:

Enclosed please find the results of the Acid, Base Neutral, and Volatiles testing we had done to adress the deficiency in our NPDES permit reapplication no. MA0003913.

The concern was that we had some process wastewater at Outfall 001. This testing should clear up the problem and put us back on course for approving our reapplication.

I want to thank you for your cooperation in this matter. Should you have any questions, or need further information, please call me directly.

Very Truly Yours,

Robert G. Morris
Environmental Compliance Specialist

744 Belleville Ave., P.O. Box E916, New Bedford, MA 02742-0916
Tel. (508) 998-4000 / FAX (508) 998-4100

JUL 29 1991

ALPHA ANALYTICAL LABORATORIES

Eight Walkup Drive
Westborough, Massachusetts 01581-1019
(508) 898-9220

MA 086 NH 198958-A CT PH-0574 NY 11148 NC 320 SC 88006

CERTIFICATE OF ANALYSIS

Client: Titleist

Address: PO Box B965

New Bedford, MA 02741

Attn: Mark Wrigley

Client Designation: N/A

Laboratory Job Number: 914242

Invoice Number: 22643

Date Received: 07/03/91

Date Reported: 07/17/91

Delivery Method: Alpha Courier

ALPHA SAMPLE NUMBER	CLIENT IDENTIFICATION	SAMPLE LOCATION
914242.1	CA91-049R	N/A
914242.1D	CA91-049R (Duplicate)	N/A
914242.2	Trip Blank	N/A

Authorized by: Scott McLean
Scott McLean - Laboratory Director

mar

ALPHA ANALYTICAL LABORATORIES
CERTIFICATE OF ANALYSIS

MA 086 NH 198958-A CT PH-0574 NY 11148 NC 320 SC 88006

Laboratory Sample Number: 914242.1 **Date Received:** 07/03/91

Sample Matrix: Liquid **Date Reported:** 07/17/91

Condition of Samples: Satisfactory **Field Prep:** None

Number & Type of Containers: One glass bottle, one glass jar and two VOA vials

Analysis Requested: Analysis as listed below

PARAMETER	RESULT	UNITS	MDL**	REF*	METHOD	DATES EXT/PREP	DATES ANALYSIS
PCB's ***	ND	ug/L	2.5	6	608	07/08/91	07/14/91
Pesticides ***	ND	ug/L	0.20	6	608	07/08/91	07/14/91
Acid/Base/Neutral Extractables ***	ND	ug/L	**	6	625	07/08/91	07/17/91
Volatile Organics ***							
Chloroform	49	ug/L	**	6	624	----	07/17/91
Bromodichloromethane	10	ug/L	**	6	624	----	07/17/91

Acid/Base/Neutral Extractables	% Surrogate Recovery
2-Fluorophenol	70%
Phenol-d6	49%
Nitrobenzene-d5	98%
2-Fluorobiphenyl	77%
2,4,6-Tribromophenol	77%
4-Terphenyl-d14	102%

Volatile Organics	% Surrogate Recovery
1,2-Dichloroethane-d4	85%
Toluene-d8	106%
4-Bromofluorobenzene	86%

COMMENTS: * Complete list of References found in Addendum I
** A list of PCB's, pesticides, acid/base/neutral extractables and volatile organics analyzed for and their detection limits accompany this report.
*** All compounds were below the detection limits except those listed above.

ALPHA ANALYTICAL LABORATORIES
CERTIFICATE OF ANALYSIS

MA 086 NH 198958-A CT PH-0574 NY 11148 NC 320 SC 88006

Laboratory Sample Number: 914242.1D **Date Received:** 07/03/91

Sample Matrix: Liquid **Date Reported:** 07/17/91

Condition of Samples: Satisfactory **Field Prep:** None

Number & Type of Containers: One glass bottle, one glass jar and two VOA vials

Analysis Requested: Volatile Organics

PARAMETER	SAMPLE RESULT	DUPLICATE RESULT	% RPD
Volatile Organics			
Chloroform	49	56	13%
Bromodichloromethane	10	10	0%

Volatile Organics	% Surrogate Recovery
1,2-Dichloroethane-d4	108%
Toluene-d8	110%
4-Bromofluorobenzene	95%

COMMENTS: * Complete list of References found in Addendum I

ALPHA ANALYTICAL LABORATORIES
CERTIFICATE OF ANALYSIS

MA 086 NH 198958-A CT PH-0574 NY 11148 NC 320 SC 88006

Laboratory Sample Number: 914242.2 **Date Received:** 07/03/91

Sample Matrix: Liquid **Date Reported:** 07/17/91

Condition of Samples: Satisfactory **Field Prep:** None

Number & Type of Containers: One VOA vial

Analysis Requested: Volatile Organics

PARAMETER	RESULT	UNITS	MDL**	REF*	METHOD	DATES EXT/PREP	DATES ANALYSIS
Volatile Organics ***							
Chloroform	9.8	ug/L	**	6	624	----	07/17/91
1,1,1-Trichloroethane	19	ug/L	**	6	624	----	07/17/91
Toluene	92	ug/L	**	6	624	----	07/17/91
Ethylbenzene	2.5	ug/L	**	6	624	----	07/17/91
Xylenes	14	ug/L	**	6	624	----	07/17/91
Acetone	480	ug/L	**	6	624	----	07/17/91
2-Butanone	67	ug/L	**	6	624	----	07/17/91

Volatile Organics	% Surrogate Recovery
1,2-Dichloroethane-d4	80%
Toluene-d8	106%
4-Bromofluorobenzene	86%

COMMENTS: * Complete list of References found in Addendum I
** A list of volatile organics analyzed for and their detection limits accompany this report.
*** All compounds were below the detection limits except those listed above.

ALPHA ANALYTICAL LABS
PESTICIDE ANALYSIS by GC
METHOD 608/8080

Alpha Job Number: 914242 Date Reported: 07/17/91
Alpha Sample Number(s): 914242.1
Method Detection Limit: 0.20 ug/L

COMPOUND
Alpha BHC
Lindane (gamma BHC)
Beta BHC
Delta BHC
Heptachlor
Alachlor
Atrazine
Aldrin
Heptachlor epoxide
Endrin
Endrin aldehyde
Endrin ketone
Dieldrin
p,p'-DDE
p,p'-DDD
p,p'-DDT
Endosulfan I
Endosulfan II
Endosulfan Sulfate
Methoxychlor
Chlordane
Toxaphene

ALPHA ANALYTICAL LABS
POLYCHLORINATED BIPHENYLS (PCB's) ANALYSIS by GC
METHOD 608/8080

Alpha Job Number: 914242
Alpha Sample Number(s): 914242.1
Method Detection Limit: 2.5 ug/L

Date Reported: 07/17/91

COMPOUNDS
PCB 1016
Arochlor 1221
Arochlor 1232
Arochlor 1242
Arochlor 1248
Arochlor 1254
Arochlor 1260
Arochlor 1262
Arochlor 1268

ALPHA ANALYTICAL LABS
ACID EXTRACTABLES ANALYSIS by GC/MS
METHOD 625

Alpha Job Number: 914242 Date Reported: 07/17/91
Alpha Sample Number(s): 914242.1
Method Detection Limit: listed below

COMPOUNDS	
2,4,6-Trichlorophenol	2.1 ug/L
p-Chloro-m-cresol	3.0 ug/L
2-Chlorophenol	3.3 ug/L
2,4-Dichlorophenol	10.0 ug/L
2,4-Dimethylphenol	2.3 ug/L
2-Nitrophenol	3.2 ug/L
4-Nitrophenol	22.0 ug/L
2,4-Dinitrophenol	12.4 ug/L
4,6-Dinitro-o-cresol	17.4 ug/L
Pentachlorophenol	9.2 ug/L
Phenol	8.3 ug/L
Total cresol	7.2 ug/L
2,4,5-Trichlorophenol	2.7 ug/L
2,6-Dichlorophenol	4.7 ug/L
Benzoic acid	40.0 ug/L
Benzyl alcohol	5.8 ug/L

ALPHA ANALYTICAL LABS
BASE/NEUTRAL EXTRACTABLES ANALYSIS by GC/MS
METHOD 625

Alpha Job Number: 914242 Date Reported: 07/17/91
Alpha Sample Number(s): 914242.1
Method Detection Limit: listed below

COMPOUNDS	
Acenaphthene	2.9 ug/L
Benzidine	24.4 ug/L
1,2,4-Trichlorobenzene	3.5 ug/L
Hexachlorobenzene	2.9 ug/L
Bis(2-chloroethyl)ether	3.0 ug/L
2-Chloronaphthalene	3.0 ug/L
1,2-Dichlorobenzene	2.8 ug/L
1,3-Dichlorobenzene	3.3 ug/L
1,4-Dichlorobenzene	2.3 ug/L
3,3-Dichlorobenzidine	6.5 ug/L
2,4-Dinitrotoluene	3.7 ug/L
2,6-Dinitrotoluene	2.8 ug/L
Azobenzene	2.7 ug/L
Fluoranthene	2.9 ug/L
4-Chlorophenyl phenyl ether	3.0 ug/L
4-Bromophenyl phenyl ether	2.8 ug/L
Bis(2-chloroisopropyl)ether	2.0 ug/L
Bis(2-chloroethoxy)methane	2.2 ug/L
Hexachlorobutadiene	8.0 ug/L
Hexachlorocyclopentadiene	7.5 ug/L
Hexachloroethane	5.0 ug/L
Isophorone	2.4 ug/L
Naphthalene	2.2 ug/L
Nitrobenzene	1.9 ug/L
N-nitrosodiphenylamine/diphenylamine	2.5 ug/L
N-nitrosodi-n-propylamine	2.6 ug/L
Bis(2-ethylhexyl)phthalate	9.1 ug/L
Butyl benzyl phthalate	3.2 ug/L
Di-n-butylphthalate	2.7 ug/L
Di-n-octylphthalate	2.4 ug/L
Diethyl phthalate	10.0 ug/L
Dimethyl phthalate	9.0 ug/L
Benzo(a)anthracene	3.1 ug/L
Benzo(a)pyrene	3.8 ug/L
Benzo(k)fluoranthene	3.5 ug/L
Benzo(b)fluoranthene	3.5 ug/L
Chrysene	3.1 ug/L
Acenaphthylene	2.6 ug/L
Anthracene	2.5 ug/L
Benzo(ghi)perylene	5.0 ug/L
Fluorene	2.7 ug/L

ALPHA ANALYTICAL LABS
BASE/NEUTRAL EXTRACTABLES ANALYSIS by GC/MS
METHOD 625
CONTINUED

Alpha Job Number: 914242 Date Reported: 07/17/91
Alpha Sample Number(s): 914242.1
Method Detection Limit: listed below

COMPOUNDS	
Phenanthrene	2.6 ug/L
Dibenzo(a,h)anthracene	4.9 ug/L
Indeno(1,2,3-cd)pyrene	4.7 ug/L
Pyrene	2.8 ug/L
Aniline	5.5 ug/L
4-Chloroaniline	4.5 ug/L
1-Methyl naphthalene	7.0 ug/L
2-Nitro aniline	3.2 ug/L
3-Nitro aniline	6.0 ug/L
4-Nitro aniline	5.8 ug/L
Dibenzofuran	1.9 ug/L
A,A-Dimethylphenethylamine	45.0 ug/L
Hexachloropropene	20.0 ug/L
Nitrosodi-n-butylamine	4.9 ug/L
2-Methyl naphthalene	1.8 ug/L
Tetrachlorobenzene	12.4 ug/L
Pentachlorobenzene	12.8 ug/L
A-Naphthalamine	20.0 ug/L
B-Naphthalamine	9.3 ug/L
Diphenylamine	4.1 ug/L
Acetophenetitide	10.0 ug/L
Dimethoate	20.0 ug/L
4-Aminobiphenyl	10.3 ug/L
Pentachloronitrobenzene	3.9 ug/L
Isodrin	3.8 ug/L
P-Dimethylaminoazobenzene	7.1 ug/L
Chlorobenzilate	16.0 ug/L
Bis(2-ethylhexyl)adipate	3.3 ug/L
3-Methyl cholanthrene	20.0 ug/L
Ethyl methanesulfonate	14.6 ug/L
Acetophenone	4.7 ug/L
Nitrosodipiperidine	20.0 ug/L
7,12-Dimethylbenzo(a)anthracene	24.3 ug/L

ALPHA ANALYTICAL LABS
VOLATILE ORGANICS ANALYSIS by GC/MS
METHOD 624

Alpha Job Number: 914242 Date Reported: 07/17/91
Alpha Sample Number(s): 914242.1 & .2
Method Detection Limit: listed below

COMPOUNDS	
Methylene chloride	5.0 ug/L
1,1-Dichloroethane	1.5 ug/L
Chloroform	1.5 ug/L
Carbon tetrachloride	1.0 ug/L
1,2-Dichloropropane	3.5 ug/L
Dibromochloromethane	1.0 ug/L
1,1,2-Trichloroethane	1.5 ug/L
2-Chloroethylvinyl ether	10.0 ug/L
Tetrachloroethene	1.5 ug/L
Chlorobenzene	3.5 ug/L
Trichlorofluoromethane	5.0 ug/L
1,2-Dichloroethane	1.5 ug/L
1,1,1-Trichloroethane	1.0 ug/L
Bromodichloromethane	1.0 ug/L
Trans-1,3-Dichloropropene	1.5 ug/L
Cis-1,3-Dichloropropene	1.0 ug/L
Bromoform	1.0 ug/L
1,1,2,2-Tetrachloroethane	1.0 ug/L
Benzene	1.0 ug/L
Toluene	1.5 ug/L
Ethyl benzene	1.0 ug/L
Xylenes	1.0 ug/L
Chloromethane	10.0 ug/L
Bromomethane	2.0 ug/L
Vinyl chloride	3.5 ug/L
Chloroethane	2.0 ug/L
1,1-Dichloroethene	1.5 ug/L
Trans-1,2-dichloroethene	1.5 ug/L
Cis-1,2-dichloroethene	1.0 ug/L
Trichloroethene	1.0 ug/L
Dibromomethane	10.0 ug/L
1,4-Dichloro-2-butane	10.0 ug/L
Ethanol	-- ug/L
Iodomethane	-- ug/L
1,2,3-Trichloropropane	10.0 ug/L
Dichlorodifluoromethane	10.0 ug/L
Acetone	10.0 ug/L
Carbon disulfide	10.0 ug/L
2-Butanone	4.5 ug/L
Vinyl acetate	10.0 ug/L
4-Methyl-2-pentanone	10.0 ug/L
2-Hexanone	10.0 ug/L

ALPHA ANALYTICAL LABS
VOLATILE ORGANICS ANALYSIS by GC/MS
METHOD 624

Alpha Job Number: 914242 Date Reported: 07/17/91
Alpha Sample Number(s): 914242.1 & .2
Method Detection Limit: listed below

COMPOUNDS	
Styrene	1.0 ug/L
Ethyl methacrylate	-- ug/L
Acrolein	-- ug/L
Acrylonitrile	-- ug/L
Methyl tert butyl ether	10.0 ug/L
1,2-Dichlorobenzene	10.0 ug/L
1,3-Dichlorobenzene	10.0 ug/L
1,4-Dichlorobenzene	10.0 ug/L

ALPHA ANALYTICAL LABORATORIES

ACCEPTABLE SURROGATE SPIKE RECOVERY LIMITS

FRACTION	SURROGATE COMPOUND	LOW/MEDIUM WATER	LOW/MEDIUM SOIL/SEDIMENT
VOA	Toluene-d_8	88-110 %	81-117 %
VOA	4-Bromofluorobenzene	86-115 %	74-121 %
VOA	1,2-Dichloroethane-d_4	76-114 %	70-121 %
BNA	Nitrobenzene-d_5	35-114 %	23-120 %
BNA	2-Fluorobiphenyl	43-116 %	30-115 %
BNA	p-Terphenyl-d_{14}	33-141 %	18-137 %
BNA	Phenol-d_5	10-94 %	24-113 %
BNA	2-Fluorophenol	10-100 %	25-121 %
BNA	2,4,6-Tribromophenol	10-123 %	19-122 %
Pest.	Dibutylchlorendate	24-154 %	20-150 %

ALPHA ANALYTICAL LABORATORIES

RELATIVE PERCENT DIFFERENCE

CRITERIA FOR DUPLICATE ANALYSIS

PARAMETER GROUP	WATER	SOIL
Organics:		
Volatile Organics	30 %	30 %
Acid/Base/Neutrals	40 %	40 %
Pesticides/PCB's	40 %	40 %
Inorganics:		
Metals	20 %	30 %
Wet Chemistry	30 %	30 %

ALPHA ANALYTICAL LABS
ADDENDUM I
REFERENCES

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22. Klute, A. 1986, "Methods of Soil Analysis, Part 1", Methods 15-2.2 and 15-5.1. American Society of Agronomy, Madison, WI.

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24. Principal Organic Hazardous Constituents and Products of Incomplete Combustion Screening Protocol. Southern Research Institute, October 1989.

25. Official Methods of Analysis, AOAC, 14th Edition, 1984.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name Acushnet Company, Rubber Division, Plant B
Street 744 Belleville Avenue
City New Bedford
State/Zip code Massachusetts 02742

see INSTRUCTIONS on back

Remarks

Telephone number (including area code) 508-997-2811

ST	PERMIT NUMBER	DIS
MA	0003913	001

REPORTING PERIOD. FROM 89 12 01 (YEAR MO DAY) TO 89 12 31 (YEAR MO DAY)

PARAMETER		QUANTITY MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	UNITS	NO. EX	CONCENTRATION MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	REPORTED	.77	.244	.279	MGD						0	30/30	24 hr. continuous
	PERMIT CONDITION												
OIL AND GREASE	REPORTED		1.05		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		0.4		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							19.27		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						5.5	6.4	6.1	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
DUBIEL, ROBERT (LAST FIRST MI)	PRESIDENT & CEO (TITLE)	01 10 90 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street 744 Belleville Ave.
City New Bedford
State/Zip code MA 02742

Telephone number (including area code) 508-997-2811

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

(2-3) ST: MA
(4-16) PERMIT NUMBER: 0003913
(17-19) DIS: 001

REPORTING PERIOD FROM (20-21) YEAR 90 (22-23) MO 01 (24-25) DAY 01 TO (26-27) YEAR 90 (28-29) MO 01 (30-31) DAY 31

(32-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.65	.85	.147	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		0.35		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		0.70		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							6.80		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.8	6.8	7.0	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							< 0.02		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 02 21 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

(8)

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street 744 Belleville Ave.
City New Bedford
State/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

Telephone number (including area code) 508-997-2811

(2-3) ST	(4-10) PERMIT NUMBER	(17-19) DIS
MA	0003913	001

REPORTING PERIOD: FROM (20-21) YEAR 90 (22-23) MO 02 (24-25) DAY 01 TO (26-27) YEAR 90 (28-29) MO 03 (30-31) DAY 28

(32-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.50	.93	.125	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		1.3		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		1.5		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							8.57		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.0	6.2	6.6	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							<0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 03 20 (YEAR MO DAY)	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(1)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street 744 Belleville Ave.
City New Bedford, MA
State/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

Telephone number (including area code)

(2-3) ST	(4-16) PERMIT NUMBER	(17-19) DIS
MA	0003913	001

REPORTING PERIOD FROM (20-21) YEAR 89 (22-23) MO 07 (24-25) DAY 01 TO (26-27) YEAR 89 (28-29) MO 07 (30-31) DAY 31

(32-37) PARAMETER		(3 card only) (39-45) QUANTITY MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(4 card only) (38-45) CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(66-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.230	.428	.463	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		1.78		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		2.14		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							1.84		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						7.7	8.0	8.3	STD UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							<0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Dubiel, Robert (LAST FIRST MI)	President (TITLE)	89 08 30 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

(2)

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street 744 Belleville Ave.
City New Bedford
State/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

Telephone number (including area code) 508-997-2811

(2-3) ST	(4-10) PERMIT NUMBER	(17-19) DIS
MA	0003913	001

REPORTING PERIOD: FROM 89 (YEAR) 08 (MO) 01 (DAY) TO 89 (YEAR) 08 (MO) 31 (DAY)

(32-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.99	.421	.433	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		2.1		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		1.05		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							11.9		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						7.8	7.9	8.1	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							<0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Dubiel, Robert (LAST FIRST MI)	President (TITLE)	89 08 30 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

(5)

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street 744 Belleville Ave.
City New Bedford
State/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

Telephone number (including area code) 508-997-2811

(1-2) ST	(4-10) PERMIT NUMBER	(17-19) DIS
MA	0003913	001

REPORTING PERIOD FROM (20-21) YEAR 89 (22-23) MO 09 (24-25) DAY 01 TO (26-27) YEAR 89 (28-29) MO 09 (30-31) DAY 30

Flow 234400

(32-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(66-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.138	.223	.737	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		0.2		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		0.9		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							4.12		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.2	7.5	7.5	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							<0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION								>.1				
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 05 25 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street 744 Belleville Ave.
City New Bedford
State/Zip code MA 02742

Telephone number (including area code) 508-997-2811

see INSTRUCTIONS on back (5)

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

(2-3) ST	(4-10) PERMIT NUMBER	(11-13) DIS
MA	0003913	001

REPORTING PERIOD: FROM (20-21) YEAR 89 (22-23) MO 11 (24-25) DAY 01 TO (26-27) YEAR 89 (28-29) MO 11 (30-31) DAY 31

(32-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(66-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.34	.116	.43	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		.07		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		.29		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							6.51		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.2	6.6	6.6	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							<0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 01 25 (YEAR MO DAY)	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name: ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street: 744 Belleville Ave.
City: New Bedford
State/Zip code: MA 02742

Telephone number (including area code) 508-997-2811

see INSTRUCTIONS on back

(9)

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

(12-13) ST	(4-10) PERMIT NUMBER	(17-19) DIS
MA	0003913	001

REPORTING PERIOD: FROM (20-21) YEAR 90 (22-23) MO 08 (24-25) DAY 01 TO (26-27) YEAR 90 (28-29) MO 03 (30-31) DAY 31

PARAMETER (32-37)		QUANTITY (3 card only) MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	CONCENTRATION (4 card only) MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	REPORTED	.120	.311	.498	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		0.31		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		0.52		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							4.61		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.6	7.0	7.2	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							< 0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 04 19 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

(10)

Facility or discharge location

Name ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street 744 Belleville Ave.
City New Bedford
State/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

Telephone number (including area code) 508-997-2811

(2-3) ST: MA
(4-10) PERMIT NUMBER: 0003913
(17-19) DIS: 001

REPORTING PERIOD: FROM (20-21) YEAR 90 (22-23) MO 04 (24-25) DAY 01 TO (26-27) YEAR 90 (28-29) MO 04 (30-31) DAY 30

(32-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.375	.433	.586	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		0.36		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		3.9		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							4.32		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.9	7.3	7.7	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							<0.02		MG/L		1/90	24 hour composite
	PERMIT CONDITION								0.3				
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 05 10 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

(11)

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
Street 744 Belleville Ave.
City New Bedford
State/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

Telephone number (including area code) 508-997-2811

(2-3) ST	(4-10) PERMIT NUMBER	(17-18) DIS
MA	0003913	001

REPORTING PERIOD: FROM (20-21) YEAR 90 (22-23) MO 05 (24-25) DAY 01 TO (26-27) YEAR 90 (28-29) MO 05 (30-31) DAY 31

PARAMETER (32-37)		QUANTITY (3 card only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	CONCENTRATION (4 card only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.375	.407	.586	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		0.34		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		1.0		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							17.9		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED							7.2		STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							< 0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION								0.3				
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 07 20 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(12)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY - RUBBER DIVISION - PLANT B
Street 744 Belleville Ave.
City New Bedford
State/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

Telephone number (including area code)

(2-3) ST	(4-10) PERMIT NUMBER	(17-19) DIS
MA	0003913	001

REPORTING PERIOD: FROM (20-21) YEAR 89 (22-23) MO 06 (24-25) DAY 01 to (26-27) YEAR 89 (28-29) MO 06 (30-31) DAY 30

(32-37) PARAMETER		(3 card only) (38-45) QUANTITY MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(4 card only) (38-45) CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(66-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.137	.208	.425	MGD						0	30/30	24 Hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		.69		Lbs/ Day								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		.34		Lbs/ Day								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							1.66		Mg/L	0	1/30	24 Hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.8	7.2	7.5	Std. Units	2	12/30	24 Hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							>0.05		Mg/L		1/90	24 Hour composite
	PERMIT CONDITION								0.3				
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
Dubiel Robert (LAST FIRST MI)	President (TITLE)	89 08 17 (YEAR MO DAY)	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

(1) B

Form Approved
OMB NO. 158-R0073

Facility or discharge location

ne ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
:eet 744 Belleville Ave.
ty New Bedford
ate/Zip code MA 02742

lephone number (including area code) 508-997-2811

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

MA | 0003913 PERMIT NUMBER | 001 DIS

REPORTING PERIOD FROM 90 YEAR 07 MO 01 DAY TO 90 YEAR 07 MO 31 DAY

PARAMETER		QUANTITY MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	UNITS	NO. EX	CONCENTRATION MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	REPORTED	.159	.346	.617	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		0.28		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		0.28		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							12.3		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.7	7.0	7.0	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							< 0.05		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 YEAR 08 MO 28 DAY	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

(2) B

Form Approved
OMB NO. 158-R0073

Facility or discharge location

ame ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
treet 744 Belleville Ave.
ity New Bedford
tate/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

elephone number (including area code) 508-997-2811

(2-3) ST	(4-10) PERMIT NUMBER	(17-19) DIS
MA	0003913	001

REPORTING PERIOD: FROM (20-21) YEAR 90, (22-23) MO 08, (24-25) DAY 01 TO (26-27) YEAR 90, (28-29) MO 08, (30-31) DAY 31

(32-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	REPORTED	.309	.444	.517	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		0.74		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		0.37		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							10.9		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						6.9	7.0	7.1	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							<0.01		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 10 17 (YEAR MO DAY)	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

me ACUSHNET COMPANY-RUBBER DIVISION-PLANT B
reet 744 Belleville Ave.
ty New Bedford
:ate/Zip code MA 02742

:lephone number (including area code) 508-997-2811

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*The 12 open container grab samples were collected over the sampling day and examined, then combined into one composite sample for analysis

(1-2) MA ST | (4-10) 0003913 PERMIT NUMBER | (17-19) 001 DIS

REPORTING PERIOD: FROM (20-21) 90 YEAR (22-23) 09 MO (24-25) 01 DAY TO (26-27) 90 YEAR (28-29) 09 MO (30-31) 30 DAY

(32-37) PARAMETER		(3 card only) (38-45) QUANTITY MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(4 card only) (38-45) CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
FLOW	REPORTED	.106	.240	.384	MGD						0	30/30	24 hour continuous
	PERMIT CONDITION												
OIL & GREASE	REPORTED		1.0		LBS/DAY								
	PERMIT CONDITION	3.3		9.3									
T.S.S.	REPORTED		.20		LBS/DAY								
	PERMIT CONDITION	9.0		18.0									
C.O.D.	REPORTED							27.3		MG/L	0	1/30	24 hour composite
	PERMIT CONDITION							MONITOR					
PH	REPORTED						7.2	7.5	7.8	STD. UNITS	2	12/30	24 hour composite
	PERMIT CONDITION						6.5		8.0				
C.R.	REPORTED							<0.02		MG/L		1/90	24 hour composite
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	90 11 05 (YEAR MO DAY)	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

see INSTRUCTIONS on back

Name ACUSHNET COMPANY
Street 744 Belleville Ave.
City New Bedford, MA
State/Zip code 02742

Telephone number (including area code) 508-997-2811

Remarks
Roof Drains 002
003

(2-3) ST	(4-10) PERMIT NUMBER	(11-13) DIS
1A	MA0003913	001

REPORTING PERIOD: FROM (30-31) YEAR 91 (32-33) MO 04 (34-35) DAY 01 TO (36-37) YEAR 90 (38-39) MO 04 (40-41) DAY 30

(32-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Flow Estimated	REPORTED	Varies with local precipitation			GPD								
	PERMIT CONDITION												
Oil + Grease 002	REPORTED		1.61		MG/L								
	PERMIT CONDITION		10										
Oil + Grease 003	REPORTED		1.53		MG/L								
	PERMIT CONDITION		10										
PH 002	REPORTED							7.1		Std./ Units			
	PERMIT CONDITION						6.5		8.0				
PH 003	REPORTED							7.2		Std./ Units			
	PERMIT CONDITION						6.5		8.0				
COD 002	REPORTED									MG/L			
	PERMIT CONDITION							MONITOR					
COD 003	REPORTED									MG/L			
	PERMIT CONDITION							MONITOR					
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Dubiel Robert S (LAST FIRST MI)	President (TITLE)	90 10 24 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

ACUSHNET COMPANY
RUBBER DIVISION

Manufacturers of Elastomeric Products

RM90/49

November 5, 1990

Environmental Protection Agency
Permits Processing Section
P.O. Box 8127
Boston, MA 02114

RE: Low PH Readings

Gentlemen:

This roof drain run off report is out of compliance for low PH readings. I attribute this to a time delay from the time the samples were collected to when the PH readings were taken. I have taken steps to prevent a recurrence with the Lab that does our analysis.

Sincerely,

ACUSHNET COMPANY

Robert Morris
Environmental Compliance Specialist

/rg

CC: Department of Environmental Protection, Lakeville, MA
Department of Environmental Protection, Boston, MA

744 Belleville Ave., P.O. Box E916, New Bedford, MA 02742-0916
Tel. (508) 997-2811 / FAX (508) 993-0512

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

see INSTRUCTIONS on back

Name ACUSHNET COMPANY
Street 744 Belleville Ave.
City New Bedford, MA
State/Zip code 02742

Telephone number (including area code) 508-997-2811

Remarks

Roof Drains 002
003

(2-3) ST	(4-10) PERMIT NUMBER	(11-13) DIS
MA	MA0003913	001

REPORTING PERIOD: FROM (20-21) YEAR 89 (22-23) MO 09 (24-25) DAY 01 TO (26-27) YEAR 89 (28-29) MO 09 (30-31) DAY 30

(32-37) PARAMETER		(3 card only) (38-45) QUANTITY MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(4 card only) (38-45) CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-65) NO. EX	(66-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
Flow Estimated	REPORTED	Varies with local precipitation			GPD								
	PERMIT CONDITION												
Oil + Grease 002	REPORTED		0.10		MG/L								
	PERMIT CONDITION		10										
Oil + Grease 003	REPORTED		0.10		MG/L								
	PERMIT CONDITION		10										
PH 002	REPORTED							5.6		Std./ Units			
	PERMIT CONDITION						6.5		8.0				
PH 003	REPORTED							5.7		Std./ Units			
	PERMIT CONDITION						6.5		8.0				
COD 002	REPORTED									MG/L			
	PERMIT CONDITION							MONITOR					
COD 003	REPORTED									MG/L			
	PERMIT CONDITION							MONITOR					
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Dubiel Robert S (LAST FIRST MI)	President (TITLE)	90 10 24 (YEAR MO DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

N. Lentz CA90-125R
Log #100-90 File

CERTIFICATE OF ANALYSIS December 7, 1990

TO: Robert Morris

SUBJECT: WASTEWATER FROM ROOF DRAINS 002 AND 003 ANALYZED FOR PH, OIL AND GREASE AND COD

SAMPLE DESCRIPTION:

Two sample jars marked 1 and 2 from roof drains 002 and 003.

EXPERIMENTAL:

The samples were tested in accordance with the procedure found in "Standard Methods". Date sample was analyzed 12/4/90.

RESULTS:

Parameter	Sample No. 1	Sample No. 2
PH	7.4 SU	6.6 SU
O&G	0.54 mg/l	0.50 mg/l
COD	10.4 mg/l	16.2 mg/l

Mark Wrigley
MARK WRIGLEY

Fred Klebach
REVIEW

ANALYSIS TIME - 4 HOURS
ANALYSIS COST - $100.00

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET COMPANY
Street 744 Belleville Ave.
City New Bedford, MA
State/Zip code 02742

Telephone number (including area code) 508-997-2811

see INSTRUCTIONS on back

Remarks

Roof Drains 002
003

(2-3) ST	(4-10) PERMIT NUMBER	(17-19) DIS
MA	MA0003913	001

REPORTING PERIOD: FROM (20-21) YEAR 91 (22-23) MO 01 (24-25) DAY 01 TO (26-27) YEAR 91 (28-29) MO 12 (30-31) DAY 31

(32-37) PARAMETER		(3 card only) QUANTITY (39-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(4 card only) CONCENTRATION (39-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO. EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
Flow Estimated	REPORTED	Varies with local precipitation			GPD								
	PERMIT CONDITION												
Oil + Grease 002	REPORTED		0.54		MG/L								
	PERMIT CONDITION		10										
Oil + Grease 003	REPORTED		0.50		MG/L								
	PERMIT CONDITION		10										
PH 002	REPORTED							7.4		Std./ Units			
	PERMIT CONDITION						6.5		8.0				
PH 003	REPORTED							6.6		Std./ Units			
	PERMIT CONDITION						6.5		8.0				
COD 002	REPORTED							10.54		MG/L			
	PERMIT CONDITION							MONITOR					
COD 003	REPORTED							16.2		MG/L			
	PERMIT CONDITION							MONITOR					
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
DUBIEL, Robert (LAST FIRST MI)	President (TITLE)	91 (YEAR) 01 (MO) 08 (DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NORTH
PLANT B
IN BELLEVILLE
Brooklawn Park
Ashley Sch
Quarries
Substation
Lincoln Sch
Sacred Heart Cem
Bethel Sch
Hathaway Sch
Philips Sch
Playground
Pembroke West Cem
Sacred Heart
Clifford Sch
Wodside Cem
Livesey Park
North Fairhaven
Oxford
Riverside Cem
Radio Towers (WBSM)
NEW BEDFORD
FAIRHAVEN
East Fairhaven
Elizabeth Hastings Jr High Sch
Drive-In Theater
Gravel Pits
Sewage Disposal
Leroy Wood Sch
Tidal Flat
Rose Beach
Cushman Park
Tower
High Sch
Doane Memorial Field
Library
INTERCHANGE 24
INTERCHANGE 22
INTERCHANGE 21
INTERCHANGE 195
TOOTLE LANE
DEANE
SUTTON
PARKER
ROCHESTER
ADAMS
LONG ROAD
MILL RD
OAK GROVE AVE
BRIDGE
RR GRADE
BM 42
BM 16
BM 104
BM 118
BM 75
BM 107
BM 10
BM 26
BM 43
WT
X-48
40'
15
13

Clifford
Westgate Park
Substa
BM 121
Clifford Chapel
Pine Hill Acres
INTERCHANGE 6
BM 112
Polish National Cem
INTERCHANGE 5
BM 113
Campbell Rd
BM 112
Calvary Ch
BM 106
Gravel Pit
BM 99
PORTE BOUNDARY
ACUSHNET
Deep Brook
MORSES LANE
Sherwood Forest
Cem
WAYNE AVE
Howard Sch
Coury Heights
St Theresas
HAMLIN
Acushnet River
Sch
Ford Jr High Sch
Gravel Pit
Cranberry Bogs
BM 45
LEONARD ROAD
Cranberry Bogs
Gravel Pits
Sandpit
A C U S H N E T
Perry Hill Ch
PERRY HILL RD
MENDALL ST
Gravel Pit
Gravel Pit
Mendall Hill
Lookout Tower
Radio Tower
Gravel Pits
ROAD
MAIN
Gravel Pit
Playground
Cranberry Bog
St Francis Xavier Sch
NORTH
HATHAWAY RD
Acushnet Cem
Cem
Acushnet
HOLYOKE ST
OLIVER
LOWER
CHURCH ST
CONRAD
MARYLAND
OHIO
TURKEY HILL
HARWICH
PARK AVE
Community Jr High Sch
42°30'
ROCHESTER
(MARION)
6867 III NE

REPORT OF A PHONE CALL
or VISIT

In _____ Out _____

File MA 0003913

Date 6/21 Time _____

Routing Acushnet Rubber Co.

Person Contacted _____

Phone No. _____

Location _____

Subject I spoke to Ted Landy regarding

Summary the question that came up on their testing requirements.
He agreed that because of 20% ~~contact~~ product contact with water that they should test Outfall 001 for the Volatile, Acid, & Base Neutrals.

4:40 I spoke to Bob Morris of Acushnet and let him know. He asked for

Action Required an extension since their company will be closed for two weeks. I gave until July 24th.

EPA Graphics 5/27/80

Signature Olga

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

JUN 07 1991

EPA:WCB/O.VERGARA/WIV/05/22/91/MOD DISK/DUBDEL.MOD

Mr. Robert S. Dubiel
President and Chief Executive Officer
Acushnet Company
Rubber Division - Plant B
P.O. Box E-916
New Bedford, MA 02742

Re: NPDES Reapplication No. MA0003913

Dear Mr. Dubiel:

Your reapplication for a National Pollutant Discharge Elimination System (NPDES) permit has been reviewed and found to be deficient in the following areas:

Form 2C

Item V: Intake & Effluent Characteristics

Parts B and C - For Outfall 001, since you have some process wastewater, you must test for all toxic metals, cyanides, total phenols and the appropriate GC/MS fractions, per the instructions and Table 2C-2.

Within 30 days of receipt of this letter, you are required to submit the above information to this office. Your original application is being returned for this purpose. Failure or refusal to correct the deficiencies noted may result in the denial of your permit request and the initiation of appropriate enforcement action under the Clean Water Act in the event that you commence discharging without a permit.

If you have any questions relative to this submittal, do not hesitate to contact Olga Vergara of my staff. She may be reached at (617) 565-3529.

Sincerely yours,

Edward K. McSweeney, Chief
Wastewater Management Branch

Enclosure

CONCURRENCES

SYMBOL	cc: State Water Pollution Control Agency					IW/CB	IW/CB	PCS
SURNAME						Vergara	Hennigan	Beswerth
DATE						5/24/91	6/6/91	6/10/91

EPA Form 1320-1 (12-70)

OFFICIAL FILE COPY

★U.S.GPO:1988-0-206-471

P 385 362 512

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Robert S. Dubiel	
Street and No. P.O. Box E-916	
P.O., State and ZIP Code New Bedford, MA 02742	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date 6/7/91	

PS Form 3800, June 1988

Application MA0003913

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☑ Show to whom delivered, date, and addressee's address. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Mr. Robert S. Dubiel
President and Chief Executive Officer
Acushnet Company
Rubber Division - Giant
P.O. Box E-916
New Bedford, MA 02742

4. Article Number
P 385 362 512

Type of Service:
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X (Reapplication - MA 0003913)

6. Signature — Agent
X

7. Date of Delivery JUN 11 1991

8. Addressee's Address *(ONLY if requested and fee paid)*

JUN 13 1991

PS Form 3811, Apr. 1989 ★U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

REPORT OF A PHONE CALL or VISIT

In _____ Out _____ File MA0003913

Date 4/18 Time 1:20 Routing _____

Person Contacted Robert Morris

Phone No. (508) 998-4000 X 4142

Location _____

Subject Left a message for Mr. Morris to call back.

Summary _____

4/19 Conversation ~~for~~ w/ Mr. Morris:

Yes, he is requesting a waiver from testing for:

Outfall 001 – BOD & Ammonia

Outfalls 002 & 003 - BOD, TOC, TSS, and Ammonia.

Action Required Need to ask him about the ~~certification~~ waiver ~~statements~~ request.

COMP. C

Send To: Mr. Robert S. Dubiel

~~Ms~~ Wanda, also add ~~for~~

The waiver from testing requested for Outfall 001 for BOD & Amenonia, and for outfalls 002 & 003 for BOD, TOC, TSS, and Ammonia, is hereby granted.

CCM - yes. O.K.

Date: 4/2/91

From: O.T. Vergara

To: R. Janson

Major		Minor	✓
Primary		Secondary	
Existing Reapp		Existing w/o Permit	✓
New Source		New Discharge	
Recommencing			

Subj: Review of Reapplication/Application Forms for NPDES No. MA0003913 Acushnet Company

The attached application form(s) has been reviewed and the following deficiencies noted:

Form 2C

~~Outfall 001~~

Item V: Intake & Effluent Characteristics

~~Part~~ Outfall 001

Part A — For BOD and Ammonia — ~~should request waiver~~ insert #7, 1st ¶.

TOC — Grant waiver.

Outfalls 002 & 003

Part A ~~Part A~~ — For BOD, TOC, TSS, and Ammonia ~~need to request a waiver.~~ (insert #7, 1st ¶)

Outfall 003

Part A ~~BOD, TOC, TSS, and Ammonia, need to request a waiver.~~

Please return by 4/16/91.

4/16/91

Additional comments:

return this file to me by so that a letter of deficiency can be forwarded to the applicant. If your review surfaces any additional deficiencies, please indicate in the space provided below. All comments should be signed since this memorandum will eventually become a part of the permit file.

The applicant has/has not requested additional time for the submittal of toxics data. The notice of deficiency will grant an extension until for submittal of this data.

I concur with the deficiencies listed above and the timeframe for submittal of toxics data. The following deficiencies should also be included in the notice of deficiency: (Use additional sheet if more space is needed.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed _____ Date _____

Appropriate changes have been made to the information system.

Signed _____ Date _____