EPA Identification Number	NPDES Permit Number	Facility Name
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise

Form Approved 03/05/19
OMB No. 2040-0004

Form 1 NPDES

EPA

U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater

GENERAL INFORMATION

SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))

Activities Requiring an NPDES Permit

1.1	**Applicants *Not Required* to Submit Form 1**		
1.1.1	Is the facility a new or existing **publicly owned treatment works**? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. ☐ Yes ☑ No	1.1.2	Is the facility a new or existing **treatment works treating domestic sewage**? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. ☐ Yes ☑ No
1.2	**Applicants *Required* to Submit Form 1**		
1.2.1	Is the facility a **concentrated animal feeding operation** or a **concentrated aquatic animal production facility?** ☐ Yes → Complete Form 1 ***and*** Form 2B. ☑ No	1.2.2	Is the facility an **existing** manufacturing, commercial, mining, or silvicultural **facility** that **is currently discharging process wastewater**? ☐ Yes → Complete Form 1 ***and*** Form 2C. ☑ No
1.2.3	Is the facility a **new** manufacturing, commercial, mining, or silvicultural **facility** that has **not yet commenced to discharge**? ☐ Yes → Complete Form 1 ***and*** Form 2D. ☑ No	1.2.4	Is the facility a **new or existing** manufacturing, commercial, mining, or silvicultural **facility** that **discharges only nonprocess wastewater**? ☑ Yes → Complete Form 1 ***and*** Form 2E. ☐ No
1.2.5	Is the facility a **new or existing facility** whose discharge is composed entirely of **stormwater associated with industrial activity** or whose discharge is composed of **both stormwater and non-stormwater**? ☑ Yes → Complete Form 1 ***and*** Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). ☐ No		

SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))

Name, Mailing Address, and Location

2.1	**Facility Name**		
	Menominee Tribal Enterprise		
2.2	**EPA Identification Number**		
	WI-10046868		
2.3	**Facility Contact**		
	Name (first and last): Raymond Fish	Title: Safety Coordinator	Phone number: (715) 756-2311
	Email address: raymondf@mtewood.com		
2.4	**Facility Mailing Address**		
	Street or P.O. box: PO Box 10, N3580 Hwy 47		
	City or town: Neopit	State: Wisconsin	ZIP code: 54150

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Name, Mailing Address, and Location Continued

2.5	**Facility Location**		
	Street, route number, or other specific identifier N3580 Hwy 47		
	County name Menominee	County code (if known)	
	City or town Neopit	State Wisconsin	ZIP code 54150

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))

SIC and NAICS Codes

3.1	**SIC Code(s)**	**Description** (optional)
	2421	Sawmill-process sawlogs into lumber, Dry Kiln Operation, Planning Mill

3.2	**NAICS Code(s)**	**Description** (optional)
	32113	Bring logs in from forest

SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))

Operator Information

4.1	**Name of Operator**
	Menominee Tribal Enterprise
4.2	Is the name you listed in Item 4.1 also the owner? ☑ Yes ☐ No
4.3	**Operator Status** ☐ Public—federal ☐ Public—state ☐ Other public (specify)_____ ☐ Private ☑ Other (specify) Owned by Menom
4.4	**Phone Number of Operator**
	(715) 756-2311

Operator Information Continued

4.5	**Operator Address**		
	Street or P.O. Box N3580 HWY 47		
	City or town Neopit	State Wisconsin	ZIP code 54150
	Email address of operator raymondf@mtewood.com		

SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))

Indian Land

5.1	Is the facility located on Indian Land? ☑ Yes ☐ No

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits

6.1 **Existing Environmental Permits** (check all that apply and print or type the corresponding permit number for each)

☑ NPDES (discharges to surface water) W10046868-001, W100468(	☐ RCRA (hazardous wastes)	☐ UIC (underground injection of fluids)
☐ PSD (air emissions)	☐ Nonattainment program (CAA)	☐ NESHAPs (CAA)
☐ Ocean dumping (MPRSA)	☐ Dredge or fill (CWA Section 404)	☐ Other (specify)

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map

7.1 Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)

☑ Yes ☐ No ☐ CAFO—Not Applicable (See requirements in Form 2B.)

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business

8.1 Describe the nature of your business.

MTE is a timber processing facility which produces rough sawn and planed lumber from logs harvested from the Menominee Indian reservation..Processes include wet decking, mechanical barking, sawing, edging, planing, machining and drying.

SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Cooling Water Intake Structures

9.1 Does your facility use cooling water?

☐ Yes ☑ No ➔ SKIP to Item 10.1.

9.2 Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)

SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

Variance Requests

10.1 Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

☐ Fundamentally different factors (CWA Section 301(n))

☐ Water quality related effluent limitations (CWA Section 302(b)(2))

☐ Non-conventional pollutants (CWA Section 301(c) and (g))

☐ Thermal discharges (CWA Section 316(a))

☑ Not applicable

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

11.1 In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.

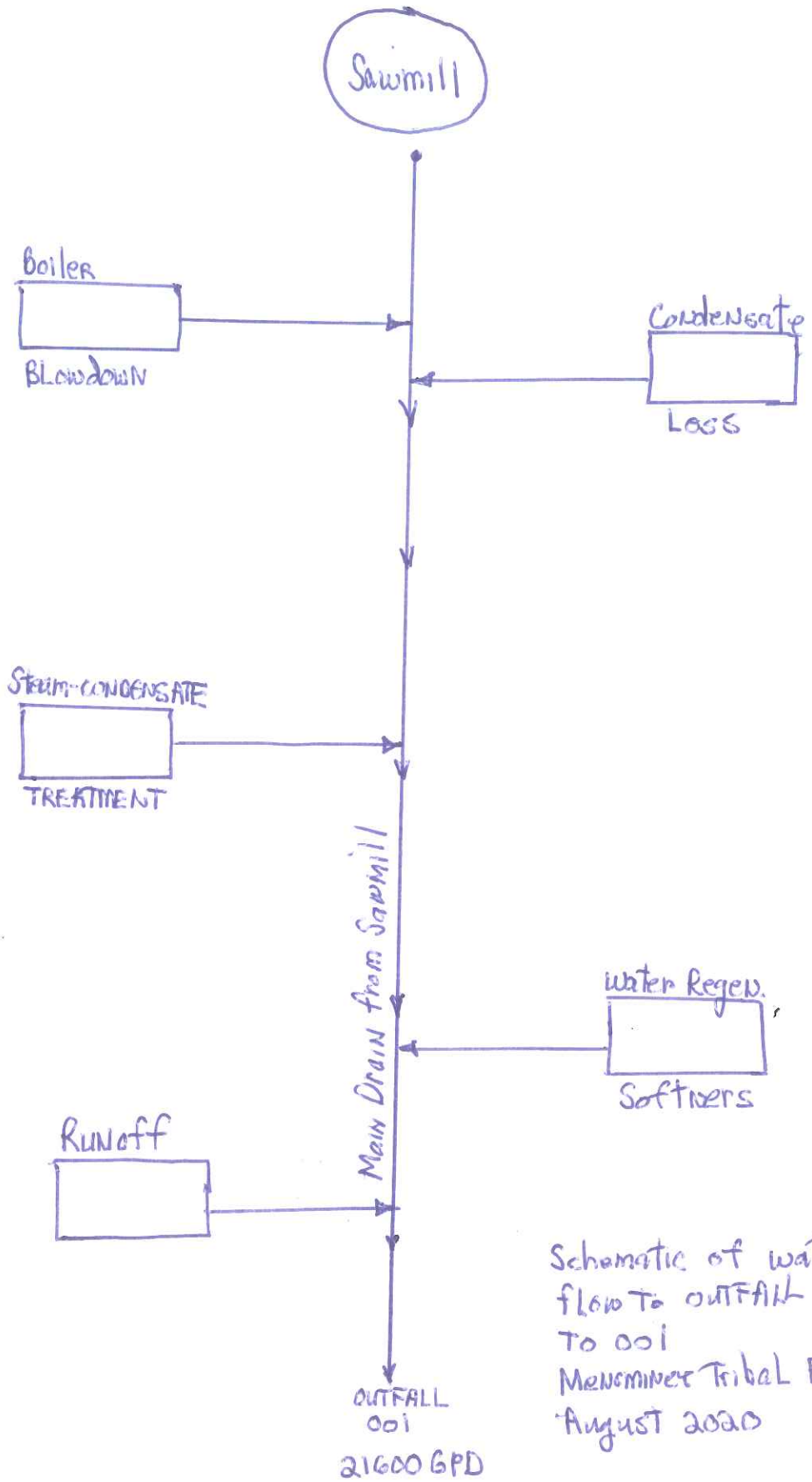
Column 1	Column 2
☑ Section 1: Activities Requiring an NPDES Permit	☐ w/ attachments
☑ Section 2: Name, Mailing Address, and Location	☐ w/ attachments
☑ Section 3: SIC Codes	☐ w/ attachments
☑ Section 4: Operator Information	☐ w/ attachments
☑ Section 5: Indian Land	☐ w/ attachments
☑ Section 6: Existing Environmental Permits	☐ w/ attachments
☑ Section 7: Map	☐ w/ topographic map ☐ w/ additional attachments
☑ Section 8: Nature of Business	☐ w/ attachments
☐ Section 9: Cooling Water Intake Structures	☐ w/ attachments
☐ Section 10: Variance Requests	☐ w/ attachments
☐ Section 11: Checklist and Certification Statement	☐ w/ attachments

11.2 **Certification Statement**

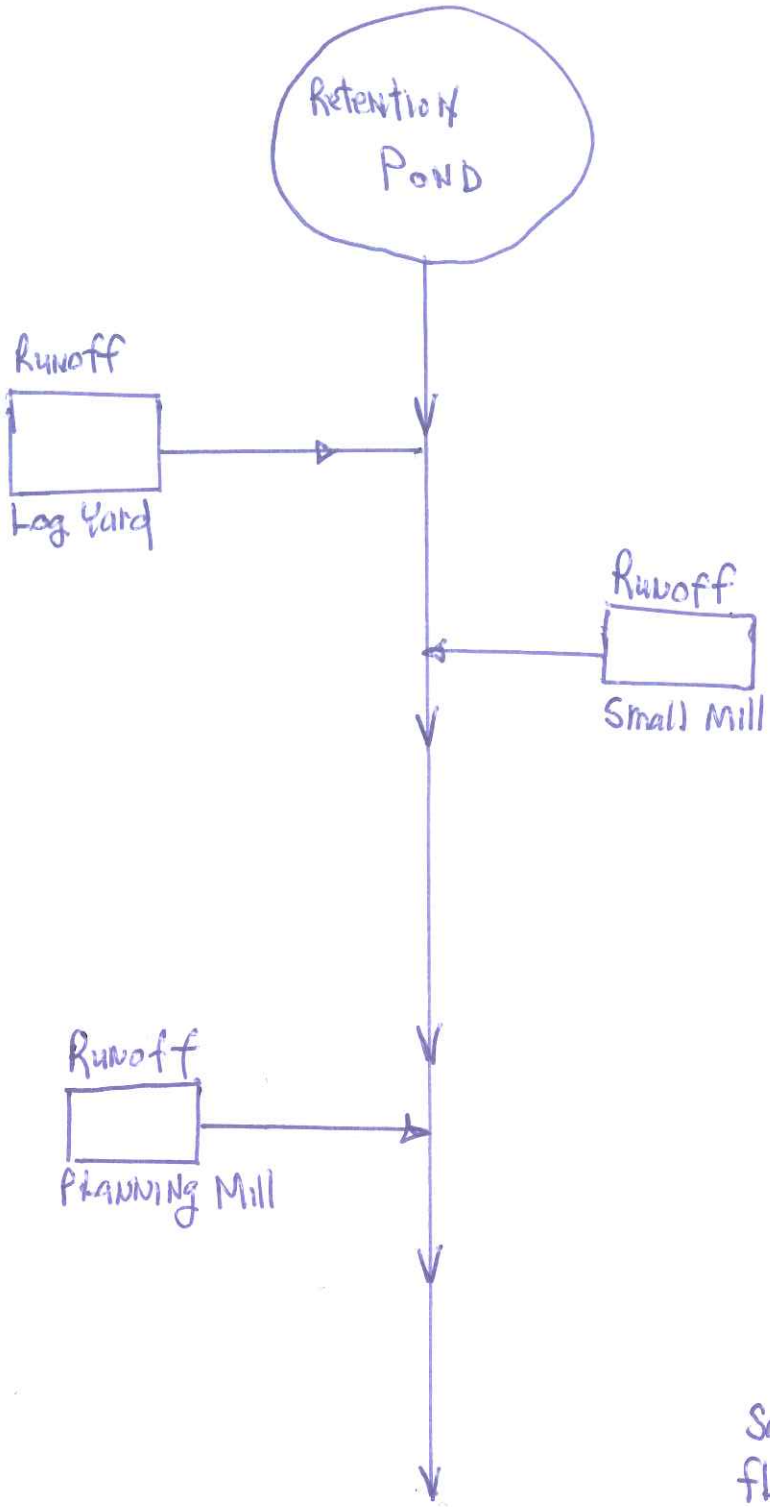
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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.

Name (print or type first and last name)	Official title
Raymond Fish	Safety Coordinator
Signature	**Date signed**
Raymond Fish	08/20/2020

LINE DRAWING

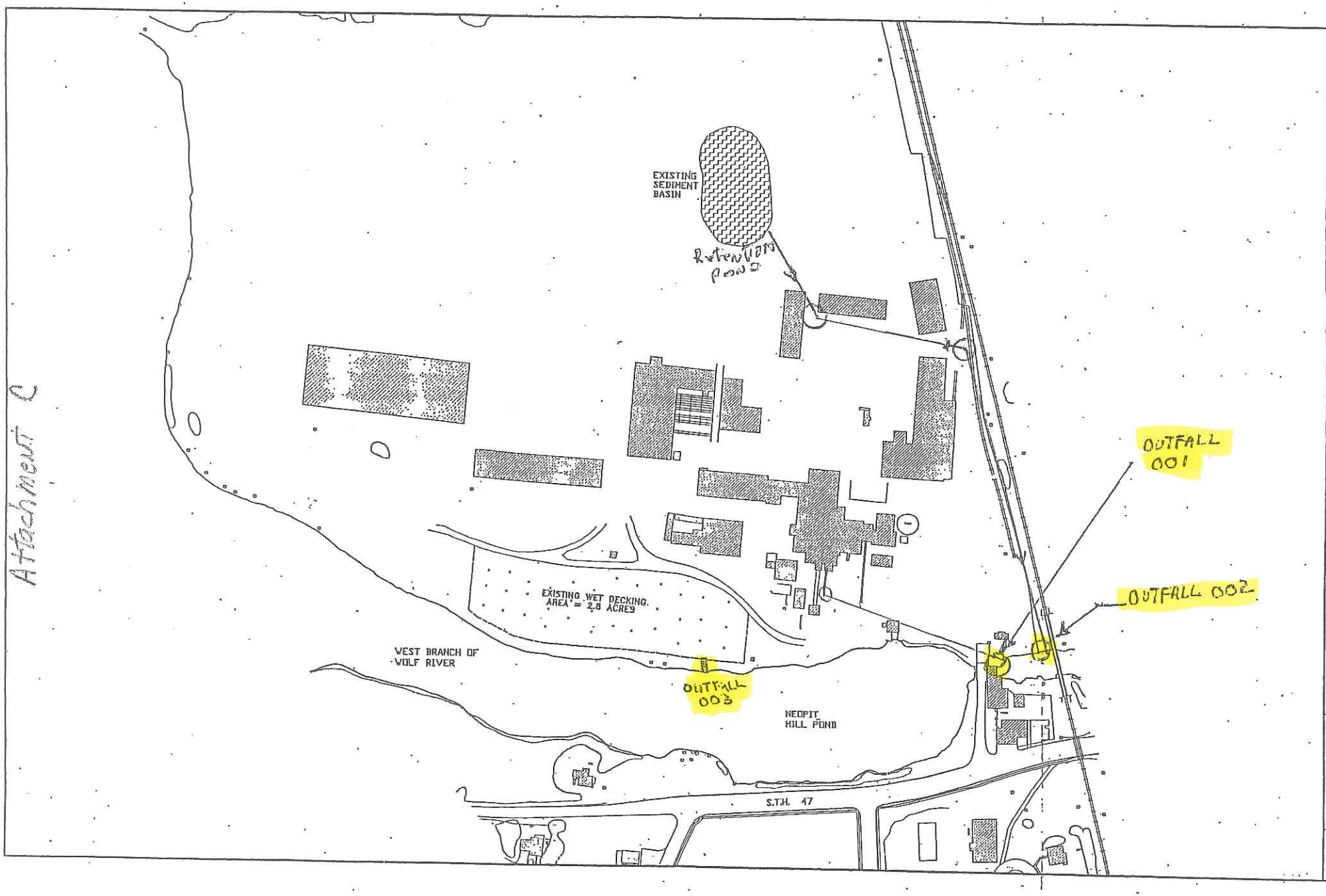


Schematic of water flow to OUTFALL To 001
Menominee Tribal Enter
August 2020



Schematic of water flow To Outfall 002 From Retention Pond August 2020

Attachment C

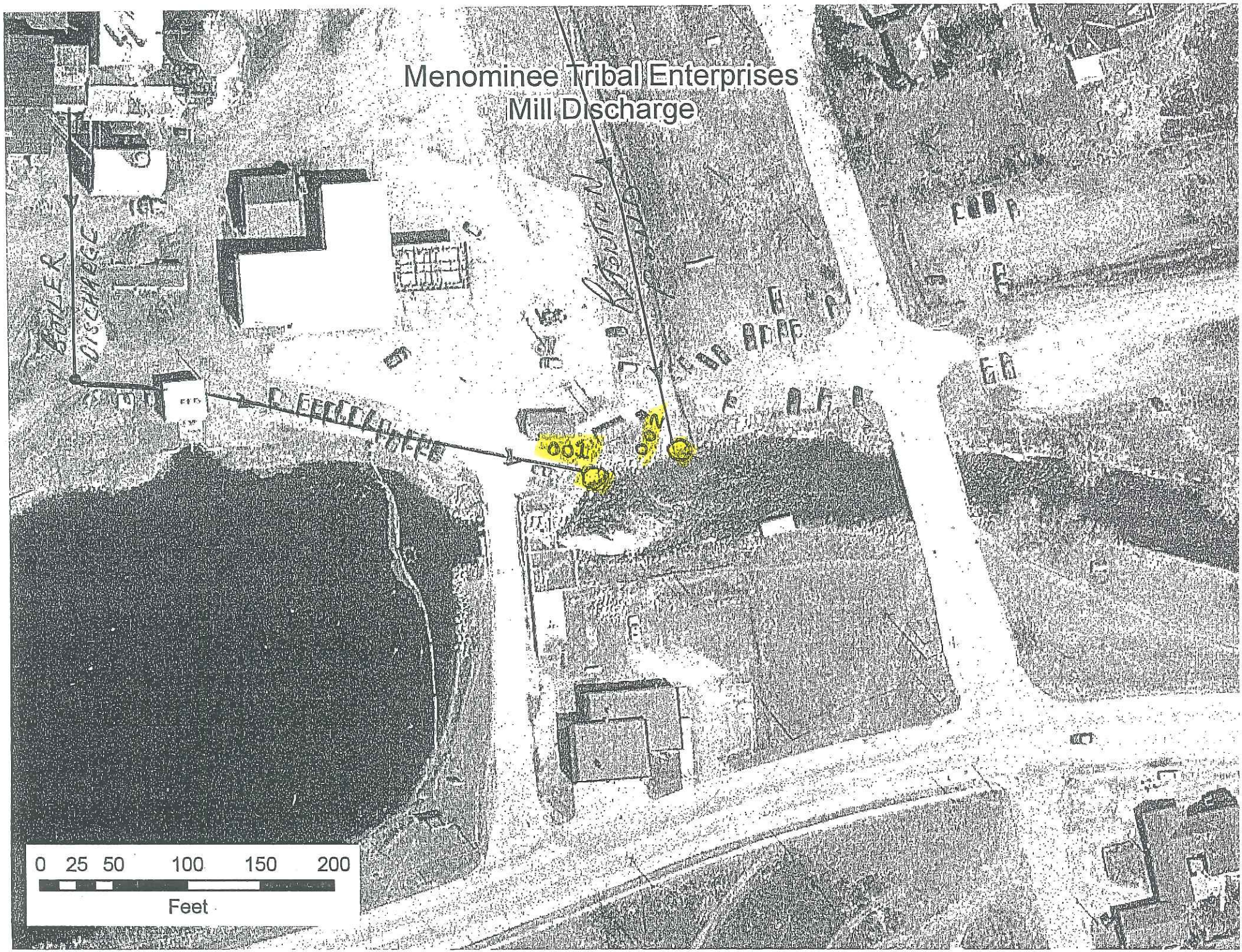


FACILITY LOCATION MAP

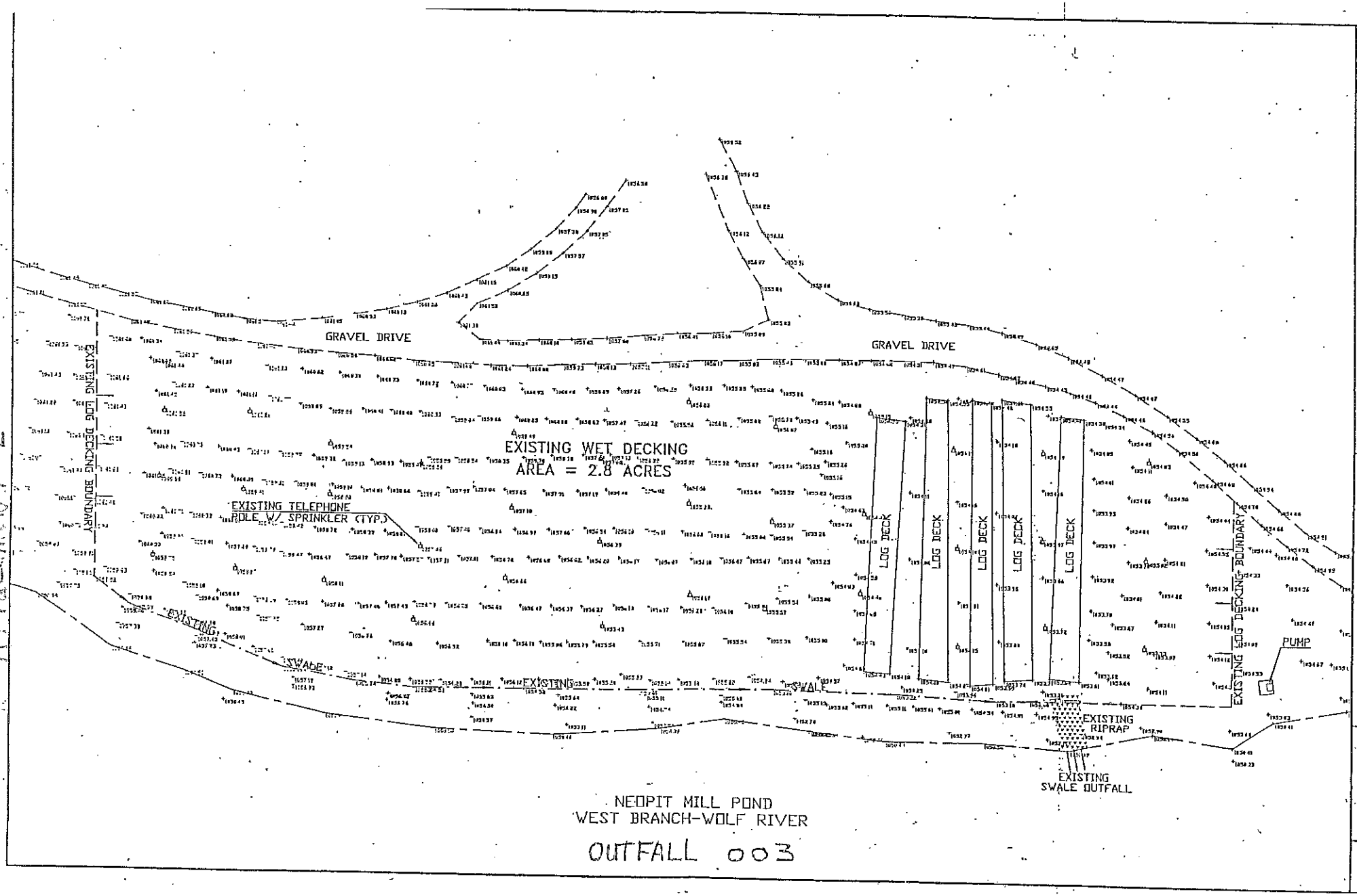
Nordlin-Pedersen Associates, Ltd.
consulting engineers

SCALE: 1"=200'
DATE: February 8, 2005.

designed SN
drawn



Attachment D



NEOPIT MILL POND
WEST BRANCH-WOLF RIVER

OUTFALL 003

EPA Identification Number	NPDES Permit Number	Facility Name
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Form Approved 03/05/19
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Form 2C NPDES

EPA

U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater

EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

Outfall Location

1.1 Provide information on each of the facility's outfalls in the table below.

Outfall Number	Receiving Water Name	Latitude	Longitude
001	West Branch of Wolf River	88.00° 49.00′ 44.40″	44.00° 58.00′ 52.10″
002	West Branch of Wolf River	88.00° 49.00′ 44.40″	44.00° 58.00′ 52.10″
003	West Branch of Wolf River	88.00° 49.00′ 44.40″	44.00° 58.00′ 52.10″

SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))

Line Drawing

2.1 Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C–1 at end of instructions for example.)

☑ Yes ☐ No

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment

3.1 For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.

****Outfall Number**** 001

Operations Contributing to Flow

Operation	Average Flow
Boiler blowdown	14400 mgd
Intermitent flow	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge
Boiler Blowdown 30 inch dia, pipe	Fremont 8536,948,	
Retention Pond 10 gpm	Runoff	
Log Sprinkler Discharge 10 gpm	Periodic Overflow	

EPA Identification Number	NPDES Permit Number	Facility Name
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Average Flows and Treatment Continued

3.1 cont.

****Outfall Number**** 002

Operations Contributing to Flow

Operation	Average Flow
Storm water drain	14400 mgd
	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge
60 inch dia concrete, no treatment		
Runoff		

****Outfall Number**** 003

Operations Contributing to Flow

Operation	Average Flow
Open trench discharge	14400 mgd
	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

System Users

3.2 Are you applying for an NPDES permit to operate a privately owned treatment works?

☐ Yes ☑ No ➔ SKIP to Section 4.

3.3 Have you attached a list that identifies each user of the treatment works?

☐ Yes ☑ No

EPA Identification Number	NPDES Permit Number	Facility Name
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SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows

4.1 Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal?

☐ Yes ☑ No ➔ SKIP to Section 5.

4.2 Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.

Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
		Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
		days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days
		days/week	months/year	mgd	mgd	days

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs

5.1 Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility?

☐ Yes ☑ No ➔ SKIP to Section 6.

5.2 Provide the following information on applicable ELGs.

ELG Category	ELG Subcategory	Regulatory Citation

Production-Based Limitations

5.3 Are any of the applicable ELGs expressed in terms of production (or other measure of operation)?

☐ Yes ☑ No ➔ SKIP to Section 6.

5.4 Provide an actual measure of daily production expressed in terms and units of applicable ELGs.

Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure

EPA Identification Number	NPDES Permit Number	Facility Name
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SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements

6.1 Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?

☐ Yes ☑ No ➔ SKIP to Item 6.3.

6.2 Briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

6.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? *(optional item)*

☐ Yes ☐ No ☑ Not applicable

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

Table A. Conventional and Non-Conventional Pollutants

7.1 Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?

☐ Yes ☑ No ➔ SKIP to Item 7.3.

7.2 If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.

Outfall Number _____ Outfall Number _____ Outfall Number _____

7.3 Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?

☑ Yes ☐ No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.

Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants

7.4 Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)

☐ Yes ☑ No ➔ SKIP to Item 7.8.

7.5 Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?

☐ Yes ☑ No

7.6 List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.

Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)			
	☐ Volatile	☐ Acid	☐ Base/Neutral	☐ Pesticide
	☐ Volatile	☐ Acid	☐ Base/Neutral	☐ Pesticide
	☐ Volatile	☐ Acid	☐ Base/Neutral	☐ Pesticide

Effluent and Intake Characteristics Continued

7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? ☐ Yes ☐ No
7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? ☐ Yes ☑ No
7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? ☐ Yes ☑ No
7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? ☐ Yes ➔ Note that you qualify at the top of Table B, then SKIP to Item 7.12. ☑ No
7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? ☐ Yes ☑ No
Table C. Certain Conventional and Non-Conventional Pollutants	
7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? ☑ Yes ☐ No
7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? ☐ Yes ☑ No
Table D. Certain Hazardous Substances and Asbestos	
7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? ☑ Yes ☐ No
7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? ☐ Yes ☑ No
Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)	
7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? ☐ Yes ➔ Complete Table E. ☑ No ➔ SKIP to Section 8.
7.17	Have you completed Table E by reporting *qualitative* data for TCDD? ☐ Yes ☑ No

SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))

Used or Manufactured Toxics

8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? ☐ Yes ☑ No ➔ SKIP to Section 9.		
8.2	List the pollutants below.		
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

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SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests

9.1 Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge?

☐ Yes ☑ No ➔ SKIP to Section 10.

9.2 Identify the tests and their purposes below.

Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses

10.1 Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm?

☐ Yes ☑ No ➔ SKIP to Section 11.

10.2 Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm			
Laboratory address			
Phone number			
Pollutant(s) analyzed			

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information

11.1 Has the NPDES permitting authority requested additional information?

☐ Yes ☑ No ➔ SKIP to Section 12.

11.2 List the information requested and attach it to this application.

1.	4.
2.	5.
3.	6.

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WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	

SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

12.1 In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2	
☑ Section 1: Outfall Location	☐ w/ attachments	
☑ Section 2: Line Drawing	☐ w/ line drawing	☐ w/ additional attachments
☑ Section 3: Average Flows and Treatment	☐ w/ attachments	☐ w/ list of each user of privately owned treatment works
☑ Section 4: Intermittent Flows	☐ w/ attachments	
☐ Section 5: Production	☐ w/ attachments	
☐ Section 6: Improvements	☐ w/ attachments	☐ w/ optional additional sheets describing any additional pollution control plans
☐ Section 7: Effluent and Intake Characteristics	☐ w/ request for a waiver and supporting information ☐ w/ small business exemption request ☐ w/ Table A ☐ w/ Table C ☐ w/ Table E	☐ w/ explanation for identical outfalls ☐ w/ other attachments ☐ w/ Table B ☐ w/ Table D ☐ w/ analytical results as an attachment
☐ Section 8: Used or Manufactured Toxics	☐ w/ attachments	
☐ Section 9: Biological Toxicity Tests	☐ w/ attachments	
☐ Section 10: Contract Analyses	☐ w/ attachments	
☐ Section 11: Additional Information	☐ w/ attachments	
☐ Section 12: Checklist and Certification Statement	☐ w/ attachments	

12.2 **Certification Statement**

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.

Name (print or type first and last name)	Official title
Raymond Fish	Safety Coordinator
Signature	**Date signed**
Raymond Fish	08/20/2020

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	

Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))[1]

	Pollutant	Waiver Requested (if applicable)	Units (specify)		Effluent: Maximum Daily Discharge (required)	Effluent: Maximum Monthly Discharge (if available)	Effluent: Long-Term Average Daily Discharge (if available)	Effluent: Number of Analyses	Intake (Optional): Long-Term Average Value	Intake (Optional): Number of Analyses
☐	Check here if you have applied to your NPDES permitting authority for a waiver for *all* of the pollutants listed on this table for the noted outfall.									
1.	Biochemical oxygen demand (BOD_5)	☐	Concentration							
			Mass							
2.	Chemical oxygen demand (COD)	☐	Concentration							
			Mass							
3.	Total organic carbon (TOC)	☐	Concentration							
			Mass							
4.	Total suspended solids (TSS)	☐	Concentration							
			Mass							
5.	Ammonia (as N)	☐	Concentration							
			Mass							
6.	Flow	☐	Rate							
7.	Temperature (winter)	☐	°C	°C						
	Temperature (summer)	☐	°C	°C						
8.	pH (minimum)	☐	Standard units	s.u.						
	pH (maximum)	☐	Standard units	s.u.						

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
☐	Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.										
Section 1. Toxic Metals, Cyanide, and Total Phenols											
1.1	Antimony, total (7440-36-0)	☐	☐	☑	Concentration						
					Mass						
1.2	Arsenic, total (7440-38-2)	☐	☐	☑	Concentration						
					Mass						
1.3	Beryllium, total (7440-41-7)	☐	☐	☑	Concentration						
					Mass						
1.4	Cadmium, total (7440-43-9)	☐	☐	☑	Concentration						
					Mass						
1.5	Chromium, total (7440-47-3)	☐	☐	☑	Concentration						
					Mass						
1.6	Copper, total (7440-50-8)	☐	☐	☑	Concentration						
					Mass						
1.7	Lead, total (7439-92-1)	☐	☐	☑	Concentration						
					Mass						
1.8	Mercury, total (7439-97-6)	☐	☐	☑	Concentration						
					Mass						
1.9	Nickel, total (7440-02-0)	☐	☐	☑	Concentration						
					Mass						
1.10	Selenium, total (7782-49-2)	☐	☐	☑	Concentration						
					Mass						
1.11	Silver, total (7440-22-4)	☐	☐	☑	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
1.12	Thallium, total (7440-28-0)	☐	☐	☑	Concentration							
					Mass							
1.13	Zinc, total (7440-66-6)	☐	☐	☑	Concentration							
					Mass							
1.14	Cyanide, total (57-12-5)	☐	☐	☑	Concentration							
					Mass							
1.15	Phenols, total	☐	☐	☑	Concentration							
					Mass							
Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)												
2.1	Acrolein (107-02-8)	☐	☐	☑	Concentration							
					Mass							
2.2	Acrylonitrile (107-13-1)	☐	☐	☑	Concentration							
					Mass							
2.3	Benzene (71-43-2)	☐	☐	☑	Concentration							
					Mass							
2.4	Bromoform (75-25-2)	☐	☐	☑	Concentration							
					Mass							
2.5	Carbon tetrachloride (56-23-5)	☐	☐	☑	Concentration							
					Mass							
2.6	Chlorobenzene (108-90-7)	☐	☐	☑	Concentration							
					Mass							
2.7	Chlorodibromomethane (124-48-1)	☐	☐	☑	Concentration							
					Mass							
2.8	Chloroethane (75-00-3)	☐	☐	☑	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
2.9	2-chloroethylvinyl ether (110-75-8)	☐	☐	☑	Concentration							
					Mass							
2.10	Chloroform (67-66-3)	☐	☐	☑	Concentration							
					Mass							
2.11	Dichlorobromomethane (75-27-4)	☐	☐	☑	Concentration							
					Mass							
2.12	1,1-dichloroethane (75-34-3)	☐	☐	☑	Concentration							
					Mass							
2.13	1,2-dichloroethane (107-06-2)	☐	☐	☑	Concentration							
					Mass							
2.14	1,1-dichloroethylene (75-35-4)	☐	☐	☑	Concentration							
					Mass							
2.15	1,2-dichloropropane (78-87-5)	☐	☐	☑	Concentration							
					Mass							
2.16	1,3-dichloropropylene (542-75-6)	☐	☐	☑	Concentration							
					Mass							
2.17	Ethylbenzene (100-41-4)	☐	☐	☑	Concentration							
					Mass							
2.18	Methyl bromide (74-83-9)	☐	☐	☑	Concentration							
					Mass							
2.19	Methyl chloride (74-87-3)	☐	☐	☑	Concentration							
					Mass							
2.20	Methylene chloride (75-09-2)	☐	☐	☑	Concentration							
					Mass							
2.21	1,1,2,2- tetrachloroethane (79-34-5)	☐	☐	☑	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
2.22	Tetrachloroethylene (127-18-4)	☐	☐	☑	Concentration							
					Mass							
2.23	Toluene (108-88-3)	☐	☐	☑	Concentration							
					Mass							
2.24	1,2-trans-dichloroethylene (156-60-5)	☐	☐	☑	Concentration							
					Mass							
2.25	1,1,1-trichloroethane (71-55-6)	☐	☐	☑	Concentration							
					Mass							
2.26	1,1,2-trichloroethane (79-00-5)	☐	☐	☑	Concentration							
					Mass							
2.27	Trichloroethylene (79-01-6)	☐	☐	☑	Concentration							
					Mass							
2.28	Vinyl chloride (75-01-4)	☐	☐	☑	Concentration							
					Mass							
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)												
3.1	2-chlorophenol (95-57-8)	☐	☐	☑	Concentration							
					Mass							
3.2	2,4-dichlorophenol (120-83-2)	☐	☐	☑	Concentration							
					Mass							
3.3	2,4-dimethylphenol (105-67-9)	☐	☐	☑	Concentration							
					Mass							
3.4	4,6-dinitro-o-cresol (534-52-1)	☐	☐	☑	Concentration							
					Mass							
3.5	2,4-dinitrophenol (51-28-5)	☐	☐	☐	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
3.6	2-nitrophenol (88-75-5)	☐	☐	☑	Concentration							
					Mass							
3.7	4-nitrophenol (100-02-7)	☐	☐	☑	Concentration							
					Mass							
3.8	p-chloro-m-cresol (59-50-7)	☐	☐	☑	Concentration							
					Mass							
3.9	Pentachlorophenol (87-86-5)	☐	☐	☑	Concentration							
					Mass							
3.10	Phenol (108-95-2)	☐	☐	☑	Concentration							
					Mass							
3.11	2,4,6-trichlorophenol (88-05-2)	☐	☐	☑	Concentration							
					Mass							
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)												
4.1	Acenaphthene (83-32-9)	☐	☐	☑	Concentration							
					Mass							
4.2	Acenaphthylene (208-96-8)	☐	☐	☑	Concentration							
					Mass							
4.3	Anthracene (120-12-7)	☐	☐	☑	Concentration							
					Mass							
4.4	Benzidine (92-87-5)	☐	☐	☑	Concentration							
					Mass							
4.5	Benzo (a) anthracene (56-55-3)	☐	☐	☑	Concentration							
					Mass							
4.6	Benzo (a) pyrene (50-32-8)	☐	☐	☑	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.7	3,4-benzofluoranthene (205-99-2)	☐	☐	☑	Concentration							
					Mass							
4.8	Benzo (ghi) perylene (191-24-2)	☐	☐	☑	Concentration							
					Mass							
4.9	Benzo (k) fluoranthene (207-08-9)	☐	☐	☑	Concentration							
					Mass							
4.10	Bis (2-chloroethoxy) methane (111-91-1)	☐	☐	☑	Concentration							
					Mass							
4.11	Bis (2-chloroethyl) ether (111-44-4)	☐	☐	☑	Concentration							
					Mass							
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	☐	☐	☑	Concentration							
					Mass							
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	☐	☐	☑	Concentration							
					Mass							
4.14	4-bromophenyl phenyl ether (101-55-3)	☐	☐	☑	Concentration							
					Mass							
4.15	Butyl benzyl phthalate (85-68-7)	☐	☐	☑	Concentration							
					Mass							
4.16	2-chloronaphthalene (91-58-7)	☐	☐	☑	Concentration							
					Mass							
4.17	4-chlorophenyl phenyl ether (7005-72-3)	☐	☐	☑	Concentration							
					Mass							
4.18	Chrysene (218-01-9)	☐	☐	☑	Concentration							
					Mass							
4.19	Dibenzo (a,h) anthracene (53-70-3)	☐	☐	☑	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.20	1,2-dichlorobenzene (95-50-1)	☐	☐	☑	Concentration							
					Mass							
4.21	1,3-dichlorobenzene (541-73-1)	☐	☐	☑	Concentration							
					Mass							
4.22	1,4-dichlorobenzene (106-46-7)	☐	☐	☑	Concentration							
					Mass							
4.23	3,3-dichlorobenzidine (91-94-1)	☐	☐	☑	Concentration							
					Mass							
4.24	Diethyl phthalate (84-66-2)	☐	☐	☑	Concentration							
					Mass							
4.25	Dimethyl phthalate (131-11-3)	☐	☐	☑	Concentration							
					Mass							
4.26	Di-n-butyl phthalate (84-74-2)	☐	☐	☑	Concentration							
					Mass							
4.27	2,4-dinitrotoluene (121-14-2)	☐	☐	☑	Concentration							
					Mass							
4.28	2,6-dinitrotoluene (606-20-2)	☐	☐	☐	Concentration							
					Mass							
4.29	Di-n-octyl phthalate (117-84-0)	☐	☐	☑	Concentration							
					Mass							
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	☐	☐	☑	Concentration							
					Mass							
4.31	Fluoranthene (206-44-0)	☐	☐	☑	Concentration							
					Mass							
4.32	Fluorene (86-73-7)	☐	☐	☑	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.33	Hexachlorobenzene (118-74-1)	☐	☐	☑	Concentration							
					Mass							
4.34	Hexachlorobutadiene (87-68-3)	☐	☐	☑	Concentration							
					Mass							
4.35	Hexachlorocyclopentadiene (77-47-4)	☐	☐	☑	Concentration							
					Mass							
4.36	Hexachloroethane (67-72-1)	☐	☐	☑	Concentration							
					Mass							
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	☐	☐	☑	Concentration							
					Mass							
4.38	Isophorone (78-59-1)	☐	☐	☑	Concentration							
					Mass							
4.39	Naphthalene (91-20-3)	☐	☐	☑	Concentration							
					Mass							
4.40	Nitrobenzene (98-95-3)	☐	☐	☑	Concentration							
					Mass							
4.41	N-nitrosodimethylamine (62-75-9)	☐	☐	☑	Concentration							
					Mass							
4.42	N-nitrosodi-n-propylamine (621-64-7)	☐	☐	☑	Concentration							
					Mass							
4.43	N-nitrosodiphenylamine (86-30-6)	☐	☐	☑	Concentration							
					Mass							
4.44	Phenanthrene (85-01-8)	☐	☐	☑	Concentration							
					Mass							
4.45	Pyrene (129-00-0)	☐	☐	☑	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.46	1,2,4-trichlorobenzene (120-82-1)	☐	☐	☑	Concentration							
					Mass							
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)												
5.1	Aldrin (309-00-2)	☐	☐	☑	Concentration							
					Mass							
5.2	α-BHC (319-84-6)	☐	☐	☑	Concentration							
					Mass							
5.3	β-BHC (319-85-7)	☐	☐	☑	Concentration							
					Mass							
5.4	γ-BHC (58-89-9)	☐	☐	☑	Concentration							
					Mass							
5.5	δ-BHC (319-86-8)	☐	☐	☑	Concentration							
					Mass							
5.6	Chlordane (57-74-9)	☐	☐	☑	Concentration							
					Mass							
5.7	4,4'-DDT (50-29-3)	☐	☐	☑	Concentration							
					Mass							
5.8	4,4'-DDE (72-55-9)	☐	☐	☑	Concentration							
					Mass							
5.9	4,4'-DDD (72-54-8)	☐	☐	☑	Concentration							
					Mass							
5.10	Dieldrin (60-57-1)	☐	☐	☑	Concentration							
					Mass							
5.11	α-endosulfan (115-29-7)	☐	☐	☑	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
5.12	β-endosulfan (115-29-7)	☐	☐	☑	Concentration							
					Mass							
5.13	Endosulfan sulfate (1031-07-8)	☐	☐	☑	Concentration							
					Mass							
5.14	Endrin (72-20-8)	☐	☐	☑	Concentration							
					Mass							
5.15	Endrin aldehyde (7421-93-4)	☐	☐	☑	Concentration							
					Mass							
5.16	Heptachlor (76-44-8)	☐	☐	☑	Concentration							
					Mass							
5.17	Heptachlor epoxide (1024-57-3)	☐	☐	☑	Concentration							
					Mass							
5.18	PCB-1242 (53469-21-9)	☐	☐	☑	Concentration							
					Mass							
5.19	PCB-1254 (11097-69-1)	☐	☐	☑	Concentration							
					Mass							
5.20	PCB-1221 (11104-28-2)	☐	☐	☑	Concentration							
					Mass							
5.21	PCB-1232 (11141-16-5)	☐	☐	☑	Concentration							
					Mass							
5.22	PCB-1248 (12672-29-6)	☐	☐	☑	Concentration							
					Mass							
5.23	PCB-1260 (11096-82-5)	☐	☐	☑	Concentration							
					Mass							
5.24	PCB-1016 (12674-11-2)	☐	☐	☑	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
5.25	Toxaphene (8001-35-2)	☐	☐	☑	Concentration							
					Mass							

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))[1]

☐ Check here if you believe all pollutants on Table C to be ***present*** in your discharge from the noted outfall. You need *not* complete the "Presence or Absence" column of Table C for *each* pollutant.

☑ Check here if you believe all pollutants on Table C to be ***absent*** in your discharge from the noted outfall. You need *not* complete the "Presence or Absence" column of Table C for *each* pollutant.

	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent					Intake (Optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses		Long-Term Average Value	Number of Analyses
1.	Bromide (24959-67-9)	☐	☑	Concentration							
				Mass							
2.	Chlorine, total residual	☐	☑	Concentration							
				Mass							
3.	Color	☐	☑	Concentration							
				Mass							
4.	Fecal coliform	☐	☑	Concentration							
				Mass							
5.	Fluoride (16984-48-8)	☐	☑	Concentration							
				Mass							
6	Nitrate-nitrite	☐	☑	Concentration							
				Mass							
7.	Nitrogen, total organic (as N)	☐	☑	Concentration							
				Mass							
8.	Oil and grease	☐	☑	Concentration							
				Mass							
9.	Phosphorus (as P), total (7723-14-0)	☐	☑	Concentration							
				Mass							
10.	Sulfate (as SO_4) (14808-79-8)	☐	☑	Concentration							
				Mass							
11.	Sulfide (as S)	☐	☑	Concentration							
				Mass							

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	002

Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))[1]

	Pollutant	Presence or Absence (check one)		Units (specify)		Effluent				Intake (Optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12.	Sulfite (as SO_3) (14265-45-3)	☐	☑	Concentration							
				Mass							
13.	Surfactants	☐	☑	Concentration							
				Mass							
14.	Aluminum, total (7429-90-5)	☐	☑	Concentration							
				Mass							
15.	Barium, total (7440-39-3)	☐	☑	Concentration							
				Mass							
16.	Boron, total (7440-42-8)	☐	☑	Concentration							
				Mass							
17.	Cobalt, total (7440-48-4)	☐	☑	Concentration							
				Mass							
18.	Iron, total (7439-89-6)	☐	☑	Concentration							
				Mass							
19.	Magnesium, total (7439-95-4)	☐	☑	Concentration							
				Mass							
20.	Molybdenum, total (7439-98-7)	☐	☑	Concentration							
				Mass							
21.	Manganese, total (7439-96-5)	☐	☑	Concentration							
				Mass							
22.	Tin, total (7440-31-5)	☐	☑	Concentration							
				Mass							
23.	Titanium, total (7440-32-6)	☐	☑	Concentration							
				Mass							

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	002

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))[1]

	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24.	**Radioactivity**									
	Alpha, total	☐	☑	Concentration						
				Mass						
	Beta, total	☐	☑	Concentration						
				Mass						
	Radium, total	☐	☑	Concentration						
				Mass						
	Radium 226, total	☐	☑	Concentration						
				Mass						

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	002

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	☐	☑		
2.	Acetaldehyde	☐	☑		
3.	Allyl alcohol	☐	☑		
4.	Allyl chloride	☐	☑		
5.	Amyl acetate	☐	☑		
6.	Aniline	☐	☑		
7.	Benzonitrile	☐	☑		
8.	Benzyl chloride	☐	☑		
9.	Butyl acetate	☐	☑		
10.	Butylamine	☐	☑		
11.	Captan	☐	☑		
12.	Carbaryl	☐	☑		
13.	Carbofuran	☐	☑		
14.	Carbon disulfide	☐	☑		
15.	Chlorpyrifos	☐	☑		
16.	Coumaphos	☐	☑		
17.	Cresol	☐	☑		
18.	Crotonaldehyde	☐	☑		
19.	Cyclohexane	☐	☑		

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	002

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	☐	☑		
21.	Diazinon	☐	☑		
22.	Dicamba	☐	☑		
23.	Dichlobenil	☐	☑		
24.	Dichlone	☐	☑		
25.	2,2-dichloropropionic acid	☐	☑		
26.	Dichlorvos	☐	☑		
27.	Diethyl amine	☐	☑		
28.	Dimethyl amine	☐	☑		
29.	Dintrobenzene	☐	☑		
30.	Diquat	☐	☑		
31.	Disulfoton	☐	☑		
32.	Diuron	☐	☑		
33.	Epichlorohydrin	☐	☑		
34.	Ethion	☐	☑		
35.	Ethylene diamine	☐	☑		
36.	Ethylene dibromide	☐	☑		
37.	Formaldehyde	☐	☑		
38.	Furfural	☐	☑		

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	002

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	☐	☑		
40.	Isoprene	☐	☑		
41.	Isopropanolamine	☐	☑		
42.	Kelthane	☐	☑		
43.	Kepone	☐	☑		
44.	Malathion	☐	☑		
45.	Mercaptodimethur	☐	☑		
46.	Methoxychlor	☐	☑		
47.	Methyl mercaptan	☐	☑		
48.	Methyl methacrylate	☐	☑		
49.	Methyl parathion	☐	☑		
50.	Mevinphos	☐	☑		
51.	Mexacarbate	☐	☑		
52.	Monoethyl amine	☐	☑		
53.	Monomethyl amine	☐	☑		
54.	Naled	☐	☑		
55.	Naphthenic acid	☐	☑		
56.	Nitrotoluene	☐	☑		
57.	Parathion	☐	☑		

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	☐	☑		
59.	Phosgene	☐	☑		
60.	Propargite	☐	☑		
61.	Propylene oxide	☐	☑		
62.	Pyrethrins	☐	☑		
63.	Quinoline	☐	☑		
64.	Resorcinol	☐	☑		
65.	Strontium	☐	☑		
66.	Strychnine	☐	☑		
67.	Styrene	☐	☑		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	☐	☑		
69.	TDE (tetrachlorodiphenyl ethane)	☐	☑		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	☐	☑		
71.	Trichlorofon	☐	☑		
72.	Triethanolamine	☐	☑		
73.	Triethylamine	☐	☑		
74.	Trimethylamine	☐	☑		
75.	Uranium	☐	☑		
76.	Vanadium	☐	☑		

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	☐	☑		
78.	Xylene	☐	☑		
79.	Xylenol	☐	☑		
80.	Zirconium	☐	☑		

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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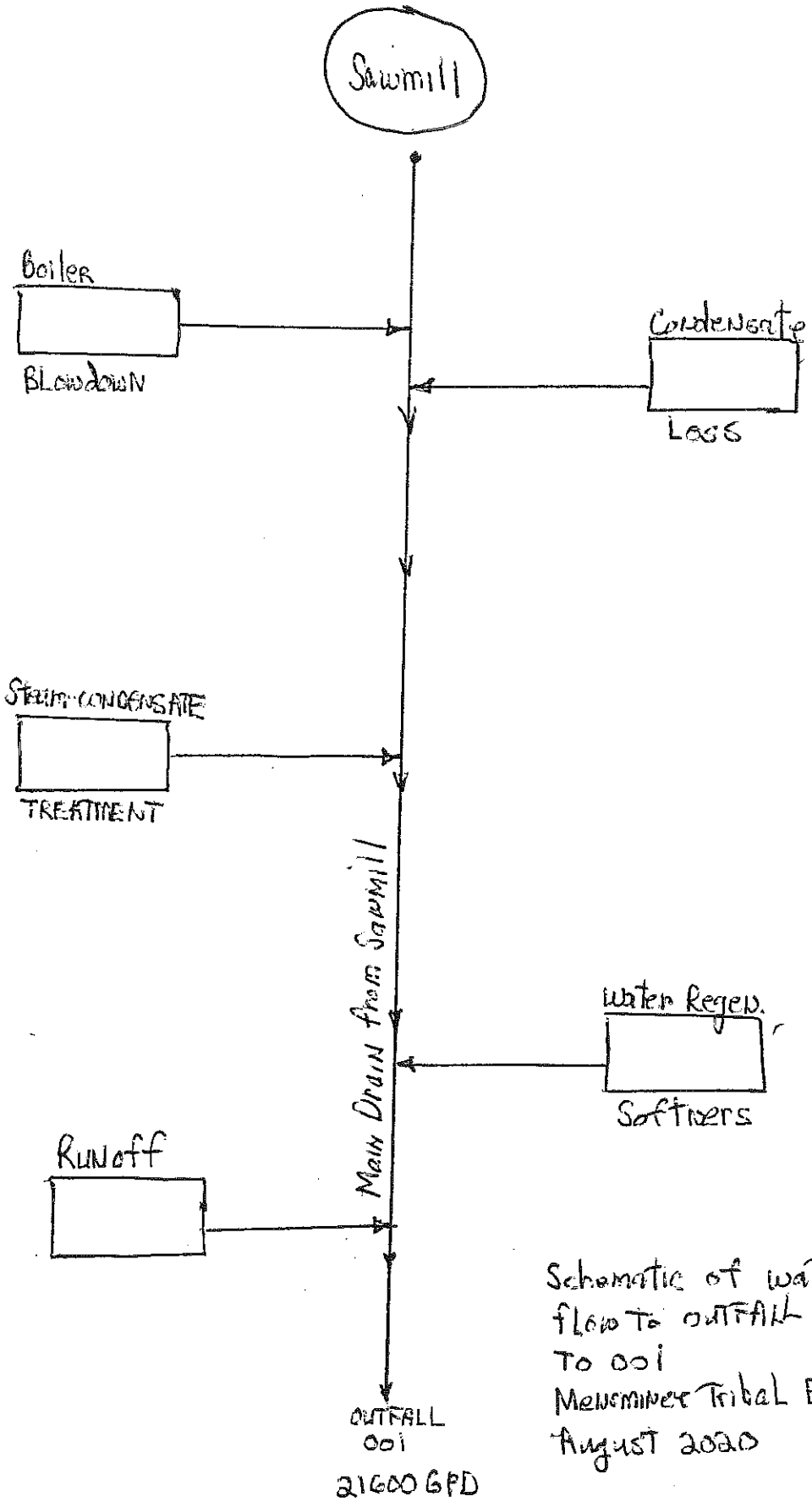
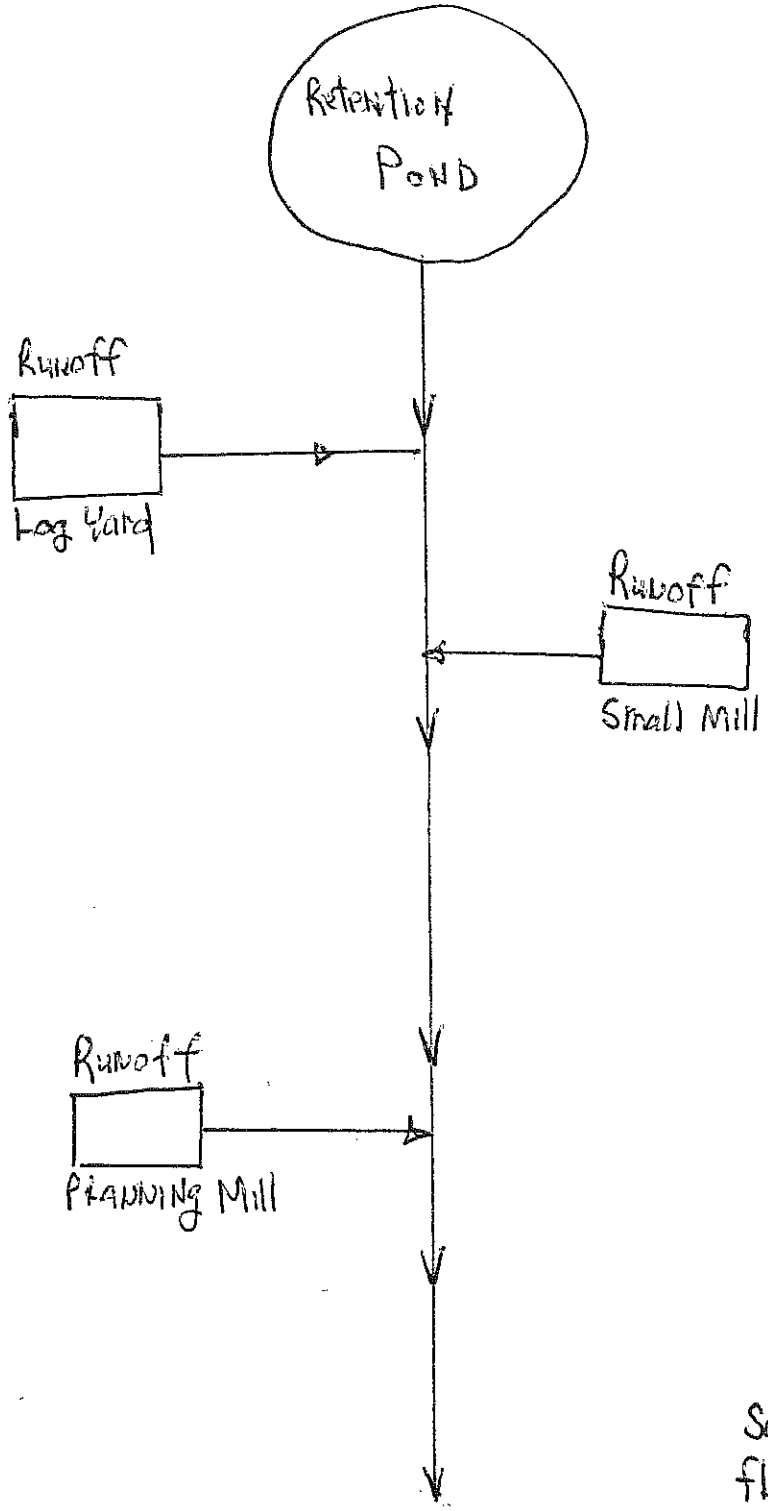
TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	☐	☐	☑	

LINE DRAWING

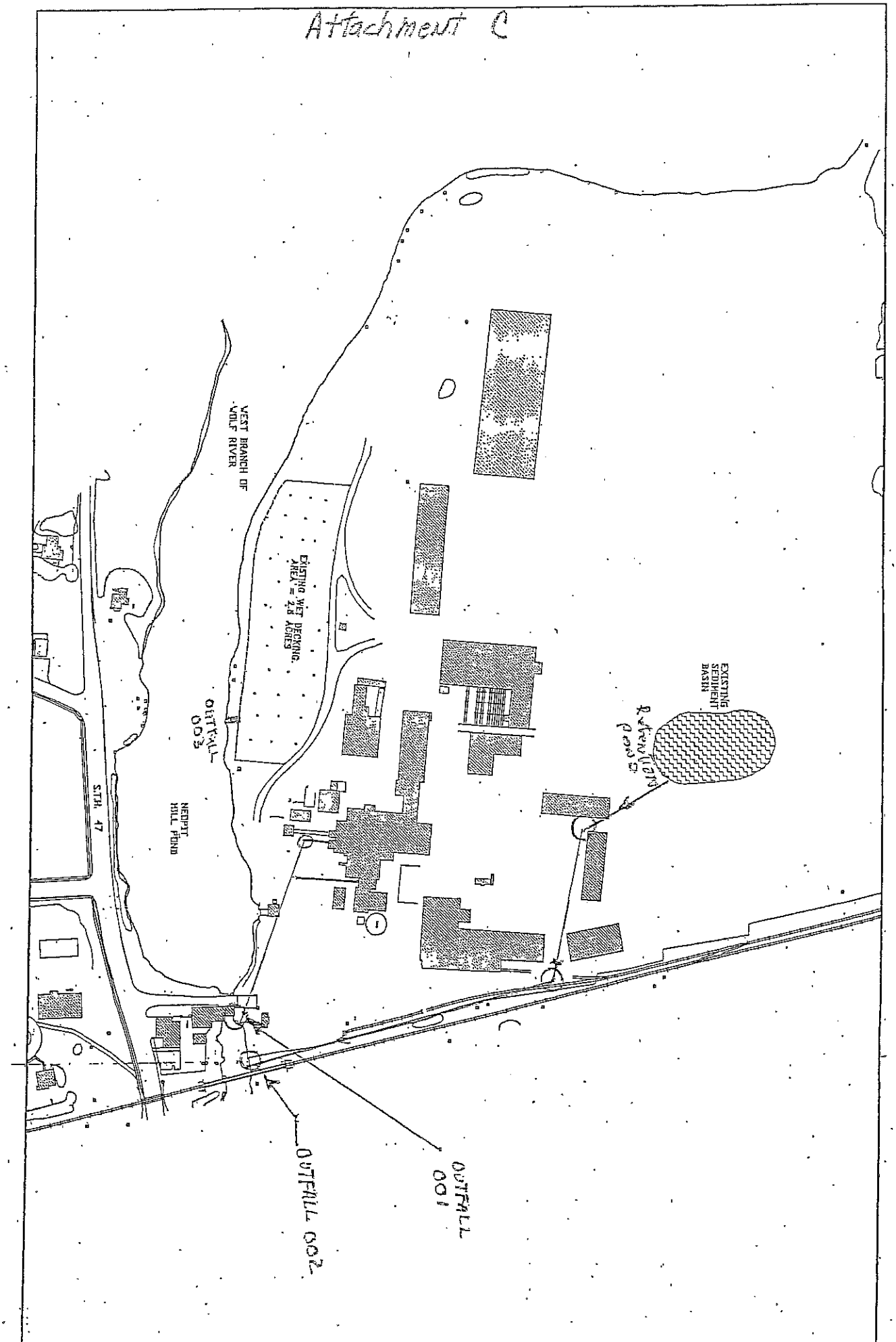


Schematic of water flow to OUTFALL To 001
Menominee Tribal Enter
August 2020

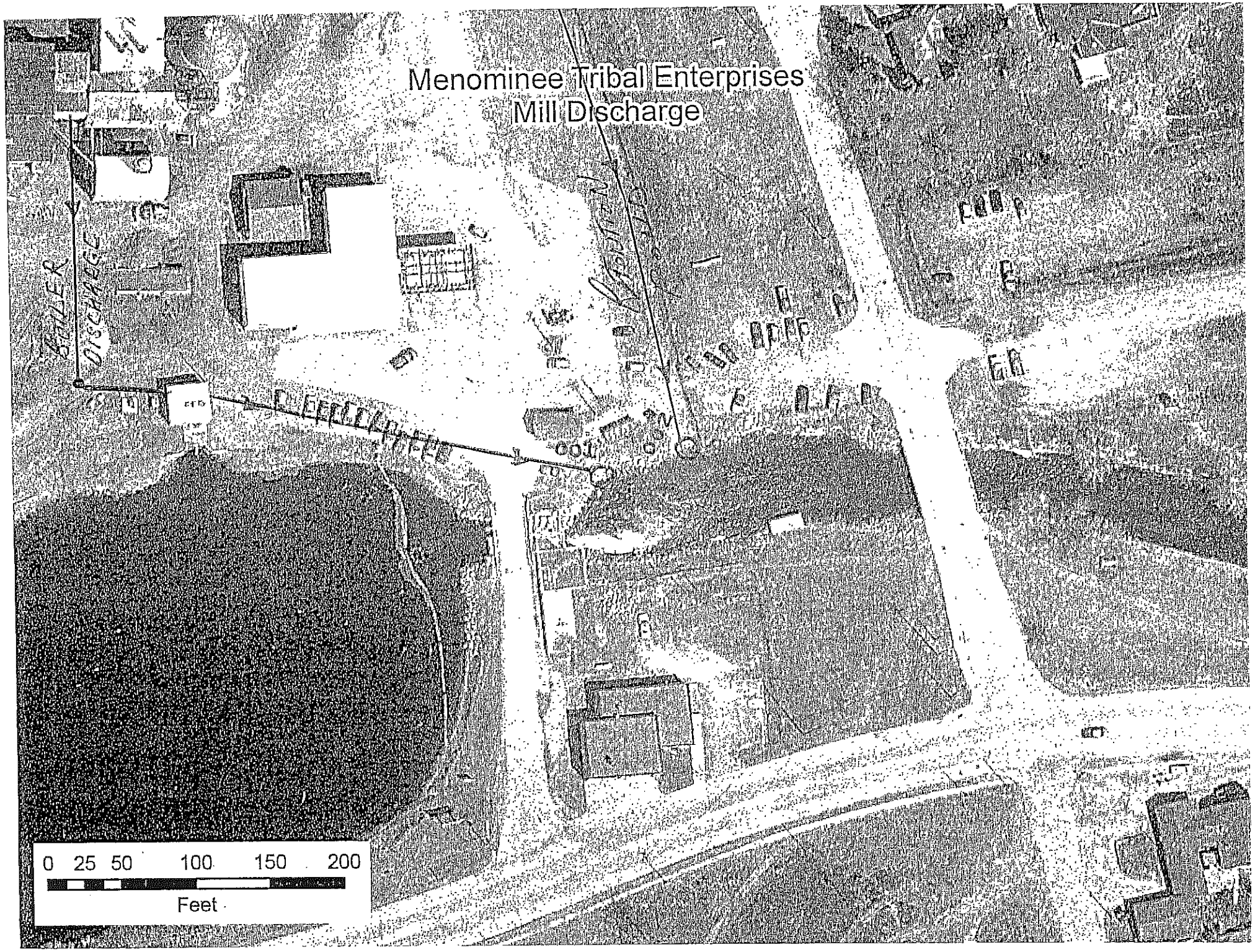


Schematic of water flow to Outfall 002 from Retention Pond August 2020

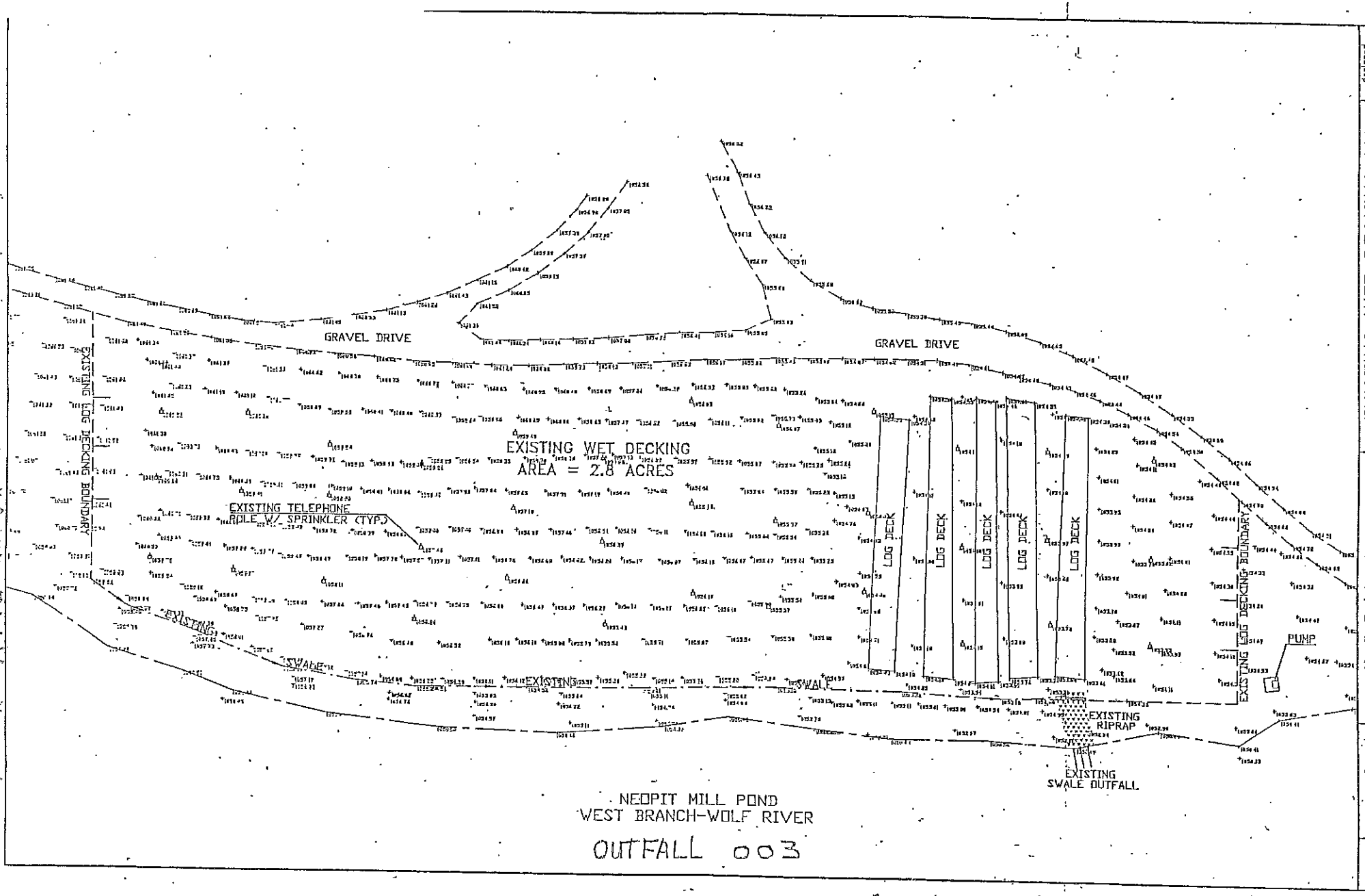
Attachment C



SCALE: 1"=200'
DATE: February 8, 2005.
Nordin-Pedersen Associates, Ltd.
consulting engineers
FACILITY LOCATION MAP
designed SN
drawn



Attachment D



NEOPIT MILL POND
WEST BRANCH-WOLF RIVER

OUTFALL 003

EXHIBIT E

designed M.P.
drawn

EXISTING WET DECKING MAP

Nordin-Pedersen Associates, Ltd.
consulting engineers

SCALE: 1" = 50'
DATE: Jan. 4, 2005

SHE
C

EPA Identification Number	NPDES Permit Number	Facility Name
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Form Approved 03/05/19
OMB No. 2040-0004

FORM 2E NPDES

EPA

U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater

MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL FACILITIES WHICH DISCHARGE ONLY NONPROCESS WASTEWATER

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(h)(1))

Outfall Location

1.1 Provide information on each of the facility's outfalls in the table below.

Outfall Number	Receiving Water Name	Latitude	Longitude
001	West Branch of Wolf River	88.00° 49.00′ 44.4″	44.00° 58.00′ 52.10″
002	West Branch of Wolf River	88.00° 49.00′ 44.4″	44.00° 58.00′ 52.10″
003	West Branch of Wolf River	88.00° 49.00′ 44.4″	44.00° 58.00′ 52.10″

SECTION 2. DISCHARGE DATE (40 CFR 122.21(h)(2))

Discharge Date

2.1 Are you a new or existing discharger? (Check only one response.)

☐ New discharger ☑ Existing discharger ➔ SKIP to Section 3.

2.2 Specify your anticipated discharge date:

SECTION 3. WASTE TYPES (40 CFR 122.21(h)(3))

Waste Types

3.1 What types of wastes are currently being discharged if you are an existing discharger or will be discharged if you are a new discharger? (Check all that apply.)

☐ Sanitary wastes
☐ Restaurant or cafeteria waste
☐ Non-contact cooling water
☑ Other nonprocess wastewater (describe/explain directly below)

Fremont 9010, 9962,939

3.2 Does the facility use cooling water additives?

☐ Yes ☑ No ➔ SKIP to Section 4.

3.3 List the cooling water additives used and describe their composition.

Cooling Water Additives (list)	Composition of Additives (if available to you)

SECTION 4. EFFLUENT CHARACTERISTICS (40 CFR 122.21(h)(4))

Effluent Characteristics

4.1 Have you completed monitoring for all parameters in the table below at each of your outfalls and attached the results to this application package?

☐ Yes ☑ No; a waiver has been requested from my NPDES permitting authority (attach waiver request and additional information) ➔ SKIP to Section 5.

4.2 Provide data as requested in the table below.[1] (See instructions for specifics.)

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
		Mass	Conc.	Mass	Conc.	
Biochemical oxygen demand (BOD_5)	4					
Total suspended solids (TSS)	4					
Oil and grease	1					
Ammonia (as N)	4					
Discharge flow	10 gpm					
pH (report as range)	7.4					
Temperature (winter)	45 deg F					
Temperature (summer)	55 deg F					

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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Effluent Characteristics Continued

4.3 Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)?

☐ Yes ☑ No ➔ SKIP to Item 4.5.

4.4 Provide data as requested in the table below.[1] (See instructions for specifics.)

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (Use codes per instructions.)
		Mass	Conc.	Mass	Conc.	
Fecal coliform						
E. coli						
Enterococci						

4.5 Is chlorine used (or will it be used)?

☐ Yes ☑ No ➔ SKIP to Item 4.7.

4.6 Provide data as requested in the table below.[1] (See instructions for specifics.)

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
		Mass	Conc.	Mass	Conc.	
Total Residual Chlorine						

4.7 Is non-contact cooling water discharged (or will it be discharged)?

☐ Yes ☑ No ➔ SKIP to Section 5.

4.8 Provide data as requested in the table below.[1] (See instructions for specifics.)

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
		Mass	Conc.	Mass	Conc.	
Chemical oxygen demand (COD)						
Total organic carbon (TOC)						

SECTION 5. FLOW (40 CFR 122.21(h)(5))

Flow

5.1 Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal?

☐ Yes ➔ Complete this section. ☑ No ➔ SKIP to Section 6.

5.2 Briefly describe the frequency and duration of flow.

SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))

Treatment System

6.1 Briefly describe any treatment system(s) used (or to be used).

Oxygen scavenger to prevent corrosion in lines, Boiler treatment to prevent scum. water softner

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Identification Number	NPDES Permit Number	Facility Name
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SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))

Other Information

7.1 Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.

SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

8.1 In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.

Column 1	Column 2
☑ Section 1: Outfall Location	☑ w/ attachments (e.g., responses for additional outfalls)
☑ Section 2: Discharge Date	☐ w/ attachments
☑ Section 3: Waste Types	☐ w/ attachments
☑ Section 4: Effluent Characteristics	☐ w/ attachments
☑ Section 5: Flow	☐ w/ attachments
☑ Section 6: Treatment System	☐ w/ attachments
☐ Section 7: Other Information	☐ w/ attachments
☐ Section 8: Checklist and Certification Statement	☐ w/ attachments

8.2 **Certification Statement**

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.

Name (print or type first and last name)	Official title
Raymond Fish	Safety Coordinator
Signature	**Date signed**
Raymond Fish	08/20/2020

EPA Identification Number	NPDES Permit Number	Facility Name
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Form 2F NPDES

EPA

U.S Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater

STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

Outfall Location

1.1 Provide information on each of the facility's outfalls in the table below

Outfall Number	Receiving Water Name	Latitude	Longitude
002	West Branch of Wolf River	88.00° 49.00′ 44.40″	44.00° 58.00′ 52.10″
003	West Branch of Wolf River	88.00° 49.00′ 44.40″	44.00° 58.00′ 52.10″
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″
		° ′ ″	° ′ ″

SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

Improvements

2.1 Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?

☐ Yes ☑ No ➔ SKIP to Section 3.

2.2 Briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

2.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)

☐ Yes ☐ No

EPA Identification Number	NPDES Permit Number	Facility Name
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SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map

3.1 Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)

☑ Yes ☐ No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources

4.1 Provide information on the facility's pollutant sources in the table below.

Outfall Number	Impervious Surface Area (within a mile radius of the facility)		Total Surface Area Drained (within a mile radius of the facility)	
002	8	*specify units* acres	12	*specify units* acres
		specify units		*specify units*
		specify units		*specify units*
		specify units		*specify units*
		specify units		*specify units*
		specify units		*specify units*

4.2 Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)

Storm water runoff of area 12 acres of which approx 4 acres is black top surface, approx 8 acres of area is open soil. On the northern edge of this area we have a retention pond which catches the runoff from most of the millyard. the pond has a large 48 inch dia. pipe that handles overflow and discharges to the river.
The remaining areas have storm drains from some bulildings of the mill.
The other outfalls are for the boiler blowdown and the log sprinkler discharge. The boiler blowdown consists mostly of condensate and crude that built up in the conduits, Addiitves to prevent this build up are a diluted oxygen scavenger, boiler treatment solution diluted, and water softner treatment. The third outfall is for the log sprinkler system, water is pumped from the river and sprinkled on the logs and then discharged back to the river, open trench with grass berm around it.

4.3 Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)

Stormwater Treatment

Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)
oo2	Retention pond surrounded by grass burms. Hay bails in trench to slow flow.	

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SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges

5.1 *I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.*

Name (print or type first and last name)	Official title
Raymond Fish	Safety Coordinator
Signature	**Date signed**
Raymond Fish	08/21/2020

5.2 Provide the testing information requested in the table below.

Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
001	pH	01/21/2020	001
001	TSS	01/21/20	001
001	Oil and Grease	01/21/20	001
001	nitrogen	01/21/20	001
001	phosphorus	01/21/20	001
001	BOD	01/21/20	001

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.

Nothing of any significance lately, The Gasoline pumps have a small amount of product spill now and then.
MTE does not use toxic pollutants in the logging and milling process.

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?

☐ Yes ➔ See instructions regarding submission of *estimated* data.

☑ No ➔ See instructions regarding submission of *actual* data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

☑ Yes ☐ No

Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? ☑ Yes ☐ No ➔ SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? ☐ Yes ☑ No
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F–2 are present in the discharge? ☐ Yes ☑ No ➔ SKIP to Item 7.7.
7.6	Have you listed all pollutants in Exhibit 2F–2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? ☐ Yes ☑ No
7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? ☐ Yes ➔SKIP to Item 7.18. ☑ No
7.8	Do you know or have reason to believe any pollutants in Exhibit 2F–3 are present in the discharge? ☐ Yes ☑ No ➔ SKIP to Item 7.10.
7.9	Have you listed all pollutants in Exhibit 2F–3 that you know or have reason to believe are present in the discharge in Table C? ☐ Yes ☑ No
7.10	Do you expect any of the pollutants in Exhibit 2F–3 to be discharged in concentrations of 10 ppb or greater? ☐ Yes ☑ No ➔ SKIP to Item 7.12.
7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F–3 that you expect to be discharged in concentrations of 10 ppb or greater? ☐ Yes ☐ No
7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? ☐ Yes ☑ No ➔ SKIP to Item 7.14.
7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? ☐ Yes ☑ No
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? ☐ Yes ☑ No
7.15	Do you know or have reason to believe any pollutants in Exhibit 2F–4 are present in the discharge? ☐ Yes ☑ No ➔ SKIP to Item 7.17.
7.16	Have you listed pollutants in Exhibit 2F–4 that you know or believe to be present in the discharge and provided an explanation in Table C? ☐ Yes ☐ No
7.17	Have you provided information for the storm event(s) sampled in Table D? ☐ Yes ☑ No

Discharge Information Continued

Used or Manufactured Toxics

7.18	Is any pollutant listed on Exhibits 2F–2 through 2F–4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? ☐ Yes ☑ No ➔ SKIP to Section 8.
7.19	List the pollutants below, including TCDD if applicable. 1. 4. 7. 2. 5. 8. 3. 6. 9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))

Biological Toxicity Testing Data

8.1	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 three years? ☐ Yes ☑ No ➔ SKIP to Section 9. 08/21/2020

8.2 Identify the tests and their purposes below.

Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information

9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? ☐ Yes ☑ No ➔ SKIP to Section 10.

9.2 Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm			
Laboratory address			
Phone number			
Pollutant(s) analyzed			

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
☑ Section 1	☐ w/ attachments (e.g., responses for additional outfalls)
☑ Section 2	☐ w/ attachments
☑ Section 3	☐ w/ site drainage map
☑ Section 4	☐ w/ attachments
☑ Section 5	☐ w/ attachments
☑ Section 6	☐ w/ attachments
☑ Section 7	☐ Table A ☐ w/ small business exemption request ☐ Table B ☐ w/ analytical results as an attachment ☐ Table C ☐ Table D
☑ Section 8	☐ w/attachments
☑ Section 9	☐ w/attachments (e.g., responses for additional contact laboratories or firms)
☑ Section 10	☐

10.2 **Certification Statement**

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.

Name (print or type first and last name)	Official title
Raymond Fish	Safety Coordinator
Signature	**Date signed**
Raymond Fish	08/21/2020

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	001

Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))[1]

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 and requirements.

	Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
		Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1.	Oil and grease	<1,4					
2.	Biochemical oxygen demand (BOD_5)	3.5					
3.	Chemical oxygen demand (COD)						
4.	Total suspended solids (TSS)	<0.95					
5.	Total phosphorus	0.044					
6.	Total Kjeldahl nitrogen (TKN)						
7.	Total nitrogen (as N)	1.1					
8.	pH (minimum)	7.4					
	pH (maximum)	9.0					

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	001

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))[1]

List each pollutant that is limited in an effluent limitation guideline (ELG) that the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
N/A						

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
Wi-10046868	WI-0046868-4	Menominee Tribal Enterprise	001

Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))[1]

List each pollutant shown in Exhibits 2F–2, 2F–3, and 2F–4 that you know or have reason to believe is present. Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
N/A						

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number	Facility name	Outfall Number
WI-10046868	WI-0046868-4	Menominee Tribal Enterprise	001

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

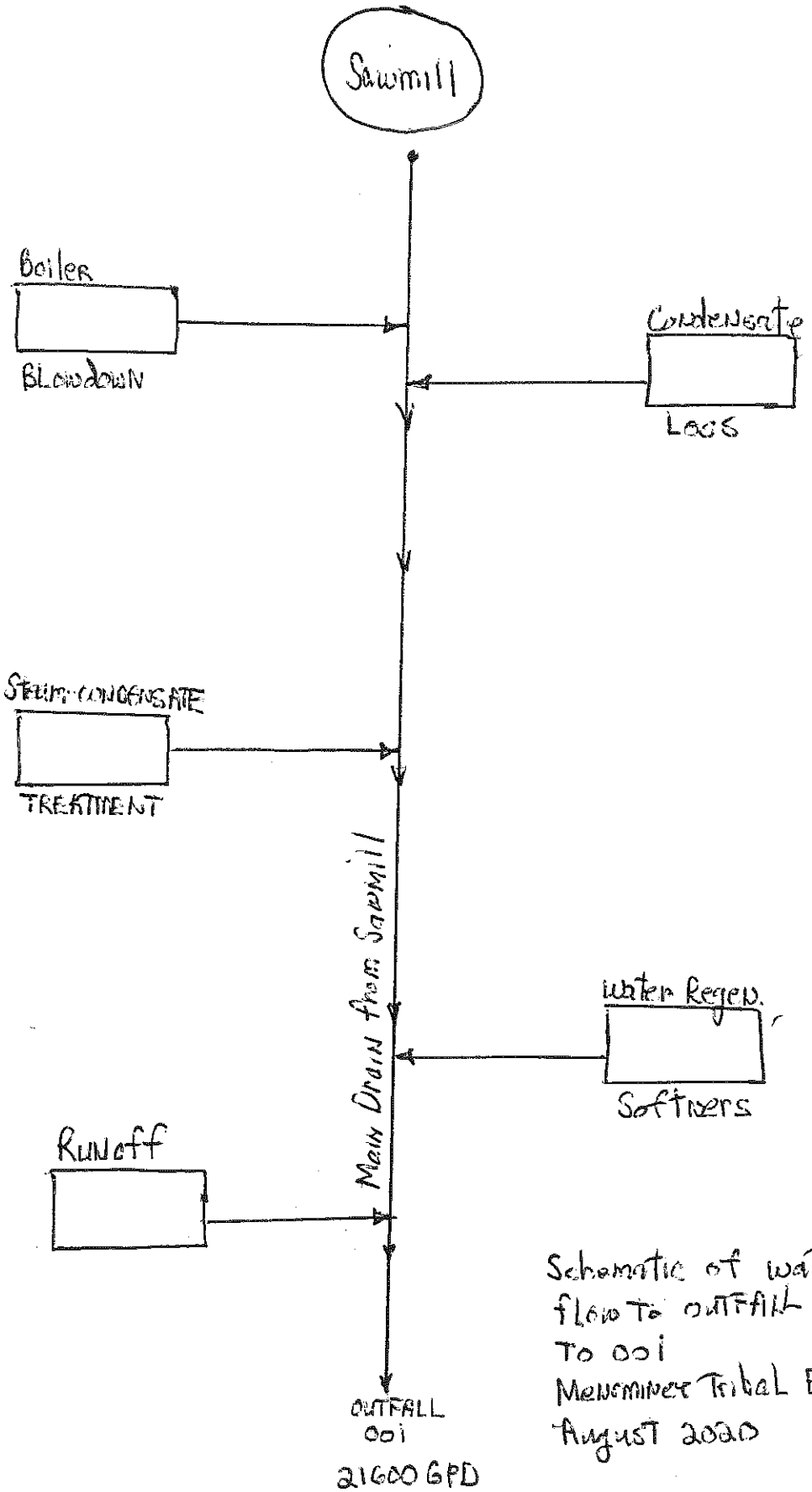
Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

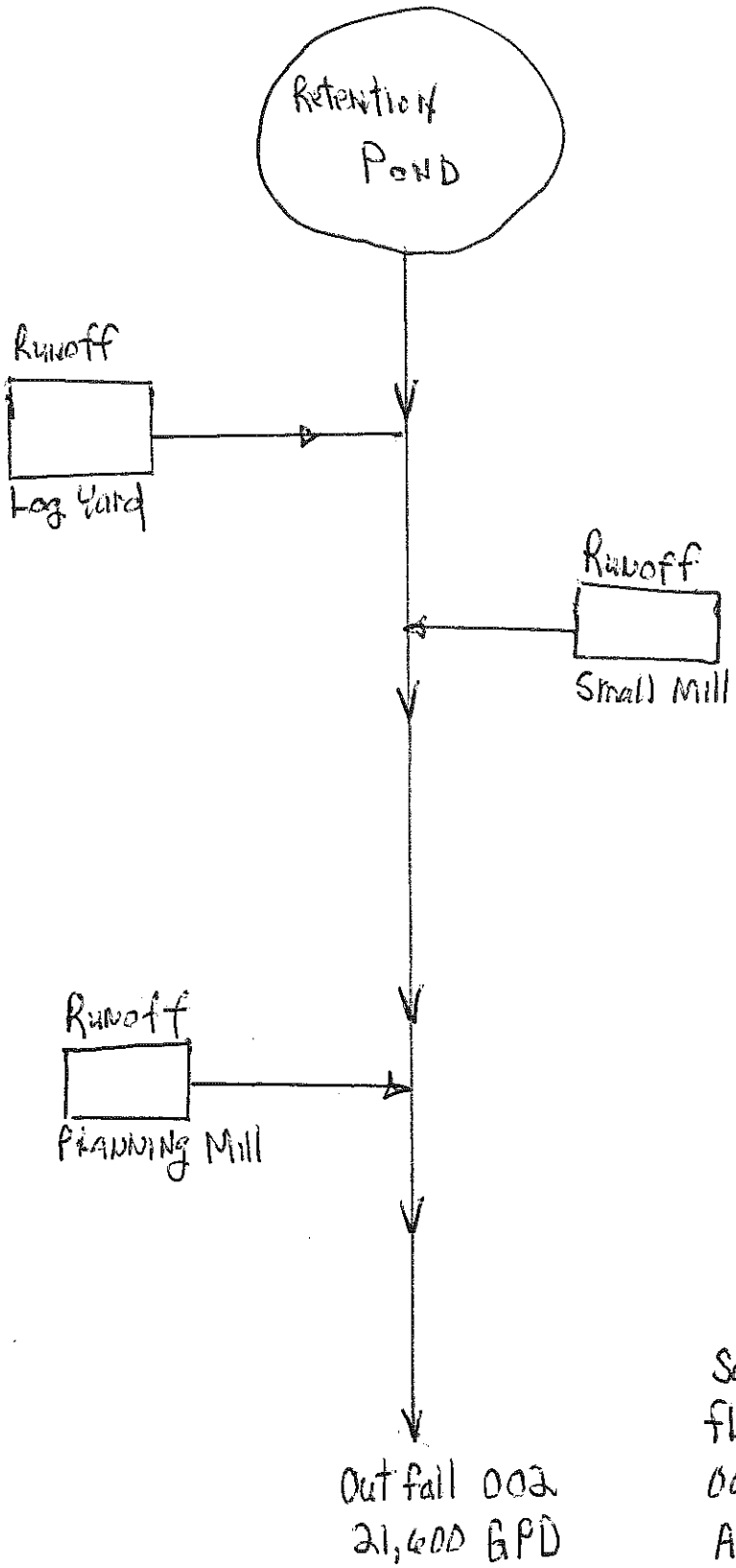
Provide a description of the method of flow measurement or estimate.

None Was recorded

LINE DRAWING

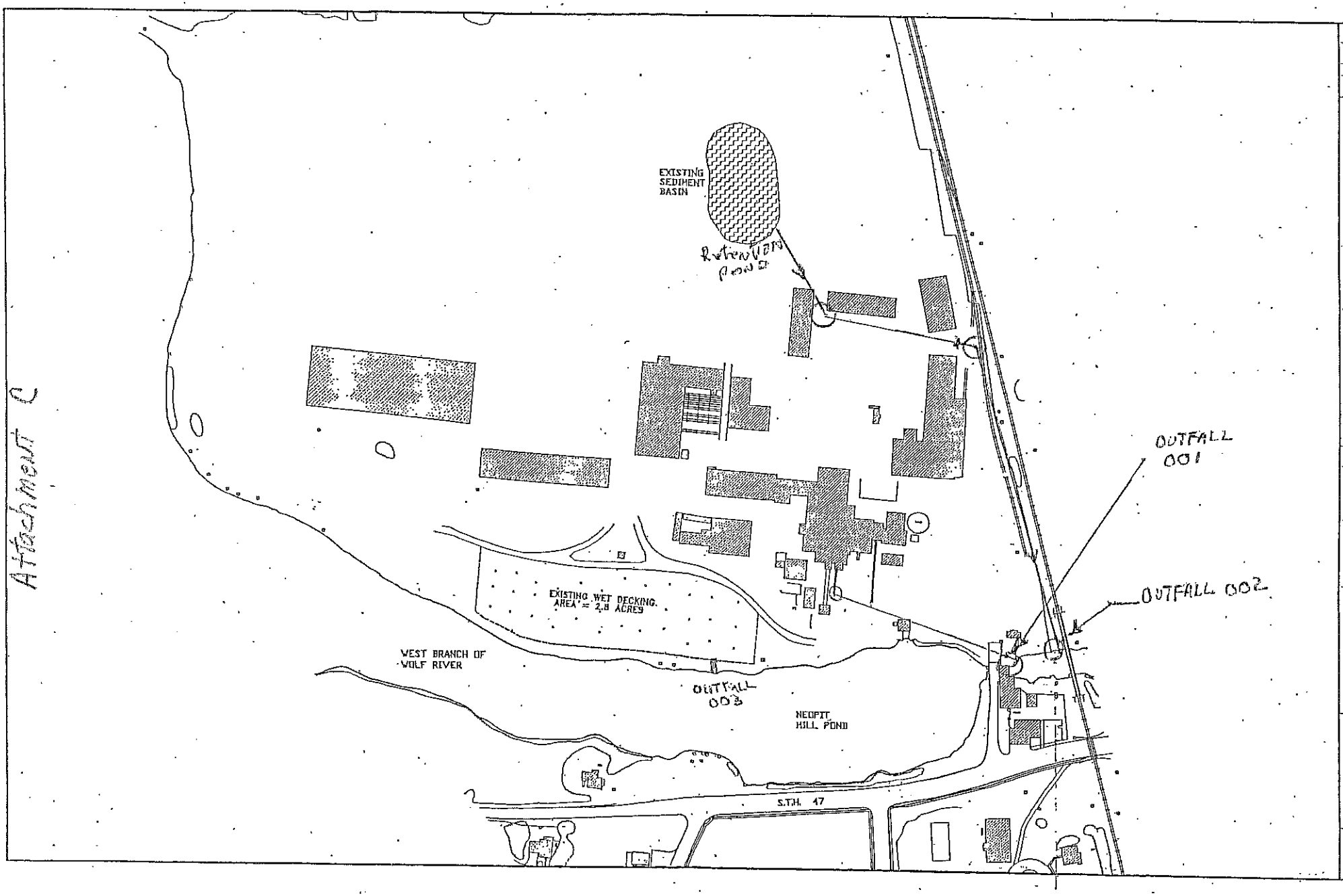


Schematic of water flow to OUTFALL 001
Menominee Tribal Enter
August 2020



Schematic of water flow to Outfall 002 from Retention Pond August 2020

Attachment C

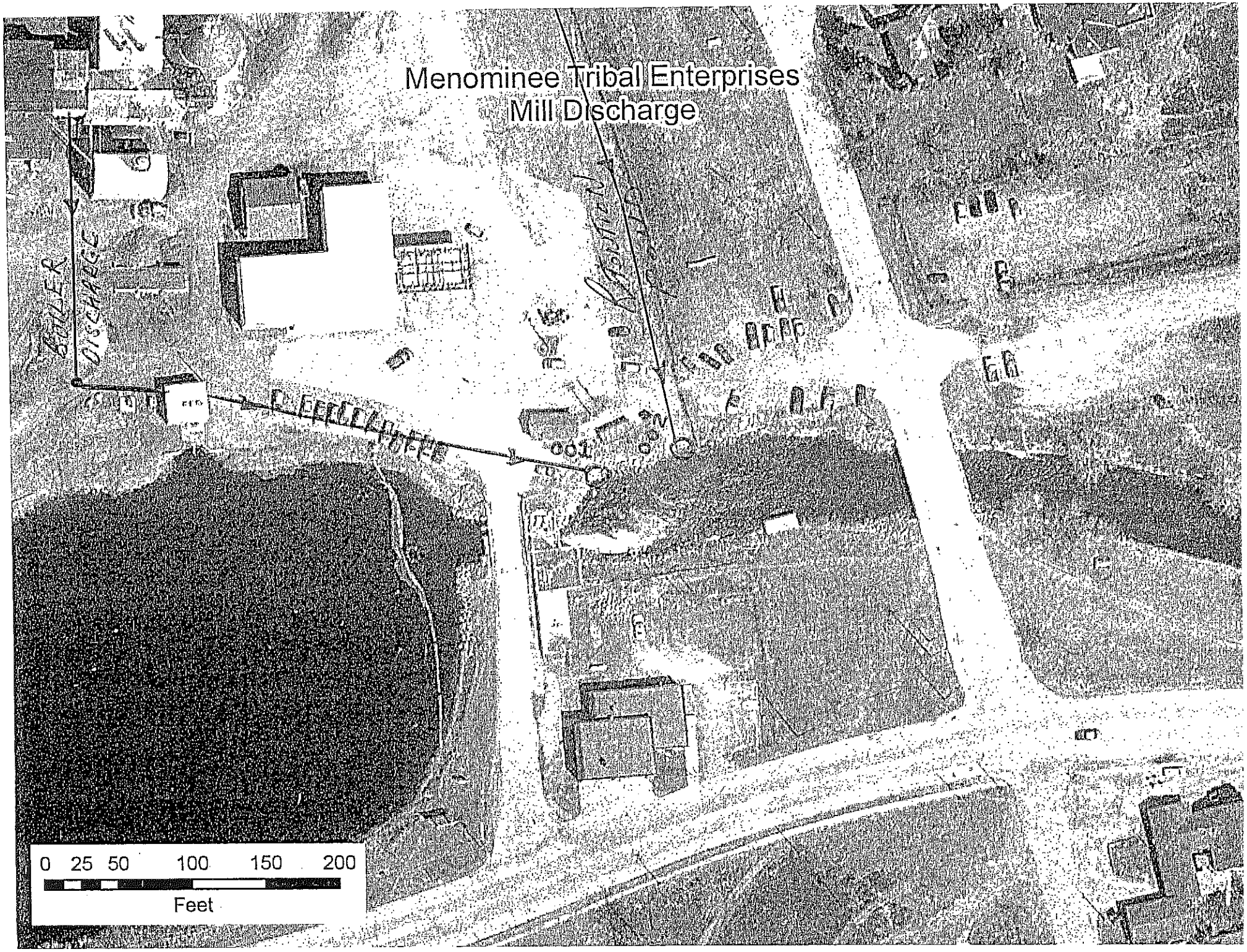


FACILITY LOCATION MAP

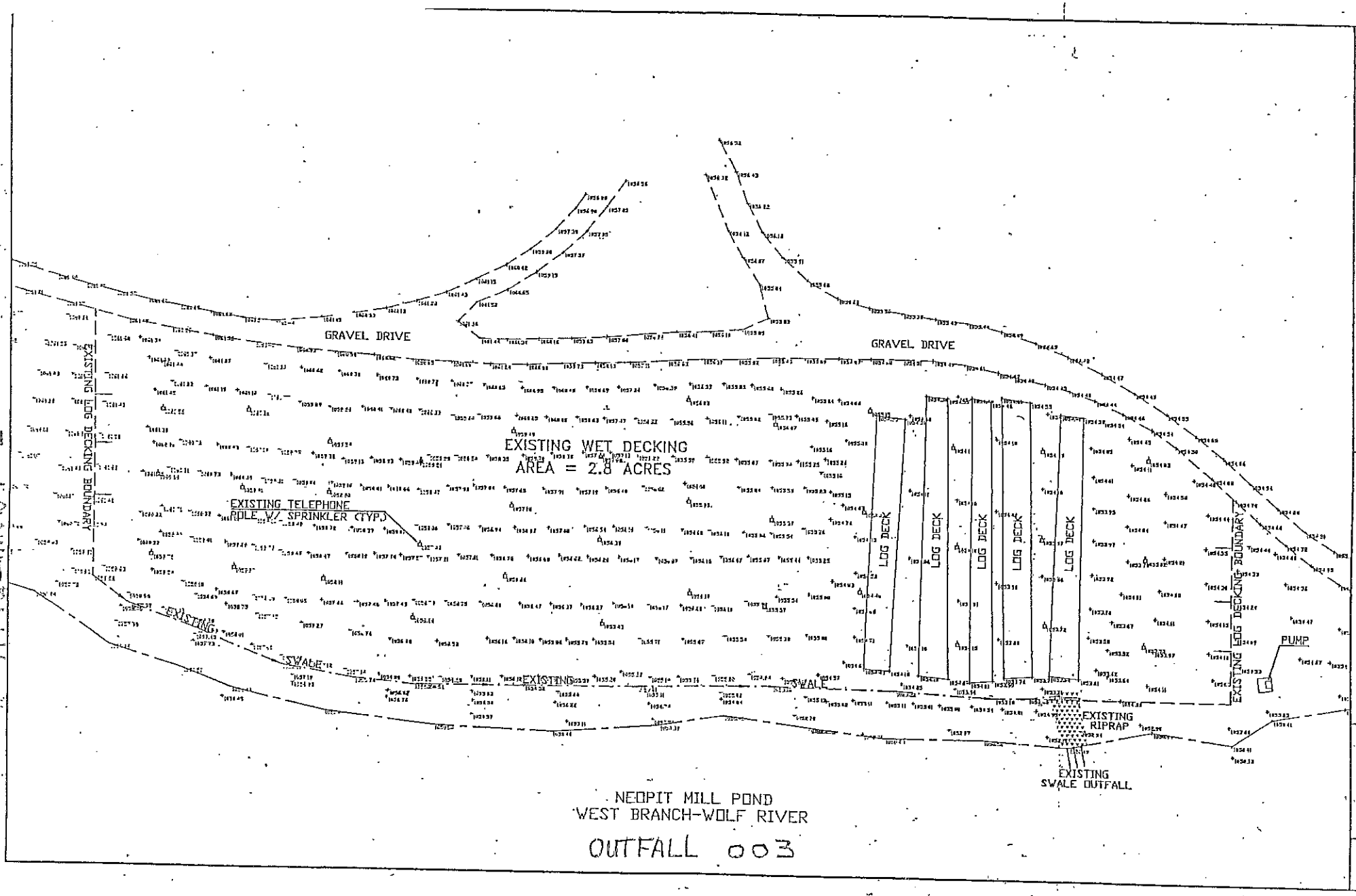
Nordin-Pedersen Associates, Ltd.
consulting engineers

SCALE: 1"=200'
DATE: February 8, 2005.

designed SM
drawn



Attachment D



NEOPIT MILL POND
WEST BRANCH-WOLF RIVER

OUTFALL 003