ASHLAND

Ashland Water Technologies

27123 Shady Brook Trail
Courtland, VA 23837
Tel: 757-562-3121
Fax: 757-562-5660

October 29, 2012

CERTIFIED MAIL RETURN RECIEPT REQUESTED
(7008 1830 0002 8562 2004)

Mr. Mark H. Sauer
Water Permits Engineer – Technical Coordinator
Virginia DEQ – Tidewater Regional Office
5636 Southern Boulevard
Virginia Beach, Virginia 23462

RECEIVED – DEQ
NOV 01 2012
Tidewater Regional Office

Re: Permit No. VA0003433
Permit Renewal Application

Dear Mr. Sauer;

Per your telephone conversation on Friday, October 19, 2012 with our EHS Manager, Sean M. Maconaghy, Ashland Water Technologies would like to request that discharges of steam and condensate from steam traps, blowdown, and leaks in the steam system be incorporated as potential water sources for our permitted outfalls as part of our VPDES permit renewal. The original information was no not included in our initial permit renewal application which was submitted on May 31, 2012 due to an oversight. The volume of water from the steam and condensate is considered insignificant based on the total volume of water being discharged from the facility. Please accept this as a formal request as the authorized company representative to incorporate steam and condensate sources as part of our discharge.

For legal purposes please note that Hercules Incorporated, is corporation organized under laws of the State of Delaware, conducting business as Ashland Water Technologies, a subsidiary of Ashland Inc. If you should have any questions pertaining to this request or require additional information please feel free to contact our site EHS Manager via telephone at 757-569-2976 or via e-Mail at smmaconaghy@ashland.com.

Sincerely,

Andrew B. Chapman
Plant Manager
AWT - Franklin

ASHLAND.

Ashland Hercules Water Technologies

27123 Shady Brook Trail
Courtland, VA 23837
Tel: 757-562-3121
Fax: 757-562-5660

May 31, 2012

CERTIFIED MAIL RETURN RECIEPT REQUESTED
(7008 1830 0002 8562 0918)

RECEIVED – DEQ
JUN 04 2012
Tidewater Regional Office

Mr. Mark H. Sauer
Water Permits Engineer – Technical Coordinator
Virginia DEQ – Tidewater Regional Office
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Re: Permit No. VA0003433
Permit Renewal Application

Dear Mr. Sauer;

Enclosed please find the VPDES Permit Renewal Application for the Ashland Water Technologies (AWT) Franklin Plant. For legal purposes please note that Hercules Incorporated, is corporation organized under laws of the State of Delaware, conducting business as Ashland Water Technologies, a subsidiary of Ashland Inc. Enclosed please find a CD with a pdf version of the enclosed documents which serves as the copies of the permit required for this submittal.

The information for the permit renewal application was compiled by One Environmental Group. You may contact Ms. Cathy Warner P.E., D.E.E. at One Environmental Group via telephone at either 804-303-8784 (office) or 804-514-6365 (cell phone) or via e-Mail at cwarner@oneenv.com, if you should have any technical questions. If you should have any questions pertaining to the renewal application or require additional information please feel free to contact me via telephone at 757-569-2976 or via e-Mail at smmaconaghy@ashland.com.

Sincerely,

Sean M. Maconaghy
EHS Manager
AWT - Franklin

RECEIVED – DEQ
JUN 04 2012
Tidewater Regional Office

Please submit this completed form with your application
Maintenance fee billing will be sent using this information

Permit Maintenance Fee Information

(1) Facility Name: Hercules Incorporated
(Please indicate all facility names applicable for the information listed below)
27123 Shady Brook Trail
Courtland, Virginia 23837

(2) Permit Number(s):
VAD003122165
(Please indicate all VPDES individual permit numbers applicable for the information listed below)

(3) Tax Payer ID [FIN]: 20-0865835

(4) Billing Information:

Corporate Name or Owner Name

Corporate Billing Address or Owner Address:
Hercules Incorporated
27123 Shady Brook Trail
Courtland, Virginia 23837

(5) Billing Contact:
Name, Title: Mr. Sean Maconaghy, EHS Manager
Phone Number: (757) 569-2976
E-mail Address: smmaconaghy@ashland.com

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JUN 04 2012
Tidewater Regional Office

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Hercules Incorporated

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.** 91 39; 91 33: 92 7; 92 8A; 92 5A; 91 39

4. **What is the design average effluent flow of this facility?** 6,668,219 **MGD**

For industrial facilities, provide the max. 30-day average production level, include units: Historical Averages: Aquapel 3,495,980 lbs/month Pamolyn 2,143,705 lbs/month

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: Maximum Permitted: Aquapel 4,050,000 lbs/month Pamolyn 3,333.333 lbs/month

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 you facility's design flow considerably greater than your current flow?

5. **Nature of operations generating wastewater:** Upgrading of fatty acids; manufacture of paper sizing agents and organic peroxide

_____% of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 0

100 % of flow from non-domestic connections/sources

6. **Mode of Discharge:** X Continuous _____ Intermittent _____ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

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

X Permanent stream, never dry
____ 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
____ Other _____

8. **Approval Date(s):** O & M Manual August 2010 Sludge/Solids Management Plan N/A

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

9. **Do you intend to sign up for e-DMR, the DEQ's electronic Discharge Monitoring Reporting program?**

X **Yes** ____ **No; if not, why?** _____

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	VAD003122165		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)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP HERCULES INCORPORATED

15 16 – 29 30 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Maconaghy, Sean., Environmental Health & Safety Manager	(757) 569-2976
15 16 45	46 48 49 51 52- 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 27123 SHADY BROOK TRAIL

15 16 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 COURTLAND	VA	23837
15 16 40	41 42	47 51

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JUN 04 2012
Tidewater Regional

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 SAME

15 16 45

B. COUNTY NAME

SOUTHAMPTON

46 70

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 2861 *(specify)* ROSIN ACIDS, FATTY ACIDS	7 2869 *(specify)* ORGANIC PEROXIDES
C. THIRD	**D. FOURTH**
7 2899 *(specify)* SIZING AGENTS	7 *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: HERCULES INCORPORATED

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

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

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

P *(specify)*

D. PHONE *(area code & no.)*: A (757) 569-2976

E. STREET OR P.O. BOX: 27123 SHADY BROOK TRAIL

F. CITY OR TOWN: B COURTLAND

G. STATE: VA

H. ZIP CODE: 23837

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

	C	T	I	
A. NPDES *(Discharges to Surface Water)*	9	N		VA0003433
D. PSD *(Air Emissions from Proposed Sources)*	9	P		
B. UIC *(Underground Injection of Fluids)*	9	U		
E. OTHER *(specify)*	9			TRO-60188 *(specify)* Air Permit
C. RCRA *(Hazardous Wastes)*	9	R		VAD0003122165
E. OTHER *(specify)*	9			GW0037600 *(specify)* Ground Water Withdrawal

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)*

Upgrading of fatty acids; Manufacture of paper sizing agents and organic peroxide.

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
Andrew B. Chapman, Plant Manager	Andrew B. Chapman	5/30/12

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VAD0003122165

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.	
002	N36	39	5.11	W77	00	13.10	Nottoway River
201	N36	39	0.02	W77	00	13.11	Nottoway River (via Outfall 002)

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	
NC1	Pamolyn Non-Contact Cooling Water, SIC Code 2861	1,080,000 gpd	Non-Contact Cooling Water; Calcium Chloride is added to the treatment system at this point.	4A	
			Discharged to 002.		
NC2	Aquapel Non-Contact Cooling Water, SIC Code 2899	1,060,000 gpd	Non-Contact Cooling Water, not treated. Discharged to 002.	4A	
NC3	Vulcup Non-Contact Cooling Water, SIC Code 2969	543,000 gpd	Non-Contact Cooling Water, not treated. Discharged to 002.	4A	
201	Neutralized wastewater	135,000 gpd	See attachment 3510-2C-1		
	Pamolyn-T/C	10,200 gpd	See attachment 3510-2C-1		
	Power Area - Non Contact	116,000 gpd	See attachment 3510-2C-1		
	Power Area - RO	90,000 gpd	See attachment 3510-2C-1		
002/902	Stormwater discharge	Variable	Uncontaminated stormwater	4A	
002	Total outlined above	3,034,200 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*)	
		Gum and Wood Chemcials Manufacturing Category (40 CFR 454); Wood rosin, turpentine, and Pine Oil (Subpart C); Tall Oil Rosin, Pitch adn Fatty Acids Subcategory (Subpart D)	
135	1000 lb/day	Aquapel Process (SIC Code 2899)	002
111	1000 lb/day	Pamolyn Crystallization (SIC Code 2861)	002

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*)
VAD003122165

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
Triethylamine* * Stored on site. Believed not to be present in discharge in detectable quantities.	Trace component from Aquapel process		

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*)

1,2 Dichloropropane

Heptane

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*)

Facility has acute and chronic toxicity limits at Outfall 002.

Acute and Chronic toxicity testing has been completed at Outfall 002

Summary data table is attached.

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*)
Universal Laboratories	Hampton, VA	757-865-0880	All except those listed below
Coastal Bioanalysts, Inc.	Gloucester, VA	804-694-8285	Biological Testing

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.*)
Andrew B. Chapman, Plant Manager	(757) 562-3121
C. SIGNATURE	D. DATE SIGNED
Andrew B. Chapman	5/30/12

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*): VAD003122165

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

OUTFALL NO. 002

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (*specify if blank*)		4. INTAKE (*optional*)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (*BOD*)	25.5	684.1	25.5	746.1	6.8	194.1	48	mg/L	lb/day			
b. Chemical Oxygen Demand (*COD*)	BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day			
c. Total Organic Carbon (*TOC*)	16	478.38	NA	NA	NA	NA	1	mg/L	lb/day			
d. Total Suspended Solids (*TSS*)	1.4	41.86	NA	NA	NA	NA	1	mg/L	lb/day			
e. Ammonia (*as N*)	BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day			
f. Flow	VALUE 6.95		VALUE 16.609		VALUE 3.585		210	MGD		VALUE		
g. Temperature (*winter*)	VALUE 28.55		VALUE 25.89		VALUE 24.22		104	°C		VALUE		
h. Temperature (*summer*)	VALUE 29.53		VALUE 28.44		VALUE 26.03		105	°C		VALUE		
i. pH	MINIMUM 7.09	MAXIMUM 8.30	MINIMUM 7.56	MAXIMUM 8.13			209	STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)			0.13	3.87	NA	NA	NA	NA	1	mg/L	lb/da			

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)			3.4	89.35	2.26	52.65	0.5	13.2	130	mg/L	lb/da			
h. Oil and Grease			BDL	NA	NA	NA	NA	NA	1	mg/L				
i. Phosphorus (as P), Total (7723-14-0)			1.54	66.4	1.30	43.7	1.16	34.1	209	mg/L	lb/da			
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		45.3	1354.42	NA	NA	NA	NA	1	mg/L	lb/da			
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants	X		BDL	NA	NA	NA	NA	NA	1	ug/L	lb/da			
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
VAD003122165	002

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			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
2M. Arsenic, Total (7440-38-2)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
3M. Beryllium, Total (7440-41-7)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
4M. Cadmium, Total (7440-43-9)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
5M. Chromium, Total (7440-47-3)	X			BDL	NA	NA	NA	NA	NA	17	mg/L	lb/day	NA	NA	NA
6M. Copper, Total (7440-50-8)	X			0.014	0.21	0.013	0.16	0.004	0.1	48	mg/L	lb/day	NA	NA	NA
7M. Lead, Total (7439-92-1)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
8M. Mercury, Total (7439-97-6)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
9M. Nickel, Total (7440-02-0)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
10M. Selenium, Total (7782-49-2)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
11M. Silver, Total (7440-22-4)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
12M. Thallium, Total (7440-28-0)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
13M. Zinc, Total (7440-66-6)	X			0.016	0.478	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
14M. Cyanide, Total (57-12-5)	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
15M. Phenols, Total	X			BDL	NA	NA	NA	NA	NA	1	mg/L	lb/day	NA	NA	NA
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			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
2V. Acrylonitrile (107-13-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
3V. Benzene (71-43-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
4V. Bis (*Chloro-methyl*) Ether (542-88-1)				***DELISTED***	***02-4-81***	**ANALYSIS**	**NOT**	**REQUIRED**	**FOR**	**THIS**					
5V. Bromoform (75-25-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
6V. Carbon Tetrachloride (56-23-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
7V. Chlorobenzene (108-90-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
8V. Chlorodi-bromomethane (124-48-1)	X			1	29.90	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
9V. Chloroethane (75-00-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
11V. Chloroform (67-66-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
12V. Dichloro-bromomethane (75-27-4)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
13V. Dichloro-difluoromethane (75-71-8)				***DELISTED***	***01-8-81***	**ANALYSIS**	**NOT**	**REQUIRED**	**FOR**	**THIS**					
14V. 1,1-Dichloro-ethane (75-34-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
15V. 1,2-Dichloro-ethane (107-06-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
16V. 1,1-Dichloro-ethylene (75-35-4)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
17V. 1,2-Dichloro-propane (78-87-5)	X			8	239.19	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
18V. 1,3-Dichloro-propylene (542-75-6)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
19V. Ethylbenzene (100-41-4)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
20V. Methyl Bromide (74-83-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
21V. Methyl Chloride (74-87-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA

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			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
24V. Tetrachloro-ethylene (127-18-4)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
25V. Toluene (108-88-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
27V. 1,1,1-Trichloro-ethane (71-55-6)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
28V. 1,1,2-Trichloro-ethane (79-00-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
29V Trichloro-ethylene (79-01-6)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
30V. Trichloro-fluoromethane (75-69-4)				***DELISTED***	***01-8-81***	**ANALYSIS**	**NOT**	**REQUIRED**	**FOR**	**THIS**					
31V. Vinyl Chloride (75-01-4)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
2A. 2,4-Dichloro-phenol (120-83-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
3A. 2,4-Dimethyl-phenol (105-67-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
5A. 2,4-Dinitro-phenol (51-28-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
6A. 2-Nitrophenol (88-75-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
7A. 4-Nitrophenol (100-02-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
8A. P-Chloro-M-Cresol (59-50-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
9A. Pentachloro-phenol (87-86-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
10A. Phenol (108-95-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
11A. 2,4,6-Trichloro-phenol (88-05-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA

 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			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
2B. Acenaphtylene (208-96-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
3B. Anthracene (120-12-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
4B. Benzidine (92-87-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
5B. Benzo (*a*) Anthracene (56-55-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
6B. Benzo (*a*) Pyrene (50-32-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
8B. Benzo (*ghi*) Perylene (191-24-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
9B. Benzo (*k*) Fluoranthene (207-08-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
15B. Butyl Benzyl Phthalate (85-68-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
16B. 2-Chloro-naphthalene (91-58-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
18B. Chrysene (218-01-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
19B. Dibenzo (*a,h*) Anthracene (53-70-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
20B. 1,2-Dichloro-benzene (95-50-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
21B. 1,3-Di-chloro-benzene (541-73-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA

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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			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
23B. 3,3-Dichloro-benzidine (91-94-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
24B. Diethyl Phthalate (84-66-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
25B. Dimethyl Phthalate (131 -11-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
26B. Di-N-Butyl Phthalate (84-74-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
27B. 2,4-Dinitro-toluene (121-14-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
28B. 2,6-Dinitro-toluene (606-20-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
29B. Di-N-Octyl Phthalate (117-84-0)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
31B. Fluoranthene (206-44-0)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
32B. Fluorene (86-73-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
33B. Hexachloro-benzene (118-74-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
34B. Hexachloro-butadiene (87-68-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
35B. Hexachloro-cyclopentadiene (77-47-4)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
36B Hexachloro-ethane (67-72-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
38B. Isophorone (78-59-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
39B. Naphthalene (91-20-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
40B. Nitrobenzene (98-95-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
41B. N-Nitro-sodimethylamine (62-75-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA

 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			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
44B. Phenanthrene (85-01-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
45B. Pyrene (129-00-0)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
46B. 1,2,4-Tri-chlorobenzene (120-82-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
2P. α-BHC (319-84-6)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
3P. β-BHC (319-85-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
4P. γ-BHC (58-89-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
5P. δ-BHC (319-86-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
6P. Chlordane (57-74-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
7P. 4,4'-DDT (50-29-3)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
8P. 4,4'-DDE (72-55-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
9P. 4,4'-DDD (72-54-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
10P. Dieldrin (60-57-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
11P. α-Enosulfan (115-29-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
12P. β-Endosulfan (115-29-7)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
13P. Endosulfan Sulfate (1031-07-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
14P. Endrin (72-20-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
15P. Endrin Aldehyde (7421-93-4)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
16P. Heptachlor (76-44-8)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA

 CONTINUE ON PAGE V-9

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAD003122165	002

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			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
18P. PCB-1242 (53469-21-9)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
19P. PCB-1254 (11097-69-1)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
20P. PCB-1221 (11104-28-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
21P. PCB-1232 (11141-16-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
22P. PCB-1248 (12672-29-6)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
23P. PCB-1260 (11096-82-5)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
24P. PCB-1016 (12674-11-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA
25P. Toxaphene (8001-35-2)	X			BDL	NA	NA	NA	NA	NA	1	ug/L	lb/day	NA	NA	NA

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*): VAD0003122165

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

OUTFALL NO. 201

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	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	482	749	186.19	269	90	129	213	mg/L	lb/day			
b. Chemical Oxygen Demand (*COD*)	BDL	NA	NA	NA	NA	NA	NA	mg/L	lb/day			
c. Total Organic Carbon (*TOC*)	NA	NA	NA	NA	NA	NA	NA	mg/L	lb/day			
d. Total Suspended Solids (*TSS*)	181	320	48.29	71.81	36.6	53	217	mg/L	lb/day			
e. Ammonia (*as N*)	NA	NA	NA	NA	NA	NA	NA	NA	NA			
f. Flow	VALUE 0.235		VALUE 0.189		VALUE 0.159		224		MGD	VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				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	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCEN-TRATION	b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)														
b. Chlorine, Total Residual														
c. Color														
d. Fecal Coliform														
e. Fluoride (16984-48-8)														
f. Nitrate-Nitrite (*as N*)														

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

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*)														
h. Oil and Grease														
i. Phosphorus (as P), Total (7723-14-0)														
j. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium, Total														
(4) Radium 226, Total														
k. Sulfate (*as* SO_4) (14808-79-8)														
l. Sulfide (*as S*)														
m. Sulfite (*as* SO_3) (14265-45-3)														
n. Surfactants														
o. Aluminum, Total (7429-90-5)														
p. Barium, Total (7440-39-3)														
q. Boron, Total (7440-42-8)														
r. Cobalt, Total (7440-48-4)														
s. Iron, Total (7439-89-6)														
t. Magnesium, Total (7439-95-4)														
u. Molybdenum, Total (7439-98-7)														
v. Manganese, Total (7439-96-5)														
w. Tin, Total (7440-31-5)														
x. Titanium, Total (7440-32-6)														

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

 CONTINUE ON PAGE V-3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAD0003122165	201

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)															
2M. Arsenic, Total (7440-38-2)															
3M. Beryllium, Total (7440-41-7)															
4M. Cadmium, Total (7440-43-9)															
5M. Chromium, Total (7440-47-3)															
6M. Copper, Total (7440-50-8)															
7M. Lead, Total (7439-92-1)															
8M. Mercury, Total (7439-97-6)															
9M. Nickel, Total (7440-02-0)															
10M. Selenium, Total (7782-49-2)															
11M. Silver, Total (7440-22-4)															
12M. Thallium, Total (7440-28-0)															
13M. Zinc, Total (7440-66-6)															
14M. Cyanide, Total (57-12-5)															
15M. Phenols, Total															
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)				DESCRIBE RESULTS											

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

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)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
4V. Bis (*Chloro-methyl*) Ether (542-88-1)															
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chlorobenzene (108-90-7)															
8V. Chlorodi-bromomethane (124-48-1)															
9V. Chloroethane (75-00-3)															
10V. 2-Chloro-ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro-bromomethane (75-27-4)															
13V. Dichloro-difluoromethane (75-71-8)															
14V. 1,1-Dichloro-ethane (75-34-3)															
15V. 1,2-Dichloro-ethane (107-06-2)															
16V. 1,1-Dichloro-ethylene (75-35-4)															
17V. 1,2-Dichloro-propane (78-87-5)															
18V. 1,3-Dichloro-propylene (542-75-6)															
19V. Ethylbenzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															
21V. Methyl Chloride (74-87-3)															

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

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)															
23V. 1,1,2,2-Tetrachloroethane (79-34-5)															
24V. Tetrachloro-ethylene (127-18-4)															
25V. Toluene (108-88-3)															
26V. 1,2-Trans-Dichloroethylene (156-60-5)															
27V. 1,1,1-Trichloro-ethane (71-55-6)															
28V. 1,1,2-Trichloro-ethane (79-00-5)															
29V Trichloro-ethylene (79-01-6)															
30V. Trichloro-fluoromethane (75-69-4)															
31V. Vinyl Chloride (75-01-4)															
GC/MS FRACTION – A															
1A. 2-Chlorophenol (95-57-8)															
2A. 2,4-Dichloro-phenol (120-83-2)															
3A. 2,4-Dimethyl-phenol (105-67-9)															
4A. 4,6-Dinitro-O-Cresol (534-52-1)															
5A. 2,4-Dinitro-phenol (51-28-5)															
6A. 2-Nitrophenol (88-75-5)															
7A. 4-Nitrophenol (100-02-7)															
8A. P-Chloro-M-Cresol (59-50-7)															
9A. Pentachloro-phenol (87-86-5)															
10A. Phenol (108-95-2)															
11A. 2,4,6-Trichloro-phenol (88-05-2)															

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

 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)															
2B. Acenaphtylene (208-96-8)															
3B. Anthracene (120-12-7)															
4B. Benzidine (92-87-5)															
5B. Benzo (*a*) Anthracene (56-55-3)															
6B. Benzo (*a*) Pyrene (50-32-8)															
7B. 3,4-Benzo-fluoranthene (205-99-2)															
8B. Benzo (*ghi*) Perylene (191-24-2)															
9B. Benzo (*k*) Fluoranthene (207-08-9)															
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)															
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)															
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)															
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)															
14B. 4-Bromophenyl Phenyl Ether (101-55-3)															
15B. Butyl Benzyl Phthalate (85-68-7)															
16B. 2-Chloro-naphthalene (91-58-7)															
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)															
18B. Chrysene (218-01-9)															
19B. Dibenzo (*a,h*) Anthracene (53-70-3)															
20B. 1,2-Dichloro-benzene (95-50-1)															
21B. 1,3-Di-chloro-benzene (541-73-1)															

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

 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)															
23B. 3,3-Dichloro-benzidine (91-94-1)															
24B. Diethyl Phthalate (84-66-2)															
25B. Dimethyl Phthalate (131 -11-3)															
26B. Di-N-Butyl Phthalate (84-74-2)															
27B. 2,4-Dinitro-toluene (121-14-2)															
28B. 2,6-Dinitro-toluene (606-20-2)															
29B. Di-N-Octyl Phthalate (117-84-0)															
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)															
31B. Fluoranthene (206-44-0)															
32B. Fluorene (86-73-7)															
33B. Hexachloro-benzene (118-74-1)															
34B. Hexachloro-butadiene (87-68-3)															
35B. Hexachloro-cyclopentadiene (77-47-4)															
36B Hexachloro-ethane (67-72-1)															
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)															
38B. Isophorone (78-59-1)															
39B. Naphthalene (91-20-3)															
40B. Nitrobenzene (98-95-3)															
41B. N-Nitro-sodimethylamine (62-75-9)															
42B. N-Nitrosodi-N-Propylamine (621-64-7)															

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

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)															
44B. Phenanthrene (85-01-8)															
45B. Pyrene (129-00-0)															
46B. 1,2,4-Tri-chlorobenzene (120-82-1)															
GC/MS FRACTION –															
1P. Aldrin (309-00-2)															
2P. α-BHC (319-84-6)															
3P. β-BHC (319-85-7)															
4P. γ-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Enosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

CONTINUE ON PAGE V-9

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAD0003122165	201

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)															
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)															
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															

Values for Outfall 201 are calculated from Outfall 002. Outfall 201 is an internal outfall.

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)*
902	149,400 sq. ft.	998,400 sq. ft.	003	10,836 sq. ft.	65,200 sq. ft.
004	0 sq. ft.	6,000 sq. ft.	005	0 sq. ft.	12,000 sq. ft.
006	0 sq. ft.	100,000 sq. ft.			

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.

1. Attached is a list of significant materials exposed to stormwater (see attachment to Form 2F).

2. Stormwater from process areas sent through treatment prior to being combined with other flows.

3. Tank farms are diked and channel water through the treatment process.

4. Unloading areas are equipped with spill containment.

5. Pesticides, herbicides, soil conditioners and fertilizers are applied only when necessary to ensure a safe working environment.

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
902	Stormwater goes through physical separation prior to moving to other areas of the treatment system. The stormwater then goes through treatment associated with processes and finally through an overflow/underflow baffle at the outfall. Emergency spill equipment is located throughout the facility. See Form 2C.	4A
003,004, 005, and 006	Discharge procedures and emergency spill equipment is located throughout the facility. Outfall area is similar to 003. Drainage area is not associated with any process.	4A

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
Andrew B. Chapman, Plant Manager		5/30/12

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.

Stormwater monitoring is performed by visual observations that are routinely conducted at the facility.

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.

9/17/2010 - Hercules reported to DEQ unauthorized discharge of ammonia-contaminated water through the Eastman cooling water return system that discharges to the outfall canal below Outfall 201 and that leads to Outfall 002. The result of the discharge lead to a fish kill in the outfall canal. VADEQ was notified of the event. Consent Order issued by VADEQ on 8/5/2011. Consent Order was teminated on 2/17/2012.

 Continue on Page 3

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*
VAD0003122165

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*)

Oil and Grease

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*)

See Form 2C, Section VII - Outfall 902 is the same as Outfall 002 during storm events.

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
See Form 2C, Section VIII			

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.
Andrew B. Chapman, Plant Manager	757 - 562 - 3121
C. Signature	D. Date Signed
Andrew B. Chapman	5/30/12

Toxicity Report
Hercules Inc. - Franklin
27123 Shady Brook Trail
Courtland, VA 23837

Date	Acute Toxicity	Chronic Toxicity
Jan-09	<1.0	1.72
May-09	<1.0	1.72
Jul-09	<1.0	1.72
Jan-10	<1.0	1.72
Apr-10	<1.0	12.5
May-10	No analysis this month	6.25
Oct-10	<1.0	6.25
Feb-11	<1.0	6.25
Jun-11	<1.0	6.25
Aug-11	<1.0	1.00
Nov-11	<1.0	6.25
Feb-12	<1.0	6.25