ECS MID-ATLANTIC, LLC
Geotechnical • Construction Materials • Environmental • Facilities

January 28, 2009

Mr. Lewis Pillis
Virginia Department of Environmental Quality
3019 Peters Creek Road
Roanoke, Virginia 24019

ECS Project No. 2363-N

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Reference: Reissuance of VPDES Permit No. VA0091502
Heptinstalls Grocery
Huddleston, Virginia
PC No. 99-1228, FAC ID No. 2-012115

Mr. Pillis:

ECS Mid-Atlantic, LLC (ECS) reviewed and corrected the items listed in the letter dated January 22, 2009 for the Heptinstall's Grocery Virginia Pollutant Discharge Elimination System (VPDES) Individual Permit. The corrected copies of all documents are attached. If additional information is needed please let me know and it will be addresses immediately.

If you have any questions, please contact me at 362-2000.

Respectfully,

ECS MID-ATLANTIC, LLC

Matthew T. Stump
Project Geologist

Attachments: VDEQ Response Letter (January 22, 2009)
VPDES Permit Application Addendum
Public Notice Billing Information Form
EPA General Form 1
EPA Form 2C
Remediation System Treatment Component Layout
Site Location & Discharge Map
Site Plan
Effluent Analytical DMR Data (2006, 2007, 2008)

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VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** ECS Mid-Atlantic LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y / (N)

3. **Provide the tax map parcel number for the land where the discharge is located.** # 21 6-A-23A

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

5. **What is the design average effluent flow of this facility?** 0.03 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / (N)
If "Yes", please identify the other flow tiers (in MGD) or production levels: _____
Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
Remediation of dissolved-phase petroleum impacted ground water

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

100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** X Continuous ____ Intermittent ____ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:
_____

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
__ Permanent stream, never dry
X Intermittent stream, usually flowing, sometimes dry
__ Ephemeral stream, wet-weather flow, often dry
__ Effluent-dependent stream, usually or always dry without effluent flow
__ Lake or pond at or below the discharge point

9. **Approval Date(s):**
O & M Manual CAPA 3/4/05 **Sludge/Solids Management Plan** NA

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

components added to the system since approval of the CAPA

- Holding Tank
- 2nd Air Stripper
- 2nd Sediment Bag Filter
- Total Lead Bag Filter
- Dissolved Lead Adsorption Filter
- Bionin Filter (carbon)
- Two (2) deep bedrock recovery pumps
- Larger Carbon Filters

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PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2:

Agent/Department to be billed: ECS Mid-Atlantic LLC

5320-F Peters Creek Road Roanoke, VA

Owner: Edna Heptinstall

Applicant's Address: 8655 Leesville Road

Huddleston, VA 24104

Agent's Telephone No: 540-362-2000

Authorizing Agent:

Signature

BRIAN S. WYATT

Printed Name

VICE PRESIDENT

Title

Facility Name: Heptinstall's Grocery

Permit No. VA0091502

Please return to:

Lewis Pillis
Water Permit Writer
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, VA 24019

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

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

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

I. EPA I.D. NUMBER: 2-012115

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING LIST

VI. FACILITY LOCATION

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2-012115
Heptinstall's Grocery
8655 Leesville Road, Huddleston, VA 24104
4184 Mentow Road, Huddleston, VA 24104

GENERAL INSTRUCTIONS

a preprinted label has been provided, ix it in the designated space. Review the ormation carefully; if any of it is correct, cross through it and enter the rrect data in the appropriate fill-in area low. Also, if any of the preprinted data is sent *(the area to the left of the label ace lists the information that should pear)*, please provide it in the proper fill-area(s) below. If the label is complete d correct, you need not complete Items II, V, and VI *(except VI-B which must be mpleted regardless)*. Complete all items no label has been proved. Refer to the structions for detailed item descriptions d for the legal authorization under which s data is collected.

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.?** (FORM 2A)	☐	☑	☐	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)	☐	☑	☐
C. Is this facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	☑	☐	☑	D. Is this proposal facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.?** (FORM 2D)	☐	☑	☐
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)	☐	☐	☐	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)	☐	☑	☐
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	☐	☑	☐	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfer by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	☐	☑	☐
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)	☐	☑	☐	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment are?** (FORM 5)	☐	☑	☐

III. NAME OF FACILITY

SKIP: Heptinstall's Grocery

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
Ms. Edna Heptinstall	540 297 5781

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 8655 Leesville Road

B. CITY OR TOWN	C. STATE	D. ZIP CODE
Huddleston	VA	24104

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 4184 Mentow Road

B. COUNTY NAME: Bedford

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE
Huddleston	VA	24104	3986

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

A. FIRST		B. SECOND	
5541	(specify) Fueling Station		(specify)

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

VIII. OPERATOR INFORMATION

A. NAME: ECS Mid-Atlantic, LLC (ECS)

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): O — (specify) Environmental Remediation Contractor

D. PHONE (area code & no.): 540 362 2000

E. STREET OR P.O. BOX: 5320-F Peters Creek Road

F. CITY OR TOWN: Roanoke — G. STATE: VA — H. ZIP CODE: 24019

IX. INDIAN LAND
Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	VA0091502	D. PSD (Air Emissions from Proposed Sources)	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	(Specify)
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	(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)

ECS performs ground-water remediation at the site due to a former leaky underground storage tank located immediately adjacent to the store building. Ground water is recovered by a liquid ring pump (LRP) from four (4) locations in the shallow aquifer and two (2) locations from the deep bedrock aquifer. The gasoline impacted ground water is treated and discharged into a spring which feeds Orrix Creek, a tributary of Otter River.

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
BRIAN S. WYATT / VP		1/15/09

COMMENTS FOR OFFICIAL USE ONLY

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

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
2-012115

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL 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 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
001	37	11	02	79	24	57	Unnamed tributary of Orrix Creek which is a tributary of Otter River

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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 a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
1	Ground-water remediation using a dual-phase treatment system to treat dissolved-phase and free-phase gasoline	30,000 gal/month	Oil/water Separation	1	K
			Air Stripping - 2 units	1	K
			Carbon Adsorption - 3 filters	2	A
			Dissolved Lead Adsorption	—	—
			Liquid Ring Pump	1	K
			Total Lead Bag Filter	1	N
			Sediment Bag Filters - 2 units	1	N

OFFICIAL USE ONLY (effluent guidelines sub-categories)

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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	

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

IV. IMPROVEMENTS

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

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

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		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

CONTINUED FROM PAGE 2

EPA I.D. NUMBER (copy from Item 1 of Form 1) 2-012115

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
Outfall #1 Benzene Toluene Ethylbenzene Xylenes Methyl tertiary butyl ether Total Lead	BTEX and MTBE are usually below laboratory detection limits since air stripping and carbon filtration remove the hydrocarbons. Total lead tends to be discharged at low concentrations even with the lead filters installed on the effluent line. Effluent table of analytical results is attached.		

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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)

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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)*

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)*
Research Environmental Industrial Consultants, Inc.	P.O. Box 286 225 Industrial Park Road Beaver, WV 25813	1-800-999-0105	Benzene Toluene Ethylbenzene Xylenes Methyl tertiorybutyl ether Total Recoverable Lead

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.)*
BRIAN S. WYATT – V.P.	(540) 362-2000
C. SIGNATURE	D. DATE SIGNED
	1/15/09

EPA Form 3510-2C (8-90)

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)*: 2-012115

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

OUTFALL NO. 1

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD)	NA											
b. Chemical Oxygen Demand (COD)	NA											
c. Total Organic Carbon (TOC)	NA											
d. Total Suspended Solids (TSS)	NA											
e. Ammonia (as N)	NA											
f. Flow	VALUE 1,550 gal/day		VALUE 1,550 gal/day		VALUE 944 gal/day		12	NA	NA	VALUE NA		NA
g. Temperature (winter)	VALUE 25.8 °C		VALUE 25.8 °C		VALUE NA		15	°C		VALUE NA		NA
h. Temperature (summer)	VALUE 38.9 °C		VALUE 38.9 °C		VALUE NA		17	°C		VALUE NA		NA
i. pH	MINIMUM 6.09	MAXIMUM 8.85	MINIMUM 6.09	MAXIMUM 8.85			32	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" a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
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												

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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. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		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-

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
2-012115	1

ONTINUED 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" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
ETALS, CYANIDE, AND TOTAL PHENOLS															
M. Antimony, otal (7440-36-0)			X												
M. Arsenic, Total 440-38-2)			X												
M. Beryllium, otal (7440-41-7)			X												
M. Cadmium, otal (7440-43-9)			X												
M. Chromium, otal (7440-47-3)			X												
M. Copper, Total 440-50-8)			X												
M. Lead, Total 439-92-1)		X		52.8	0.4	52.8	0.4	4.1	19.8	36	ppb	g/d	NA	NA	NA
M. Mercury, Total 439-97-6)			X												
M. Nickel, Total 440-02-0)			X												
OM. Selenium, otal (7782-49-2)			X												
1M. Silver, Total 440-22-4)			X												
2M. Thallium, otal (7440-28-0)			X												
3M. Zinc, Total 440-66-6)			X												
4M. Cyanide, otal (57-12-5)			X												
5M. Phenols, otal			X												
IOXIN															
3,7,8-Tetra-hlorodibenzo-P-ioxin (1764-01-6)			X	DESCRIBE RESULTS											

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POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
C/MS FRACTION – VOLATILE COMPOUNDS															
V. Acrolein 107-02-8)			X												
V. Acrylonitrile 107-13-1)			X												
V. Benzene 71-43-2)			X												
V. Bis (Chloro-ethyl) Ether 542-88-1)	Delisted														
V. Bromoform 75-25-2)			X												
V. Carbon etrachloride 56-23-5)			X												
V. Chlorobenzene 108-90-7)			X												
V. Chlorodi-romomethane 124-48-1)			X												
V. Chloroethane 75-00-3)			X												
0V. 2-Chloro-thylvinyl Ether 110-75-8)			X												
1V. Chloroform 67-66-3)			X												
2V. Dichloro-romomethane 75-27-4)			X												
3V. Dichloro-lifluoromethane 75-71-8)	Delisted														
4V. 1,1-Dichloro-thane (75-34-3)			X												
5V. 1,2-Dichloro-thane (107-06-2)			X												
6V. 1,1-Dichloro-thylene (75-35-4)			X												
7V. 1,2-Dichloro-ropane (78-87-5)			X												
8V. 1,3-Dichloro-ropylene (542-75-6)			X												
9V. Ethylbenzene 100-41-4)			X												
0V. Methyl Bromide (74-83-9)			X												
1V. Methyl Chloride (74-87-3)			X												

CONTINUE ON PAGE V

NTINUED FROM PAGE V-4

2-012115 | 1

POLLUTANT AND CAS NUMBER (if available)	2. MARK X: a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT: a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS: a. CONCENTRATION	b. MASS	5. INTAKE (optional): a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
C/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
V. Methylene loride (75-09-2)			X												
V. 1,1,2,2-Tetra-loroethane 9-34-5)			X												
V. Tetrachloro-ylene (127-18-4)			X												
V. Toluene 08-88-3)			X												
V. 1,2-Trans-chloroethylene 56-60-5)			X												
V. 1,1,1-Tri-loroethane 1-55-6)			X												
V. 1,1,2-Tri-loroethane 9-00-5)			X												
V. Trichloro-ylene (79-01-6)			X												
V. Trichloro-loromethane 5-69-4)	Delisted														
V. Vinyl loride (75-01-4)			X												
C/MS FRACTION – ACID COMPOUNDS															
. 2-Chlorophenol 6-57-8)			X												
. 2,4-Dichloro-enol (120-83-2)			X												
. 2,4-Dimethyl-enol (105-67-9)			X												
. 4,6-Dinitro-O-esol (534-52-1)			X												
. 2,4-Dinitro-enol (51-28-5)			X												
. 2-Nitrophenol 8-75-5)			X												
. 4-Nitrophenol 00-02-7)			X												
. P-Chloro-M-esol (59-50-7)			X												
. Pentachloro-enol (87-86-5)			X												
A. Phenol 08-95-2)			X												
A. 2,4,6-Tri-lorophenol 8-06-2)			X												

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CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30-DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
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-Chloroiso-propyl)* Ether (102-60-1)			X												
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl 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-Dichloro-benzene (541-73-1)			X												

CONTINUE ON PAGE V

EPA I.D. NUMBER (copy from Item 1 of Form 1) 2-012115 | OUTFALL NUMBER 1

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (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-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (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-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (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-Endosulfan (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												

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EPA I.D. NUMBER (copy from Item 1 of Form 1): 2-012115

OUTFALL NUMBER: 1

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 (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
C/MS FRACTION – PESTICIDES *(continued)*															
7P. Heptachlor poxide (024-57-3)			X												
3P. PCB-1242 (3469-21-9)			X												
9P. PCB-1254 (1097-69-1)			X												
0P. PCB-1221 (1104-28-2)			X												
1P. PCB-1232 (1141-16-5)			X												
2P. PCB-1248 (2672-29-6)			X												
3P. PCB-1260 (1096-82-5)			X												
4P. PCB-1016 (2674-11-2)			X												
5P. Toxaphene (8001-35-2)			X												
MTBE			X	2,572	19.5	2,572	19.5	93.8	453	36	ppb	g/d	NA	NA	NA

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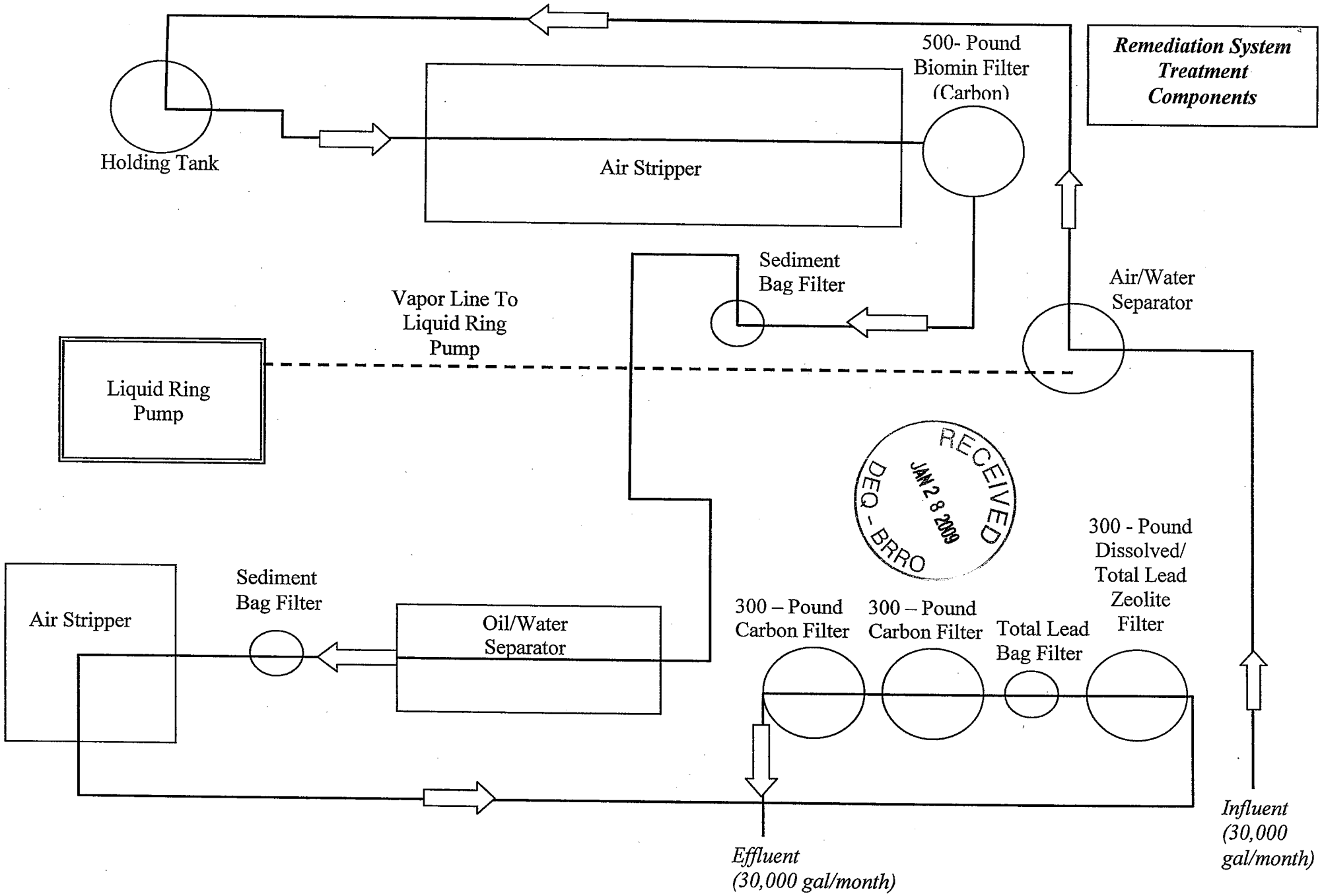

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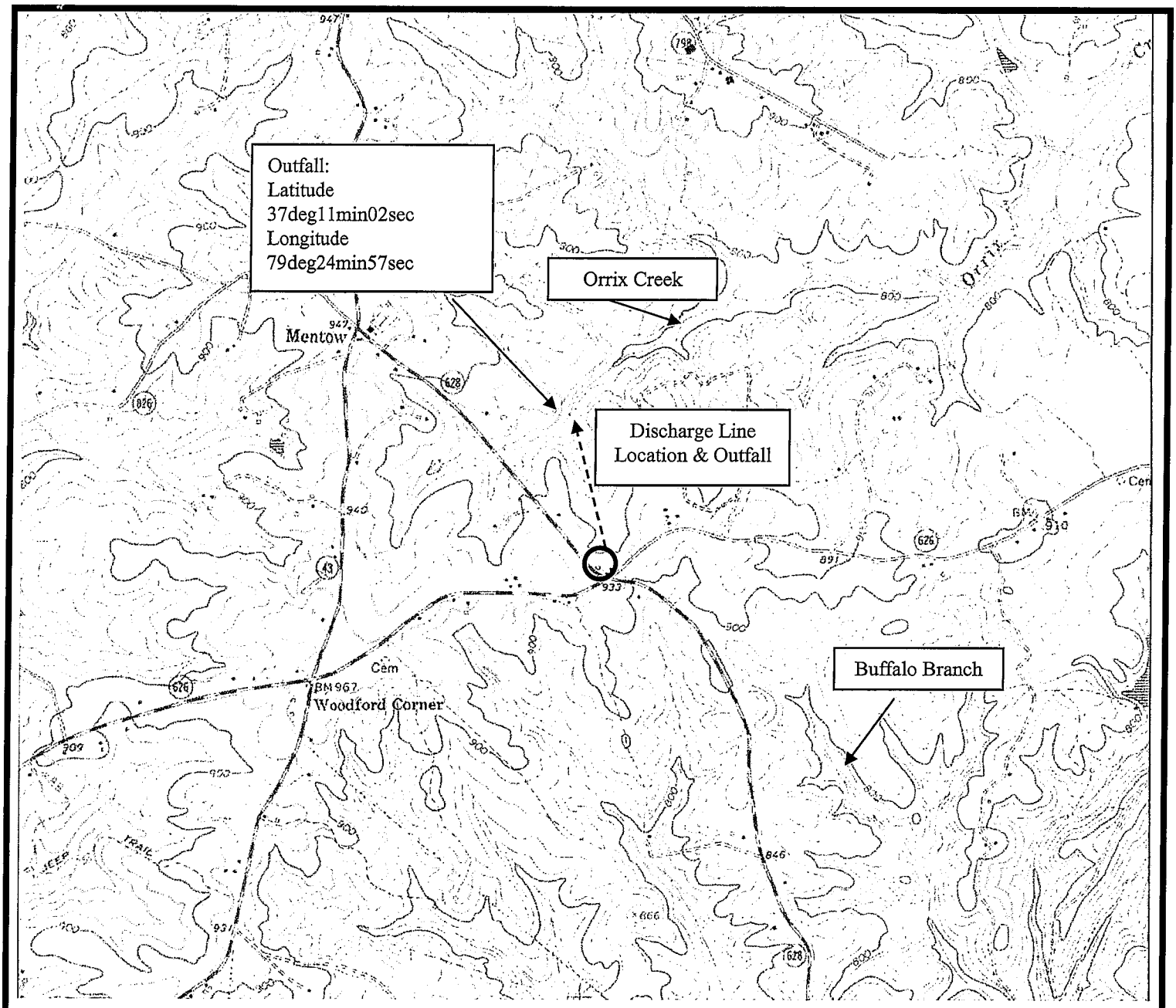


LEGEND

N
W
E
S

○ - Approximate Site Location

SCALE (IN FEET)

1000 2000

2000 0

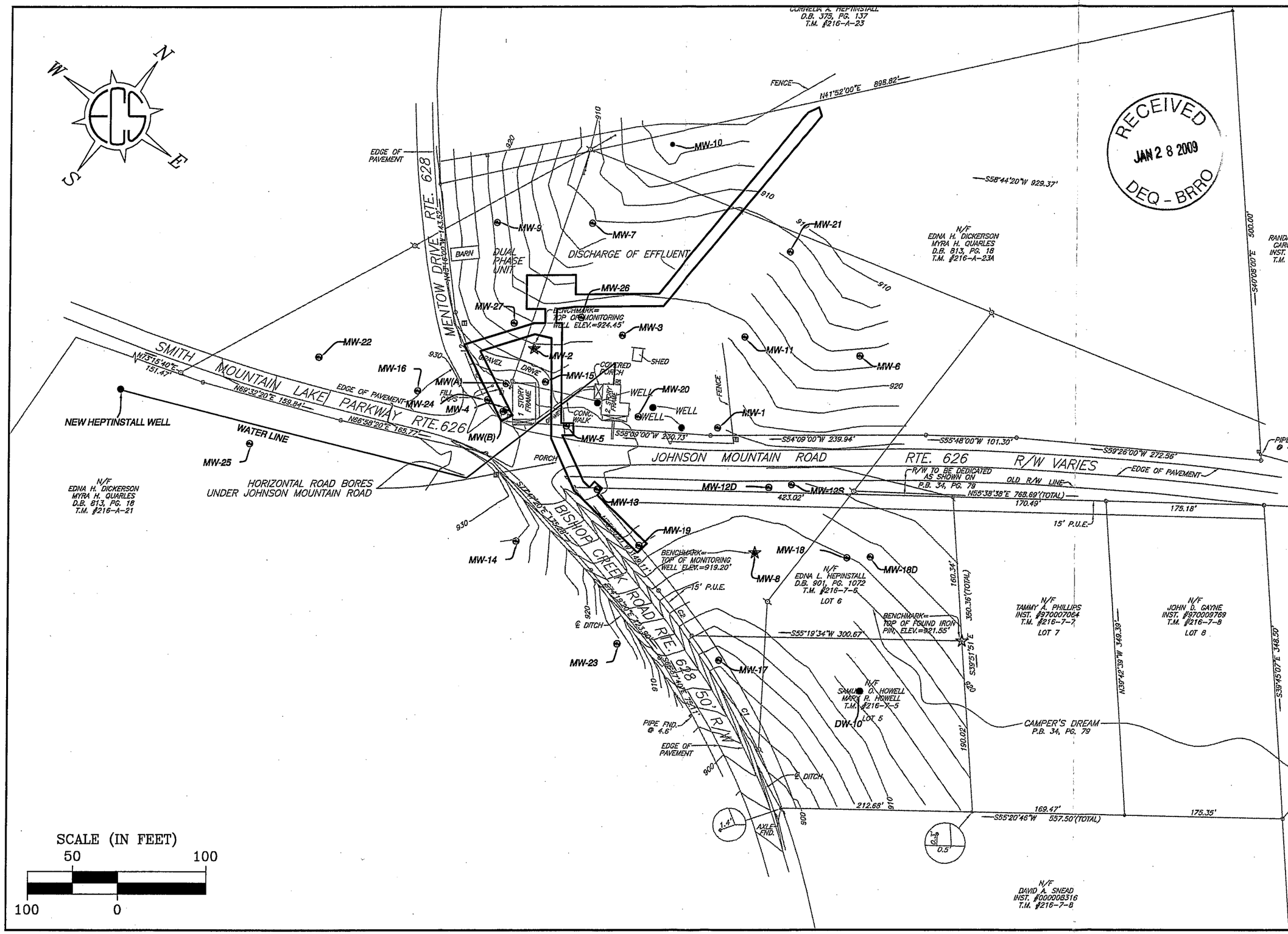
SOURCE:

U.S.G.S. 7.5 MINUTE SERIES
HUDDLESTON QUADRANGLE,
VIRGINIA
DATED 1966, PHOTOREVISED 1985

ECS LLC
MID-ATLANTIC

SITE LOCATION & DISCHARGE MAP
HEPTINSTALL'S GROCERY
HUDDLESTON, VIRGINIA

ECS PROJECT NO. 2363-N



HEPTINSTALL'S GROCERY
HUDDLESTON, VIRGINIA

ECS LLC MID-ATLANTIC

FIGURE 2
SITE PLAN

ECS REVISIONS

ENGINEER	DRAFTING
JDO	JAG1

SCALE: 1" = 100'

PROJECT NO. 2363-K

SHEET: FIGURE 2

DATE

Heptinstall Grocery Permit No: VA0091502

DMR data

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		LEAD, TOTAL RECOVERABLE ug/L	METHYL-TERT-BUTYL ETHER ug/L	BENZENE (AS C6H6) ug/L	TOLUENE (AS C7H8)	ETHYLBENZENE	TOTAL XYLENES
	permit limit ==>	**3.9**	**20**	**12**	**175**	**320**	**74**
2006	1	27	<QL	<QL	<QL	<QL	<QL
	2	1.3	68.5	<QL	<QL	<QL	<QL
	3	NULL	NULL	NULL	NULL	NULL	NULL
	4	<QL	317	1.8	1.0	<QL	2.4
	5	NULL	NULL	NULL	NULL	NULL	NULL
	6	<QL	**2572**	<QL	<QL	<QL	<QL
	7	<QL	5.9	<QL	<QL	<QL	<QL
	8	9.6	3.7	<QL	<QL	<QL	<QL
	9	3.5	<QL	<QL	<QL	<QL	<QL
	10	3	6.1	<QL	<QL	<QL	<QL
	11	8.9	3.9	<QL	<QL	<QL	<QL
	12	<QL	<QL	<QL	<QL	<QL	<QL
2007	1	<QL	<QL	<QL	<QL	<QL	<QL
	2	<QL	<QL	<QL	<QL	<QL	<QL
	3	<QL	<QL	<QL	<QL	<QL	<QL
	4	<QL	11.5	<QL	<QL	<QL	<QL
	5	1.7	2.7	<QL	<QL	<QL	<QL
	6	0.7	20	<QL	<QL	<QL	<QL
	7	1.8	<QL	<QL	<QL	<QL	<QL
	8	5.8	<QL	<QL	<QL	<QL	<QL
	9	**52.8**	<QL	<QL	<QL	<QL	<QL
	10	1.3	3.1	<QL	<QL	<QL	<QL
	11	0.6	79.5	<QL	<QL	<QL	<QL
	12	NULL	NULL	NULL	NULL	NULL	NULL
2008	1	2.7	<QL	<QL	<QL	<QL	<QL
	2	0.3	<QL	<QL	<QL	<QL	<QL
	3	1	<QL	<QL	<QL	<QL	<QL
	4	2.1	<QL	<QL	<QL	<QL	<QL
	5	0.4	<QL	<QL	<QL	<QL	<QL
	6	1.1	<QL	<QL	<QL	<QL	<QL
	7	0.4	<QL	<QL	<QL	<QL	<QL
	8	1.8	<QL	<QL	<QL	<QL	<QL
	9	3.5	<QL	1.0	<QL	<QL	<QL
	10	2	<QL	<QL	<QL	<QL	<QL
	11	2.35	<QL	<QL	<QL	<QL	<QL
	12	0.2	<QL	<QL	<QL	<QL	<QL