ATTACHMENT NO. 7
USS GARY WORKS
1982 NPDES PERMIT RENEWAL DATA
OUTFALLS 015, 018, 019

EPA I.D. NUMBER: IND 005444062

Form Approved OMB No. 158-R0173

EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS

## I. OUTFALL LOCATION

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

| A. OUTFALL NUMBER (list) | B. LATITUDE | | | C. LONGITUDE | | | D. RECEIVING WATER (name) |
|---|---|---|---|---|---|---|---|
| | 1. DEG. | 2. MIN. | 3. SEC. | 1. DEG. | 2. MIN. | 3. SEC. | |
| 015 (GW-4) | N41 | 36 | 28 | W87 | 19 | 26 | GRAND CALUMET 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 | | 3. TREATMENT | | |
|---|---|---|---|---|---|
| | a. OPERATION (list) | b. AVERAGE FLOW (include units) | a. DESCRIPTION | b. LIST CODES FROM TABLE 2C-1 | |
| | No. 3 Sinter Plant: | | | | |
| | I.D. Fan bearing | 1.0 MGD | NONE | 4-A | |
| | Cooling Water AND | total | | | |
| | Compressor cooling | | | | |
| | water | | | | |
| | STROM WATER RUN-OFF | (I) | NONE | 4-A | |
| | I=INTERMITTENT | | | | |
| | FLOW. | | | | |

OFFICIAL USE ONLY (effluent guidelines sub-categories)

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)*: IND 005444062

*Form Approved OMB No. 158-R0173*

OUTFALL NO. 015

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

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 (1) CONCENTRATION | (2) MASS | c. LONG TERM AVG. VALUE (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) | | | 2.8 | 30.4 | 1.47 | 12.3 | 3 | mg/l | lb/day | 2.4 | | 3 |
| b. Chemical Oxygen Demand (COD) | | | 55.8 | 505 | 30.43 | 254 | 3 | mg/l | lb/day | 19.0 | | 3 |
| c. Total Organic Carbon (TOC) | | | 6.0 | 65.1 | 6.3 | 52.5 | 1 | mg/l | lb/day | 4.5 | | 2 |
| d. Total Suspended Solids (TSS) | | | 18.0 | 195 | 7.5 | 62.6 | 22 | mg/l | lb/day | | | |
| e. Ammonia (as N) | | | <0.1 | <1.1 | <0.1 | <0.8 | 3 | mg/l | lb/day | 0.1 | | 3 |
| f. Flow | VALUE | | VALUE 1.3 | | VALUE 1.0 | | 44 | $1 \times 10^6$ GAL/DAY | | VALUE | | |
| g. Temperature (winter) | VALUE | | VALUE 13.3 | | VALUE 9.4 | | 13 | °C | | VALUE | | |
| h. Temperature (summer) | VALUE | | VALUE 30.0 | | VALUE 22.8 | | 13 | °C | | VALUE | | |
| i. pH | MINIMUM | MAXIMUM | MINIMUM 7.6 | MAXIMUM 9.0 | | | 22 | STANDARD UNITS | | | | |

PART B - Mark "X" in column 2-a for each pollutant you know or believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK "X" a. PRESENT | b. ABSENT | 3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION | (2) MASS | b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION | (2) MASS | c. LONG TERM AVG. VALUE (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 | | | | 0.33 | 3.6 | 0.21 | 1.8 | 3 | mg/l | lb/day | | | |
| b. Chlorine, Total Residual | | X | | | | | | | | | | | | |
| c. Color | X | | | | 4.0 | | 3.3 | | | JTU | | | | |
| d. Fecal Coliform | | X | | | | | | | | | | | | |
| e. Fluoride (16984-48-8) | X | | | | 0.14 | 1.5 | 0.13 | 1.1 | 3 | mg/l | lb/day | | | |
| f. Nitrate-Nitrite (as N) | X | | | | 0.54 | 5.8 | 0.35 | 2.9 | 3 | mg/l | lb/day | 0.47 | | 3 |

| EPA I.D. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER |
|---|---|
| IND 005444062 | 015 |

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158 R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. TESTED BUT NOT LIKELY PRESENT | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| METALS, CYANIDE, AND TOTAL PHENOLS | | | | | | | | | | | | | | | |
| 1M. Antimony, Total (7440-36-0) | | | X | | | | | | | | | | | | |
| 2M. Arsenic, Total (7440-38-2) | | | X | | | | | | | | | | | | |
| 3M. Beryllium, Total, 7440-41-7) | | | X | | | | | | | | | | | | |
| 4M. Cadmium, Total (7440-43-9) | | | X | | | | | | | | | | | | |
| 5M. Chromium, Total (7440-47-3) | | | X | | | | | | | | | | | | |
| 6M Copper, Total (7550-50-8) | | | X | | | | | | | | | | | | |
| 7M. Lead, Total (7439-97-6) | | | X | | | | | | | | | | | | |
| 8M. Mercury, Total (7439-97-6) | | | X | | | | | | | | | | | | |
| 9M. Nickel, Total (7440-02-0) | | | X | | | | | | | | | | | | |
| 10M. Selenium, Total (7782-49-2) | | | X | | | | | | | | | | | | |
| 11M. Silver, Total (7440-22-4) | | | X | | | | | | | | | | | | |
| 12M. Thallium, Total (7440-28-0) | | | X | | | | | | | | | | | | |
| 13M. Zinc, Total (7440-66-6) | | | X | | | | | | | | | | | | |
| 14M. Cyanide, Total (57-12-5) | | X | | | | 0.01 | 0.11 | 0.01 | 0.08 | 3 | mg/l | lb/day | | | |
| 15M. Phenols, Total | | X | | | | 0.003 | 0.03 | 0.0015 | 0.013 | 3 | mg/l | lb/day | | | |
| DIOXIN | | | | | | | | | | | | | | | |
| 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (1764-01-6) | | | X | DESCRIBE RESULTS | | | | | | | | | | | |

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
IND 005444062

Form Approved OMB No. 158-R0173

# EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS

## I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location on the following lines.

| A. OUTFALL NUMBER (list) | B. LATITUDE | | | C. LONGITUDE | | | D. RECEIVING WATER (name) |
|---|---|---|---|---|---|---|---|
| | 1. DEG. | 2. MIN. | 3. SEC. | 1. DEG. | 2. MIN. | 3. SEC. | |
| 018 (GW-6) | N41 | 36 | 28 | W87 | 19 | 44 | GRAND CALUMET 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 combination of 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.

| A. OUTFALL NO. (list) | B. 1. OPERATION(S) CONTRIBUTING FLOW: a. OPERATION (list) | b. AVERAGE FLOW (include units) | B. 2. TREATMENT: a. DESCRIPTION | b. LIST CODES FROM TABLE 2C-1 |
|---|---|---|---|---|
| 018 | BLAST FURNACE SHELL COOLING WATER: | | | |
| | NO. 4 BLAST FURNACE | 10.0 MGD | NONE | 4-A |
| | NO. 6 BLAST FURNACE | 13.7 MGD | NONE | 4-A |
| | NO. 7 BLAST FURNACE | 7.7 MGD | NONE | 4-A |
| | NO. 8 BLAST FURNACE | 5.9 MGD | NONE | 4-A |
| | NO. 9 BLAST FURNACE | 8.8 MGD | NONE | 4-A |
| | NO. 10 BLAST FURNACE | 5.6 MGD | NONE | 4-A |
| | | | | |
| | NO. 1 Electric POWER STATION - COOLING WATER | 0.7 MGD | NONE | 4-A |
| | | | | |
| | NO. 4 Turboblower House CONDENSER COOLING WATER | 2.0 MGD | NONE | 4-A |

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUE ON REVERSE

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EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: IND 005444062

*Form Approved OMB No. 158-R0173*

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

OUTFALL NO. 018

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 (1) CONCENTRATION | (2) MASS | c. LONG TERM AVG. VALUE (1) CONCENTRATION | (2) MASS | d. NO. OF ANALYSES | 3. UNITS (specify if blank) a. CONCEN-TRATION | b. MASS | 4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION | (2) MASS | b. NO. OF ANALYSES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| a. Biochemical Oxygen Demand (BOD) | | | 2.5 | 1339 | 1.83 | 701 | 3 | mg/l | | 1.8 | | 3 |
| b. Chemical Oxygen Demand (COD) | | | 32.0 | 17144 | 29.73 | 11388 | 3 | mg/l | | 21.3 | | 3 |
| c. Total Organic Carbon (TOC) | | | 12.0 | 6429 | 6.67 | 2555 | 3 | mg/l | | 3.67 | | 3 |
| d. Total Suspended Solids (TSS) | | | 26.0 | 13929 | 11.6 | 4443 | 20 | mg/l | | 12.3 | | 3 |
| e. Ammonia (as N) | | | 0.4 | 214 | 0.18 | 68.9 | 3 | mg/l | | <0.1 | | 3 |
| f. Flow | VALUE | | VALUE 64.2 | | VALUE 45.9 | | 43 | $1 \times 10^6$ gal/day | | VALUE | | |
| g. Temperature (winter) | VALUE | | VALUE 13.3 | | VALUE 9.4 | | 13 | °C | | VALUE | | |
| h. Temperature (summer) | VALUE | | VALUE 30.0 | | VALUE 24.4 | | 13 | °C | | VALUE | | |
| i. pH | MINIMUM | MAXIMUM | MINIMUM 7.7 | MAXIMUM 8.4 | | | 21 | STANDARD UNITS | | | | |

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK "X" a. PRESENT | b. ABSENT | 3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION | (2) MASS | b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION | (2) MASS | c. LONG TERM AVG. VALUE (1) CONCENTRATION | (2) MASS | d. NO. OF ANALYSES | 4. UNITS a. CONCEN-TRATION | b. MASS | 5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION | (2) MASS | b. NO. OF ANALYSES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| a. Bromide (24959 67-9) | X | | | | 0.33 | 177 | 0.19 | 72.8 | 3 | mg/l | | 0.28 | | 3 |
| b. Chlorine, Total Residual | | X | | | | | | | | | | | | |
| c. Color | X | | | | 32.0 | | 29.7 | | 3 | JTU | | 21.3 | | 3 |
| d. Fecal Coliform | | X | | | | | | | | | | | | |
| e. Fluoride (16984-48-8) | X | | | | 0.16 | 85.7 | 0.15 | 57.4 | 3 | mg/l | | | | |
| f. Nitrate-Nitrite (as N) | X | | | | 0.38 | 204 | 0.24 | 91.9 | 3 | mg/l | | 0.33 | | 3 |

| EPA I.D. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER |
|---|---|
| IND005444062 | 018 |

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK 'X' | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| **METALS, CYANIDE, AND TOTAL PHENOLS** | | | | | | | | | | | | | | | |
| 1M. Antimony, Total (7440-36-0) | | | X | | | | | | | | | | | | |
| 2M. Arsenic, Total (7440-38-2) | | | X | | | | | | | | | | | | |
| 3M. Beryllium, Total, 7440-41-7) | | | X | | | | | | | | | | | | |
| 4M. Cadmium, Total (7440-43-9) | | | X | | | | | | | | | | | | |
| 5M. Chromium, Total (7440-47-3) | | | X | | | | | | | | | | | | |
| 6M. Copper, Total (7550-50-8) | | | X | | | | | | | | | | | | |
| 7M. Lead, Total (7439-97-6) | | | X | | | | | | | | | | | | |
| 8M. Mercury, Total (7439-97-6) | | | X | | | | | | | | | | | | |
| 9M. Nickel, Total (7440-02-0) | | | X | | | | | | | | | | | | |
| 10M. Selenium, Total (7782-49-2) | | | X | | | | | | | | | | | | |
| 11M. Silver, Total (7440-22-4) | | | X | | | | | | | | | | | | |
| 12M. Thallium, Total (7440-28-0) | | | X | | | | | | | | | | | | |
| 13M. Zinc, Total (7440-66-6) | | | X | | | | | | | | | | | | |
| 14M. Cyanide, Total (57-12-5) | | X | | | | 0.07 | 10.7 | 0.01 | 3.83 | 3 | mg/l | lb/day | | | |
| 15M. Phenols, Total | | X | | | | <0.001 | 0.54 | <0.001 | 0.38 | 3 | mg/l | lb/day | | | |
| **DIOXIN** | | | | | | | | | | | | | | | |
| 2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6) | | | X | DESCRIBE RESULTS | | | | | | | | | | | |

IND 005444062

EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS

## I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and name 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) |
|---|---|---|---|---|---|---|---|
| 019 (GW-7) | N41 | 36 | 28 | W87 | 19 | 51 | GRAND CALUMET 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 NUMBER (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 |
|---|---|---|---|---|
| 019 | NO. 13 BLAST FURNACE SHELL COOLING WATER | 18.7 MGD | NONE | 4-A |
| | NO. 2 Q-BOP - AIR COMPRESSOR COOLING WATER | 3.4 MGD | NONE | 4-A |
| | TURBOBLOWER BOILER HOUSE - CONDENSER COOLING WATER | 27.4 MGD | NONE | 4-A |
| | NO. 4 BOILER HOUSE CONDENSATE | 0.7 MGD | NONE | 4-A |
| | NO. 1 Electric POWER STATION - COOLING WATER FROM CONDENSER FOR NO. 13 BLAST FURNACE TURBINE | 20.0 MGD | NONE | 4-A |

OFFICIAL USE ONLY (effluent guidelines sub-categories)

EPA Form 3510-2C (Rev. 1-82)

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EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: IND 005444062

*Form Approved OMB No. 158-R0173*

OUTFALL NO. 019

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

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 (1) CONCENTRATION | (2) MASS | c. LONG TERM AVG. VALUE (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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Biochemical Oxygen Demand (BOD) | | | 2.7 | 1881 | 2.0 | 806 | 3 | mg/l | lb/day | 1.8 | | 3 |
| 2. Chemical Oxygen Demand (COD) | | | 35.8 | 24946 | 30.8 | 12414 | 3 | mg/l | lb/day | 21.3 | | 3 |
| 3. Total Organic Carbon (TOC) | | | 8.0 | 5574 | 6.0 | 2418 | 3 | mg/l | lb/day | 3.7 | | 3 |
| 4. Total Suspended Solids (TSS) | | | 33.0 | 22995 | 12.5 | 5038 | 3 | mg/l | lb/day | | | |
| 5. Ammonia (as N) | | | 0.2 | 139 | <0.1 | <40.3 | 3 | mg/l | lb/day | | | |
| 6. Flow | VALUE | | VALUE 83.5 | | VALUE 48.3 | | 43 | | | VALUE | | |
| 7. Temperature (winter) | VALUE | | VALUE 8.9 | | VALUE 6.7 | | 13 | °C | | VALUE | | |
| 8. Temperature (summer) | VALUE | | VALUE 28.9 | | VALUE 23.0 | | 13 | °C | | VALUE | | |
| 9. pH | MINIMUM | MAXIMUM | MINIMUM 7.5 | MAXIMUM 8.7 | | | 4 | 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 have reason to believe is absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS No. (if available) | 2. Mark "X" a. PRESENT | b. ABSENT | 3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION | (2) MASS | b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION | (2) MASS | c. LONG TERM AVG. VALUE (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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Bromide (24959-67-9) | X | | | | <0.1 | <69.7 | <0.1 | <40.3 | 3 | mg/l | lb/day | 0.21 | | 3 |
| 2. Chlorine, Total Residual | | X | | | | | | | | | | | | |
| 3. Color | X | | | | 4.0 | | 3.0 | | 3 | JTU | | 3.7 | | 3 |
| 4. Fecal Coliform | | X | | | | | | | | | | | | |
| 5. Fluoride (16984-48-8) | X | | | | 0.16 | 111 | 0.15 | 60.4 | 3 | mg/l | lb/day | | | |
| 6. Nitrate-Nitrite (as N) | X | | | | 0.26 | 181 | 0.16 | 64.5 | 3 | mg/l | lb/day | 0.33 | | 3 |

| EPA I.D. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER |
|---|---|
| IND 005444062 | 019 |

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK 'X' | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| METALS, CYANIDE, AND TOTAL PHENOLS | | | | | | | | | | | | | | | |
| 1M. Antimony, Total (7440-36-0) | | | X | | | | | | | | | | | | |
| 2M. Arsenic, Total (7440-38-2) | | | X | | | | | | | | | | | | |
| 3M. Beryllium, Total, 7440-41-7) | | | X | | | | | | | | | | | | |
| 4M. Cadmium, Total (7440-43-9) | | | X | | | | | | | | | | | | |
| 5M. Chromium, Total (7440-47-3) | | | X | | | | | | | | | | | | |
| 6M. Copper, Total (7550-50-8) | | | X | | | | | | | | | | | | |
| 7M. Lead, Total (7439-97-6) | | | X | | | | | | | | | | | | |
| 8M. Mercury, Total (7439-97-6) | | | X | | | | | | | | | | | | |
| 9M. Nickel, Total (7440-02-0) | | | X | | | | | | | | | | | | |
| 10M. Selenium, Total (7782-49-2) | | | X | | | | | | | | | | | | |
| 11M. Silver, Total (7440-22-4) | | | X | | | | | | | | | | | | |
| 12M. Thallium, Total (7440-28-0) | | | X | | | | | | | | | | | | |
| 13M. Zinc, Total (7440-66-6) | | | X | | | | | | | | | | | | |
| 14M. Cyanide, Total (57-12-5) | | X | | | | 0.02 | 13.9 | 0.012 | 4.84 | 3 | mg/l | lb/day | | | |
| 15M. Phenols, Total | | X | | | | 0.005 | 3.48 | 0.002 | 0.81 | 3 | mg/l | lb/day | | | |
| DIOXIN | | | | | | | | | | | | | | | |
| 2,3,7,8-Tetra Chlorodibenzo-P-Dioxin (1764-01-6) | | | X | DESCRIBE RESULTS | | | | | | | | | | | |