Southern States Co[illegible]tive, Inc.
6606 West Broad St[illegible]
Richmond, Va. 23230-1717
Mail Address: P.O.Box 26234
Richmond, Va 23260-6234
Telephone (804)281-1000

SOUTHERN STATES

September 18th, 2012

VA DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHERN
SEP 20 2012
REGIONAL OFFICE
WOODBRIDGE, VA

Virginia Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, Virginia 22193
Attention: Douglas Frasier

lauren.faulkner@sscoop.com

RE: Culpeper Petroleum Cooperative- Permit Renewal Package for VPDES Permit #VA0085723

Dear Mr. Frasier,

The Culpeper Petroleum Cooperative (Coop) would like to submit this permit renewal application to the Virginia Department of Environmental Quality (DEQ) for the facility's Virginia Pollution Discharge Elimination System (VPDES) Permit No.VA0085723 that expires on June 30th, 2013. The following documents are included with this application: EPA Form 1, Form 2C, Form 2F, the Public Notice Billing Information and the VPDES Permit Application Addendum. Also included are copies of the current site drainage map and analytical data as required by Form 2C and Form 2F.

The current permit requires this facility to complete monthly sampling of Outfall 001. This facility seldom has a discharge as a result of a storm event so in order to collect the monthly samples, the designated employee that collects the samples, runs a garden hose through the oil water separator in order to create a discharge. Since this is not a representative sample of the storm water discharge, the Coop would like to request to go to semi-annual sampling with the new General permit. If the sample results for Total Petroleum Hydrocarbons (TPH) remain below the permit limit after two years of semi-annual sampling, the Coop would like to request that the site be allowed to go to annual sampling. For the last several years, the TPH levels from this outfall have been below the permit limits and the Coop believes that going to semi-annual sampling would be acceptable for this site.

Thank you for your cooperation and assistance with this matter and if you have any questions or comments regarding this information, feel free to call me at (804) 281-1189.

Sincerely,

Lauren B. Faulkner
Environmental Project Manager

Cc: Kevin Corbin, Manager of Culpeper Petroleum
Attachments: Form 1, 2C, 2F, Public Notice Info and Permit Application Addendum

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.)

I. EPA I.D. NUMBER

S		T/A	C
F	VA0085723		D
1	2 13	14	15

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	16	X 17	18	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	19	X 20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X 22	23	X 24	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	25	X 26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	28	X 29	30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34	X 35	36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	37	X 38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40	X 41	42	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	43	X 44	45

III. NAME OF FACILITY

C 1 SKIP Culpeper Petroleum Cooperative

15 16 – 29 30 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Mr. Kevin Corbin	5408259651
15 16 45	46 48 49 51 52 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 15297 Brandy Road

15 16 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Culpeper	VA	22701
15 16 40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 15297 Brandy Road

15 16 45

B. COUNTY NAME

Culpeper

46 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Culpeper	VA	22701	
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
C 7 5171 (specify) Petroleum Supply & Distribution	C 7 (specify)
C. THIRD	**D. FOURTH**
C 7 (specify)	C 7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: C 8 Culpeper Petroleum Cooperative

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

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

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

P (specify)

D. PHONE *(area code & no.)*: C A 5408259651

E. STREET OR P.O. BOX: 15297 Brandy Road

F. CITY OR TOWN: C B Culpeper

G. STATE: VA

H. ZIP CODE: 22701

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: C T I 9 N VA0085723	D. PSD *(Air Emissions from Proposed Sources)*: C T I 9 P
B. UIC *(Underground Injection of Fluids)*: C T I 9 U	E. OTHER *(specify)*: C T I 9 (specify)
C. RCRA *(Hazardous Wastes)*: C T I 9 R	E. OTHER *(specify)*: C T I 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)*

- This is a locally-owned cooperative that operates a bulk petroleum loading rack and two pump islands for gasoline and diesel fuel.
- Both of these operations are fed by six 20,000 gallon USTs that contain No. 2 fuel oil, diesel, kerosene and gasoline.
- There are several small ASTs at the site that also contain various types of petroleum products such as fuel additives and biodiesel.

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
Kevin Corbin / Facility Manager		8-30-12

COMMENTS FOR OFFICIAL USE ONLY

C

PUBLIC NOTICE BILLING INFORMATION

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 9VAC25-31-290.C.2.

Agent/Department to be billed: Mr. Kevin Corbin, Manager

Owner: Culpeper Petroleum Cooperative

Applicant's Address: 15297 Brandy Road
Culpeper, VA 22701

Agent's Telephone Number: 540-825-9651

Authorizing Agent: _____
Signature

VPDES Permit No. VA0085723
Southern States Petroleum Cooperative

Please return to:

Douglas Frasier
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703) 583-3821

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Culpeper Petroleum Cooperative
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?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** _____

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

5. **What is the design average effluent flow of this facility?** 100 GPM ~~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? Yes ☐ No ☒
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:**
Runoff from 2 pump islands & bulk loading rack that pass through an oil water separator.

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: _____

100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☒ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

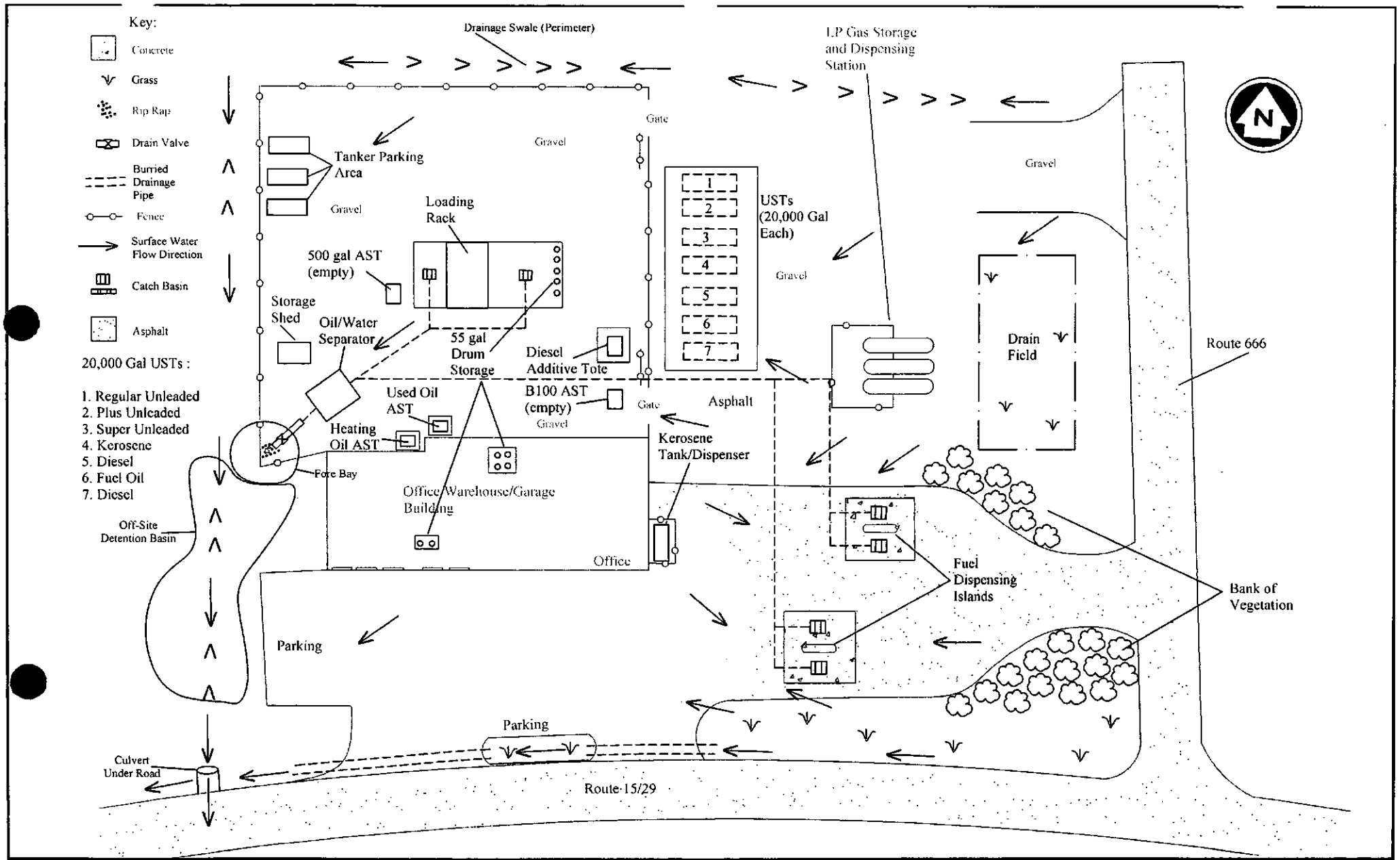
_____

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

___ Permanent stream, never dry
___ Intermittent stream, usually flowing, sometimes dry
___ Ephemeral stream, wet-weather flow, often dry
X Effluent-dependent stream, usually or always dry without effluent flow
___ Lake or pond at or below the discharge point
___ Other: _____

9. **Approval Date(s):** Sept. 15 2008
O & M Manual ~~May 11, 2004~~ **Sludge/Solids Management Plan** —

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒



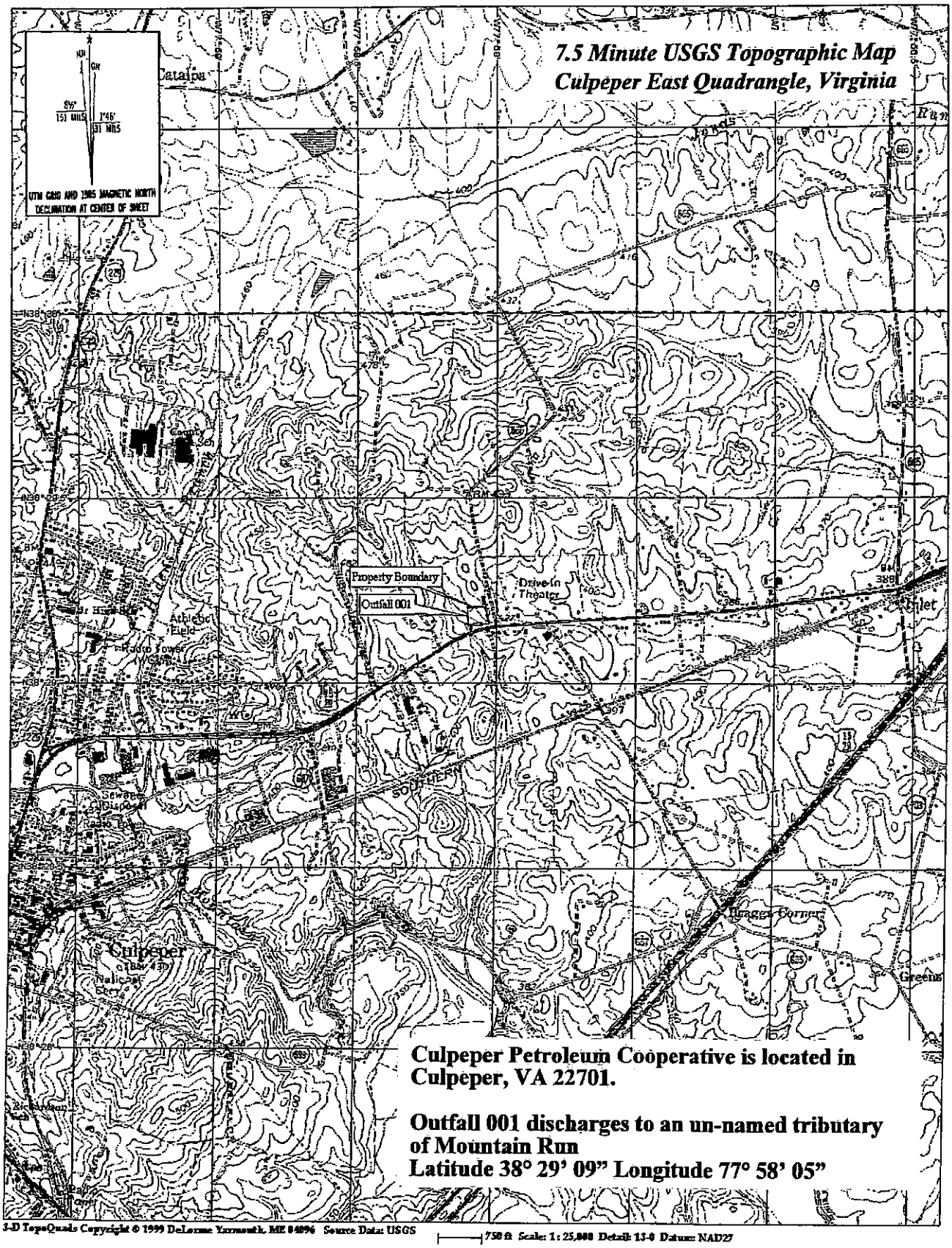
Facility Site Diagram and Site Drainage Plan

Culpeper Petroleum Cooperative
Culpeper, Virginia

Drawn By:	Checked By:	Project Number:	Date:	Reference:
wmf		201203	March 2012	Map provided by: Bensinger & Garrison Environmental, Inc. Bluefield Engineering, P.C.
Scale: Not to Scale	Size: 8.5" x 11"	Layers: 0,1,21	Filename: P:\Southern States\2012 SPCC Plans - 201203\Old Plans\Culpeper Petroleum Cooperative\Figure 2	

Figure 2

DUNCKLEE & DUNHAM
ENVIRONMENTAL CONSULTING & ENGINEERING
511 Keisler Drive Suite 102
Cary, North Carolina 27518
NC Eng. License No. C-3559
(919) 858-9898
www.dunckleedunham.com
NC Geo. License No. C-261



3-D TopoQuads Copyright © 1999 DeLorme Yarmouth, ME 04096 Source Data: USGS

750 ft Scale: 1: 25,000 Detail: 13-0 Datum: NAD27

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA0085723

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	N 38°	29	10.1	W 77	58	4.6	Unnamed tributary to Mountain Run

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	
001	surface spills at loading rack and pump islands	50.5 GPD	Flows into 6 drop inlets that feed into an oil water separator that discharges into a drainage ditch along the western edge of the property	1-H	
	stormwater runoff	19.6 GPD			
	pumping water out of small containment dikes for ASTs	79.9 GPD			

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	

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*)
VA0085723

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
N/A			

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*)

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (*identify the test(s) and describe their 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*)
Environmental Systems Service, Ltd (collects sample + completes DMR forms)	218 N. Main Street Culpeper, VA 22701	(540)825-6660	pH, temperature, flow
Analytics Corporation	10329 Stony Run Lane Ashland, VA 23005	(804)365-3000	TPH-DRO

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.*)
Kevin Corbin - Manager	(540) 825-9651
C. SIGNATURE	**D. DATE SIGNED**
[signature]	8-30-12

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*): VA 0085723

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)* [redacted] 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 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*)	<2.0						1	mg/L		N/A	N/A	N/A
b. Chemical Oxygen Demand (*COD*)	<20.0						1	mg/L				
c. Total Organic Carbon (*TOC*)	4.65						1	mg/L				
d. Total Suspended Solids (*TSS*)	1.4						1	mg/L				
e. Ammonia (*as N*)	<.10						1	mg/L				
f. Flow	VALUE .00015 MGD		VALUE		VALUE		1	MGD		VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE 20.5		VALUE		VALUE		1	°C		VALUE		
i. pH	MINIMUM 6.5	MAXIMUM	MINIMUM	MAXIMUM	[redacted]		1	STANDARD UNITS		[redacted]		

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												

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		<5.0						1	mg/L				
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
VA 0085723	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		<1.0						1	ug/L				
4V. Bis (*Chloromethyl*) Ether (542-88-1)				***DELISTED***	***02-4-81***	**ANALYSIS**	**NOT**	**REQUIRED**	**FOR**	**THIS**					
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)				***DELISTED***	***01-8-81***	**ANALYSIS**	**NOT**	**REQUIRED**	**FOR**	**THIS**					
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)		X		34.2						1	ug/L				
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		<5.0						1	ug/L				
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)				***DELISTED***	***01-8-81***	**ANALYSIS**	**NOT**	**REQUIRED**	**FOR**	**THIS**					
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
VA0085723	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												

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*) VA0085723

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

FORM 2F NPDES

EPA

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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*)
001	N 38	29	10.4	W 77	58	4.2	Unnamed tributary to Mountain Run

II. 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.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
None					

N/A

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

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	6000 ft²	6000 ft²	—		

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This facility operates a bulk petroleum loading rack, a gasoline pump island and a diesel pump island. There are 6-20,000-gallon double-walled underground tanks that feed all 3 of these operations. These tanks contain gasoline, diesel, kerosene and No. 2 fuel oil. There are a few small aboveground petroleum tanks that all have secondary containment. There are drop inlets at the loading rack and pump islands that capture small spills and direct them into the oil water separator. Each of these areas has a concrete pad and are covered by overhead canopies to help prevent storm water from coming in contact w/ spilled product.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	There are 6 drop inlets at the loading rack and both pump islands that collect surface spills and feed into the oil water separator. The loading rack and pump island are under canopies and they both have concrete pads with curbing. The separator is checked, pumped out & cleaned regularly.	1-H

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Kevin Corbin - Manager	[signature]	8-30-12

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

A grab sample is collected from outfall 01

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None

 Continue on Page 3

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1) VA0085723

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX*)

VIII. 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 (*list all such pollutants below*) ☒ No (*go to Section IX*)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII 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 X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Environmental Systems Service	218 North Main Street Culpeper, VA 22701	540-825-6660	pH, temperature, flow
Analytics Corporation	10329 Stony Run Lane Ashland, VA 23005	804-365-3000	TPH-DRO

X. 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. Area Code and Phone No.
Kevin Corbin - Manager	540-825-9651
C. Signature	D. Date Signed
[signature]	8-30-12

EPA ID Number (*copy from Item 1 of Form 1*) VA 0085723

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

VII. Discharge information *(Continued from page 3 of Form 2F)*

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.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/L	N/A			1	outfall 01
Biological Oxygen Demand (BOD5)	<2.0 mg/L				1	
Chemical Oxygen Demand (COD)	<20.0 mg/L				1	
Total Suspended Solids (TSS)	1.40 mg/L				1	
Total Nitrogen	<.10 mg/L				1	
Total Phosphorus	0.06 mg/L				1	
pH	Minimum 6.45	Maximum	Minimum	Maximum	1	

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
TPH DRO	1.15 mg/L	—	—	—	1	Outfall 01

Continued from the Front

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

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil & Grease	<5.0 mg/L	N/A	N/A	N/A	1	Outfall 001
Ethylbenzene	34.2 ug/L				1	
Benzene	<1.0 ug/L				1	
Toluene	<5.0 ug/L				1	
Xylene	232 ug/L				1	

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
The outfall at this site has very short discharges during storm events so it is very difficult to try and collect flow-weighted composite samples. Instead, grab samples are usually easier to collect during the first 20 minutes of discharge.					

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

The flow rate for the outfall #001 at this facility is calculated according to the manufacturer's specifications for the flow rate for the oil-water separator. The oil water separator at this site is Model # HT-1000 that discharges at a rate of 100 GPM.

Environmental Systems Service, Ltd.

Analytical Report

Culpeper Petroleum Corp.
15297 Brandy Road
Culpeper, VA 22701

Report Date: 09/10/2012
Job #:
Customer #: 0005667
Customer PO #:
Collected By: Customer
Sample Location: Permit Renewal

Sample ID#: 0005805
Sample Date/Time: 08/23/2012 / 14:16
Sample Source: Outfall Pipe
Date Received: 08/23/2012

Parameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
Biochemical Oxygen Demand	<2	mg/l	2	SM 19 5210	08/24/2012	10:15	KK
Total Suspended Solids	1.40	mg/l	1.00	SM 19 2540D	08/24/2012	17:27	JI
Hexane Extractable Material	<5	mg/l	5.00	EPA 1664A	08/31/2012	09:08	574
Chemical Oxygen Demand	<20	mg/l	20	HACH 8000	08/27/2012	10:30	KW
Ammonia, as N	<0.10	mg/l	0.10	SM 19 4500NH3D	08/29/2012	12:15	BW
Phosphorus, Total	0.06	mg/l	0.05	SM 19 4500PE	08/29/2012	08:45	KW
Total Kjeldahl Nitrogen	<0.100	mg/l	0.100	SM 18 4500NH3C	08/30/2012	15:20	574
Nitrite + Nitrate	2.17	mg/l	0.0500	SM 4500NO3F	08/29/2012	09:30	574
Total Organic Carbon	4.65	mg/l	1.00	SM 18 5310C	09/04/2012	07:00	574
BTEX							
Benzene	<1.00	ug/L	1.00	SW-846 8021B	08/31/2012	15:22	574
Ethyl Benzene HH - 2100	34.2	ug/L	5.00	SW-846 8021B	08/31/2012	15:22	574
Toluene	<5.00	ug/L	5.00	SW-846 8021B	08/31/2012	15:22	574
Xylene Acute - 330 Chronic	232	ug/L	10.0	SW-846 8021B	08/31/2012	15:22	574

574 Samples subcontracted to VELAP ID# 460160

SAMPLE CHAIN OF CUSTODY RECORD

Company _ Culpeper Petroleum
Contact __ Kevin Corbin
Address _ 15297 Brandy Rd.
Address _ Culpeper, Virginia 22701
Phone ___ 825-9651

ENVIRONMENTAL SYSTEMS SERVICE, LTD.

ESS Environmental Systems Service Ltd

www.ess-services.com

218 North Main St.
Post Office Box 520
Culpeper, VA 22701
800-541-2116
540-825-6660 Fax 540-825-4961

500 Stone St.
Post Office Box 736
Bedford, VA 24523
540-586-5413
Fax 540-586-5530

Project Name/Site __ Permit Renewal

P.O.#_____

Sampled By: Anthony Cardor (Print Name) Anthony Cardor (Signature)

ESS SAMPLE ID.	COLLECTION DATE	TIME	SAMPLE LOCATION	CONTAINERS SIZE	G/P	#	GRAB	COMP	SAMPLE MATRIX	PRESERVATIVE	BOD (1)	TSS (2)	HEM (3)	COD (4)	NH3, TPO4 (5)	TKN (6)	NO2/NO3 (7)	TOC (8)	BTEX (9)	COMMENTS
5805	8/23/12	14/16	Outfall Pipe	1L	P	2	X		ww	None	X	X								
			Outfall Pipe	1L	G	1	X		ww	H2SO4			X							
			Outfall Pipe	250ml	P	1	X		ww	H2SO4				X						
			Outfall Pipe	500ml	P	1	X		ww	H2SO4					X					
			Outfall Pipe	500ml	P	1	X		ww	H2SO4						X	X			
			Outfall Pipe	250ml	G	1	X		ww	H2SO4								X		
			Outfall Pipe	40ml	G	3	X		ww	HCL									X	
																				Preservative
																				pH Check: <2

Relinquished by:	Date	Time	Received by:	Relinquished by:	Date	Time	Received by:
A.W Cardor	8/23/12	1444					
Relinquished by:	Date	Time	Received by:	Relinquished by:	Date 8/23/12	Time 1444	Received for Laboratory by:

Method of Delivery:
☐ UPS ☐ Fed Ex ☑ Hand Delivery
☐ UPS Overnight ☐ Post Office

On Ice? (Y) N
Received @ 2.4 C
☒ Under 2 hours

TAT:
Normal ____ Rush ____
Need Results by _____
Extra charges will apply for Rush TAT.

W.O.# _____
W.O.# _____

Amt Paid $ _____
Check # _____

Sample cond Ok

Revised 8/22/12

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

Name: Southern States Petroleum Cooperative-Culpeper
Address: 15297 Brandy Road
Culpeper, VA 22701

Facility Location: 870 James Madison Hwy

VA0085723	001
Permit Number	Discharge Number

Monitoring Period:

YYYYMMDD	YYYYMMDD
From 12 | 08 | 01	To 12 | 08 | 31

DEPT OF ENVIRONMENTAL QUALITY
Northern Va. Regional Office
13901 Crown Court
Woodbridge, VA 22193

(703)583-3840

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading Average	Maximum	Units	Quality or Concentration Minimum	Average	Maximum	Units	NO. EX	Sample Frequency	Sample Type
001 FLOW	REPORTED	0.00015	0.00015	MGD	******	******	******		0	1/M	EST
	Permit Requirement	NL	NL	MGD	******	******	******		0	1/M	EST
002 pH	REPORTED	******	******		6.5	******	6.5	SU	0	1/M	GRAB
	Permit Requirement	******	******		6.0	******	9.0	SU	0	1/M	GRAB
257 PETROLEUM HYDROCARBONS, TR	REPORTED	******	******		******	******	1	MG/L	0	1/M	GRAB
	Permit Requirement	******	******		******	******	15	MG/L	0	1/M	GRAB
	REPORTED										
	Permit Requirement										
	REPORTED										
	Permit Requirement										
	REPORTED										
	Permit Requirement										
	REPORTED										
	Permit Requirement										

Additional Permit Requirements Or Comments:

Bypasses and Overflows	Occurrences	Total Flow (MG)	Total BOD5 (KG)
	0		

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. See 18 U.S.C. Section 1001 and 33 U.S.C. Section 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Operator In Responsible Charge			Date
Kevin W. Corbin			09/05/12
Typed or Printed Name	Signature	Certificate No.	M/D/Y
Principal Executive Officer or Authorized Agent			Date
Kevin W. Corbin		540-825-9651	09/05/12
Typed or Printed Name	Signature	Telephone	M/D/Y

DEQ NPDES FORM 5

Sep. 7. 2012 4:45PM No. 1320 P. 1

ENVIRONMENTAL SYSTEMS SERVICE, LTD.

Report of Operation of Sewage Treatment Facility

LOCATION: Southern States Petroleum Cooper VA0085723 MONTH/YEAR: Aug-12

Date	Flow X1000	TPH (mg/l)	pH (SU)	TEMP ©
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23	0.150	1.15	6.45	20.5
24				
25				
26				
27				
28				
29				
30				
31				
TOT	0.150	N/A	N/A	N/A
AVG	0.150	1.15	6.45	20.5
MAX	0.150	1.15	6.45	20.5
MIN	0.150	1.15	6.45	20.5

AUTHORIZED AGENT: Kevin W. Corbin

OPERATOR: Kevin W. Corbin

The information supplied is believed to be true and correct. However, Environmental Systems Service, Ltd. is not liable for information submitted by non-ESS personnel.

Signed:

Donald F. Hearl, Vice President
Environmental Systems Service

ANALYTICS

Analytics Corporation
10329 Stony Run Lane
Ashland, VA 23005
Phone: (804) 365-3000
Fax: (908) 365-3002

ANALYTICAL RESULTS

Workorder: 1012760 5804

Lab ID:	1012760001	Date Received:	08/27/2012 10:00	Matrix	Aqueous Liquid
Sample ID:	5804 OUTFALL PIPE	Date Collected:	08/23/2012 0:00	Sample Type:	GRAB

Parameters	Results	Units	Report Limi	DF	Prepared	By	Analyzed	By	Qual	Certifications
Analytical Method: SW-846 8015C					Preparation Method: SW-846 3510C					
Diesel Range Organics (DRO)	1.15	mg/L	0.500	1	08/28/2012	11:00 JRM	8/29/2012	13:16 MBC		V

Report ID: 1012760-20120830181212

CERTIFICATE OF ANALYSIS

This report shall not be reproduced, except in full, without the written consent of Analytics Corporation

SAMPLE CHAIN OF CUSTODY RECORD

Company _ Environmental Systems Service, Ltd.
Contact __ Angie Woodward, Interim Lab Manager
Address _ 218 N. Main St.
Address _ Culpeper, Virginia 22701
Phone ___ 800-541-2116; 540-825-4961 (fax)

ENVIRONMENTAL SYSTEMS SERVICE, LTD.

ESS Environmental Systems Service Ltd
www.ess-services.com

218 North Main St.
Post Office Box 620
Culpeper, VA 22701
800-541-2116
540-825-6660 Fax 540-825-4961

500 Stone St.
Post Office Box 738
Bedford, VA 24523
540-586-5413
Fax 540-586-5530

Project Name/Site _____ P.O.# 14162

Sampled By: _____
(Print Name) (Signature)

ANALYSES

ESS SAMPLE ID.	COLLECTION DATE	TIME	SAMPLE LOCATION	CONTAINERS SIZE	GLP	#	GRAB	COMP	SAMPLE MATRIX	PRESERVATIVE	TPH-DRO									COMMENTS
5804	8/23/2012		Outfall Pipe	1L	G	2	X		ww	None	X									Reporting Limit
																				0.50 mg/l

Relinquished by:	Date	Time	Received by:	Relinquished by:	Date	Time	Received by:
[signature]	8-27-12	0800	H. Wickham	H. Wickham	8/27/12	0924	
Relinquished by:	Date	Time	Received by:	Relinquished by:	Date 8-27-12	Time 1010	Received for Laboratory by: [signature]

Method of Delivery:
☐ UPS ☒ Courier / Analytics Corp.
☐ UPS Overnight

On Ice? Y (C4) N
Received @ _____ C
☐ Under 2 hours

TAT:
Normal ____ Rush ____
Need Results by _____
Extra charges will apply for Rush TAT.

W.O.# _____
W.O.# _____

Amt Paid $ _____
Check # _____

Please fax all results to: (540) 825-4961

Revised 3/25/10

Sep. 7. 2012 4:46PM No. 1320 P. 5

SAMPLE CHAIN OF CUSTODY RECORD

Company _ Culpeper Petroleum
Contact __ Kevin Corbin
Address __ 15297 Brandy Rd.
Address __ Culpeper, Virginia 22701
Phone ___ 825-9651

ENVIRONMENTAL SYSTEMS SERVICE, LTD.

ESS Environmental Systems Service, Ltd.

www.ess-services.com

218 North Main St.
Post Office Box 520
Culpeper, VA 22701
800-541-2116
540-825-6660 Fax: 540-825-4961

500 Stone St.
Post Office Box 738
Bedford, VA 24523
540-586-5413
Fax 540-586-5530

Project Name/Site __ Oil / Water Separator

P.O.#

Sampled By: Anthony Carder (Print Name) Anthony Carder (Signature)

ANALYSES

ESS SAMPLE ID.	COLLECTION DATE	TIME	SAMPLE LOCATION	CONTAINERS SIZE	G/P	#	GRAB	COMP	SAMPLE MATRIX	PRESERVATIVE	TPH-DRO	pH, Field	COMMENTS
5804	8/23/12	14:16	Outfall Pipe	1L	G	2	X		ww	None	X		Total petroleum
	8/23/12	14:16	Outfall Pipe									X	hydrocarbons-
													diesel range
													organics
													Reporting Limit
													0.50 mg/l
													Preservative
													pH Check:

Relinquished by:	Date	Time	Received by:	Relinquished by:	Date	Time	Received by:
AW Carder	8/23/12	14:44					

Relinquished by:	Date	Time	Received by:	Relinquished by:	Date	Time	Received for Laboratory by:
					8/23/12	1444	

Method of Delivery: ☐ UPS ☐ Fed Ex ☑ Hand Delivery ☐ UPS Overnight ☐ Post Office

On Ice? (Y) N
Received @ 11.2 C
☒ Under 2 hours

TAT: Normal ____ Rush ____
Need Results by ____
Extra charges will apply for Rush TAT.

W.O.# ____
W.O.# ____

Amt Paid $ ____
Check # ____

Sample cond ok

Revised 11/16/10

No. 1320 P. 7

Sep. 7. 2012 4:47PM

ENVIRONMENTAL SYSTEMS SERVICE, LTD.

INSTRUMENT CALIBRATION LOG pH Meter SN#: 51910 00714 2385

Standard Methods, 18th Edition #4500-H+

VA0085723

LOCATION: 2012

	METER CALIBRATION TIME	1ST BUFFER pH	1ST BUFFER TEMP	2ND BUFFER pH	2ND BUFFER TEMP	3RD BUFFER pH	3RD BUFFER TEMP	2ND CHECK pH	2ND CHECK TEMP	SAMPLE COLLECTION TIME	SAMPLE pH	SAMPLE TEMP	SAMPLE Time	SAMPLE pH	SAMPLE TEMP	SAMPLE Time	INIT
Aug																	
Sept																	
Oct																	
Nov																	
Dec																	
Jan	12:20 PM	7.01	22.7	4.00	21.6	10.05	21.0	7.04	21.7	12:24	6.78	16.1	12:24				
Feb	10:25 AM	7.02	18.3	4.00	18.5	10.08	18.4	6.97	18.3	10:34 am	6.41	15.7	10:34	AM			
Mar	1:35 AM	7.01	21.5	4.00	21.3	10.04	22.1	7.03	21.7	1:41 PM	6.56	18.3	1:41	PM			
Apr	3:23 PM	7.02	19.0	4.00	19.7	10.07	19.2	7.05	18.8	3:29 PM	6.53	17.2	3:29	PM			
May	2:27 PM	7.01	22.5	4.01	22.3	10.02	24.0	6.98	23.1	2:31 PM	6.40	19.3	2:31	PM			
June	2:02 PM	7.01	23.6	4.01	23.1	10.02	23.7	7.04	23.5	2:08 PM	6.40	20.1	2:12	PM			
July	3:40 pm	7.01	23.1	4.01	22.7	10.03	23.3	7.10	23.2	3:46 pm	6.51	21.3	3:48	pm			
Aug	2:02 PM	7.01	22.4	4.01	22.5	10.03	23.3	7.05	22.4	2:16 PM	6.45	20.5	2:05	PM			
Sept																	
Oct																	
Nov																	
Dec																	
Jan																	
Feb																	
Mar																	
Apr																	
May																	
June																	

Sep. 7. 2012 4:47PM No. 1320 P. 8

ANALYTICS

Sample Container Receipt Form

Version 6-24-2011

Work Order: 1012760

Customer Name: ENVIRONMENTAL SYSTEMS SE 45109195 4510919

CLIENT SAMPLE ID	LAB CONTAINER ID	TYPE OF CONTAINER	QTY	Temp(C)	pH	Chlorine on Arrival (ppm)	Condition Code	Preservative
5804 OUTFALL PIP	1012760001-A	1000G	1	4	6		OK	COOL
5804 OUTFALL PIP	1012760001-B	1000G	1	4	6		OK	COOL

Notes

Sample Custodian Signature		Date:	

JAMES ALTIER

Version 11-13-2011 CML