—in areas are spaced for elite type, i.e., 12 charac[illegible]/inch).

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F ID-000001-9 D

LABEL ITEMS

EPA I.D. NUMBER

II. FACILITY NAME

FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

SKIP POTLATCH CORP-ST MARIES COMPLEX

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
BERNIE WILMARTH ENVIRO MGR	208	245	7517

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

2200 RAILROAD AVE

B. CITY OR TOWN	C. STATE	D. ZIP CODE
ST-MARIES	ID	83861

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

2200 RAILROAD AVE

B. COUNTY NAME

ENEWAH

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
ST MARIES	ID	83861	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
2436 (specify) Plywood	2436 (specify) Veneer

C. THIRD	D. FOURTH
2421 (specify) Lumber	(specify)

VIII. OPERATOR INFORMATION

A. NAME: POTLATCH CORPORATION

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)*

Answer: P (specify)

D. PHONE *(area code & no.)*: A 509 835 1500

E. STREET OR P.O. BOX: 601 W RIVERSIDE SUITE 1100

F. CITY OR TOWN: SPOKANE

G. STATE: WA

H. ZIP CODE: 99201

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: N ID0000001-9	D. PSD *(Air Emissions from Proposed Sources)*: P
B. UIC *(Underground Injection of Fluids)*: U	E. OTHER *(specify)*: 9 (specify)
C. RCRA *(Hazardous Wastes)*: R ID0054656293	E. OTHER *(specify)*: 9 (specify)

XI. MAP

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

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

Manufacturer of plywood and lumber from logs, which includes steaming, peeling, laminating, sawing and trimming operations.

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
GREG COOPERRIDER COMPLEX MANAGER	Greg Cooperrider	5-8-01

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1) ID000001-9

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			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	47	19	44	116	35	25	St. Joe 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	
001	Manufacturing cooling water discharge	21,600 GPD	Screened to remove floating debris, then pumped into the river	1-T	4-A
001	Power house cooling water discharge	4200 GPD	Screened to remove floating debris, then pumped into the river	1-T	4-A
001	Log deck sprinkling run-off	40,000 GPD	Screened to remove floating debris, then pumped into the river	1-T	4-A
001	Ground water and storm water run-off	Unknown	Screened to remove floating debris, then pumped into the river	1-T	4-A

OFFICIAL 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?

☒ 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)*
001	Log deck sprinkling	7	4	.040 mgd	.150 mgd	.040 mgd	.150 mgd	107

III. PRODUCTION

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

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

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

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

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

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	2. AFFECTED OUTFALLS *(list outfall numbers)*

IV. IMPROVEMENTS

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

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

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS 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

 CONTINUE ON PAGE 3

EPA I.D. NUMBER (copy from Item 1 of Form 1) ID000001-9

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
None → non-contact cooling water, log yard and ground water run-off should not contain any of the chemicals listed in Table 2c-3.			

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)*

Phenols – miscellaneous natural phenolic compounds from the wood and bark (logs)

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)*
Anatek Laboratories	1282 Alturas Moscow, ID 83843	(208) 883-2839	BOD, COD, TSS, TOC, Ammonia, Total P, Organic N, Color, Phenols, FOG, Aluminum, Barium, Boron, Cobalt, Iron, Manganese, Magnesium, Molybdenum, Titanium, Tin

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.)*
GREG COOPERRIDER COMPLEX MANAGER	208 245 7535
C. SIGNATURE	**D. DATE SIGNED**
Greg Cooperrider	5-8-01

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)*: ID000001-9

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. 001

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	12	8.86					1	mg/L	lbs.			
b. Chemical Oxygen Demand *(COD)*	57.3	42.30					1	mg/L	lbs.			
c. Total Organic Carbon *(TOC)*	20.3	14.99					1	mg/L	lbs.			
d. Total Suspended Solids *(TSS)*	17	12.55					1	mg/L	lbs.			
e. Ammonia *(as N)*	0.06	0.44					1	mg/L	lbs.			
f. Flow	VALUE .588 MGD		VALUE .426 MGD		VALUE .217 MGD		43	MGD		VALUE		
g. Temperature *(winter)*	VALUE 6°		VALUE 5°		VALUE 5°		13	°C		VALUE		
h. Temperature *(summer)*	VALUE 20°		VALUE 20°		VALUE 17°		14	°C		VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 6.8	MINIMUM 6.1	MAXIMUM 6.7			53	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		90	NA						Color Units	NA			
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	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		1.07	1.19					1	mg/L	lbs.			
h. Oil and Grease	X		ND	0					1	mg/L	lbs.			
i. Phosphorus (as P), Total (7723-14-0)	X		0.8	0.89					1	mg/L	lbs.			
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		0.57	0.63					1	mg/L	lbs.			
p. Barium, Total (7440-39-3)	X		0.088	0.10					1	mg/L	lbs.			
q. Boron, Total (7440-42-8)	X		0.04	0.04					1	mg/L	lbs.			
r. Cobalt, Total (7440-48-4)	X		0.003	0.00					1	mg/L	lbs.			
s. Iron, Total (7439-89-6)	X		6.66	7.38					1	mg/L	lbs.			
t. Magnesium, Total (7439-95-4)	X		7.1	7.87					1	mg/L	lbs.			
u. Molybdenum, Total (7439-98-7)	X		0.001	0.00					1	mg/L	lbs.			
v. Manganese, Total (7439-96-5)	X		1.82	2.02					1	mg/L	lbs.			
w. Tin, Total (7440-31-5)	X		0.002	0.00					1	mg/L	lbs.			
x. Titanium, Total (7440-32-6)	X		0.016	0.02					1	mg/L	lbs.			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
ID000001-9	001

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

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															
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		0.3	0.33					1	mg/L	lbs.			
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												

CONTINUE ON PAGE V-

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1): ID 000001-9

OUTFALL NUMBER: 001

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 (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – 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												

CONTINUE ON PAGE V-

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
ID000001-9	001

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-9

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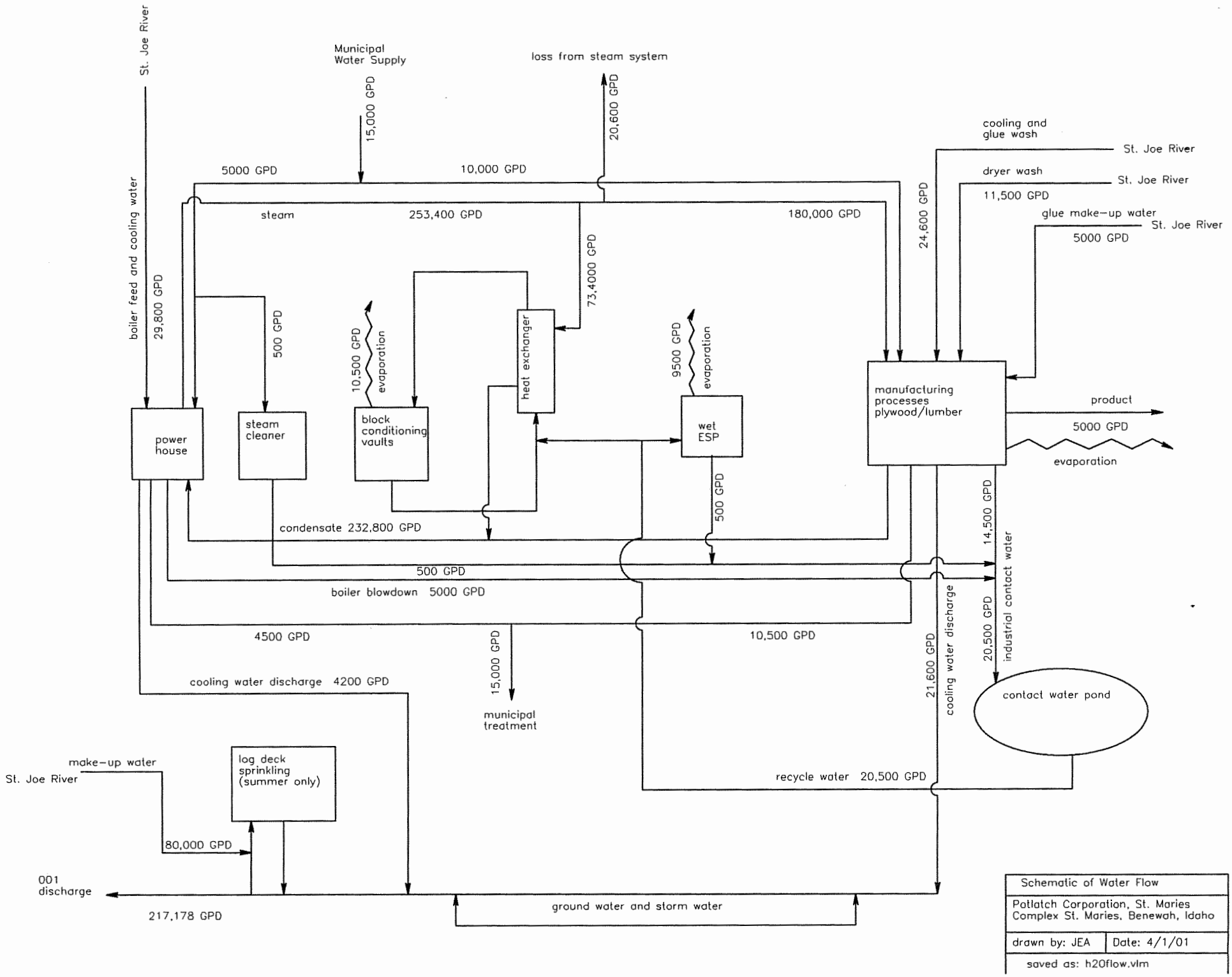
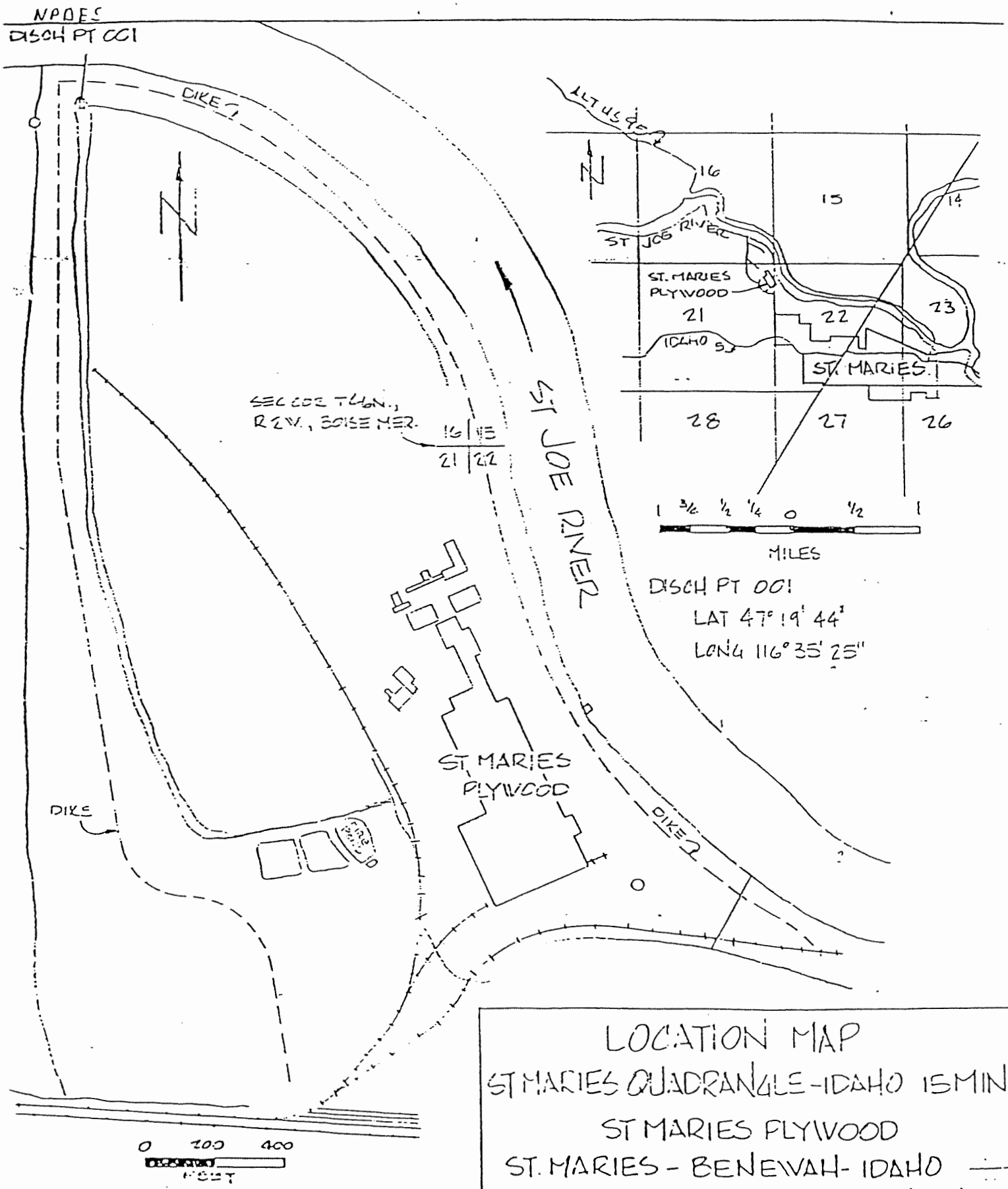
EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
ID000001-9	001

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)															
7P. Heptachlor Epoxide (1024-57-3)			X												
8P. PCB-1242 (53469-21-9)			X												
9P. PCB-1254 (11097-69-1)			X												
0P. PCB-1221 (11104-28-2)			X												
1P. PCB-1232 (11141-16-5)			X												
2P. PCB-1248 (12672-29-6)			X												
3P. PCB-1260 (11096-82-5)			X												
4P. PCB-1016 (12674-11-2)			X												
5P. Toxaphene (8001-35-2)			X												


St. Joe River
boiler feed and cooling water
29,800 GPD
Municipal Water Supply
15,000 GPD
loss from steam system
20,600 GPD
5000 GPD
10,000 GPD
steam
253,400 GPD
180,000 GPD
73,4000 GPD
500 GPD
10,500 GPD
evaporation
heat exchanger
9500 GPD
evaporation
power house
steam cleaner
block conditioning vaults
wet ESP
500 GPD
condensate 232,800 GPD
500 GPD
boiler blowdown 5000 GPD
4500 GPD
15,000 GPD
municipal treatment
10,500 GPD
cooling water discharge 4200 GPD
cooling and glue wash
St. Joe River
dryer wash
St. Joe River
11,500 GPD
glue make-up water
St. Joe River
5000 GPD
24,600 GPD
manufacturing processes plywood/lumber
product
5000 GPD
evaporation
14,500 GPD
industrial contact water
20,500 GPD
21,600 GPD
cooling water discharge
contact water pond
recycle water 20,500 GPD
make-up water
St. Joe River
log deck sprinkling (summer only)
80,000 GPD
001 discharge
217,178 GPD
ground water and storm water
Schematic of Water Flow
Potlatch Corporation, St. Maries Complex St. Maries, Benewah, Idaho
drawn by: JEA
Date: 4/1/01
saved as: h2Oflow.vlm



LOCATION MAP
ST MARIES QUADRANGLE - IDAHO 15MIN
ST MARIES PLYWOOD
ST. MARIES - BENEWAH - IDAHO

PAGE 1 of 1

Anatek Labs, Inc.

1282 Alturas • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane, WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

POTLATCH CORP.-St MARIES

P.O. BOX 366
ST. MARIES, ID 83861
ATTN: BERNIE WILMARTH

Certificate of Analysis

Sample: SMC-113

Sampling Date: 4/16/01
Date Recieved: 4/16/01
Lab Sample #: 01X0312-05

Analyte	Result	Units	PQL	Analysis Date	Analyst	Method
BOD	12	mg/L	2	4/23/01	KMH	SM 5210B
TSS	17	mg/L	5	4/19/01	KMH	EPA 160.2
TOC	20.3	mg/L	1.5	4/17/01	KJK	SM 5310B
COD	57.3	mg/L	5	4/20/01	KAS	SM 5220D
Ammonia	0.06	mg/L	0.05	4/17/01	KLR	SM 4500-NH3-E

Kathleen A Sattler
Laboratory Supervisor 23-Apr-01

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

POTLATCH CORP - ST MARIES
BERNIE WILMARTH
2200 RAILROAD AVE
ST. MARIES ID 83861

Project: NPDES PERMIT 0000019

Certificate of Analysis

Sample Name: SMC-109
Sample Location:
Lab Sample Number: 01X0312-01
Date Received: 4/5/2001
Sampling Date: 4/5/2001
Sampling Time: 9:30
Matrix WASTE WATER

Analyte	Result	Units	PQL	Analysis Date	Initials	Method
Total P	0.6	mg/L	0.5	4/6/2001	KMH	EPA 365.3
Organic N	1.07	mg/L	0.05	4/13/2001	JWC	SM4500NH3G

Sample Name: SMC-110
Sample Location:
Lab Sample Number: 01X0312-02
Date Received: 4/5/2001
Sampling Date: 4/5/2001
Sampling Time: 9:30
Matrix WASTE WATER

Analyte	Result	Units	PQL	Analysis Date	Initials	Method
Color	90	Color Units	5	4/6/2001	LW	EPA 110.2

Sample Name: SMC-111
Sample Location:
Lab Sample Number: 01X0312-03
Date Received: 4/5/2001
Sampling Date: 4/5/2001
Sampling Time: 9:34
Matrix WASTE WATER

Analyte	Result	Units	PQL	Analysis Date	Initials	Method
Phenols	0.3	mg/L	0.02	4/18/2001	JWC	EPA 420.1

Sample Name: SMC-112
Sample Location:
Lab Sample Number: 01X0312-04
Date Received: 4/5/2001
Sampling Date: 4/5/2001
Sampling Time: 9:36
Matrix WASTE WATER

Analyte	Result	Units	PQL	Analysis Date	Initials	Method
FOG (HEM)	ND	mg/L	1.5	4/6/2001	LKW	EPA 1664

Lab Supervisor:
Report Date: 27-Apr-01

ND Not Detected PQL Practical Quantitation Limit Soil/solid results are dry weight basis

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

POTLATCH CORP - ST MARIES
BERNIE WILMARTH
2200 RAILROAD AVE
ST. MARIES ID 83861

Project: NPDES PERMIT 0000019

Certificate of Analysis

		Analyte	Result	Units	PQL	Method
Sample Name:	SMC-110					
Sample Location:		Aluminum	0.57	mg/L	0.01	EPA 200.8
Sampling Date:	4/5/2001	Barium	0.088	mg/L	0.001	EPA 200.8
Sampling Time:	9:30	Boron	0.04	mg/L	0.01	EPA 200.8
Date Received:	4/5/2001	Cobalt	0.003	mg/L	0.001	EPA 200.8
Lab #:	01X0312-02	Iron	6.66	mg/L	0.03	EPA 200.8
Matrix:	WASTE WATER	Manganese	1.82	mg/L	0.001	EPA 200.8
Analysis Date:	4/18/2001	Magnesium	7.1	mg/L	0.1	EPA 200.8
		Molybdenum	0.001	mg/L	0.001	EPA 200.8
		Titanium	0.016	mg/L	0.001	EPA 200.8
		Tin	0.002	mg/L	0.001	EPA 200.8

Lab Supervisor: _____

Report Date: 27-Apr-01

ND Not Detected PQL Practical Quantitation Limit

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue
Seattle, WA 98101

FEB 01 2001

Reply To
Attn Of: OW-130

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Bernie Wilmarth, Environmental Manager
Potlatch Corporation, St. Maries Complex
2200 Railroad Avenue
St. Maries, ID 83861

Re: NPDES Permit No.ID-0000019 - Potlatch, St. Maries Complex
Expiration Date:10/31/01

Dear Mr. Wilmarth:

The referenced National Pollutant Discharge Elimination System (NPDES) permit will expire on the date indicated. In order for us to reissue the permit, an application must be received at least 180 days prior to the expiration. An application forms is enclosed for your use. When completed, the form should be forwarded to the above address.

If you have any question please contact Robert Robichaud at (206) 553-1448 or robichaud.robert@epa.gov

Sincerely,

Robert R. Robichaud, Manager
NPDES Permits Unit

Enclosure(s)

cc: IDHW- Boise
bcc: Idaho Operations Office, EPA

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