OMEGA PROTEIN®
Healthy Products for a Healthy World®

January 5, 2011

Ms. Jaime Bauer
Virginia Dept of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

Piedmont Regional Office
JAN 11 2011
RECEIVED

Re: Revised Permit Application VA0003867

Dear Ms Bauer:

Per our discussions of January 4 & 5, 2011 Omega Protein, Inc. is revising its permit application to reflect the removal of the aerated ponds and dissolved air flotation unit (DAF) from the treatment train for outfall 002. As explained we have found that treatment solely from the ammonia stripping units is adequate to meet our permit limits. We do however; desire to keep the aerated lagoons in place to serve as emergency storage basins is case of breakdowns of the ammonia strippers that cannot be repaired quickly. A plan to remove the accumulated sludge in each cell will be prepared for your approval.

If you require additional information please contact me directly. Thanks again for all your assistance with the permit reissuance.

Sincerely,

William Purcell
Environmental Manager
Omega Protein, Inc.

pc: Monty Diehl

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Omega Protein, Inc.

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** DNF 45((3))-002 28798005.1

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None

5. **What is the design average effluent flow of this facility?** 9.0 MGD

   For industrial facilities, provide the max. 30-day average production level, include units:

   120 million fish

   In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

   If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

   Processing of menhaden to obtain fish oil, fish meal and fish solubles

   0 % of flow from domestic connections/sources

   Number of private residences to be served by the treatment works: 0

   100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☒ Intermittent ☒ Seasonal

   Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

   X Permanent stream, never dry

   ___ Intermittent stream, usually flowing, sometimes dry

   ___ Ephemeral stream, wet-weather flow, often dry

   ___ Effluent-dependent stream, usually or always dry without effluent flow

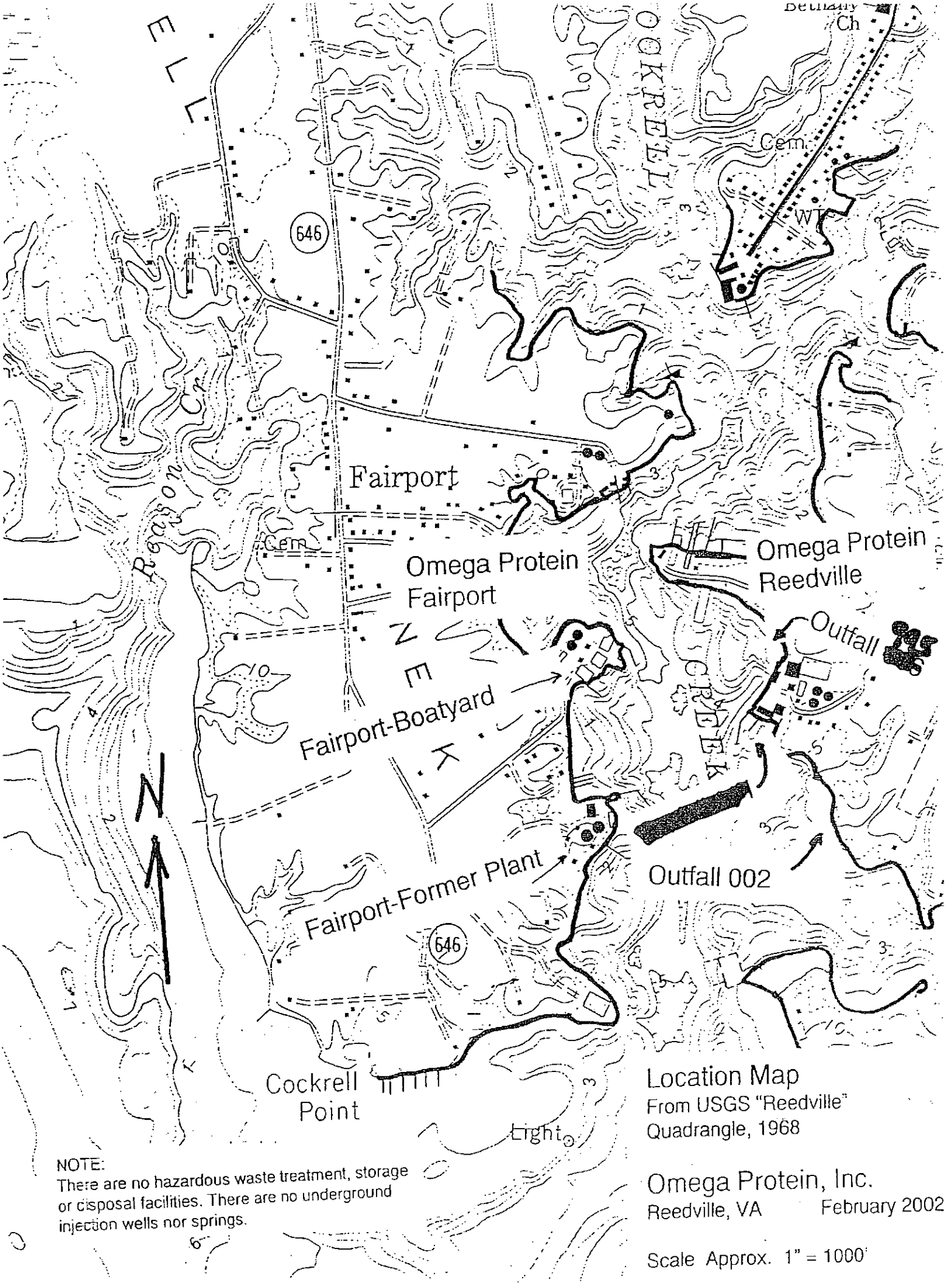
   ___ Lake or pond at or below the discharge point

   ___ Other:

9. **Approval Date(s):**

   O & M Manual 8/1/2007 **Sludge/Solids Management Plan**

   Have there been any changes in your operations or procedures since the above approval dates? Yes ☒ No ☐

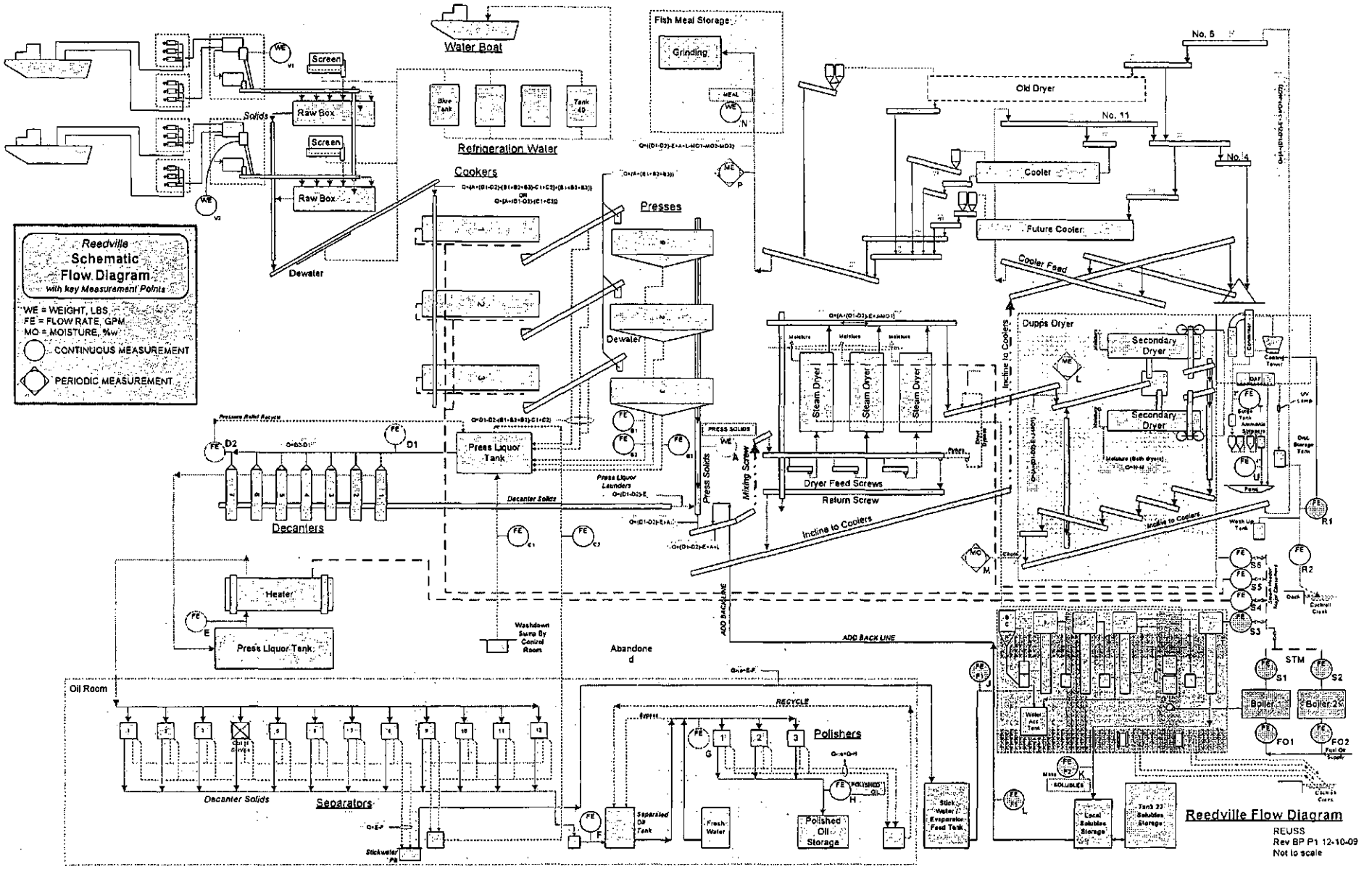


Location Map
From USGS "Reedville"
Quadrangle, 1968

NOTE:
There are no hazardous waste treatment, storage or disposal facilities. There are no underground injection wells nor springs.

Omega Protein, Inc.
Reedville, VA February 2002

Scale Approx. 1" = 1000'


Reedville
Schematic
Flow Diagram
with key Measurement Points
WE = WEIGHT, LBS
FE = FLOW RATE, GPM
MO = MOISTURE, %w
CONTINUOUS MEASUREMENT
PERIODIC MEASUREMENT
Water Boat
Screen
Raw Box
Solids
Dewater
Refrigeration Water
Cookers
Presses
Fish Meal Storage
Grinding
MEAL
Old Dryer
No. 5
No. 11
No. 4
Cooler
Future Cooler
Cooler Feed
Steam Dryer
Dryer Feed Screws
Return Screw
Incline to Coolers
Dupps Dryer
Secondary Dryer
Press Liquor Tank
Decanters
Decanter Solids
Press Solids
Mixing Screw
Heater
Washdown Sump By Central Room
Abandoned
ADD BACK LINE
Oil Room
Separators
Polishers
RECYCLE
Separated Oil Tank
Fresh Water
Polished Oil Storage
Stick Water / Evaporator Feed Tank
Local Solubles Storage
Tank 33 Solubles Storage
Boiler
Boiler 2
STM
Reedville Flow Diagram
REUSS
Rev BP P1 12-10-09
Not to scale

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

For Approved. OMB No. 2040-0086. Approval expires 5-31-92

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY **GENERAL INFORMATION** *Consolidated Permits Program* *(Read the "General Instructions" before starting.)*	I. EPA I.D. NUMBER
		S: F — VA0003867 — T/A: — C: D (1 2 13 14 15)

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING LIST	
VI. FACILITY LOCATION	

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 proved. Refer to the instructions for detailed item descriptions and for the legal authorization 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 from 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)	☐ (16)	☒ (17)	☐ (18)	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)	☐ (19)	☒ (20)	☐ (21)
C. Is this facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	☒ (22)	☐ (23)	☒ (24)	D. Is this proposal facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.?** (FORM 2D)	☐ (25)	☒ (26)	☐ (27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)	☐ (28)	☒ (29)	☐ (30)	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)	☐ (31)	☒ (32)	☐ (33)
G. Do you or will you inject at this facility any produced water 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)	☐ (34)	☒ (35)	☐ (36)	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfer by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	☐ (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)	☐ (40)	☒ (41)	☐ (42)	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 are?** (FORM 5)	☐ (43)	☒ (44)	☐ (45)

III. NAME OF FACILITY

C 1 | SKIP (15–16-29) | *Omega Protein, Inc.* (30–69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
C 2 *William Purcell* (15–45)	*804* (46–48)	*453* (49–51)	*4211* (52–55)

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 3 *P.O. Box 175* (15–45)	C 4 *Reedville* (15–40)	*VA* (41–42)	*22539* (47–51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
C 5 *610 Menhaden Road* (15–45)	*Northumberland* (46–70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE
C 6 *Reedville* (15–40)	*VA* (41–42)	*22539* (47–51)	(52–54)

CONTINUED ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST		B. SECOND	
2077	*(specify)* Fish Meal	2077	*(specify)* Fish Solubles
C. THIRD		**D. FOURTH**	
2077	*(specify)* Fish Oil		*(specify)*

VIII. OPERATOR INFORMATION

A. NAME: Omega Protein, Inc.

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)*

M *(specify)*

D. PHONE *(area code & no.)*: 804 453 4211

E. STREET OR PO BOX: P.O. Box 175

F. CITY OR TOWN: Reedville

G. STATE: VA

H. ZIP CODE: 22539

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	VA0003867	D. PSD *(Air Emissions from Proposed Sources)*	
B. UIC *(Underground Injection of Fluids)*		E. OTHER *(specify)*	VAR051221, VAR051211 — *(Specify)* Stormwater
C. RCRA *(Hazardous Wastes)*		E. OTHER *(specify)*	VAN020037 — *(Specify)* Nutrient General Permit

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. 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)*

Processing menhaden into fish oil, fish solubles and fish meal for sale in the use animal feeds and for human consumption.

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
William E. Purcell, Environmental Manager	William E Purcell	1/5/2011

COMMENTS FOR OFFICIAL USE ONLY

Please type or print in the unshaded areas only	EPA ID Number *(Copy from Item 1 of Form 1)* **VA0003867**	*Form Approved OMB No. 2040-0086 Approval expires 7-31-88*

Form **2C** NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY

APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICUTLRAL OPERATIONS
Consolidated Permits Program

I. Outfall Location

For this outfall, list the latitude and longitude, and name of the receiving water(s)

Outfall Number *(list)*	Latitude Deg	Latitude Min	Latitude Sec	Longitude Deg	Longitude Min	Longitude Sec	Receiving Water *(name)*
002	***37***	***49***	***30.89***	***76***	***16***	***32.02***	***Cockrell Creek***
995	***37***	***49***	***46.59***	***76***	***16***	***41.73***	***Cockrell Creek***

II. Flows, Sources of Pollution, and Treatment Technologies

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

B. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater 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	2. Operations Contributing Flow		3. Treatment		
	a. OPERATION *(list)*	b. AVERAGE FLOW	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
002	***Evaporator & Dryer Condensate, Boiler blowdown***	***0.265 MGD***		***1-A,2-H***	
995	***Non-contact cooling water***	***8.5 MGD***		***None***	

 CONTINUED ON REVERSE

CONTINUED FROM THE FRONT

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

☒ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY 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)*
002	***Evaporator & dryer condensate, boiler blowdown***	***7***	***7***	***0.3***	***0.5***			***210***
995	***Non-contact cooling water***	***7***	***7***	***2.37***	***4.2***			***210***

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 *(go 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)*
4.0 Million	***pounds***	***Processing menhaden fish into meal, oil and solubles***	***002, 995***

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

 CONTINUED ON PAGE 3

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 PROGRAM IS ATTACHED**

 CONTINUED ON PAGE 3

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding - Complete one set of tables or each outfall - Annotate the outfall number in the space provided. **NOTE:** Tables V-A, V-B, and V-C are included on separate sheets number V-1 through V-9.

D: Use the space below t list any of the pollutants listed in Tables 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

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 ON REVERSE

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 purpose below)* ☐ **NO** *(go to Section VIII)*

Outfall 002 has had quarterly acute toxicity testing conducted for the past 3 years. Results for the past 3 have been satisfactory.

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)*
Air, Water and Soil Laboratories	***2109 A N. Hamilton St. , Richmond, VA 23230***	***(804) 358-8295***	***BOD5, TSS, Nutrients, Attachment D analytes, fecals, entero, cyanide, Ag, Zn, Cu***
Universal Laboratories	***20 Research Dr., Hampton VA***	***(757) 865-0880***	***BOD5, COD, TOC, metals, Nutrients, cyanide, SO4,bacteriologicals***
		( )	
		( )	
		( )	
		( )	
		( )	
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		( )	
		( )	
		( )	
		( )	

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.)*
William E. Purcell, Environmental Manager	***(804) 453-4211***
C. SIGNATURE William E. Purcell	D. DATE SIGNED 1/5/2011

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)*
VA0003867

Outfall 002

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 *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSIS	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)*	161	116	81	55.8	24.9	16.8	13	mg/l	kg/l	NA		
b. Chemical Oxygen Demand *(COD)*	56	23.5										
c. Total Organic Carbon *(TOC)*												
d. Total Suspended Solids *(TSS)*	15.0	10.2	11.4	7.24	5.84	21.9	13	mg/l	kg/l	NA		
e. Ammonia *(as N)*	37.8	36.3	34	21.1	11.5	7.76	13	mg/l	kg/l	NA		
f. Flow	Value .320		Value 0.265		Value 0.178		127	mgd		Value		
g. Temperature *(winter)*	Value NA		Value		Value			°C		Value		
h. Temperature *(summer)*	Value 30.9		Value 30.2		Value		124	°C		Value		
i. pH	Minimum 6.30	Maximum 7.62	Minimum 6.57	Maximum 7.24			124	STANDARD UNTIS				

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 limitation 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	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 ANALYSIS	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. Bromide (24959-67-9)	☐	☒												
b. Chlorine, Total Residual	☐	☒												
c. Color	☐	☒												
d. Fecal Coliform	☒	☐	240		39		13		26	MPN/100		NA		
e. Fluoride (16984-48-8)	☐	☒												
f. Nitrate-Nitrite *(as N)*	☐	☐												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSIS	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)	☒	☐	40.4	17.3	37.8	23.4	18.6	12.5	27	mg/l	kg/d	NA		
h. Oil and Grease	☐	☒	<10	6.78	<10	6.78	<10	6.78	13	mg/l	kg/d	NA		
i. Phosphorus (as P), Total (7723-14-0)	☒	☐	0.48	0.30	0.36	0.23	0.17	0.11	27	mg/l	kg/d	NA		
j. Radioactivity														
(1) Alpha, Total	☐	☒												
(2) Bets, Total	☐	☒												
(3) Radium, Total	☐	☒												
(4) Radium 226, Total	☐	☒												
k. Sulfate (as SO_4) (14808-79-8)	☒	☒	Wgp											
l. Sulfide (as S)	☐	☒												
m. Sulfite (as SO_3)(14265-45-3)	☐	☒												
n. Surfactants	☐	☒												
o. Aluminum, Total (7429-90-5)	☐	☒												
p. Barium, Total (7440-39-3)	☐	☒												
q. Boron, Total (7440-42-8)	☐	☒												
r. Cobalt, Total (7440-48-4)	☐	☒												
s. Iron, Total (7439-89-4)	☐	☒												
t. Magnesium, Total (7439-95-4)	☐	☒												
u. Molybdenum, Total (7439-98-7)	☐	☒												
v. Manganese, Total (7439-96-5)	☐	☒												
w. Tin, Total (7440-31-5)	☐	☒												
x. Titanium, Total (7440-32-6)	☐	☒												

 CONTINUE ON PAGE V-3

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
VA0003867	002

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 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 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 NO. *(if available)*	2. MARK 'X'			2. EFFLUENT							3. UNITS *(specify if blank)*		4. 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 ANALYSIS	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)	☐	☐	☒												
2M. Arsenic, Total (7440-38-2)	☐	☐	☒												
3M. Beryllium, Total (7440-41-7)	☐	☐	☒												
4M. Cadmium, Total (7440-43-9)	☐	☐	☒												
5M Chromium, Total (7440-47-3)	☐	☐	☒												
6M Copper, Total (7440-50-8)	☐	☐	☒												
7M lead, Total (7439-92-1)	☐	☐	☒												
8M Mercury, Total (7439-97-6)	☐	☐	☒												
9M Nickel, Total (7440-02-0)	☐	☐	☒												
10M Selenium, Total (7782-49-2)	☐	☐	☒												
11M Silver, Total (7440-22-4)	☐	☐	☒												
12M Thallium, Total (7440-28-0)	☐	☐	☒												
13M Zinc, Total (7440-66-6)	☐	☐	☒												
14M Cyanide, Total (57-12-5)	☐	☐	☒												
15M Phenols, Total	☐	☐	☒												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764--01-6)	☐	☐	☒	DESCRIBE RESULTS											

002

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSIS	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 - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	☐	☐	☒												
2V Acrylonitrile (107-13-1)	☐	☐	☒												
3V Benzene (71-43-2)	☐	☐	☒												
4V Bis (Chloromethyl) Ether (542-88-1)	☐	☐	☒												
5V Bromoform (75-25-2)	☐	☐	☒												
6V Carbon Tetrachloride (56-23-5)	☐	☐	☒												
7V Chlorobenzene (108-90-7)	☐	☐	☒												
8V Chlorodibromomethane (124-48-1)	☐	☐	☒												
9V Chloroethane (75-00-3)	☐	☐	☒												
10V 2-Chloroethylvinyl Ether (110-75-8)	☐	☐	☒												
11V Chloroform (67-66-3)	☐	☐	☒												
12V Dichlorobromoethane (75-71-8)	☐	☐	☒												
13V Dichlorodifluoromethane (75-71-8)	☐	☐	☒												
14V 1,1-Dichloroethane (75-34-3)	☐	☐	☒												
15V 1,2-Dichloroethane (107-06-2)	☐	☐	☒												
16V 1,1-Dichloroethylene (75335-4)	☐	☐	☒												
17V 1,2-Dichloropropane (78-87-5)	☐	☐	☒												
18V 1,3-Dichloropropylene (542-76-6)	☐	☐	☒												
19V Ethylbenzene (100-41-4)	☐	☐	☒												
20V Methyl Bromide (74-83-9)	☐	☐	☒												
21V Methyl Chloride (74-87-3)	☐	☐	☒												

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EPA I.D. NUMBER *(copy from Item 1 of Form 1)* VA0003867

OUTFALL NUMBER 002

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			2. EFFLUENT							3. UNITS *(specify if blank)*		4. 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 ANALYSIS	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 - VOLATILE COMPOUNDS *(continued)*															
22 V Methylene Chloride (75-09-2)	☐	☐	☒												
23V 1,1,2,2-Tetra-Chloroethane (79-34-5)	☐	☐	☒												
24V Tetrachloro-ethylene (127-18-4)	☐	☐	☒												
25V Toluene (108-88-3)	☐	☐	☒												
26V 1,2-Trans-Dichloroethylene (156-60-5)	☐	☐	☒												
27V 1,1,1-Tri-chloroethane (71-55-6)	☐	☐	☒												
28V 1,1,2-Tri-chloroethane (79-00-5)	☐	☐	☒												
29V Trichloro-ethylene (79-01-6)	☐	☐	☒												
30V Trichloro-fluoromethane (75-69-4)	☐	☐	☒												
31V Vinyl Chloride (75-01-4)	☐	☐	☒												
GC/MS FRACTION - ACID COMPOUNDS															
1A 2-Chlorophenol (95-57-8)	☐	☐	☒												
2A 2,4-Dichloro-phenol (120-83-2)	☐	☐	☒												
3A 2,4-Dimethyl-phenol (105-67-9)	☐	☐	☒												
4A 4,6-Dinitro-O-cresol (534-52-1)	☐	☐	☒												
5A 2,4-Dinitro-phenol (51-28-5)	☐	☐	☒												
6A 2-Nitro-phenol (88-75-5)	☐	☐	☒												
7A 4-Nitro-phenol (100-02-7)	☐	☐	☒												
8A P-Chloro-M-Cresol (59-50-7)	☐	☐	☒												
9A Penta-chlorophenol (87-86-5)	☐	☐	☒												
10A Phenol (10/-95-2)	☐	☐	☒												
11A 2,4,6-Tri-chlorophenol (88-06-2)	☐	☐	☒												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	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 ANALYSIS	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
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B Acenphthene (83-32-9)	☐	☐	☒												
2B Acenaphtylene (208-96-8)	☐	☐	☒												
3B Anthracene (120-12-7)	☐	☐	☒												
4B Benzidine (92-87-5)	☐	☐	☒												
5B Benzo (a) Anthracene (56-55-3)	☐	☐	☒												
6B Benzo (a) Pyrene (50-32-8)	☐	☐	☒												
7B 3,4-Benzo-fluoranthene (205-99-2)	☐	☐	☒												
8B Benzo *(ghi)* Perylene (191-24-2)	☐	☐	☒												
9B Benzo *(k)* Fluoranthene (207-08-9)	☐	☐	☒												
10B Bis *(2-Chloroethoxy)* Methane (111-91-1)	☐	☐	☒												
11B Bis *(2-Chloro-ethyl)* Ether (111-44-4)	☐	☐	☒												
12B Bis *(2-Chloroisepropyl)* Ether (102-60-1)	☐	☐	☒												
13B Bis*(2-Ethyl-hexyl)* Phthalate (117-81-7)	☐	☐	☒												
14 B 4-Bromo-phenyl Phenyl Ether (101-55-3)	☐	☐	☒												
15B Butyl Benzyl Phthalate (85-68-7)	☐	☐	☒												
16B 2-Chloro-naphthalene (91-58-7)	☐	☐	☒												
17B 4-Chloro-phenyl Phenyl Ether (7005-72-3)	☐	☐	☒												
18B Chrysene (218-01-9)	☐	☐	☒												
19B Dibenzo *(a,h)* Anthracene (53-70-3)	☐	☐	☒												
20B 1,2-Dichloro-benzene (95-50-1)	☐	☐	☒												
21B 1,3-Dichloro-benzene (541-73-1)	☐	☐	☒												

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EPA I.D. NUMBER *(copy from Item 1 of Form 1)* **VA0003867**

OUTFALL NUMBER 002

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			2. EFFLUENT							3. UNITS *(specify if blank)*		4. 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 ANALYSIS	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 - BASE/NEUTRAL COMPOUNDS *(continued)*															
22B 1,4-Dichlorobenzene (106-46-7)	☐	☐	☒												
23B 3,3'-Dichlorobenzidine (91-94-1)	☐	☐	☒												
24B Diethyl Phthalate (84-66-2)	☐	☐	☒												
25B Dimethyl Phthalate (131-11-3)	☐	☐	☒												
26B Di-N-Butyl Phthalate (131-11-3)	☐	☐	☒												
27B 2,4-Dinitrotoluene (121-14-2)	☐	☐	☒												
28B 2,6-Dinitrotoluene (606-20-2)	☐	☐	☒												
29B Di-N-Octyl Phthalate (117-84-0)	☐	☐	☒												
30B 1,2-Diphenylhydrazine *(as Azo-benzene)* (122-66-7)	☐	☐	☒												
31B Fluoranthene (206-44-0)	☐	☐	☒												
32B Fluorene (86-73-7)	☐	☐	☒												
33B Hexachlorobenzene (118-74-1)	☐	☐	☒												
34B Hexachlorobutadiene (87-68-3)	☐	☐	☒												
35B Hexachlorocyclopentadiene (77-47-4)	☐	☐	☒												
36B Hexachloroethane (67-72-1)	☐	☐	☒												
37B Indeno *(1,2,3-cd)* Pyrene (193-39-5)	☐	☐	☒												
38B Isophorone (78-59-1)	☐	☐	☒												
39B Napthalene (91-20-3)	☐	☐	☒												
40B Nitrobenzene (98-95-3)	☐	☐	☒												
41B N-Nitrosodimethylamine (62-75-9)	☐	☐	☒												
42B N-Nitrosdi-N-Propylamine (621-64-7)	☐	☐	☒												

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSIS			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B N-Nitrosodiphenylamine (86-30-6)	☐	☐	☒												
44B Phenanthrene (85-01-/	☐	☐	☒												
45B Pyrene (129-00-0)	☐	☐	☒												
46B 1,2,4-Trichlorobenzene (120-82-1)	☐	☐	☒												
GC/MS FRACTION - PESTICIDES															
1P Aldrin (309-00-2)	☐	☐	☒												
2P 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)* VA0003867

OUTFALL NUMBER 002

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			2. EFFLUENT							3. UNITS *(specify if blank)*		4. 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 - PESTICIDES *(continued)*															
17P Heptachlor Expxide (1024-57-3)	☐	☐	☒												
18P PCB-1242 (53469-21-9)	☐	☐	☒												
19P PCB-1254 (11097-69-1)	☐	☐	☒												
20P PCB-1221 (11104-28-2)	☐	☐	☒												
21P PCB-1232 (11141-16-5)	☐	☐	☒												
22P PCB-1248 (12672-29-6)	☐	☐	☒												
23P PCB-1260 (11096-82-5)	☐	☐	☒												
24P PCB-1016 (12674-11-2)	☐	☐	☒												
25P Toxaphene (8001-35-2)	☐	☐	☒												

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)*
VA0003867 OUTFALL 995

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 *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSIS	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)*	6	191					1	mg/l	kg/d	8	255	1
b. Chemical Oxygen Demand *(COD)*	324	10301					1	mg/l	kg/d	338	10772	1
c. Total Organic Carbon *(TOC)*							1	mg/l	kg/d			1
d. Total Suspended Solids *(TSS)*	20	637					1	mg/l	kg/d	13	414	1
e. Ammonia *(as N)*	BDL						1	mg/l	kg/d	BDL		1
f. Flow	Value 4.212		Value 3.188		Value 2.377		138	mgd		Value		
g. Temperature *(winter)*	Value NA		Value		Value			°C		Value		
h. Temperature *(summer)*	Value 42.4		Value 37.5		Value 26.2		92	°C		Value		
i. pH	Minimum 7.77	Maximum 8.29	Minimum	Maximum			92	STANDARD UNTIS				

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 limitation 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	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 ANALYSIS	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. Bromide (24959-67-9)	☐	☒												
b. Chlorine, Total Residual	☐	☒												
c. Color	☐	☒												
d. Fecal Coliform	☐	☒	340	NA					1	CFU/100 ml	NA	2600		1
e. Fluoride (16984-48-8)	☐	☒												
f. Nitrate-Nitrite *(as N)*	☐	☒	BDL						1			BDL		1

995

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	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 ANALYSIS	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. 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)	☐	☒	<0.9	30.4					1	mg/l	kg/d	<1		1
h. Oil and Grease	☐	☒	BDL						1			BDL		1
i. Phosphorus (as P), Total (7723-14-0)	☐	☒	0.06	0.02					1	mg/l	kg/d	0.08		1
j. Radioactivity														
(1) Alpha, Total	☐	☒												
(2) Bets, Total	☐	☒												
(3) Radium, Total	☐	☒												
(4) Radium 226, Total	☐	☒												
k. Sulfate (as SO_4) (14808-79-8)	☐	☒												
l. Sulfide (as S)	☐	☒												
m. Sulfite (as SO_3)(14265-45-3)	☐	☒												
n. Surfactants	☐	☒												
o. Aluminum, Total (7429-90-5)	☐	☒												
p. Barium, Total (7440-39-3)	☐	☒												
q. Boron, Total (7440-42-8)	☐	☒												
r. Cobalt, Total (7440-48-4)	☐	☒												
s. Iron, Total (7439-89-4)	☐	☒												
t. Magnesium, Total (7439-95-4)	☐	☒												
u. Molybdenum, Total (7439-98-7)	☐	☒												
v. Manganese, Total (7439-96-5)	☐	☒												
w. Tin, Total (7440-31-5)	☐	☒												
x. Titanium, Total (7440-32-6)	☐	☒												

 CONTINUE ON PAGE V-3

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
	995

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 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 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 NO. *(if available)*	2. MARK 'X'			2. EFFLUENT							3. UNITS *(specify if blank)*		4. 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. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1m. Antimony, Total (7440-36-0)	☐	☐	☒	BDL						1			BDL		
2M. Arsenic, Total (7440-38-2)	☐	☐	☒	BDL						1			BDL		1
3M. Beryllium, Total (7440-41-7)	☐	☐	☒	BDL						1			BDL		1
4M. Cadmium, Total (7440-43-9)	☐	☐	☒	BDL						1			BDL		1
5M Chromium, Total (7440-47-3)	☐	☐	☒	BDL						1			BDL		1
6M Copper, Total (7440-50-8)	☐	☐	☒	BDL	BDL	BDL	BDL	BDL	BDL	ug/l	kg/d				
7M lead, Total (7439-92-1)	☐	☐	☒	BDL						1			BDL		1
8M Mercury, Total (7439-97-6)	☐	☐	☒	BDL						1			BDL		1
9M Nickel, Total (7440-02-0)	☐	☐	☒	BDL						1			BDL		1
10M Selenium, Total (7782-49-2)	☐	☐	☒	BDL						1			BDL		1
11M Silver, Total (7440-22-4)	☐	☐	☒	BDL	BDL	BDL	BDL	BDL	BDL	7	ug/l	kg/d			
12M Thallium, Total (7440-28-0)	☐	☐	☒	BDL											
13M Zinc, Total (7440-66-6)	☐	☐	☒	<QL	<QL	<QL	<QL	<QL		7	ug/l	kg/d			
14M Cyanide, Total (57-12-5)	☐	☐	☒												
15M Phenols, Total	☐	☐	☒												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764--01-6)	☐	☐	☒	DESCRIBE RESULTS											

995

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSIS			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
GC/MS - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	☐	☐	☒												
2V Acrylonitrile (107-13-1)	☐	☐	☒												
3V Benzene (71-43-2)	☐	☐	☒												
4V Bis (Chloromethyl) Ether (542-88-1)	☐	☐	☒												
5V Bromoform (75-25-2)	☐	☐	☒												
6V Carbon Tetrachloride (56-23-5)	☐	☐	☒												
7V Chlorobenzene (108-90-7)	☐	☐	☒												
8V Chlorodibromomethane (124-48-1)	☐	☐	☒												
9V Chloroethane (75-00-3)	☐	☐	☒												
10V 2-Chloroethylvinyl Ether (110-75-8)	☐	☐	☒												
11V Chloroform (67-66-3)	☐	☐	☒												
12V Dichlorobromoethane (75-71-8)	☐	☐	☒												
13V Dichlorodifluoromethane (75-71-8)	☐	☐	☒												
14V 1,1-Dichloroethane (75-34-3)	☐	☐	☒												
15V 1,2-Dichloroethane (107-06-2)	☐	☐	☒												
16V 1,1-Dichloroethylene (75335-4)	☐	☐	☒												
17V 1,2-Dichloropropane (78-87-5)	☐	☐	☒												
18V 1,3-Dichloropropylene (542-76-6)	☐	☐	☒												
19V Ethylbenzene (100-41-4)	☐	☐	☒												
20V Methyl Bromide (74-83-9)	☐	☐	☒												
21V Methyl Chloride (74-87-3)	☐	☐	☒												

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EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
	995

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			2. EFFLUENT							3. UNITS *(specify if blank)*		4. 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 ANALYSIS	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 - VOLATILE COMPOUNDS *(continued)*															
22 V Methylene Chloride (75-09-2)	☐	☐	☒												
23V 1,1,2,2-Tetra-Chloroethane (79-34-5)	☐	☐	☒												
24V Tetrachloro-ethylene (127-18-4)	☐	☐	☒												
25V Toluene (108-88-3)	☐	☐	☒												
26V 1,2-Trans-Dichloroethylene (156-60-5)	☐	☐	☒												
27V 1,1,1-Tri-chloroethane (71-55-6)	☐	☐	☒												
28V 1,1,2-Tri-chloroethane (79-00-5)	☐	☐	☒												
29V Trichloro-ethylene (79-01-6)	☐	☐	☒												
30V Trichloro-fluoromethane (75-69-4)	☐	☐	☒												
31V Vinyl Chloride (75-01-4)	☐	☐	☒												
GC/MS FRACTION - ACID COMPOUNDS															
1A 2-Chlorophenol (95-57-8)	☐	☐	☒												
2A 2,4-Dichloro-phenol (120-83-2)	☐	☐	☒												
3A 2,4-Dimethyl-phenol (105-67-9)	☐	☐	☒												
4A 4,6-Dinitro-O-cresol (534-52-1)	☐	☐	☒												
5A 2,4-Dinitro-phenol (51-28-5)	☐	☐	☒												
6A 2-Nitro-phenol (88-75-5)	☐	☐	☒												
7A 4-Nitro-phenol (100-02-7)	☐	☐	☒												
8A P-Chloro-M-Cresol (59-50-7)	☐	☐	☒												
9A Penta-chlorophenol (87-86-5)	☐	☐	☒												
10A Phenol (10/-95-2)	☐	☐	☒												
11A 2,4,6-Tri-chlorophenol (88-06-2)	☐	☐	☒												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSIS	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 Acenphthene (83-32-9)	☐	☐	☒												
2B Acenaphtylene (208-96-8)	☐	☐	☒												
3B Anthracene (120-12-7)	☐	☐	☒												
4B Benzidine (92-87-5)	☐	☐	☒												
5B Benzo (a) Anthracene (56-55-3)	☐	☐	☒												
6B Benzo (a) Pyrene (50-32-8)	☐	☐	☒												
7B 3,4-Benzo-fluoranthene (205-99-2)	☐	☐	☒												
8B Benzo *(ghi)* Perylene (191-24-2)	☐	☐	☒												
9B Benzo *(k)* Fluoranthene (207-08-9)	☐	☐	☒												
10B Bis *(2-Chloroethoxy)* Methane (111-91-1)	☐	☐	☒												
11B Bis *(2-Chloro-ethyl)* Ether (111-44-4)	☐	☐	☒												
12B Bis *(2-Chloroisepropyl)* Ether (102-60-1	☐	☐	☒												
13B Bis*(2-Ethyl-hexyl)* Phthalate (117-81-7)	☐	☐	☒												
14 B 4-Bromo-phenyl Phenyl Ether (101-55-3)	☐	☐	☒												
15B Butyl Benzyl Phthalate (85-68-7)	☐	☐	☒												
16B 2-Chloro-naphthalene (91-68-7)	☐	☐	☒												
17B 4-Chloro-phenyl Phenyl Ether (7005-72-3)	☐	☐	☒												
18B Chrysene (218-01-9)	☐	☐	☒												
19B Dibenzo *(a,h)* Anthracene (53-70-3)	☐	☐	☒												
20B 1,2-Dichloro-benzene (95-50-1)	☐	☐	☒												
21B 1,3-Dichloro-benzene (541-73-1)	☐	☐	☒												

 CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

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

OUTFALL NUMBER 995

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			2. EFFLUENT							3. UNITS *(specify if blank)*		4. 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 ANALYSIS	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 - BASE/NEUTRAL COMPOUNDS *(continued)*															
22B 1,4-Dichlorobenzene (106-46-7)	☐	☐	☒												
23B 3,3'-Dichlorobenzidine (91-94-1)	☐	☐	☒												
24B Diethyl Phthalate (84-66-2)	☐	☐	☒												
25B Dimethyl Phthalate (131-11-3)	☐	☐	☒												
26B Di-N-Butyl Phthalate (131-11-3)	☐	☐	☒												
27B 2,4-Dinitrotoluene (121-14-2)	☐	☐	☒												
28B 2,6-Dinitrotoluene (606-20-2)	☐	☐	☒												
29B Di-N-Octyl Phthalate (117-84-0)	☐	☐	☒												
30B 1,2-Diphenylhydrazine *(as Azo-benzene)* (122-66-7)	☐	☐	☒												
31B Fluoranthene (206-44-0)	☐	☐	☒												
32B Fluorene (86-73-7)	☐	☐	☒												
33B Hexachlorobenzene (118-74-1)	☐	☐	☒												
34B Hexachlorobutadiene (87-68-3)	☐	☐	☒												
35B Hexachlorocyclopentadiene (77-47-4)	☐	☐	☒												
36B Hexachloroethane (67-72-1)	☐	☐	☒												
37B Indeno *(1,2,3-cd)* Pyrene (193-39-5)	☐	☐	☒												
38B Isophorone (78-59-1)	☐	☐	☒												
39B Napthalene (91-20-3)	☐	☐	☒												
40B Nitrobenzene (98-95-3)	☐	☐	☒												
41B N-Nitrosodimethylamine (62-75-9)	☐	☐	☒												
42B N-Nitrosdi-N-Propylamine (621-64-7)	☐	☐	☒												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT							3. UNITS (specify if blank)		4. 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 ANALYSIS	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-/	☐	☐	☒												
45B Pyrene (129-00-0)	☐	☐	☒												
46B 1,2,4-Trichlorobenzene (120-82-1)	☐	☐	☒												
GC/MS FRACTION - PESTICIDES															
1P Aldrin (309-00-2)	☐	☐	☒												
2P 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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CONTINUED FROM PAGE V-6

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
	995

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			2. EFFLUENT							3. UNITS *(specify if blank)*		4. 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 ANALYSIS	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 - PESTICIDES *(continued)*															
17P Heptachlor Expxide (1024-57-3)	☐	☐	☒												
18P PCB-1242 (53469-21-9)	☐	☐	☒												
19P PCB-1254 (11097-69-1)	☐	☐	☒												
20P PCB-1221 (11104-28-2)	☐	☐	☒												
21P PCB-1232 (11141-16-5)	☐	☐	☒												
22P PCB-1248 (12672-29-6)	☐	☐	☒												
23P PCB-1260 (11096-82-5)	☐	☐	☒												
24P PCB-1016 (12674-11-2)	☐	☐	☒												
25P Toxaphene (8001-35-2)	☐	☐	☒												

Attachment D
Analysis
Outfall 995

AIR WATER & SOIL LABORATORIES, INC.®

2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 09080291

Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville,Virginia 22539

Date Received: August 14, 2009
Date Issued: August 31, 2009

Submitted To: Ted Schultz

Project Number: NA

Client Site I.D.: Attachment D

Purchase Order: 2926

Sample I.D.: 995-A
Date/Time Sampled: 08/13/09 14:00
Laboratory Sample I.D.: 09080291-001

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
Thallium, Dissolved	EPA200.7/R4.4	< 0.05 mg/L	0.050	08/31/09 14:47	MWL

Sample I.D.: 995-B&C
Date/Time Sampled: 08/13/09 14:00
Laboratory Sample I.D.: 09080291-002

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
PCB as Aroclor 1016	EPA608	< 1 ug/L	1.0	08/25/09 12:50	RPF
PCB as Aroclor 1221	EPA608	< 1 ug/L	1.0	08/25/09 12:50	RPF
PCB as Aroclor 1232	EPA608	< 1 ug/L	1.0	08/25/09 12:50	RPF
PCB as Aroclor 1242	EPA608	< 1 ug/L	1.0	08/25/09 12:50	RPF
PCB as Aroclor 1248	EPA608	< 1 ug/L	1.0	08/25/09 12:50	RPF
PCB as Aroclor 1254	EPA608	< 1 ug/L	1.0	08/25/09 12:50	RPF
PCB as Aroclor 1260	EPA608	< 1 ug/L	1.0	08/25/09 12:50	RPF
alpha-BHC	EPA608	< 0.02 ug/L	0.020	08/25/09 12:50	RPF
beta-BHC	EPA608	< 0.05 ug/L	0.050	08/25/09 12:50	RPF
Endosulfan I	EPA608	< 0.1 ug/L	0.100	08/25/09 12:50	RPF
Endosulfan II	EPA608	< 0.04 ug/L	0.040	08/25/09 12:50	RPF
Endosulfan sulfate	EPA608	< 0.01 ug/L	0.010	08/25/09 12:50	RPF
Endrin aldehyde	EPA608	< 0.2 ug/L	0.200	08/25/09 12:50	RPF
Heptachlor epoxide	EPA608	< 0.2 ug/L	0.200	08/25/09 12:50	RPF

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Certificate of Analysis

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Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville,Virginia 22539

Date Received: August 14, 2009
Date Issued: August 31, 2009

Submitted To: Ted Schultz

Project Number: NA

Client Site I.D.: Attachment D

Purchase Order: 2926

Sample I.D.: 995-D

Laboratory Sample I.D.: 09080291-003

Date/Time Sampled: 08/13/09 14:00

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
Azobenzene	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
4,6-Dinitro-2-methylphenol	EPA625	< 50 ug/L	50.0	08/21/09 22:34	JHV
2,4-Dinitrophenol	EPA625	< 50 ug/L	50.0	08/21/09 22:34	JHV
bis (2-Chloroethyl) ether	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
bis (2-Chloroisopropyl) ether	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
Chrysene	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
Di-n-butyl phthalate	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
Diethyl phthalate	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
Hexachlorobenzene	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
Hexachlorobutadiene	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
Hexachlorocyclopentadiene	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
Hexachloroethane	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
N-Nitrosodimethylamine	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
N-Nitrosodiphenylamine	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
N-Nitrosodi-N-propylamine	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
Benzidine	EPA625	< 50 ug/L	50.0	08/21/09 22:34	JHV
3,3-Dichlorobenzidine	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV
2-Chloronaphthalene	EPA625	< 10 ug/L	10.0	08/21/09 22:34	JHV

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Certificate of Analysis

Final Report

Laboratory Order ID 09080291

Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville,Virginia 22539

Date Received: August 14, 2009
Date Issued: August 31, 2009

Submitted To: Ted Schultz

Project Number: NA

Client Site I.D.: Attachment D

Purchase Order: 2926

Sample I.D.: 995-E

Laboratory Sample I.D.: 09080291-004

Date/Time Sampled: 08/13/09 14:00

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
Acrolein	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB
Acrylonitrile	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB
Bromomethane	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB
trans-1,2-Dichloroethylene	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB
1,2-Dichloropropane	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB
trans-1,3-Dichloropropene	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB
1,1,2-Trichloroethane	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB
Chlorobenzene	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB
1,1,2,2-Tetrachloroethane	EPA624	< 10 ug/L	10.0	08/17/09 23:11	DMB

Ted Soyars

Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a dry weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

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AIR WATER SOIL LABORATORIES, INC.

RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

PAGE ____ OF ____

CLIENT NAME:	Omega Protein, Inc.	PROJECT NAME:	Attachment D
CLIENT CONTACT:	Ted Schultz	SITE NAME:	
CLIENT ADDRESS:	P.O. Box 175, Reedville, VA 22539	PROJECT NUMBER:	
CLIENT PHONE NUMBER:	(804) 453-4211	P.O. NUMBER:	2926
CLIENT FAX NUMBER:	(804) 453-4123 EMAIL: tschultz@omegaproteininc.com	REGULATORY AUTHORITY:	DEQ
Is sample for compliance reporting?	(YES) NO	Is sample from a chlorinated supply?	YES (NO)
PWS I.D. #:			
SAMPLER NAME (PRINT):	TED Schultz	SAMPLER SIGNATURE:	Ted Schultz
Turn Around Time:	10 Day(s)		

Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?: YES NO

CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	MATRIX: Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other	ANALYSIS / (PRESERVATIVE): Dissolved Thallium (HNO3)	Pesticides-608	PCB's-608	1,2-Diphenylhydrazine 625	SVOC-625	VOC-624 (HCL)		COMMENTS: Permit #: VA0003867 PLEASE NOTE PRESERVATIVE(S) or PUMP RATE (L/min)
1) 995 - A			8/13/09	14:00	1	X		X		X					X							
2) 995 - B			↓	↓	1	X				X						X						
3) 995 - C					1	X				X							X					
4) 995 - D					1	X				X								X	X			
5) 995 - E					4	X				X										X		
6)																						
7)																						
8)																						
9)																						
10)																						

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
[signature]	8-14-09 10:10	[signature]	8/14/09 10:10
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME

QC Data Package
- Level I ☐
- Level II ☐
- Level III ☐
- Level IV ☐

LAB USE ONLY COOLER TEMP _____ °C

09080291

OP
Attachment D

09080291

DUE: 5 Days
Recd: 08/14/09

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Sample Conditions Checklist

OP
Attachment D

09080291
DUE: 5 Days
Recd: 08/14/09

Opened by: (print) A.McGinty **Lab ID No.:**

(sign) A.McGinty **Date Cooler Opened:** 8-14-09

		YES	NO	N/A
1.	How were samples received? Fed Ex ☐ UPS ☐ Courier ☐ Walk In ☑			
2.	Were custody seals used?	☐	☐	☑
3.	If yes, are custody seals unbroken and intact at the date and time of arrival?	☐	☐	☑
4.	Are the custody papers filled out completely and correctly?	☑	☐	☐
5.	Do all bottle labels agree with custody papers?	☑	☐	☐
6.	Are the samples received on ice?	☑	☐	☐
7.	Is the temperature blank or representative sample within acceptable limits? (4 degrees Celsius +/-2)	☑	☐	☐
8.	Are all samples within holding time for requested tests?	☑	☐	☐
9	Is a sufficient amount of sample provided to perform the tests indicated?	☑	☐	☐
10	Are all samples in proper containers for the analyses requested?	☑	☐	☐
11	Are all samples appropriately preserved for the analyses requested?	☑	☐	☐
12	Are all volatile organic containers free of headspace?	☑	☐	☐

COMMENTS

Attachment D
Analysis
Outfall 002

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Certificate of Analysis

Final Report

Laboratory Order ID 09080080

Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville, Virginia 22539

Date Received: August 05, 2009
Date Issued: August 19, 2009

Submitted To: Ted Schultz

Project Number: NA

Client Site I.D.: Reedville OPS

Purchase Order 2926

Sample I.D.: 002-A
Laboratory Sample I.D.: 09080080-001
Date/Time Sampled: 08/04/09 07:30

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
Thallium, Dissolved	EPA200.7/R4.4	< 0.05 mg/L	0.050	08/13/09 11:57	MWL

Sample I.D.: 002-B
Laboratory Sample I.D.: 09080080-002
Date/Time Sampled: 08/04/09 07:30

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
alpha-BHC	EPA608	< 0.021 ug/L	0.021	08/07/09 14:39	RPF
beta-BHC	EPA608	< 0.052 ug/L	0.052	08/07/09 14:39	RPF
Endosulfan I	EPA608	< 0.104 ug/L	0.104	08/07/09 14:39	RPF
Endosulfan II	EPA608	< 0.042 ug/L	0.042	08/07/09 14:39	RPF
Endosulfan sulfate	EPA608	< 0.01 ug/L	0.010	08/07/09 14:39	RPF
Endrin aldehyde	EPA608	< 0.208 ug/L	0.208	08/07/09 14:39	RPF
Heptachlor epoxide	EPA608	< 0.208 ug/L	0.208	08/07/09 14:39	RPF

Sample I.D.: 002-C
Laboratory Sample I.D.: 09080080-003
Date/Time Sampled: 08/04/09 07:30

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
PCB as Aroclor 1016	EPA608	< 1 ug/L	1.0	08/11/09 12:39	RPF
PCB as Aroclor 1221	EPA608	< 1 ug/L	1.0	08/11/09 12:39	RPF
PCB as Aroclor 1232	EPA608	< 1 ug/L	1.0	08/11/09 12:39	RPF
PCB as Aroclor 1242	EPA608	< 1 ug/L	1.0	08/11/09 12:39	RPF
PCB as Aroclor 1248	EPA608	< 1 ug/L	1.0	08/11/09 12:39	RPF
PCB as Aroclor 1254	EPA608	< 1 ug/L	1.0	08/11/09 12:39	RPF
PCB as Aroclor 1260	EPA608	< 1 ug/L	1.0	08/11/09 12:39	RPF

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Certificate of Analysis

Final Report

Laboratory Order ID 09080080

Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville,Virginia 22539

Date Received: August 05, 2009
Date Issued: August 19, 2009

Submitted To: Ted Schultz

Project Number: NA

Client Site I.D.: Reedville OPS

Purchase Order 2926

Sample I.D.: 002-D

Laboratory Sample I.D.: 09080080-004

Date/Time Sampled: 08/04/09 07:30

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
Azobenzene	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
4,6-Dinitro-2-methylphenol	EPA625	< 50 ug/L	50.0	08/11/09 20:22	JHV
2,4-Dinitrophenol	EPA625	< 50 ug/L	50.0	08/11/09 20:22	JHV
bis (2-Chloroethyl) ether	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
bis (2-Chloroisopropyl) ether	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
Di-n-butyl phthalate	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
Dimethyl phthalate	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
Hexachlorobenzene	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
Hexachlorobutadiene	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
Hexachlorocyclopentadiene	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
Hexachloroethane	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
N-Nitrosodimethylamine	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
N-Nitrosodiphenylamine	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
N-Nitrosodi-N-propylamine	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
Benzidine	EPA625	< 50 ug/L	50.0	08/11/09 20:22	JHV
3,3-Dichlorobenzidine	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV
2-Chloronaphthalene	EPA625	< 10 ug/L	10.0	08/11/09 20:22	JHV

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Certificate of Analysis

Final Report

Laboratory Order ID 09080080

Client Name: Omega Protein
P.O. Box 175
610 Menhaden Road
Reedville,Virginia 22539

Date Received: August 05, 2009
Date Issued: August 19, 2009

Submitted To: Ted Schultz

Project Number: NA

Client Site I.D.: Reedville OPS

Purchase Order 2926

Sample I.D.: 002-E

Laboratory Sample I.D.: 09080080-005

Date/Time Sampled: 08/04/09 07:30

Parameter	Method	Sample Results	Rep Limi	Analysis Date/Time	Analyst
Acrolein	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
Acrylonitrile	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
Bromomethane	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
trans-1,2-Dichloroethylene	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
1,2-Dichloropropane	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
cis-1,3-Dichloropropene	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
trans-1,3-Dichloropropene	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
1,1,2-Trichloroethane	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
Chlorobenzene	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD
1,1,2,2-Tetrachloroethane	EPA624	< 10 ug/L	10.0	08/11/09 1:09	MKD

Ted Soyars

Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

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CHAIN OF CUSTODY

CLIENT NAME: Omega Protein, Inc	PROJECT NAME: Attach. D
CLIENT CONTACT: Ted Schultz	SITE NAME: Reedville Ops
CLIENT ADDRESS: PO Box 175	PROJECT NUMBER:
CLIENT PHONE NUMBER: (804) 453-4211	P.O. NUMBER: 2926
CLIENT FAX NUMBER: 453-4123 EMAIL:	REGULATORY AUTHORITY: DEQ

Is sample for compliance reporting? (YES) NO | Is sample from a chlorinated supply? YES (NO) | ~~PWS I.D. #.~~ VA0003867

SAMPLER NAME (PRINT): Ted Schultz | SAMPLER SIGNATURE: Ted Schultz | Turn Around Time: Day(s)

Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?: YES NO

CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other	Thallium	Pesticides	PCB's	BNE	Volatiles	Acid Extract		COMMENTS (Quote I.D.: / PLEASE NOTE PRESERVATIVE(S) or PUMP RATE (L/min))
1) 002-A				7:30	1	X		X		X					✓							
2) 002-B				↓	1	X				X						✓						
3) 002-C					1	X				X							✓					
4) 002-D					1	X				X								✓		✓		
5) 002-E				↓	4	X				X									✓			
6)																						
7)																						
8)																						
9)																						
10)																						

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
		Jessica Gambill	8/5/09 1500
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME

QC Data Package: Level ☐ Level II ☐ Level III ☐ Level IV ☐

LAB USE ONLY

COOLER TEMP _____ °C on ice

OP
Reedville OPS

09080080
DUE: 10 Days
Recd: 08/05/09

xls

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OP Reedville OPS

09080080
DUE: 10 Days
Recd: 08/05/09

Sample Conditions Checklist

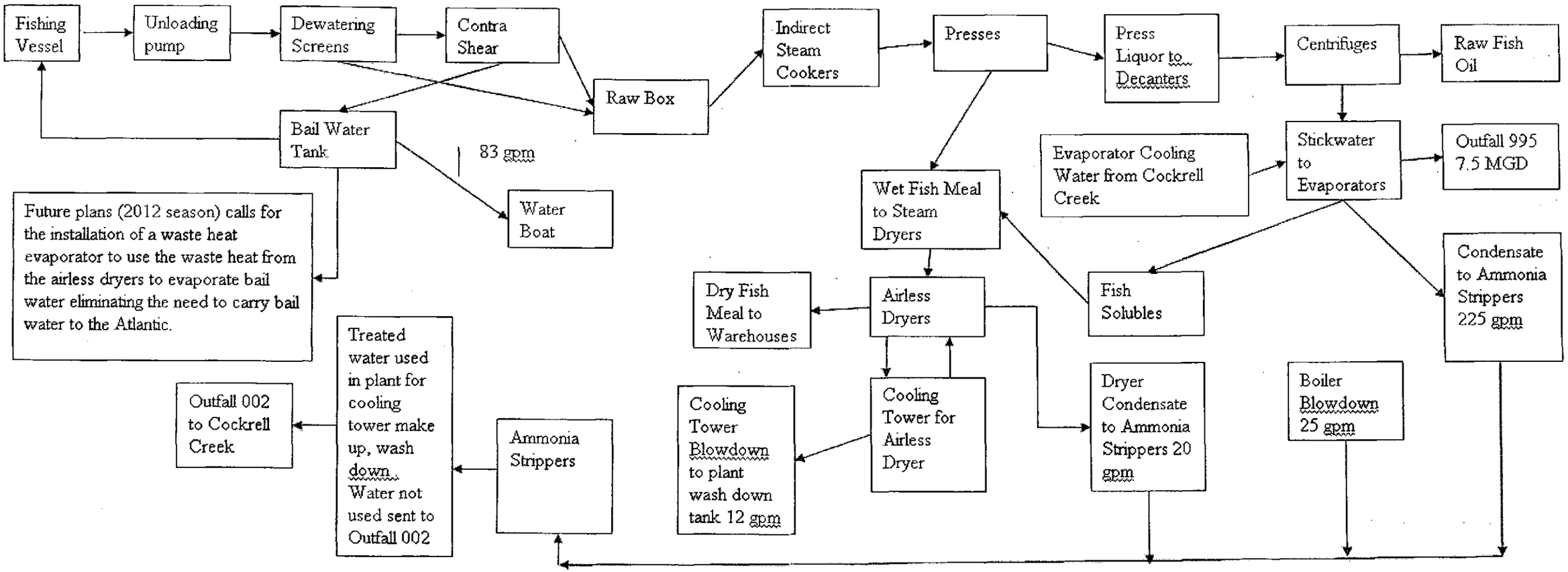
Opened by: (print) Jessica Comstock Lab ID No.:

(sign) Jessica Comstock Date Cooler Opened: 8/5/09

		YES	NO	N/A
1.	How were samples received? Fed Ex ☐ UPS ☐ Courier ☐ Walk In ☑			
2.	Were custody seals used?	☐	☑	☐
3.	If yes, are custody seals unbroken and intact at the date and time of arrival?	☐	☐	☑
4.	Are the custody papers filled out completely and correctly?	☑	☐	☐
5.	Do all bottle labels agree with custody papers?	☑	☐	☐
6.	Are the samples received on ice?	☑	☐	☐
7.	Is the temperature blank or representative sample within acceptable limits? (4 degrees Celsius +/-2)	☑	☐	☐
8.	Are all samples within holding time for requested tests?	☑	☐	☐
9	Is a sufficient amount of sample provided to perform the tests indicated?	☑	☐	☐
10	Are all samples in proper containers for the analyses requested?	☑	☐	☐
11	Are all samples appropriately preserved for the analyses requested?	☑	☐	☐
12	Are all volatile organic containers free of headspace?	☑	☐	☑

COMMENTS

VOC'S were free of headspace


Fishing Vessel
Unloading pump
Dewatering Screens
Contra Shear
Raw Box
Indirect Steam Cookers
Presses
Press Liquor to Decanters
Centrifuges
Raw Fish Oil
Bail Water Tank
83 gpm
Water Boat
Future plans (2012 season) calls for the installation of a waste heat evaporator to use the waste heat from the airless dryers to evaporate bail water eliminating the need to carry bail water to the Atlantic.
Wet Fish Meal to Steam Dryers
Evaporator Cooling Water from Cockrell Creek
Stickwater to Evaporators
Outfall 995 7.5 MGD
Dry Fish Meal to Warehouses
Airless Dryers
Fish Solubles
Condensate to Ammonia Strippers 225 gpm
Treated water used in plant for cooling tower make up, wash down. Water not used sent to Outfall 002
Outfall 002 to Cockrell Creek
Ammonia Strippers
Cooling Tower Blowdown to plant wash down tank 12 gpm
Cooling Tower for Airless Dryer
Dryer Condensate to Ammonia Strippers 20 gpm
Boiler Blowdown 25 gpm