FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
Simmons Truck Terminal and Restaurant VA0063614		Roanoke River

FORM **2A** NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER: Simmons Terminal and Restaurant VA0063614	PERMIT ACTION REQUESTED:	RIVER BASIN: Roanoke River

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name: Simmons Terminal and Restaurant

Mailing Address: Post Office Box 120
South Hill, Virginia 23970

Contact Person: William A. Hudson

Title: General Manager

Telephone Number: (434) 447-3146

Facility Address (not P.O. Box): Highway 903, east of I-85
Bracey, Virginia 23919

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name: Parker Oil Company

Mailing Address: Post Office Box 120
South Hill, Virginia 23970

Contact Person: William C. Hudson

Title: General Manager

Telephone Number: 434-447-3146

Is the applicant the owner or operator (or both) of the treatment works?

X owner X operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility X applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0063614	PSD	NA
UIC	NA	Other	56-219-13H Health Dept. Handling Permit
RCRA	NA	Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Simmons Terminal & Restaurant	approx 85 Employees & transient	Separate Sanitary	Private
Total population served	approx 85		

FACILITY NAME AND PERMIT NUMBER: Simmons Terminal and Restaurant VA0063614	PERMIT ACTION REQUESTED:	RIVER BASIN: Roanoke River

A.5. Indian Country

a. Is the treatment works located in Indian Country?

☐ Yes x No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes x No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

		(2006) Two Years Ago	(2007) Last Year	(2008) This Year
a.	Design flow rate 0.016 mgd			
b.	Annual average daily flow rate	0.0048 MGD	0.0044 MGD	0.0026 MGD
c.	Maximum daily flow rate	0.012 MGD	0.012 MGD	0.0042 MGD

A.7 Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

X Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? X Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent ONE

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the head works) _____

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes X No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes X No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes x No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number _____

For each treatment works that receives this discharge, provide the following:

Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes X No

If yes, provide the following for each disposal method.:_____

Description of method (including location and size of site(s) if applicable): N/A

_____

Annual daily volume disposed by this method: ____

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
Simmons Terminal and Restaurant VA0063614		Roanoke River

WASTEWATER DISCHARGES:

If you answered "Yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "No" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9 Description of Outfall.

a. Outfall number 001

b. Location Bracey (City or town, if applicable) 23919 (Zip Code)

Mecklenburg (County) VA (State)

N36° 35' 56.52" (Latitude) W78° 9' 8.58" (Longitude)

c. Distance from shore (if applicable) NA ft.

d. Depth below surface (if applicable) NA ft.

e. Average daily flow rate 0.0026 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes X No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water Unnamed Tributary to Lake Gaston

b. Name of watershed (if known) Roanoke River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Roanoke River Basin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable)

acute NA cfs chronic NA cfs

e. Total hardness of receiving stream at critical low flow (if applicable): NA mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
Simmons Terminal and Restaurant VA0063614		Roanoke River

A.11. Description of Treatment

a. What level of treatment is provided? Check all that apply.

Primary x Secondary

☐ Advanced ☐ Other. Describe:

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal 92 %

Design SS removal 92 %

Design P removal 0 %

Design N removal 0 %

Other AMMONIA 95 %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Chlorine

If disinfection is by chlorination is dechlorination used for this outfall? X Yes ☐ No

Does the treatment plant have post aeration? X Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.1	s.u.			
pH (Maximum)	7.7	s.u.			
Flow Rate	0.012	MGD	0.0026	MGD	365 Days
Temperature (Winter)	62.6	F	55.4	F	180 Days
Temperature (Summer)	84.2	F	78.8	F	180 Days

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	NA	Mg/l	NA	Mg/l	NA	SM	NA
	CBOD5	3.6	Mg/l	3.0	Mg/l	4	SM18 5210B	NA
*FECAL COLIFORM		73	Mg/l	43	Mg/l	3	SM18 9222D	NA
TOTAL SUSPENDED SOLIDS (TSS)		7.0	Mg/l	4.8	Mg/l	4	SM18 2540D	NA

END OF PART A.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

*Waiver letter attached (sampling schedule)

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
Simmons Terminal and Restaurant VA0063614		Roanoke River

WASTEWATER DISCHARGES:

If you answered "Yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "No" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 002 – truck terminal fuel bay drain

b. Location Bracey (City or town, if applicable) 23919 (Zip Code)

Mecklenburg (County) VA (State)

N36° 35' 54.90" (Latitude) W78° 9' 5.26" (Longitude)

c. Distance from shore (if applicable) NA ft.

d. Depth below surface (if applicable) NA ft.

e. Average daily flow rate N/A mgd

f. Does this outfall have either an intermittent or a periodic discharge? X Yes ☐ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: During a rainfall event

Average duration of each discharge: Depends on rainfall

Average flow per discharge: 0.002 mgd

Months in which discharge occurs: Rainfall event

g. Is outfall equipped with a diffuser? ☐ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water Unnamed Tributary to Lake Gaston

b. Name of watershed (if known) Roanoke River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Roanoke River Basin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable)

acute NA cfs chronic NA cfs

e. Total hardness of receiving stream at critical low flow (if applicable): NA mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
Simmons Terminal and Restaurant VA0063614		Roanoke River

A.11. Description of Treatment

a. What level of treatment are provided? Check all that apply.

☐ Primary ☐ Secondary

☐ Advanced X Other. Describe: oil/water separator

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal NA %

Design SS removal NA %

Design P removal NA %

Design N removal NA %

Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

NA

If disinfection is by chlorination is dechlorination used for this outfall? ☐Yes x No

Does the treatment plant have post aeration? ☐Yes x No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analysis not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 002

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.54	s.u.			
pH (Maximum)	7.9	s.u.			
Flow Rate	0.002	MGD	0.002	MGD	12
Temperature (Winter)	N/A	F		F	
Temperature (Summer)	N/A	F		F	

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	N/A	Mg/l		Mg/l		SM18 5210B	N/A
	CBOD5	N/A	Mg/l		Mg/l		SM18 5210B	N/A
FECAL COLIFORM		N/A	Mg/l		Mg/l		SM18 9222D	N/A
TOTAL SUSPENDED SOLIDS (TSS)		N/A	Mg/l		Mg/l		SM18 2540D	N/A

END OF PART A.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
Simmons Terminal and Restaurant VA0063614		Roanoke River

WASTEWATER DISCHARGES:

If you answered "Yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "No" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 902 – storm water from the east side of the parking lot

b. Location Bracey (City or town, if applicable) 23919 (Zip Code)

Mecklenburg (County) VA (State)

N36° 35' 59.38" (Latitude) W78° 9' 10.60" (Longitude)

c. Distance from shore (if applicable) NA ft.

d. Depth below surface (if applicable) NA ft.

e. Average daily flow rate NA mgd

f. Does this outfall have either an intermittent or a periodic discharge? X Yes ☐ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: During a rainfall event

Average duration of each discharge: Depends on rainfall

Average flow per discharge: 0.002 mgd

Months in which discharge occurs: Rainfall event

g. Is outfall equipped with a diffuser? ☐ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water Unnamed Tributary to Lake Gaston

b. Name of watershed (if known) Roanoke River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Roanoke River Basin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable)

acute NA cfs chronic NA cfs

e. Total hardness of receiving stream at critical low flow (if applicable): NA mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
Simmons Terminal and Restaurant VA0063614		Roanoke River

A.11. Description of Treatment NONE

a. What level of treatment are provided? Check all that apply.

☐ Primary ☐ Secondary

☐ Advanced ☐Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal _____ NA %

Design SS removal _____ NA %

Design P removal _____ NA %

Design N removal _____ NA %

Other _____ _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

NA

If disinfection is by chlorination is dechlorination used for this outfall? ☐Yes X No

Does the treatment plant have post aeration? NA ☐Yes X No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analysis not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 902

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.43	s.u.			
pH (Maximum)	6.54	s.u.			
Flow Rate	0.002	MGD	0.002	MGD	6
Temperature (Winter)	NA	F		F	
Temperature (Summer)	NA	F		F	

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	NA	Mg/l	NA	Mg/l	NA	SM	NA
	CBOD5	NA	Mg/l		Mg/l		SM 5210	NA
FECAL COLIFORM		NA	Mg/l		Mg/l		SM9222D	NA
TOTAL SUSPENDED SOLIDS (TSS)		NA	Mg/l		Mg/l		SM 2540D	NA

END OF PART A.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER: Simmons Terminal and Restaurant VA0063614	PERMIT ACTION REQUESTED:	RIVER BASIN: Roanoke

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

NA gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redunancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? X Yes No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: .B & B CONSULTANTS, INC

Mailing Address: P O BOX 101

CHASE CITY, VA 23924

Telephone Number: 434.372.3393

Responsibilities of Contractor: CONTRACT OPERATOR

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER: Simmons Terminal and Restaurant VA0063614	PERMIT ACTION REQUESTED:	RIVER BASIN: Roanoke

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? NA ☐ Yes ☐No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combine sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analysis not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans and must be no more than four and on-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER: Simmons Terminal and Restaurant VA0063614	PERMIT ACTION REQUESTED:	RIVER BASIN: Roanoke

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information packet

Supplemental Application Information packet:

- ☐ Part D (Expanded Effluent Testing Data)
- ☐ Part E (Toxicity Testing: Biomonitoring Data)
- ☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
- ☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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 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 and official title: William Hudson, General Manager

Signature: William Hudson

Telephone number: (434) 447-3146

Date signed: 6/18/08

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Commonwealth of Virginia
Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analysis not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (as CaCO3)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLOROETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLORO-ETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRA-CHLOROETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLOROETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer											
BASE-NEUTRAL COMPOUNDS											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K) FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORO-NAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLORO-BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYL-HYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLORO-BUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD) PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI-METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☐ chronic ☐ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number: _____	Test number: _____	Test number: _____
a. Test information.			
Test Species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.			
Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

	Test number:	Test number:	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:		PERMIT ACTION REQUESTED:	RIVER BASIN:
Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?	/ /	/ /	/ /
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: ____/____/_____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA,CERCLA, or other remedial wastes must complete part F.

GENERAL INFORMATION:

F.1. Pretreatment program. Does the treatment works have, or is subject ot, an approved pretreatment program?

☐ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

_____

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

☐ Yes ☐ No (go to F.12)

F.10. Waste transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☐ No

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is excepted to orignlate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.

a. Location of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once <u>for each CSO discharge point</u>.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency

☐ CSO flow volume ☐ Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (☐ actual or ☐ approx.)

b. Give the average duration per CSO event.

_____ hours (☐ actual or ☐ approx.)

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:

c. Give the average volume per CSO event.

_____ million gallons (☐ actual or ☐ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United State Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.