MAGELLAN®
MIDSTREAM PARTNERS, L.P.

February 6, 2008

Kevin Harlow
West Central Regional Office
3019 Peters Creek Road
Roanoke, VA 24019

RECEIVED
FEB - 8 2008
DEQ-WCRO

Re: Magellan Montvale Terminal
VPDES Renewal Application VA0055328

Dear Mr. Harlow:

Enclosed is the VPDES permit renewal application for Magellan Terminals Holdings, L.P. Montvale refined products terminal. The facility is located at 11851 Lynchburg-Salem Turnpike in Montvale, VA. The VPDES permit issued for this facility will expire on September 24, 2008. Enclosed are the original and 2 copies of this application as requested.

Also enclosed are a area topographic map and a site plot plan diagram. A copy of the email requesting and acknowledging a waiver for some test requirements is included as well as new testing results stipulated for this application (BTEX, naphthalene, BOD). Also included is our last semi-annual test results (pH, Hardness, TOC, TPH, TSS, Barium, Zinc) and our last Acute Toxicity results.

If you have any questions or need any additional information please let me know.

Sincerely,

Paul Potts
Environmental Specialist
(918) 574-7725
paul.potts@magellanlp.com

enclosure

Please print or type in the unshaded areas only. Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

RECEIVED FEB - 8 2008 DEQ-WCRO

I. EPA I.D. NUMBER

S		T/A	C
F	VAD000776203		D
1	2 13	14	15

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	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			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	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)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C	SKIP	
1		Magellan Montvale Virginia Terminal
15	16 - 29	30 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Tuck, Joe Terminal Supervisor	(540) 947-2614
15 16 45	46 48 49 51 52- 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX
3 11851 Lynchburg-Salem Turnpike (US Hwy 460; P.O. Box 113)
15 16 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Montvale	VA	24122
15 16 40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 11851 Lynchburg-Salem Turnpike
15 16 45

B. COUNTY NAME
Bedford
46 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Montvale	VA	24122	
15 16 40	41 42	47 51	52 -54

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 4226 (specify) Special Warehousing and Storage	7 5171 (specify) Petroleum Bulk Stations and Terminals

C. THIRD	D. FOURTH
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 Magellan Terminals Holdings, LP (Permit/App Contact: Paul Potts)

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.)*: A (918) 574-7725

E. STREET OR P.O. BOX: One Williams Center, MD 27-3

F. CITY OR TOWN: B Tulsa

G. STATE: OK

H. ZIP CODE: 74172

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	9 N	VA0055328	
D. PSD *(Air Emissions from Proposed Sources)*	9 P		
B. UIC *(Underground Injection of Fluids)*	9 U		
E. OTHER *(specify)*	9	FC#30103 / ID# 51-019-0007	(specify) Air Permit
C. RCRA *(Hazardous Wastes)*	9 R		
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)*

A bulk petroleum storage and truck loading terminal. Refined motor fuel products (gasoline & distillates) are received by pipeline, stored and truck loaded out.

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
Rick Olson, Sr. V.P. Operations		2-5-08

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA0055328 (Montvale, VA)

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM **2C** NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
#001	37.00	23.00	20.00	79.00	44.00	16.00	Goose Creek(South Fork), UT
							Roanoke River Basin

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

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

1. OUTFALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
#1					
	Stormwater collected from diked areas around storage tanks / loading	0.003 mgd	None - Non contact.		
	Hydrostatic Test Water (new & used tanks and pipelines)	0.5 mgd	None (tank or pipeline cleaned first)		

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

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		4. FLOW				
		a. DAYS PER WEEK (*specify average*)	b. MONTHS PER YEAR (*specify average*)	a. FLOW RATE (*in mgd*)		B. TOTAL VOLUME (*specify with units*)		C. DURATION (*in days*)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
#1	Hydrostatic Test Water (tested only after new installation or after major repair of existing tanks or piping. This testing is intermittent based on inspection frequency and new construction schedules). Largest tank at terminal is 1.8 million gallons. Last hydro test and discharge was in August 2006.	~5	~1	N/A	0.5	N/A	0.5 mgd	~5 days

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

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations 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		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

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

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

 CONTINUE ON PAGE 3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA0055328 (Montvale, VA)

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Petroleum Hydrocarbons (from gasoline/diesel products and additives)	Any leaks or spills from storage or loading operations that could become comingled in stormwater. See Note below: Note: If there is a discharge of stormwater to the outfall this water is observed for any sheen or other evidence of contamination before it is released (i.e. from dikes and from retention pond).		

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

Only toxicity testing is annual acute toxicity testing of discharge as required by existing permit. Last test was peformed on a February 2007 discharge samples with the LC50 > 100%.

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*)
Pro Chem Analytical	6040 North Fork Road, Elliston, VA 24087	540-268-9884	10/25/07 Sample Tests & Results: Flow (0.0025 Avg /.0045 Max Mgd) pH (6.34) TSS (6.0 mg/l) TOC (1.94 mg/l) TPH(< 1.0 mg/l) Hardness (68 mg/l) Barium (0.027 mg/l)) Zinc (< 0.005 mg/l) Additional 1/18/08 Sample Tests and Results (not required by permit): Naphthalene (<2.00 ug/l) Benenzene (< 2.00 ug/l) Ethylbeneze (< 2.00 ug/l) Xylenes (< 5.00 ug/l) Toluene (< 2.00 ug/l) BOD5 (< 2.00 mg/l)

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.*)
Rick Olson, Sr. V.P. Operations, Magellan Midstream Partners	(918) 574-0750
C. SIGNATURE	D. DATE SIGNED
	2-5-08

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*)
VA0055328 (Montvale, VA)

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

OUTFALL NO.
#001

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (*specify if blank*)		4. INTAKE (*optional*)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	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	
a. Biochemical Oxygen Demand (*BOD*)	< 2 mg/l	-	< 2 mg/l	-			1					
b. Chemical Oxygen Demand (*COD*)	N/A	-	N/A	-			N/A					
c. Total Organic Carbon (*TOC*)	1.94 mg/l	-	1.94 mg/l	-			1/6 Mo.					
d. Total Suspended Solids (*TSS*)	6.0 mg/l	-	6.0 mg/l	-			1/6 Mo.					
e. Ammonia (*as N*)	N/A	-	N/A	-			N/A					
f. Flow	VALUE 0.008 mg/d		VALUE 0.008 mg/d		VALUE 0.008 mg/d		1/Mo.			VALUE		
g. Temperature (*winter*)	VALUE ambient		VALUE ambient		VALUE ambient		1/Mo.	°C		VALUE		
h. Temperature (*summer*)	VALUE ambient		VALUE ambient		VALUE ambient		1/Mo.	°C		VALUE		
i. pH	MINIMUM 6.34	MAXIMUM 6.34	MINIMUM 6.34	MAXIMUM 6.34			1/Mo.	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. 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 ANALYSES	a. CONCEN-TRATION	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	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. 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 ANALYSES	a. CONCEN-TRATION	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*)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as* SO_4) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as* SO_3) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

 CONTINUE ON PAGE V-3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0055328 (Montvale, VA)	#001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

 CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloro-ethane (71-55-6)			X												
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)			X												
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	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*)															
22B. 1,4-Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro-benzene (118-74-1)			X												
34B. Hexachloro-butadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B Hexachloro-ethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	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-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

 CONTINUE ON PAGE V-9

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0055328 (Montvale, VA)	#001

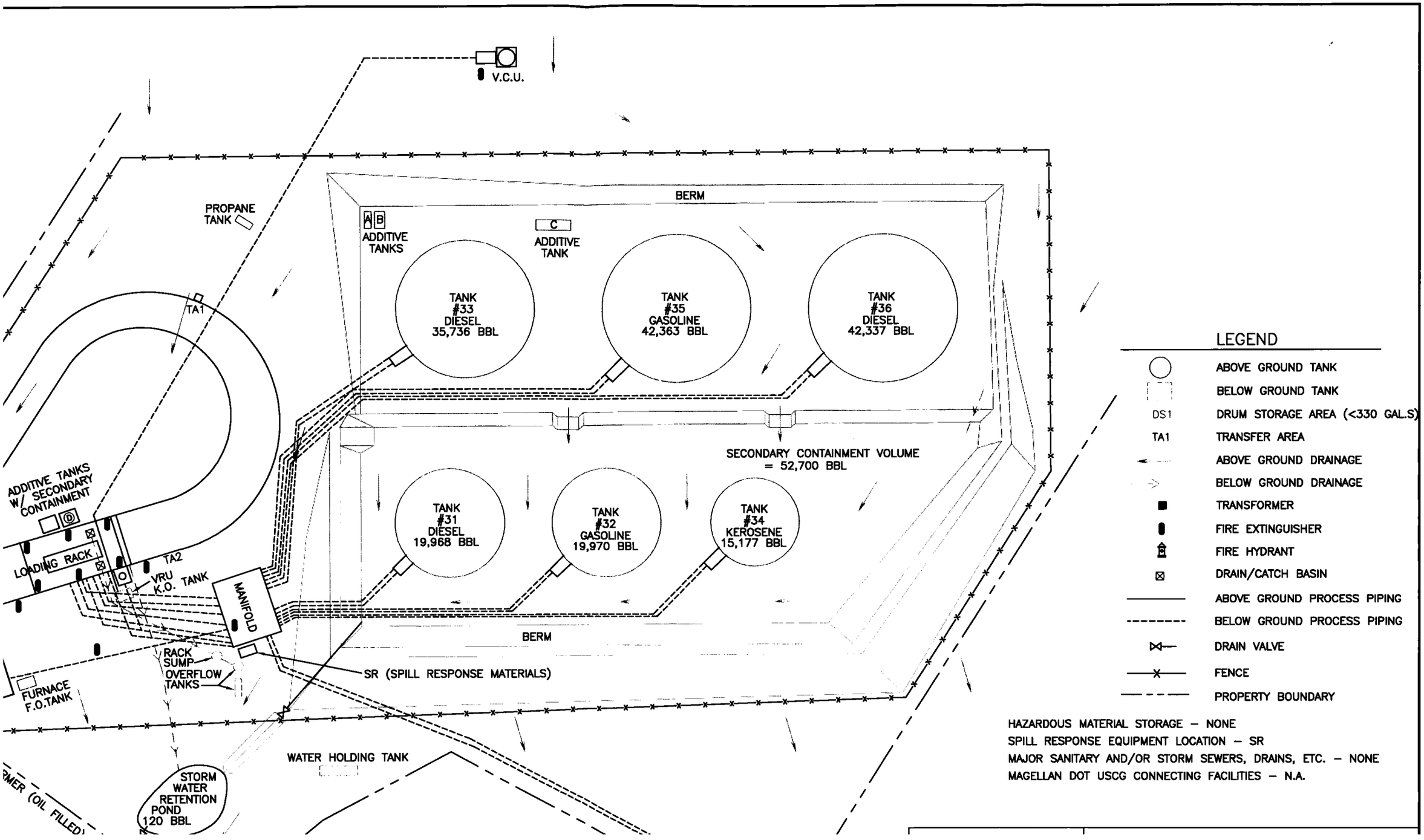
CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

Magellan Montvale Terminal - Area Map

Discharge Flow Path

0 0.2 0.4 0.6 0.8 1 mi


V.C.U.
PROPANE TANK
BERM
A B
ADDITIVE TANKS
C
ADDITIVE TANK
TANK #33 DIESEL 35,736 BBL
TANK #35 GASOLINE 42,363 BBL
TANK #36 DIESEL 42,337 BBL
TA1
SECONDARY CONTAINMENT VOLUME = 52,700 BBL
ADDITIVE TANKS W/ SECONDARY CONTAINMENT
D
LOADING RACK
TA2
VRU K.O. TANK
MANIFOLD
TANK #31 DIESEL 19,968 BBL
TANK #32 GASOLINE 19,970 BBL
TANK #34 KEROSENE 15,177 BBL
BERM
RACK SUMP
OVERFLOW TANKS
SR (SPILL RESPONSE MATERIALS)
FURNACE F.O.TANK
WATER HOLDING TANK
STORM WATER RETENTION POND 120 BBL
LEGEND
ABOVE GROUND TANK
BELOW GROUND TANK
DS1 DRUM STORAGE AREA (<330 GAL.S)
TA1 TRANSFER AREA
ABOVE GROUND DRAINAGE
BELOW GROUND DRAINAGE
TRANSFORMER
FIRE EXTINGUISHER
FIRE HYDRANT
DRAIN/CATCH BASIN
ABOVE GROUND PROCESS PIPING
BELOW GROUND PROCESS PIPING
DRAIN VALVE
FENCE
PROPERTY BOUNDARY
HAZARDOUS MATERIAL STORAGE – NONE
SPILL RESPONSE EQUIPMENT LOCATION – SR
MAJOR SANITARY AND/OR STORM SEWERS, DRAINS, ETC. – NONE
MAGELLAN DOT USCG CONNECTING FACILITIES – N.A.

Magellan's Montvale Terminal
VPDES Permit Renewal

Testing Waiver Request & Analytical Results

Additional Testing 1/18/2008:
BTEX, Naphthalene, BOD

Last Semi-Annual Testing 10/25/07:
pH, Hardness, TOC, TPH, TSS, Barium, Zinc

Last Toxicity Test 2/14/07

Potts, Paul

WAIVER REQUEST 1/2

From: Harlow,Kevin [kaharlow@deq.virginia.gov]
Sent: Wednesday, January 16, 2008 12:57 PM
To: Potts, Paul
Subject: RE: NPDES Permit Renewal VA0055328

It looks great!

Kevin Harlow
Environmental Engineer Senior

DEQ-WCRO
3019 Peters Creek Road
Roanoke, VA 24019
tel (540) 562.6788
fax (540) 562.6860
kaharlow@deq.virginia.gov

-----Original Message-----
From: Potts, Paul [mailto:Paul.Potts@magellanlp.com]
Sent: Wednesday, January 16, 2008 12:21 PM
To: Harlow,Kevin
Subject: RE: NPDES Permit Renewal VA0055328

Kevin: Did this look OK to you?

Thanks...

Paul

From: Potts, Paul
Sent: Friday, January 11, 2008 2:12 PM
To: 'kaharlow@deq.virginia.gov'
Subject: NPDES Permit Renewal VA0055328

Kevin:

As we discussed this afternoon, I'm preparing to renew our NPDES permit for our Montvale refined products (gasoline & diesel) terminal (#VA0055328). This is for storm water and occasional hydrostatic test discharge water. We are currently testing for Flow and pH monthly and TSS, TOC and TPH, Barium, Zinc & Hardness every six months and Acute Toxicity annually (and additional parameters if hydrostatic discharge) which we have not had an exceedance during the permit period. In the application for permit renewal, Section V, Part A test requirements we are requesting a waiver for COD but understand that BOD will be required. We also request a waiver for Ammonia (as N).

In Part B & Part C we consider all of these pollutants to be absent. However you indicated because of the nature of the business we should test for BTEX (and we could for naphthalene since also handle diesel). The last time we tested for BTEX and naphthalene (for non-hydro discharge) was back in December of 2004. Since this is older than three years we will sample and test again as you suggested. In summary what we are planning to include for analytical results in the application is:

- BOD (new)
- TOC (from last tests)
- TSS (from last tests)
- Temperature (winter & summer)
- pH (last)

- BTEX (new)
- Napthalene (new)
- Acute Toxicity (last)
- Barium, zinc , hardness (last)

2/2

This would assume a waiver for COD and Ammonia. Please let me know if you concur or need any additional information.

Thanks...

Paul Potts
Sr. Environmental Specialist
Magellan Midstream Partners, LP
One Williams Center, MD 27-3
Tulsa, OK 74172
(918) 574-7725
(918) 574-7247 fax
(918) 625-7698 cell

Certificate of Analysis

PCA Order No. 417426

Final Report

Prepared for:

Mr. Joe Tuck
Magellan Midstream Partners, LP
P.O. Box 113, U.S. Highway 460
Montvale, VA 24122

Report Date: February 01, 2008

Date Received: January 18, 2008

Project: Monthly

Comments:

Analytical data are presented on the following pages of this report. If you have any questions or need further assistance, please feel free to contact your project manager at (540) 268-9884.

Respectfully Submitted by:

Reviewed and Approved by:

Cheryl M. Daniel
QA/QC Manager

Unless otherwise indicated, all analyses were conducted according to Standard Methods for the Examination of Water and Wastewater, 18th Edition, Test Methods for Evaluation Solid Waste (Physical/Chemical), 3rd Edition, and Methods for the Chemical Analysis of Water and Wastes, EPA.

This report sets forth the results of our analysis of samples delivered to our laboratory and shall not be construed to be a representation by ProChem Analytical Incorporated as to the source or method of procuring such samples. All reports are submitted as the confidential property of clients and authorization for publication of any statements contained in our reports is reserved pending our written consent.

PROCHEM Analytical Incorporated

Final Report

Report Date: 2/1/2008

PCA Order No.: 417426
Client: Magellan Midstream Partners, LP
Project: Monthly

Sample Number: 417426-01
Date Collected: 1/18/2008
Time Collected: 14:00

Description: 001
Matrix: Storm Water
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
Naphthalene	< 2.00	2.00	µg/L	1/23/2008	17:55	DJH	SW-846 8260B
pH, Field	6.80	NA	S.U.	1/18/2008	14:01	JDM	SM 4500H+B
BTEX							
Benzene	< 2.00	2.00	µg/L	1/23/2008	17:55	DJH	SW-846 8260B
Ethylbenzene	< 2.00	2.00	µg/L	1/23/2008	17:55	DJH	SW-846 8260B
m- and p-Xylene	< 5.00	5.00	µg/L	1/23/2008	17:55	DJH	SW-846 8260B
o-Xylene	< 2.00	2.00	µg/L	1/23/2008	17:55	DJH	SW-846 8260B
Toluene	< 2.00	2.00	µg/L	1/23/2008	17:55	DJH	SW-846 8260B

Sample Number: 417426-02
Date Collected: 1/22/2008
Time Collected: 15:50

Description: 001
Matrix: Storm Water
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
BOD5	< 2	2	mg/L	1/22/2008	17:13	BB	SM 5210B

The seed factor associated with this analytical run was not within method specified limits of 0.6 - 1.0 (0.41); mean result reported.

Level II QC Summary Report

Surrogate Recovery Data

PCA Order No. **417426** **Report Date:** **2/1/2008**

Client Name: **Magellan Midstream Partners, LP**

Mr. Joe Tuck

Project ID: **Monthly**

Method: SW-846 8260B **QC Batch ID:** G012308C

Lab Sample ID	Parameter	Units	Sample Result	Spike Added	% Rec	Acceptance Criteria
417426-01	1,2-Dichloroethane-d4	µg/L	44.8	50	89.6	76 - 114%
	Bromofluorobenzene	µg/L	49.0	50	98.0	86 - 115%
	Dibromofluoromethane	µg/L	44.1	50	88.1	86 - 116%
	Toluene-d8	µg/L	52.7	50	105.5	88 - 110%

ProChem Analytical Incorporated
6040 North Fork Road
Elliston, VA 24087
Phone (540) 268-9884

Analytical Request and Chain of Custody Form

PCA Order ID # 417426

Page 1 of 1
Is Order Complete? ☒ Yes ☐ No

Please Print. See Chain of Custody Instructions for additional help with corresponding numbers.

1. Mail Report to:			
Company Name:	MAGELLAN		
Attention:	Mr. / Ms. Joe Tuck		
Address:			
City, State, Zip:	Montvale, VA 24122		
Telephone:	947-2614	FAX:	947-2401
Email:			

2. Bill to:			
Company Name:			
Attention:	Mr. / Ms.		
Address:			
City, State, Zip:			
Telephone:			
Purchase Order No.:		Quotation No.:	

3. Turn Around Time Request
☒ Standard Business Day
☐ 3-4 Business Day Rush
☐ 2 Business Day Rush

Note: All rush turn around times are subject to ProChem Analytical approval and additional fees.

LAB USE ONLY		4. Project Name	6. Sample Type (Check One)			7. Collection Dates/Times							
PCA Sample ID Number	pH at Receipt in Lab (S.U.)	001 12X/YR 5. Sample Location or ID	Composite	Composite of Grabs	Grab	Composite Begin Date / Time	Composite End Date / Time	Grab Date(s) / Time(s)	8. Matrix (See Key Below)	9. Container Type (Plastic/Glass/Other)	10. # of Containers	11. Preservative (See Key Below)	12. Requested Analyses
41742601	NA	001			X			1-18 2:00	~~Stw~~ WW	Plastic	0	NONE	pH field 6.80 @ 9.7°C
BOD	↓				~~X~~			2:00	WW	Plastic	1	None	~~BOD~~ V. McCREARY TO RECOLLECT 01-22-08.
V1-2	*				X			2:00	WW	Glass	2	HCL	BTEX
V3-4	↓				X			2:00	WW	Glass	2	HCL	Napthalene

13. QA/QC Package Request (please circle one): I II III IV V (Custom)
*pH of aliquot checked at time of analysis.

14. Request for Additional Reporting (please check all that apply):
☐ via Fax (extra fee after 1st fax) ☐ via Email (no extra fee) ☐ via CD-ROM (extra fee)

15. Comments: * BOD NOTICED BY SM AFTER HOLD TIME WAS UP. RUN OUT OF HOLD - AND TRY TO RECOLLECT FOR THIS MONTH. 01/21/08

Lab Use Only:
Temperature upon receipt in lab = ___ °C
Samples Transported on ice? ☑ Yes ☐ No ☐ N/A
PCA Project Manager: ___
Method of Shipment: ☑ PCA Personnel ☐ Client Personnel ☐ UPS ☐ FedEx ☐ Airborne ☐ USPS Other ___

Matrix Key:
DW = Drinking Water, GW = Groundwater, LE = Leachate, LI = Liquid, OI = Oil, OT = Other, SL = Sludge, SO = Soil, ST = Storm Water, SU = Surface Water, SD = Solid, WW = Wastewater

Preservative Key:
None = No Preservative, H_2SO_4 = Sulfuric Acid, HNO_3 = Nitric Acid, HCl = Hydrochloric Acid, NaOH = Sodium Hydroxide, $(CH_3CO_2)_2ZN$ = Zinc Acetate, $C_{10}H_{14}O_8N_2Na_2$ = EDTA, $Na_2S_2O_3$ = Sodium Thiosulfate

16. Sampler(s) (Printed Name and Signature):
~~EARL DIXON~~ Jonathan McCreary

17. Relinquished by (Signature):	Date/Time	18. Received by (Signature):	Date/Time
[signature]	1-18 2:55	[signature]	01/18/08 1455
17. Relinquished by (Signature):	Date/Time	18. Received by (Signature):	Date/Time
17. Relinquished by (Signature):	Date/Time	18. Received by (Signature):	Date/Time

ProChem Analytical Incorporated
6040 North Fork Road
Elliston, VA 24087
Phone (540) 268-9884
FAX (540) 268-2755

Analytical Request and Chain of Custody Form

PCA Order ID # 417426

Page ____ of ____
Is Order Complete? ☐ Yes ☐ No

Please Print. See Chain of Custody Instructions for additional help with corresponding numbers.

1. Mail Report to:			
Company Name:	Hagy PHA		
Attention:	Mr. / Ms.		
Address:			
City, State, Zip:			
Telephone:		FAX:	
Email:			

2. Bill to:			
Company Name:			
Attention:	Mr. / Ms.		
Address:			
City, State, Zip:			
Telephone:			
Purchase Order No.:		Quotation No.:	

3. Turn Around Time Request
- ☐ Standard Business Day
- ☐ 3-4 Business Day Rush
- ☐ 2 Business Day Rush

Note: All rush turn around times are subject to ProChem Analytical approval and additional fees.

LAB USE ONLY		4. Project Name	6. Sample Type (Check One)			7. Collection Dates/Times							
PCA Sample ID Number	pH at Receipt in Lab (S.U.)	5. Sample Location or ID	Composite	Composite of Grabs	Grab	Composite Begin Date / Time	Composite End Date / Time	Grab Date(s) / Time(s)	8. Matrix (See Key Below)	9. Container Type (Plastic/Glass/Other)	10. # of Containers	11. Preservative (See Key Below)	12. Requested Analyses
417426·02	~~BOD~~ NA	001			X			3:50 1-22	SW ST	P	1	None	Bod

13. QA/QC Package Request (please circle one): I II III IV V (Custom)

Matrix Key:
DW = Drinking Water; GW = Groundwater; LE = Leachate; LI = Liquid; OI = Oil; OT = Other; SL = Sludge; SO = Soil; ST = Storm Water; SU = Surface Water; SD = Solid; WW = Wastewater

Preservative Key:
None = No Preservative; H_2SO_4 = Sulfuric Acid; HNO_3 = Nitric Acid; HCl = Hydrochloric Acid; NaOH = Sodium Hydroxide; $(CH_3CO_2)_2ZN$ = Zinc Acetate; $C_{10}H_{14}O_8N_2Na_2$ = EDTA; $Na_2S_2O_3$ = Sodium Thiosulfate

14. Request for Additional Reporting (please check all that apply):
☐ via Fax (extra fee after 1st fax) ☐ via Email (no extra fee) ☐ via CD-ROM (extra fee)

15. Comments:

16. Sampler(s) (Printed Name and Signature): Jonathan McCrary

17. Relinquished by (Signature): [signature] Date/Time 1-22 4:30

18. Received by (Signature): [signature] Date/Time 01·22·08 1630

Lab Use Only:
Temperature upon receipt in lab = 1 °C
Samples Transported on ice? ☑ Yes ☐ No ☐ N/A
PCA Project Manager: ____
Method of Shipment: ☑ PCA Personnel ☐ Client Personnel ☐ UPS ☐ FedEx ☐ Airborne ☐ USPS Other ____

17. Relinquished by (Signature): Date/Time

18. Received by (Signature): Date/Time

17. Relinquished by (Signature): Date/Time

18. Received by (Signature): Date/Time

Sample Collection Log

Client	MAgellan	Project	
Outfall	001	Weather Condition	Sunny, cold

Interval Flow _____ Number of Subsamples _____

Field Analyses

Initials JDM	Composite	Grab
Date		1-18-08
Time Collected		2:00
Time Measured	N/A	2:01
pH (SM 4500 H^+B)	N/A	6.80
Temperature (SM 2550 B)	N/A	9.7°C
Conductivity (EPA 120.1)	N/A	—
Residual Chlorine (4500-Cl G)	N/A	—

Is composite sampling jug kept on ice during sampling period? ☐ Yes ☐ No

pH Calibration (SM 4500 H^+B)

Date	Time	4.01, 7.00, 10.01 Calibration-Values, SU	7.00 Reading, SU@°C	Initials
1-18-08	10:30	4.01, 7.00, 9.98	7.0 @ 13.5°C	JDM

Additional Notes: _____

Technician Signature: _____

PROCHEM Analytical Incorporated

Certificate of Analysis

PCA Order No. 416176

Final Report

Prepared for:

Mr. Joe Tuck
Magellan Midstream Partners, LP
P.O. Box 113, U.S. Highway 460
Montvale, VA 24122

Report Date: November 06, 2007

Date Received: October 25, 2007

Project: 001 Semi

Comments:

Analytical data are presented on the following pages of this report. If you have any questions or need further assistance, please feel free to contact your project manager at (540) 268-9884.

Respectfully Submitted by:

Laurie Tyler
Project Manager

Reviewed and Approved by:

Cheryl M. Daniel
QA/QC Manager

Unless otherwise indicated, all analyses were conducted according to Standard Methods for the Examination of Water and Wastewater, 18th Edition, Test Methods for Evaluation Solid Waste (Physical/Chemical), 3rd Edition, and Methods for the Chemical Analysis of Water and Wastes, EPA.

This report sets forth the results of our analysis of samples delivered to our laboratory and shall not be construed to be a representation by ProChem Analytical Incorporated as to the source or method of procuring such samples. All reports are submitted as the confidential property of clients and authorization for publication of any statements contained in our reports is reserved pending our written consent.

6040 North Fork Road Elliston, Virginia 24087 Phone: (540) 268-9884 Fax: (540) 268-2755

PROCHEM Analytical Incorporated

Final Report

PCA Order No.: 416176
Report Date: 11/6/2007
Client: Magellan Midstream Partners, LP
Project: 001 Semi

Sample Number: 416176-01
Description: 001
Date Collected: 10/25/2007
Matrix: Storm Water
Time Collected: 09:00
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
pH, Field	6.34	NA	S.U.	10/25/2007	09:02	EED	SM 4500H+B
Hardness as CaCO3	68	5	mg/L	10/26/2007	14:00	GLH	SM 2340C
Total Organic Carbon	1.94	1.00	mg/L	10/29/2007	13:31	MLS	SM 5310C
Total Petroleum Hydrocarbons	< 1	1	mg/L	11/5/2007	13:00	EAD	EPA 418.1
Total Suspended Solids	6	1	mg/L	10/31/2007	12:30	WAS	SM 2540D
Barium, Dissolved	0.027	0.001	mg/L	10/29/2007	09:45	CDM	EPA 200.7
Zinc, Dissolved	< 0.005	0.005	mg/L	10/26/2007	17:00	CDM	EPA 200.7

6040 North Fork Road Elliston, Virginia 24087 Phone: (540) 268-9884 Fax: (540) 268-2755

ProChem Analytical Incorporated
6040 North Fork Road
Elliston, VA 24087
Phone (540) 268-9884

Analytical Request and Chain of Custody Form

PCA Order ID # 416176

Page 1 of 1
Is Order Complete? ☒ Yes ☐ No

Please Print. See Chain of Custody Instructions for additional help with corresponding numbers.

1. Mail Report to:			
Company Name:	MAGELLAN		
Attention:	Mr. / Ms. Joe Tuck		
Address:			
City, State, Zip:	Montvale, VA 24122		
Telephone:	947-2614	FAX:	947-2401
Email:			

2. Bill to:			
Company Name:			
Attention:	Mr. / Ms.		
Address:			
City, State, Zip:			
Telephone:			
Purchase Order No.:		Quotation No.:	

3. Turn Around Time Request
☒ Standard Business Day
☐ 3-4 Business Day Rush
☐ 2 Business Day Rush

Note: All rush turn around times are subject to ProChem Analytical approval and additional fees.

LAB USE ONLY: PCA Sample ID Number	LAB USE ONLY: pH at Receipt in Lab (S.U.)	4. Project Name: 001 Semi / 5. Sample Location or ID	6. Sample Type (Check One): Composite	Composite of Grabs	Grab	7. Collection Dates/Times: Composite Begin Date / Time	Composite End Date / Time	Grab Date(s) / Time(s)	8. Matrix (See Key Below)	9. Container Type (Plastic/Glass/Other)	10. # of Containers	11. Preservative (See Key Below)	12. Requested Analyses
416176													
01TSS		001			X			10/25/07 09:00	ST	Plastic	1	NONE	TSS
TPh		001			X			10/25/07 09:00	ST	Amber Glass	1	H2SO4	TPH-IR
TOC		001			X			10/25/07 09:00	ST	Amber Glass	1	H2SO4	TOC
D	L2	001			X			10/25/07 09:00	ST	Plastic	1	HNO3	Dis. BA & ZN.*
HD	L2	001			X			10/25/07 09:00	ST	Plastic	1	None	Hardness, pH, field

13. QA/QC Package Request (please circle one): I II III IV V (Custom)

Matrix Key:
DW = Drinking Water; GW = Groundwater; LE = Leachate; LI = Liquid; OI = Oil; OT = Other; SL = Sludge; SO = Soil; ST = Storm Water; SU = Surface Water; SD = Solid; WW = Wastewater

Preservative Key:
None = No Preservative; H_2SO_4 = Sulfuric Acid; HNO_3 = Nitric Acid; HCl = Hydrochloric Acid; NaOH = Sodium Hydroxide; $(CH_3CO_2)_2ZN$ = Zinc Acetate; $C_{10}H_{14}O_8N_2Na_2$ = EDTA; $Na_2S_2O_3$ = Sodium Thiosulfate

14. Request for Additional Reporting (please check all that apply):
☐ via Fax (extra fee after 1st fax) ☐ via Email (no extra fee) ☐ via CD-ROM (extra fee)

15. Comments:
*=filtered in field.

16. Sampler(s) (Printed Name and Signature):
EARL DIXON

17. Relinquished by (Signature): Date/Time 12:30

18. Received by (Signature): Date/Time 10/25/07 1230

Lab Use Only:
Temperature upon receipt in lab = 5 °C
Samples Transported on ice? ☒ Yes ☐ No ☐ N/A
PCA Project Manager:
Method of Shipment: ☒ PCA Personnel ☐ Client Personnel ☐ UPS ☐ FedEx ☐ Airborne ☐ USPS Other _____

19. Relinquished by (Signature): Date/Time

20. Received by (Signature): Date/Time

17. Relinquished by (Signature): Date/Time

18. Received by (Signature): Date/Time

Sample Collection Log

Client		Project Number	
Source	Magellan	Project	12/YR
Outfall	001	Weather Condition	Raining

Interval Flow _____ Number of Subsamples

Field Analyses

Initials __E.D._____	Composite	Grab
Date		10/25/07
Time Collected		09:00
Time Measured	N/A	09:02
pH (EPA 150.1)	N/A	6.34
Temperature (EPA 170.1)	N/A	15.2

Is composite sampling jug kept on ice during sampling period? ❒ Yes ❒No

WW4 pH Calibration (EPA 150.1)

Date	Time	4.01, 7.00, 10.01 Calibration Values, SU	7.00 Reading, SU@°C	Initials
10/25/07	07:30	4.00, 7.01, 10.05	7.01@18.6	E.D.

Additional Notes:_____

Technician Signature:_____

PROCHEM Analytical Incorporated

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

West Central Regional Office

3019 Peters Creek Road, Roanoke, Virginia 24019

Telephone (540) 562-6700, Fax (540) 562-6725

www.deq.virginia.gov

L. Preston Bryant, Jr
Secretary of Natural Resources

David K. Paylor
Director

Steven A. Dietrich
Regional Director

April 12, 2007

Mr. Paul Potts, Environmental Specialist
Magellan Midstream Partners, L.P.
One Williams Center
P.O. Box 22186, MD 27-3
Tulsa, OK 74121-2186

Re: Fourth Annual TMP Data Review
Magellan Terminals Holdings, LP-Montvale
VPDES Permit No. **VA0055328**

Dear Mr. Potts:

DEQ received the fourth annual TMP report on March 12, 2007. The test has been reviewed and is deemed valid. The February, 2007 test meets the requirements of Part I.C of the above-referenced permit with a result of an LC_{50} >100% with no deficiencies in the testing procedure noted. The fifth annual acute toxicity report is due April 10, 2008.

If you have any questions, please contact me at (540)562-6788.

Sincerely,

Kevin Harlow
Environmental Engineer Senior

Enclosure

Certificate of Analysis

PCA Order No. 411824

Final Report

Prepared for:

Mr. Joe Tuck
Magellan Midstream Partners, LP
P.O. Box 113, U.S. Highway 460
Montvale, VA 24122

Report Date: February 19, 2007

Date Received: February 14, 2007

Project: 001 12X/YR

Comments:

Analytical data are presented on the following pages of this report. If you have any questions or need further assistance, please feel free to contact your project manager at (540) 268-9884.

Respectfully Submitted by:

Laurie Tyler
Project Manager

Reviewed and Approved by:

Cheryl M. Daniel
QA/QC Manager

Unless otherwise indicated, all analyses were conducted according to Standard Methods for the Examination of Water and Wastewater, 18th Edition, Test Methods for Evaluation Solid Waste (Physical/Chemical), 3rd Edition, and Methods for the Chemical Analysis of Water and Wastes, EPA.

This report sets forth the results of our analysis of samples delivered to our laboratory and shall not be construed to be a representation by ProChem Analytical Incorporated as to the source or method of procuring such samples. All reports are submitted as the confidential property of clients and authorization for publication of any statements contained in our reports is reserved pending our written consent.

ProChem Analytical Incorporated

Final Report

PCA Order No.: 411824
Report Date: 2/19/2007
Client: Magellan Midstream Partners, LP
Project: 001 12X/YR

Sample Number: 411824-01
Date Collected: 2/14/2007
Time Collected: 11:50
Description: 001
Matrix: Wastewater
Sample Type: Grab

Analysis	Result	Reporting Limit	Units	Date Analyzed	Time Analyzed	Analyst	Method
pH, Field	6.12	NA	S.U.	2/14/2007	11:52	EED	EPA 150.1

ProChem Analytical Incorporated
6040 North Fork Road
Elliston, VA 24087
Phone (540) 268-9884

PCA Order ID # 411824

Analytical Request and Chain of Custody Form

Page 1 of 1
Is Order Complete? ☒ Yes ☐ No

Please Print. See Chain of Custody Instructions for additional help with corresponding numbers.

1. Mail Report to:			
Company Name:	MAGELLAN		
Attention:	Mr. / Ms. Joe Tuck		
Address:			
City, State, Zip:	Montvale, VA 24122		
Telephone:	947-2614	FAX:	947-2401
Email:			

2. Bill to:			
Company Name:			
Attention:	Mr. / Ms.		
Address:			
City, State, Zip:			
Telephone:			
Purchase Order No.:		Quotation No.:	

3. Turn Around Time Request
☒ Standard Business Day
☐ 3-4 Business Day Rush
☐ 2 Business Day Rush

Note: All rush turn around times are subject to ProChem Analytical approval and additional fees.

LAB USE ONLY		4. Project Name	6. Sample Type (Check One)			7. Collection Dates/Times							
PCA Sample ID Number	pH at Receipt in Lab (S.U.)	001 12X/YR 5. Sample Location or ID	Composite	Composite of Grabs	Grab	Composite Begin Date / Time	Composite End Date / Time	Grab Date(s) / Time(s)	8. Matrix (See Key Below)	9. Container Type (Plastic/Glass/Other)	10. # of Containers	11. Preservative (See Key Below)	12. Requested Analyses
411824-01	N/A	001			X			02/14/07 11:50	WW	Plastic	0	NONE	pH field

13. QA/QC Package Request (please circle one): I II III IV V (Custom)

Matrix Key:
DW = Drinking Water; GW = Groundwater; LE = Leachate; LI = Liquid; OI = Oil; OT = Other; SL = Sludge; SO = Soil; ST = Storm Water; SU = Surface Water; SD = Solid; WW = Wastewater

Preservative Key:
None = No Preservative; H_2SO_4 = Sulfuric Acid; HNO_3 = Nitric Acid; HCl = Hydrochloric Acid; NaOH = Sodium Hydroxide; $(CH_3CO_2)_2ZN$ = Zinc Acetate; $C_{10}H_{14}O_8N_2Na_2$ = EDTA; $Na_2S_2O_3$ = Sodium Thiosulfate

14. Request for Additional Reporting (please check all that apply):
☐ via Fax (extra fee after 1st fax) ☐ via Email (no extra fee) ☐ via CD-ROM (extra fee)

15. Comments:

16. Sampler(s) (Printed Name and Signature):
EARL DIXON

17. Relinquished by (Signature): Date/Time 2/14 14:00
18. Received by (Signature): Amanda Date/Time 02.14.07 1400

17. Relinquished by (Signature): Date/Time
18. Received by (Signature): Date/Time

17. Relinquished by (Signature): Date/Time
18. Received by (Signature): Date/Time

Lab Use Only:
Temperature upon receipt in lab: 2 °C N/A
Samples Transported on ice? ☑ Yes ☐ No ☐ N/A 02.14.07
PCA Project Manager: LZT
Method of Shipment: ☑ PCA Personnel ☐ Client Personnel ☐ UPS ☐ FedEx ☐ Airborne ☐ USPS Other

Sample Collection Log

Client		**Project Number**	
Source	Magellan	**Project**	12/YR
Outfall	001	**Weather Condition**	Cold

Interval Flow _____ Number of Subsamples

Field Analyses

Initials __E.D._____	Composite	Grab
Date		02/14/07
Time Collected		11:50
Time Measured	N/A	11:52
pH (EPA 150.1)	N/A	6.12
Temperature (EPA 170.1)	N/A	3.3

Is composite sampling jug kept on ice during sampling period? ❒ Yes ❒No

WW4 pH Calibration (EPA 150.1)

Date	Time	4.01, 7.00, 10.01 Calibration Values, SU	7.00 Reading, SU@°C	Initials
02/14/07	07:10	4.00, 7.02, 10.05	7.02@21.4	E.D.

Additional Notes:_____

_____

_____

_____

Technician Signature:_____

PROCHEM Analytical Incorporated

Client: Prochem Analytical, Inc.
Project ID: PROC0707
Client Sample ID: Magellan/Montvale Outfall 001
Permit No: not given
Sample Period: 2/14/07 #411819-01

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Mr. Craig Kidd Prochem Analytical 6040 North Fork Road Elliston, VA 24087	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	48-h LC50	95% C.L.	$T.U._{Ac}$	NOAEC
C. dubia EPA 2002.0	>100	N/A	<1.00	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

AcuteTest Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	6.3	13	25	50	100
C. dubia EPA 2002.0	Survival (%):	100	100	100	100	100	100

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 2002.0	2/15/07 1325 2/17/07 1325	CBI Stock	2/14/07 1600 2/15/07 0945	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Acute Test	
Water Quality Parameter (Units)	Sample	Dilution* Water
Arrival Temperature (°C)	1	N/A
Use Temperature (°C)	25	25
Conductivity (µS/cm)	132	297
pH (S.U.)	7.64	7.78
Dissolved Oxygen (mg/l)	8.2	8.2
Total Hardness (mg/l as $CaCO_3$)	60	82
Alkalinity (mg/l as $CaCO_3$)	38	57
Total Residual Chlorine (mg/l)	<Q.L.	N/A
Ammonia (mg/l NH_3-N)	<1.0	N/A

*Dilution water = Moderately hard synthetic freshwater made with ASTM Type I deionized water

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
PROC0707-A	2/14/07 1150	2/15/07 1325	N/A	Aerated 5 min

EPA Laboratory ID: VA01116

Client: Prochem Analytical, Inc.
Project ID: PROC0707
Client Sample ID: Magellan/Montvale Outfall 001
Permit No: not given
Sample Period: 2/14/07 #411819-01

Coastal Bioanalysts, Inc.

Acute Test Water Quality (Mean/Std. Dev.)						
Test:	*C. dubia* 2002.0					
% Conc:	Cont.	6.3	13	25	50	100
Temp. (°C)	24 0	24 0	24 0	24 0	24 0	24 0
D.O. (mg/l)	8.1 0.1	8.1 0.1	8.1 0.1	8.1 0.1	8.1 0.1	8.1 0.1
pH (S.U.)	7.84 0.09	7.84 0.10	7.81 0.11	7.78 0.11	7.73 0.10	7.63 0.10

Acute Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures					
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. For LC50	RTT in Control?
C. dubia 2002.0	RTT	100	556	507-609	Yes
(2/5/07-2/7/07)	CC	100	576	493-658	

Note: RTT = Reference Toxicant Test, CC = Control Chart

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

2/19/07
Date

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

N/A: Not applicable. **N/D:** Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac}$ = 100/LC50. $T.U._{Chr}$ = 100/NOEC. A dimensionless unit.

EPA Laboratory ID: VA01116

CERIODAPHNIA DUBIA STATIC ACUTE WET TEST (ACD)

COASTAL BIOANALYSTS, INC
FORM ETF1051A EFFECTIVE DATE: 5/15/02

% Effluent	I.D.	Day 0 Live	Day 1 Live	Day 2 Live	Final % Survival
Control	C-1	5	5	5	100
	C-2	5	5	5	
	C-3	5	5	5	
	C-4	5	5	5	
6.25	1-1	5	5	5	100
	1-2	5	5	5	
	1-3	5	5	5	
	1-4	5	5	5	
12.5	2-1	5	5	5	100
	2-2	5	5	5	
	2-3	5	5	5	
	2-4	5	5	5	
25	3-1	5	5	5	100
	3-2	5	5	5	
	3-3	5	5	5	
	3-4	5	5	5	
50	4-1	5	5	5	100
	4-2	5	5	5	
	4-3	5	5	5	
	4-4	5	5	5	
100	5-1	5	5	5	100
	5-2	5	5	5	
	5-3	5	5	5	
	5-4	5	5	5	
	Initials:	AW	GB	CS	
	Count Time:	1325	0910	1325	*Test End Time

NOTES:

Parameter	Treatment I.D.	Day 0	Day 1	Day 2
Temp. (°C)	C	24	24	24
	1	24	24	24
	2	24	24	24
	3	24	24	24
	4	24	24	24
	5	24	24	24
pH (S.U.)	C	7.88	7.78	7.90
	1	7.87	7.73	7.92
	2	7.83	7.69	7.90
	3	7.80	7.66	7.88
	4	7.73	7.64	7.83
	5	7.64	7.53	7.73
D.O. (mg/l)	C	8.2	8.1	8.1
	1	8.2	8.1	8.1
	2	8.2	8.0	8.0
	3	8.2	8.0	8.0
	4	8.2	8.1	8.1
	5	8.2	8.0	8.1
Conduct. (uS/cm)	C	285		284
	1	292		
	2	283		
	3	262		
	4	226		
	5	139		136
Replicate # Meas.:		1	5	4
Initials:		AW	GB	CS
TRC (mg/l) in highest conc. at end of test:				N/A

Species: *Ceriodaphnia dubia*

Source: CBI stock cultures ✓

Other: _____

Brood Release: Date/time start: 021407 1600

Date /time end: 021507 0945

Acclimation: Water: Mod. hard syn. FW ✓

Other _____

Temperature (°C): 25

Feeding: Prior to test: YCT/*Selenastrum*
During test: Not Fed

Illumination: 16L:8D 10-20 uE/m²/s

Test chamber size: ✓30 _____ **ml**

Solution volume: ✓15 ml _____ **ml**

Number of replicates/treatment: 4

Initial number of daphnids/replicate: 5

Randomization template number: 23

Set up: Date (Day 0): 021507

Time water added: 1310

Time daphnids added: 1325

Set up by (initials): AW

TEST I.D. PROC0707 ACD

EFFLUENT SAMPLE & DILUTION WATER CHARACTERISTICS
FRESHWATER TESTS

COASTAL BIOANALYSTS, INC
FORM ETF2031B EFFECTIVE DATE: 10/17/02

INITIAL SAMPLE CHARACTERIZATION[1]					
Sample Bottle[2]	A-1				NOTES:
Tot. Resid. Chlorine (mg/l)	<Q.L.				
Hardness (mg/l $CaCO_3$)	40				
Alkalinity (mg/l $CaCO_3$)	38				
NH_3-N (mg/l)	<1.0				
Color/Appearance[3]	C				
Obvious Odor?	No				
Date/Time	2/15 0950				
Initials	PB				

SAMPLE PREPARATION MEASUREMENTS (100% concentration)								
Sample Bottle	A-1							
Prep Temperature (°C)	25							
Conductivity (uS/cm)[4]	132							
D.O. (mg/l) After Warming	11.2							
Aeration Time (min)	5.0							
Adjusted D.O.	8.2							
Final pH (S.U.)	7.64							
Tot. Resid. Chlorine (mg/l)[5]	N.D.							
Sample Filtered (60 um)?	NO							
Date/Time	2/15 1305							
Initials	AW							

DILUTION WATER CHARACTERISTICS								
Vat Number	1							
Temperature (°C)	25							
Conductivity (uS/cm)	297							
D.O. (mg/l)	9.2							
pH (S.U.)	7.78							
Hardness (mg/l $CaCO_3$)	82							
Alkalinity (mg/l $CaCO_3$)	57							
Date/Time	2/15 1300							
Initials	PB							

[1]Q.L. = Quantification Limit, N.D. = Not Determined/Measured, NA = Not Applicable
[2]Bottle number = 9th or 9th and 10th characters of Laboratory Sample I.D. (e.g. "A", "A-1", "A-2"; see SOP SPLS202)
[3]C-Clear, O-Opaque, T-Turbid, S-Solids (Sl-Slight, M-Moderate, H-Heavy), Y-Yellow, B-Brown, Bl-Black, G-Green
[4]Conductivity measured on first use of sample only
[5]Total residual chlorine measured after sample prep only if present in initial sample characterization

PROJECT I.D. PROC0707
(First 8 characters of Laboratory Sample ID)

PCA: 411819-01

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011B Rev. 5/15/02)

[redacted] C B I

Coastal Bioanalysts, Inc.

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper sampling, preservation, shipping or receipt of samples after 3:p.m. or on weekends and holidays.
Questions? Call 804-694-8285

Laboratory Sample ID (Lab Use Only): 8 R 0 C 0 7 0 7 - A
A A A A Y Y N N A

FACILITY INFORMATION

CLIENT NAME: MAGELLAN		FACILITY: MONTVALE	
NPDES PERMIT NO		OUTFALL # OR LOCATION: 001	
SAMPLE CHLORINATED? NO	SAMPLE DECHLORINATED? NO	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS REQUESTED:	SPECIES OR EPA METH #	ACUTE ☒	CHRONIC ☐
	SPECIES OR EPA METH #	ACUTE ☐	CHRONIC ☐
OTHER TESTS:			

*A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE DISCHARGE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING OF THIS OUTFALL, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
2-14-7	11:50	≈ 1 GAL.

COMPOSITE SAMPLE INFORMATION

COMPOSITE START DATE & TIME			COMPOSITE END DATE & TIME	
TIME PROPORTIONAL COMPOSITE INFO	NUMBER SUBSAMPLES	VOL (ml) SUBSAMPLES	TIME INCREMENT	TOTAL VOLUME
FLOW PROPORTIONAL COMPOSITE INFO*	SET VOLUME SUBSAMPLE		SET VOLUME FLOW	TOTAL VOLUME

*FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (e.g. COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	SAMPLE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
	3.3	6.12	0.00	2-14-7 11:50	E.D.

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

EARL DIXON — (PRINTED NAME/AFFILIATION SAMPLER/ANALYST)

(SIGNATURE) — 2-14-7 (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
[signature]	02.14.07	1400	Amanda Cuba
Amanda Cuba	02.14.07	1500	P. Blood

SHIPPING METHOD: UPS ✓ FEDEX ____ HAND DELIVERY ____ OTHER ____

CONDITION ON ARRIVAL: ACCEPTABLE ✓ OTHER ____

SAMPLE ARRIVAL TEMP: (°C) 1 ARRIVED ON ICE? YES ✓ NO ____

PCA: 411819-01

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011B Rev. 5/15/02)

Coastal Bioanalysts, Inc.

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper sampling, preservation, shipping or receipt of samples after 3:p.m. or on weekends and holidays.
Questions? Call 804-694-8285

Laboratory Sample ID (Lab Use Only): A A A A Y Y N N - A

FACILITY INFORMATION

CLIENT NAME: MAGELLAN		FACILITY: MONTVALE	
NPDES PERMIT NO		OUTFALL # OR LOCATION: 001	
SAMPLE CHLORINATED? NO	SAMPLE DECHLORINATED? NO	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	
TESTS REQUESTED:	SPECIES OR EPA METH #	ACUTE ☒	CHRONIC ☐
	SPECIES OR EPA METH #	ACUTE ☐	CHRONIC ☐
OTHER TESTS:			

*A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE DISCHARGE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING OF THIS OUTFALL, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE: 2-14-7	SAMPLE TIME: 11:50	SAMPLE VOLUME: ≈ 1 GAL.

COMPOSITE SAMPLE INFORMATION

COMPOSITE START DATE & TIME			COMPOSITE END DATE & TIME	
TIME PROPORTIONAL COMPOSITE INFO	NUMBER SUBSAMPLES_____	VOL (ml) SUBSAMPLES_____	TIME INCREMENT_____	TOTAL VOLUME_____
FLOW PROPORTIONAL COMPOSITE INFO*	SET VOLUME SUBSAMPLE_____		SET VOLUME FLOW_____	TOTAL VOLUME_____

*FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (e.g. COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	SAMPLE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
	3.3	6.12	0.00	2-14-7 11:50	E.D.

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

EARL DIXON (PRINTED NAME/AFFILIATION SAMPLER/ANALYST) — (SIGNATURE) — 2-14-7 (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
	02.14.07	1400	Amanda Cuba
Amanda Cuba	02.14.07	1500	

SHIPPING METHOD: UPS ✓ FEDEX____ HAND DELIVERY____ OTHER_____

CONDITION ON ARRIVAL: ACCEPTABLE__ OTHER_____

SAMPLE ARRIVAL TEMP: (°C)_____ ARRIVED ON ICE? YES____ NO____

Coastal Bioanalysts, Inc.

FAX MESSAGE

TO: **Name:** *Craig Kidd*

Company: *Prochem Analytical*

FAX No.: 540-268-2755

Date: *2-19-07*

No. Pages: 1

FROM: **Name:** *Pete De Lisle*

Re: Toxicity test results Magellan Terminal outfall 001, 2/14/07 sample #411819-01

ACUTE WHOLE EFFLUENT TOXICITY TEST:

Test Method	Endpoint	LC50 (%)	NOAEC (%)	TU_A	"Pass/Fail"*
Ceriodaphnia dubia 48-h Acute Test (EPA Method # 2000.0)	Survival	>100	N/A	<1.00	Pass

*Meets the criterion specified in the most recent copy of the discharge permit provided by client.

Full report to follow soon

6400 Enterprise Court, Gloucester, VA 23061
Phone 804-694-8285 Fax 804-695-1129 cbi@coastalbio.com