Colonial Pipeline Company

Robert Shenk
Environmental Specialist

Phone: 410-970-2126
Fax: 410-549-6410

VA DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHERN
DEC 16 2010
REGIONAL OFFICE
WOODBRIDGE, VA

December 15, 2010

Ms. Susan Mackert
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193-1453

Re: VPDES Permit Renewal Application
VPDES Permit Number VA0051683
Chantilly Station

Dear Ms. Mackert:

Please find enclosed the following items (plus 5 copies) for the renewal of the above mentioned VPDES discharge permit:

1. Completed and signed EPA Form 1
2. Completed and signed EPA Form 2C
3. Facility Flow Schematic
4. 8.5" x 11" photo copy of the USGS Manassas, VA Quadrangle
5. Signed Authorization to Bill Applicant for Public Notice
6. Permit Application Addendum

Colonial requests to continue to use the following discharges that exist in our current permit(s).

1. **"Station yard stormwater"** that falls in the station yard is collected by the underground drainage system and routed to an oil/water separator for treatment. Water from the separator eventually discharges to the retention pond via internal **Outfall 101**.

2. **"Washdown slab water"** is an intermittent discharge that is generated when equipment is cleaned with water to remove any refined petroleum products. Effluent from the washdown slabs is piped to the oil/water separator that serves the station for treatment prior to its discharge to the retention pond via internal **Outfall 101**.

3. **"Hydrostatic test water"** may be generated periodically during hydrotests of facility piping, pipelines, and/or tankage. Necessary treatment of the hydrotest water is determined on a case-by-case basis. The water ultimately is discharged to the facility retention pond via **Outfall 102.** It should be noted that hydrostatic discharge water (non-chlorinated) from new pipe or interiorly cleaned, sandblasted tanks typically does not need treatment, besides what it receives after discharge into the retention pond. Treatment is deemed necessary if we use water from a chlorinated water source, and/or are hydrotesting used sections of pipe or non-interiorly cleaned tanks. Colonial typically uses and has found Carbon treatment to be an effective treatment method. Carbon vessels are sized based on expected contaminant concentration levels, discharge rate needed, and volume.

Entered CETS
12-21-10

4. **"Drainage Basin Stormwater"** is a stormwater discharge that occurs from drainage basin runoff to the retention pond. This water, along with the other types of discharge waters described above, discharge via **Outfall 001** to the draw to Little Rocky Run.

If you have any questions or need additional information, call me at (410) 970-2126. Please have all correspondence regarding this application be mailed to:

Colonial Pipeline Company
929 Hoods Mill Rd,
Woodbine, MD 21797
Attn: Rob Shenk

Sincerely,

Robert A. Shenk

Cc Steve Barnes

Please print or type in the unshaded areas only.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

Form Approved. OMB No. 2040-0086.

I. EPA I.D. NUMBER

S		T/A	C
F	VA0000707612		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 ADDRESS	
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 provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	16	X 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	X 20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X 22	23	X 24
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	25	X 26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	28	X 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	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34	X 35	36
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	37	X 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	X 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 area**? (FORM 5)	43	X 44	45

III. NAME OF FACILITY

C 1 SKIP: Colonial Pipeline Company - Chantilly Station (15 – 16 – 29, 30 – 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: C 2 Steve Barnes, Operations Manager (15 – 16 – 45)

B. PHONE *(area code & no.)*: (410) 970-2150 (46 – 48, 49 – 51, 52 – 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: C 3 929 Hoods Mill Rd (15 – 16 – 45)

B. CITY OR TOWN: C 4 Woodbine (15 – 16 – 40)

C. STATE: MD (41 – 42)

D. ZIP CODE: 21797 (47 – 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: C 5 13100 Moore Rd (15 – 16 – 45)

B. COUNTY NAME: Fairfax (46 – 70)

C. CITY OR TOWN: C 6 Clifton (15 – 16 – 40)

D. STATE: VA (41 – 42)

E. ZIP CODE: 22024 (47 – 51)

F. COUNTY CODE *(if known)* (52 – 54)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
C 7 4613 (specify) Refined Petroleum Products Pipeline	C 7 (specify)
C. THIRD	**D. FOURTH**
C 7 (specify)	C 7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: C 8 Colonial Pipeline Company

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

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*: C A (678) 762-2200

E. STREET OR P.O. BOX: PO Box 18855

F. CITY OR TOWN: C B Alpharetta

G. STATE: GA

H. ZIP CODE: 30326

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

	C	T	I	
A. NPDES *(Discharges to Surface Water)*	9	N		VA0051683
B. UIC *(Underground Injection of Fluids)*	9	U		
C. RCRA *(Hazardous Wastes)*	9	R		
D. PSD *(Air Emissions from Proposed Sources)*	9	P		
E. OTHER *(specify)*	9			(specify)
E. OTHER *(specify)*	9			(specify)

XI. MAP

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

Colonial Pipeline Company is a federally regulated common carrier pipeline transporting refined petroleum products. The products consist of gasolines, kerosenes and #2 fuel oils. Colonial's Chantilly Station is a booster station which is used to increase pressure in the pipeline to maintain flow rate. Chantilly also is a takeoff point for movement of product to our Fairfax Delivery facility. Movement of all petroleum products into and out of the facility is solely by pipeline.

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
Steve Barnes, Operations Manager	Steve Barnes	12/6/10

COMMENTS FOR OFFICIAL USE ONLY

C

Please type or print in the unshaded areas only	EPA ID Number *(Copy from Item 1 of Form 1)* **VA0000707612**	*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			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	*38*	*50*	*6*	*77*	*24*	*0.27*	*Draw to Little Rocky Run*
101	*38*	*50*	*6*	*77*	*24*	*0.27*	*Facility Retention Pond*
102	*38*	*50*	*6*	*77*	*24*	*0.27*	*Facility Retention Pond*

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	
001	*Storm Water Runoff,* *Station Yard Runoff,* *Hydrostatic Test Waters**	*7840 gpd* *2862 gpd* *68,000 gpd*	*Retention Pond* *Retention Pond* *Retention Pond*	*4-A* *4-A* *4-A*	
101	*Station Yard Storm Water Runoff*	*2860 gpd*	*Oil/Water Separator*	*1-H*	
101	*Washdown Slab Water*	*50 gal/month*	*Oil/Water Separator*	*1-H*	
102	*Pipeline Hydrostatic Test Water**	*5,000 gpd*	*Will be determined on a case by case basis **	*4-A*	
102	*Tank Hydrotest Water**	*63,000 gal/day*	*Will be determined on a case by case basis **	*1-H*	

Hydrostatic Testing is conducted on a random, infrequent basis.

***** Treatment of the discharge water will be determined on a case by case basis. If treatment is required, it will most likely be run through activated carbon prior to discharge into the retention pond.***

 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)*
102	***Pipeline Hydrotest Water****	***Random***	***Random***	***.005***	***.005***	***5,000gpd***	***5,000gpd***	***1***
102	***Tank Hydrotest Water****	***Random***	***Random***	***.063***	***.126***	***126,000 gal***	***126,000 gal***	***1***
****Hydrostatic Testing is conducted on a random, infrequent basis. Total estimated volumes are for each hydrostatic testing event.***								

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)*

IV. IMPROVEMENTS

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

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

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

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ **MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED**

CONTINUED ON PAGE 3

VA0000707612

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
Xylene	***Constituent of Refined Petroleum Products***		
	Test Result from one sample was < 1.0 ug/l		

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)*

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

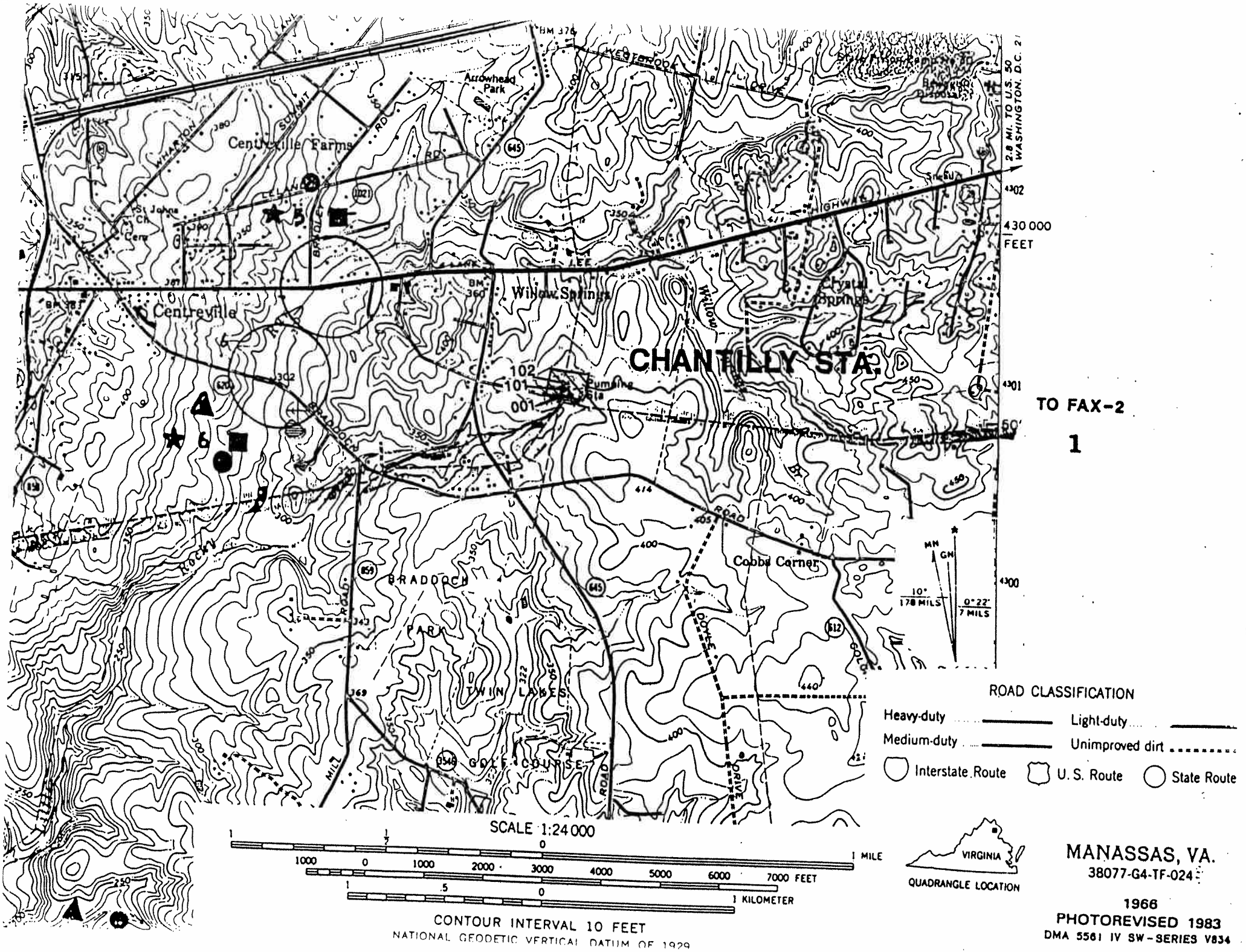
☒ **YES** *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ **NO** *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*
Penniman & Browne, Inc.	***P.O.Box 65309 / 6252 Falls Road Baltimore MD 21209-0309***	***(410) 825-4131***	***Xylene***
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	

IX. CERTIFICATION

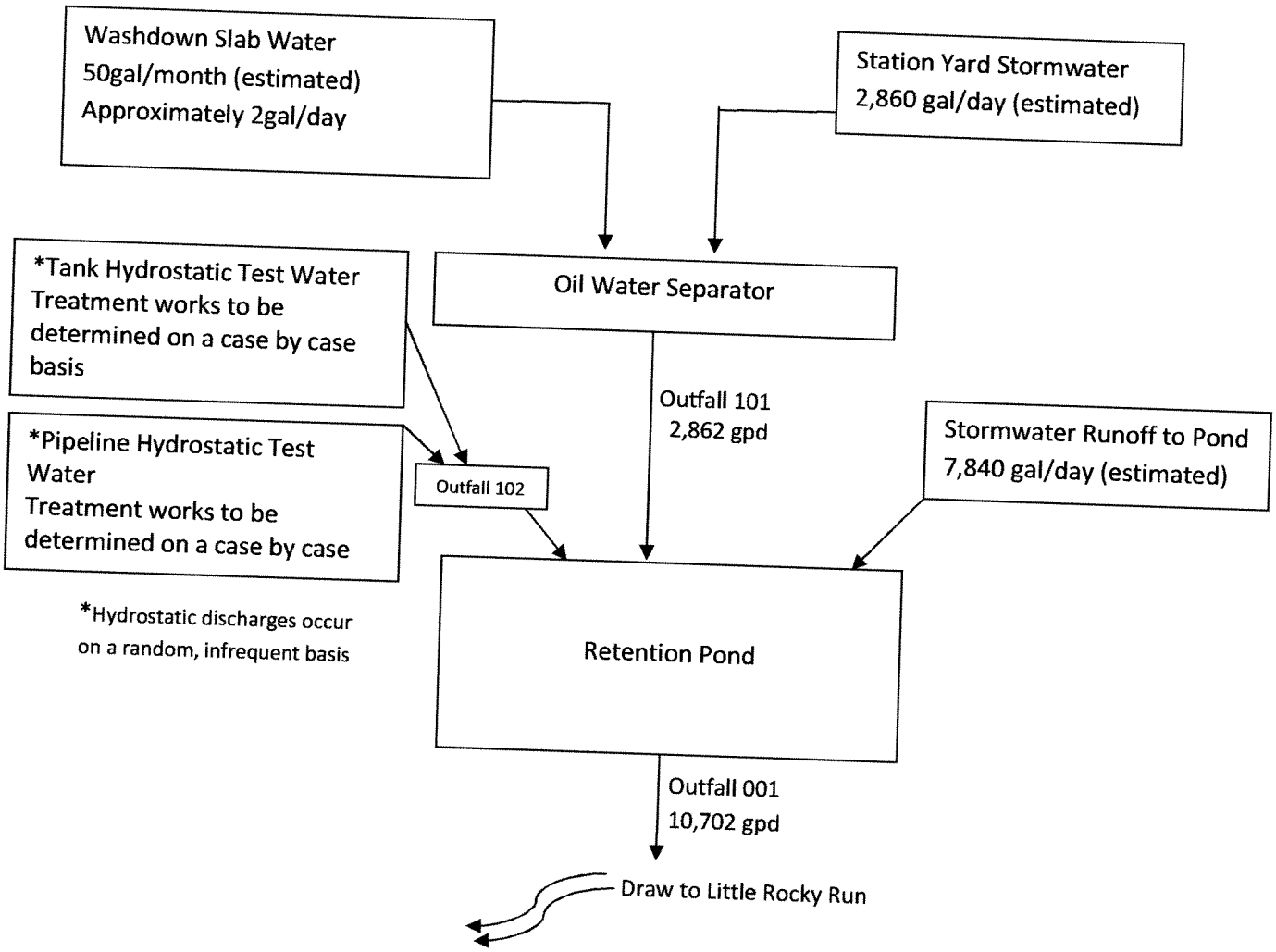
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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.)*
Steve Barnes, Operations Manager	***(410) 970-2150***
C. SIGNATURE Steve Barnes	D. DATE SIGNED 12/6/10



CHANTILLY STA.
TO FAX-2
1
Centreville Farms
Centreville
Willow Springs
Crystal Springs
Arrowhead Park
Cobbs Corner
BRADDOCK PARK
TWIN LAKES
GOLF COURSE
Pumping Sta
102
101
001
WESTBROOK DRIVE
WHARTON SUMMIT RD
BRADLEY RD
LEE HIGHWAY
BRADDOCK ROAD
DOYLE DRIVE
MILL ROAD
Rocky
2.8 MI. TO U.S. 50 WASHINGTON, D.C. 21
430 000 FEET
MN
GN
10° 178 MILS
0°22' 7 MILS
ROAD CLASSIFICATION
Heavy-duty
Light-duty
Medium-duty
Unimproved dirt
Interstate Route
U. S. Route
State Route
SCALE 1:24 000
1 MILE
7000 FEET
1 KILOMETER
CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
VIRGINIA
QUADRANGLE LOCATION
MANASSAS, VA.
38077-G4-TF-024
1966
PHOTOREVISED 1983
DMA 5561 IV SW-SERIES V834

COLONIAL PIPELINE – CHANTILLY STATION FLOW DIAGRAM



VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Colonial Pipeline Company
   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?** Y / N

3. **Provide the tax map parcel number for the land where the discharge is located.** 0553 01 0031A

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?** 0 -At the time of this application submittal, no new construction activities are planned

5. **What is the design average effluent flow of this facility?** N/A* MGD
   For industrial facilities, provide the max. 30-day average production level, include units: 0
   *Storm Water and Hydrostatic Test Water discharge only

   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? Y / N
   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:**
   Storm Water and Hydrostatic Test Water Discharges

   0 % of flow from domestic connections/sources
   Number of private residences to be served by the treatment works:

   100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ____Continuous X Intermittent ____Seasonal
   Describe frequency and duration of intermittent or seasonal discharges: Storm Water Discharge during rain events
   Hydrostatic Test Water Discharges occur very infrequently - maybe 1 every 10 - 15 yrs.

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
   - ___ Permanent stream, never dry
   - ___ Intermittent stream, usually flowing, sometimes dry
   - X Ephemeral stream, wet-weather flow, often dry The pond discharges to this
   - ___ Effluent-dependent stream, usually or always dry without effluent flow
   - X Lake or pond at or below the discharge point The facility yard oil water separator discharges to facility pond
   - ___ Other: _____

9. **Approval Date(s):**
   O & M Manual unknown **Sludge/Solids Management Plan** N/A

   Have there been any changes in your operations or procedures since the above approval dates? Y / N

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)*
VA0000707612

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.

001

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)*	187	1246.35					1	Mg/l	Lbs/day			
b. Chemical Oxygen Demand *(COD)*	953	6351.74					1	Mg/l	Lbs/day			
c. Total Organic Carbon *(TOC)*	3.3	21.99					1	Mg/l	Lbs/day			
d. Total Suspended Solids *(TSS)*	34.8	231.95			16.96	1.52	5	Mg/l	Lbs/day			
e. Ammonia *(as N)*	<0.5	<3.33					1	Mg/l	Lbs/day			
f. Flow	Value 797,287		Value		Value 10,702		Estimate		GPD	Value		
g. Temperature *(winter)*	Value 4		Value		Value		Estimate	°C		Value		
h. Temperature *(summer)*	Value 27		Value		Value		Estimate	°C		Value		
i. pH	Minimum 6.8	Maximum 8.1	Minimum	Maximum			12	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	☐	☒												
e. Fluoride (16984-48-8)	☐	☒												
f. Nitrate-Nitrite *(as N)*	☐	☒												

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT *Note: TPH is a better analysis that more accurately represents the petroleum products we transport

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)	☐	☒												
h. ~~Oil and~~ Grease*TPH	☒	☐	2.4	15.996			1.38	0.12	2	Mg/l	Lbs/day			
i. Phosphorus (as P), Total (7723-14-0)	☐	☒												
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
VA0000707612	001

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	☐	☒	☐	*<0.05*	*<0.33*					*1*	*Mg/l*	*Lbs/day*			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764--01-6)	☐	☐	☒	DESCRIBE RESULTS											

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 - 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) VA0000707612

OUTFALL NUMBER 001

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 - 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)	☐	☒	☐	<10.0	<66.65					1	ug/l	lbs/day			
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)	☐	☐	☒												

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CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1) VA0000707612

OUTFALL NUMBER 001

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 - 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)	☐	☐	☒												

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER *(copy from Item 1 of Form 1)* **VA0000707612**

OUTFALL NUMBER **001**

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)	☐	☐	☒												

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)*
VA0000707612

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

101

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. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	0.024	0.03					1	Mg/l	Lbs/day			
b. Chemical Oxygen Demand *(COD)*	23.5	30.32					1	Mg/l	Lbs/day			
c. Total Organic Carbon *(TOC)*	3.0	3.87					1	Mg/l	Lbs/day			
d. Total Suspended Solids *(TSS)*	16.3	21.03					1	Mg/l	Lbs/day			
e. Ammonia *(as N)*	0.05	0.065					1	Mg/l	Lbs/day			
f. Flow	Value 154,400		Value		Value 2860		Estimate		GPD	Value		
g. Temperature *(winter)*	Value 4		Value		Value		Estimate	°C		Value		
h. Temperature *(summer)*	Value 27		Value		Value		Estimate	°C		Value		
i. pH	Minimum 6.7	Maximum 8.0	Minimum	Maximum			21	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. CONCENTRATION	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	☐	☒												
e. Fluoride (16984-48-8)	☐	☒												
f. Nitrate-Nitrite *(as N)*	☐	☒												

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT *Note: TPH is a better analysis that more accurately represents the petroleum products we transport*

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)	☐	☒												
h. ~~Oil and~~ Grease*TPH	☒	☐	9.1	11.74			0.52	0.012	20	Mg/l	Lbs/day			
i. Phosphorus (as P), Total (7723-14-0)	☐	☒												
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
VA0000707612	101

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	☐	☒	☐	*<0.05*	*<0.065*					*1*	*Mg/l*	*Lbs/day*			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764--01-6)	☐	☐	☒	DESCRIBE RESULTS											

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 - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	☐	☐	☒												
2V Acrylonitrile (107-13-1)	☐	☐	☒												
3V Benzene (71-43-2)	☐	☒	☐	<1.0	<0.0013					1	ug/l	Lbs/day			
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)	☐	☒	☐	<1.0	<0.0013					1	ug/l	Lbs/day			
20V Methyl Bromide (74-83-9)	☐	☐	☒												
21V Methyl Chloride (74-87-3)	☐	☐	☒												

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form): VA0000707612

OUTFALL NUMBER: 101

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 - 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)	☐	☒	☐	<1.0	<0.0013					1	ug/l	Lbs/day			
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-Ntro-phenol (100-02-7)	☐	☐	☒												
8A P-Chloro-M-Cresol (59-50-7)	☐	☐	☒												
9A Penta-chlorophenol (87-86-5)	☐	☐	☒												
10A Phenol (10/-95-2)	☐	☒	☐	<10.0	<0.013					1	ug/l	lbs/day			
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)* **VA0000707612**

OUTFALL NUMBER **101**

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)	☐	☒	☐	*<1.0*	*<0.0013*					*1*	*ug/l*	*Lbs/day*			
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)	☐	☐	☒												

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER *(copy from Item 1 of Form 1)* **VA0000707612**

OUTFALL NUMBER **101**

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)	☐	☐	☒												

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)*
VA0000707612

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

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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. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	<3.6	<3.79					1	Mg/l	Lbs/day			
b. Chemical Oxygen Demand *(COD)*	<50	<52.65					1	Mg/l	Lbs/day			
c. Total Organic Carbon *(TOC)*	9.2	9.68			7.26	3.818	3	Mg/l	Lbs/day			
d. Total Suspended Solids *(TSS)*	20	21.06			5.14	2.703	24	Mg/l	Lbs/day			
e. Ammonia *(as N)*	<0.1	<0.105					1	Mg/l	Lbs/day			
f. Flow	Value 126,000		Value		Value 63,000		Estimate		GPD	Value		
g. Temperature *(winter)*	Value 4		Value		Value		Estimate	°C		Value		
h. Temperature *(summer)*	Value 27		Value		Value		Estimate	°C		Value		
i. pH	Minimum 6.5	Maximum 8.0	Minimum	Maximum			7	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. CONCENTRATION	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	☐	☒												
e. Fluoride (16984-48-8)	☐	☒												
f. Nitrate-Nitrite *(as N)*	☐	☒												

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT *Note: TPH is a better analysis that more accurately represents the petroleum products we transport

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)	☐	☒												
h. ~~Oil and~~ Grease*TPH	☒	☐	2.41	2.537			0.42	0.221	30	Mg/l	Lbs/day			
i. Phosphorus (as P), Total (7723-14-0)	☐	☒												
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)	☒	☐	0.58	0.611			0.42	0.221	9	Mg/l	Lbs/day			
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)	☐	☒												

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CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VA0000707612	102

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. 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)	☐	☐	☒												
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	☐	☒	☐	*<0.05*	*<0.052*					*1*	*Mg/l*	*Lbs/day*			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764--01-6)	☐	☐	☒	DESCRIBE RESULTS											

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 - 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) VA0000707612

OUTFALL NUMBER 102

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 - 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-Ntro-phenol (100-02-7)	☐	☐	☒												
8A P-Chloro-M-Cresol (59-50-7)	☐	☐	☒												
9A Penta-chlorophenol (87-86-5)	☐	☐	☒												
10A Phenol (10/-95-2)	☐	☒	☐	*<0.05*	*<0.052*	*(see phenol data)*				*1*	*Mg/l*	*lbs/day*			
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)	☐	☐	☒												

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EPA I.D. NUMBER *(copy from Item 1 of Form 1)* **VA0000707612**

OUTFALL NUMBER **102**

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)	☐	☒	☐	*<5.0*	*<5.265*			*<5.0*	*<2.63*	*2*	*Ug/l*	*Lbs/day*			
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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CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VA0000707612	102

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)	☐	☐	☒												