Carver, Beverley (DEQ)

From: Carver, Beverley (DEQ)
Sent: Friday, December 27, 2013 4:50 PM
To: Matt Hopkins (matt.hopkins@tiptoppoultry.com)
Subject: Application for New Market Poultry, LLC - VA0054453

December 27, 2013

Mr. Matt Hopkins
Director of Environmental Health and Safety
New Market Poultry, LLC
PO Box 220
New Market, Virginia 22844

Re: New Market Poultry, LLC, VPDES Permit No. VA0054453, Shenandoah County

Dear Mr. Hopkins:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next month.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Bev Carver
Water Permit Senior

Beverley W. Carver
Water Permit Writer Senior
Department of Environmental Quality
Valley Regional Office
4411 Early Road, Harrisonburg, VA
Phone: (540) 574-7805 FAX: (540)574-7878
email: Beverley.Carver@deq.virginia.gov
web: www.deq.virginia.gov
Mail: P.O. Box 3000, Harrisonburg, VA 22801

MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000 Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0054453, New Market Poultry, LLC, Shenandoah County

TO: PP File

FROM: Bev Carver

DATE: December 27, 2013

The following deficiencies were noted in the subject permit reissuance application:

Form 1 – No deficiencies found.

Form 2C – There were no results submitted for COD or TOC. The permittee has limits and monitoring requirements for BOD_5 under the current permit. Therefore, additional monitoring data for COD and TOC are unnecessary.

Form 2C, Part V – The number of analyses was not specified.

Application Addendum – No deficiencies found.

Storm Water Registration Statement – No deficiencies found.

Annual Maintenance Fee Form and Public Notice Billing Form – No deficiencies found.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: DMJ, 12/30/13

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

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

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

6		T/A	C
F	VA0054453		D
1	2 13	14	15

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING LIST
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI*(except VI-B which must be completed regardless)*. Complete all items if no label has been proved. Refer to the instructions for detailed item descriptions and for the legal authorization 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 from listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	☐ 16	☒ 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	☒ 20	☐ 21
C. Is this facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	☒ 22	☐ 23	☐ 24	D. Is this proposal facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	☐ 25	☒ 26	☐ 27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	☐ 28	☒ 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	☒ 32	☐ 33
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	☐ 34	☒ 35	☐ 36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfer by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	☐ 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)	☐ 40	☒ 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 are**? (FORM 5)	☐ 43	☒ 44	☐ 45

III. NAME OF FACILITY

C 1 SKIP *New Market Poultry, LLC*

15 16-29 30 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
Hopkins, Matt, Director of Environmental Health & Safety	*770*	*329*	*7559*
16 45	46 48	49 51	52 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 *PO Box 220*

15 16 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
New Market	*VA*	*22844*
16 40	41 42	47 51

DEQ VALLEY NOV ... TO ...

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 *145 East Old Cross Road, New Market, VA 22844*

15 16 45

B. COUNTY NAME

Shenandoah

46 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE
C 6	*VA*	*22844*	*171*
16 40	41 42	47 51	52 54

CONTINUED ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST		B. SECOND	
C 7 7 — 2015	(specify) Poultry Processing	7 7	(specify)
C. THIRD		D. FOURTH	
7 7	(specify)	7 7	(specify)

VIII. OPERATOR INFORMATION

A. NAME: C 8 — New Market Poultry, LLC

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

D. PHONE *(area code & no.)*: C A — 770 329 7559

E. STREET OR PO BOX: PO Box 220

F. CITY OR TOWN: C B — New Market

G. STATE: VA

H. ZIP CODE: 22844

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	C 9 T N I — VA0054453	D. PSD *(Air Emissions from Proposed Sources)*	C 9 T P I
B. UIC *(Underground Injection of Fluids)*	C 9 T U I	E. OTHER *(specify)*	C 9 T I — *(Specify)*
C. RCRA *(Hazardous Wastes)*	C 9 T R I	E. OTHER *(specify)*	C 9 T I — VAN010134 — *(Specify)* Nutrient General Permit

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)*

New Market Poultry slaughters chickens, primarily hens. Operations include: killing, scalding, feather removal, whole bird wash, evisceration, final bird wash, chillers and packaging; Additional operations include: ammonia compressor cooling water, plant sanitation and clean-up, use of boilers for steam production, truck washing, coop washing and capture of stormwater runoff for treatment. Blood, feathers and offal are recovered and taken to off-site rendering. Sanitary wastewater is directed to the Town of New Market sanitary sewer system. The facility currently has 1 shift processing chickens 5 days per week but will go to two shifts if need arises.

DEQ VALLEY
NOV 01 2013
To:
Date:

XIII. CERTIFICATION *(see instructions)*

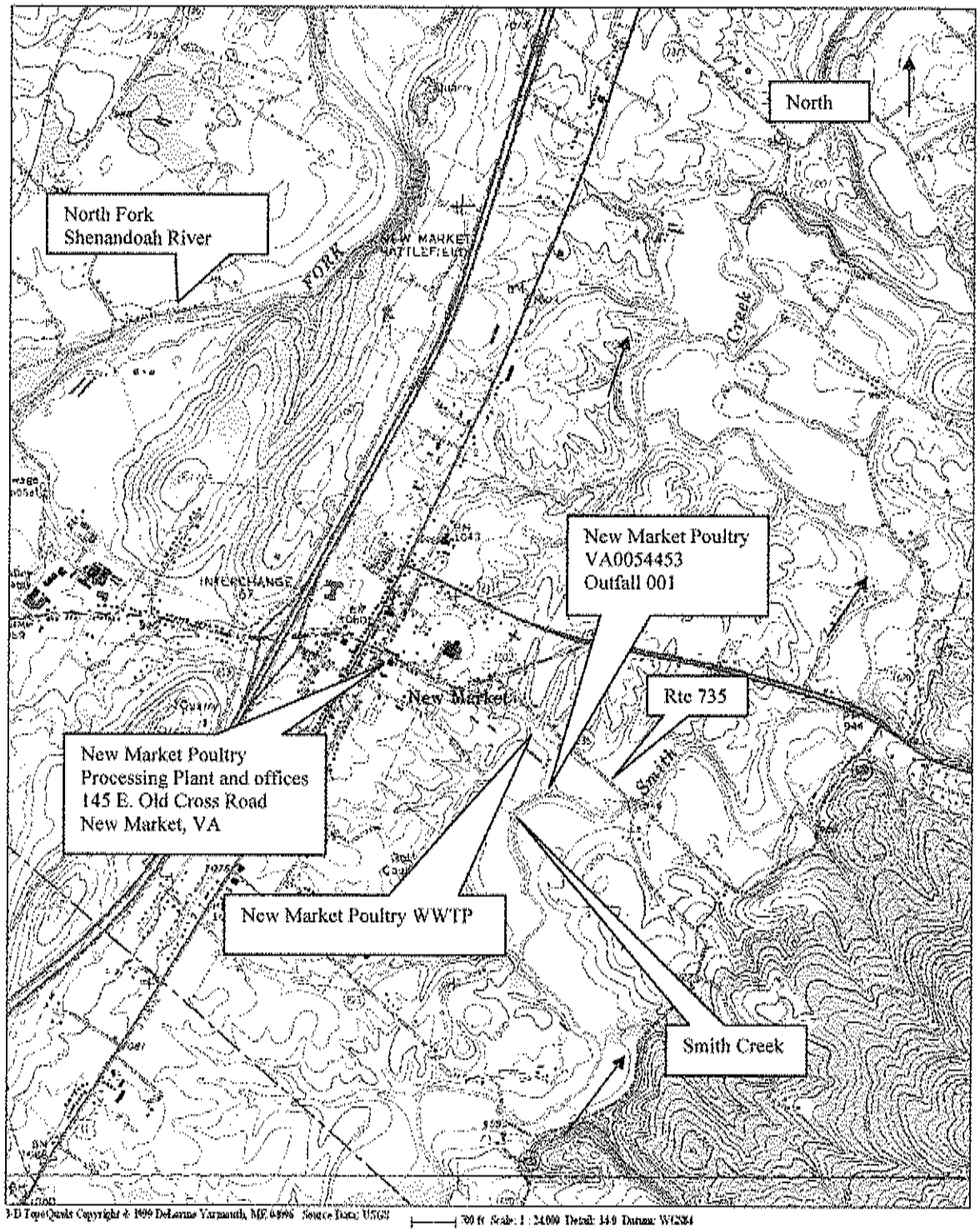
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information 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
BRAD RESPESS, C.O.O.		OCT 28, 2013

COMMENTS FOR OFFICIAL USE ONLY

C C

New Market Poultry Location Map



Topo Map Name: New Market, Virginia (199-B)
Outfall 001: Latitude: 38°38'29" Longitude: 78°39'40"
Scale: 1:24000

VPDES Permit Application Addendum

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

2. **Is this facility located within city or town boundaries?** ☑ YES ☐ NO
   Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. **What is the tax map parcel number for the land where this facility is located?** 103A205

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?** 2

5. ALL FACILITIES: **What is the design average flow of this facility?** 0.3 MGD
   Industrial facilities: **What is the maximum 30-day avg. production level (include units)?** 4,585,025 lb. avg

   In addition to the above 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 specify the other flow tiers (in MGD) or production levels: 0.45 MGD, 0.50 MGD
   Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**
   poultry slaughter

   0 % of flow from domestic connections/sources
   Number of private residences to be served by the wastewater treatment facilities: ☑ 0 ☐ 1-49 ☐ 50 or more

   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
   ☐ Effluent-dependent stream, usually or always dry
   ☐ Lake or pond at or below the discharge point
   ☐ Other:

DEQ VALLEY
DEC 20 2013
To:
Date:

9. **Consent to receive electronic mail**
   The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

   ☑ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.
   Please provide email: matt.hopkins@tiptoppoultry.com

   ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee

Facility Name: New Market Poultry, LLC

Permit Number: VA0054453

Owner Name: New Market Poultry, LLC

Owner Address: PO Box 220

New Market, Virginia 22844

Billing Contact Name: Matt Hopkins

Title: Director of Environmental Health and Safety

Phone Number: (779)329-7559

E-Mail Address: matt.hopkins@tiptoppoultry.com

DEQ VALLEY
OCT 2 3 2015
To:
Date:

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 ***Shenandoah Valley-Herald*** in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: New Market Poultry, LLC

Owner: New Market Poultry, LLC

Agent/Department Address: PO Box 220

New Market, Virginia 22844

Agent's Telephone No.: (770)329-7559

Printed Name: Matt Hopkins, Director of Environmental Health and Safety

Authorizing Agent – Signature: Matt Hopkins

Date: 10/28/2013

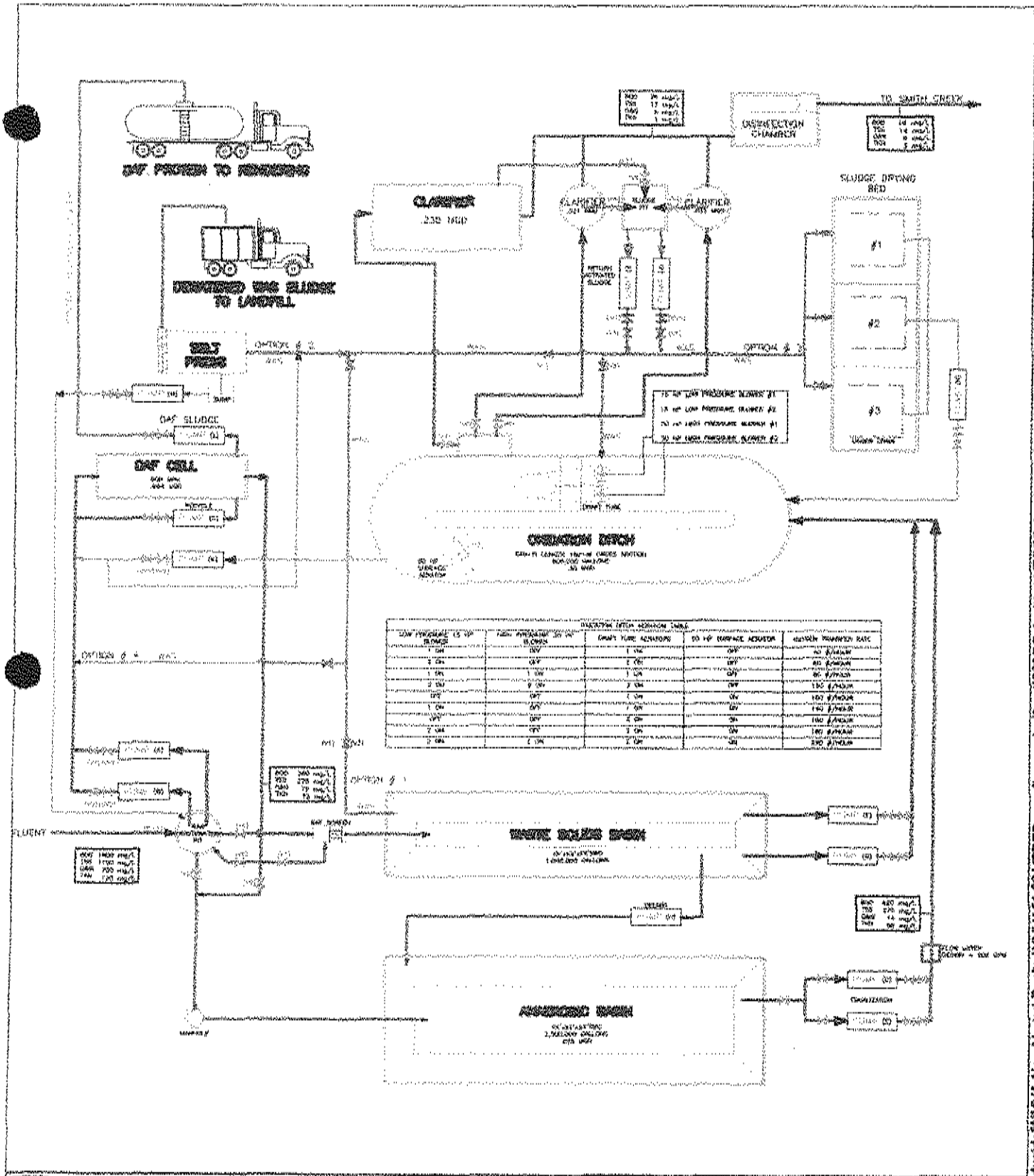
VPDES Permit No. VA0054453
New Market Poultry, LLC

DEQ VALLEY

OCT 29 2013

To:

Date:



BLACKWELL ENGINEERING
566 EAST MARKET STREET
HARRISONBURG, VA 22801
Phone: (540) 432-9555
FAX: (540) 434-7604
E-Mail: BE@BlackwellEngineering.com

LINE DRAWING
NEW MARKET POULTRY

SCALE	DATE:	DESIGNED BY:	DRAWN BY:	CHECKED BY:	PROJECT #:
N.T.S	DEC. 2008	RCB	TWW	RLB III	NMVA01-06

SHEET 1

Z:\Environmental\Projects\NMVA_New Market Poultry\NMVA01-06 VPDES permit upgrade (Syn)\2008\Submittal VPDES Application Manual\11 PFD.dwg, 12/22/2008 1:00:22 PM, Hayden

VPDES General Permit Registration Statement - Industrial Activity Storm Water Discharges (VAR05)

(Please Type or Print All Information)

1. **Owner Information**

   Name: New Market Poultry, LLC

   Mailing Address: PO Box 220

   City: New Market State: VA Zip: 22844 Phone: (770)329-7559

2. **Facility Information**

   Name: New Market Poultry, LLC

   Address: 145 East Old Cross Road

   City: New Market State: VA Zip: 22844

   Contact Name: Matt Hopkins Phone: (770)329-7559

3. **Facility Ownership Status:** Federal ☐ State ☐ Public ☐ Private ☑ (Check one only)

4. **Name of the receiving water(s)** Smith Creek

5. **If the discharge is through a municipal separate storm sewer system (MS4), the name of the municipal operator of the storm sewer:** NA

6. **VPDES Permit Numbers for all permits assigned to the facility:** VA0054453

7. **Does this facility discharge storm water runoff from coal storage piles?** Yes ☐ No ☑

8. **Has a storm water pollution prevention plan been developed for the facility in accordance with the requirements of the General VPDES Permit for Storm Water Discharges Associated With Industrial Activity?** Yes ☑ No ☐

9. **Attach a topographic map or other map which indicates the location of the facility, the location of all storm water discharges, the water body receiving discharge(s) and other surface water bodies within a 1/2 mile radius of the facility.**

10. **Identify up to four 4-digit Standard Industrial Classification (SIC) Codes or 2-letter Industrial Activity Codes that best represent the principal products or services rendered by the facility and major co-located activities.**

    4-Digit SIC Codes or 2-letter Industrial Activity Codes: 2 0 1 5

    (The 2-letter Industrial Activity Codes are: **HZ** - hazardous waste treatment, storage, or disposal facilities; **LF** - landfills/disposal facilities that receive or have received any industrial wastes; **SE** - steam electric power generating facilities; or, **TW** - treatment works treating domestic sewage)

11. **Attach a list identifying all applicable industrial sectors (see instructions) that cover the discharges associated with industrial activity from the facility and from major co-located industrial activities that will be covered under this permit. Also identify the storm water outfalls associated with each identified sector.**

12. **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."

    Print Name: Matt Hopkins Title: Director of Envir Health & Safety

    Signature: Matt Hopkins Date: 10/29/2013

For Department of Environmental Quality Use Only DEQ-WATER FORM ***SWGP-VAR05-RS*** (7/04)

Accepted/Not Accepted by: _____ Date: _____

Basin _____ Stream Class _____ Section _____ Special Standards _____

DEQ VALLEY

OCT 29 2013

To: _____

Date: _____

United States
Environmental Protection
Agency

Office of
Enforcement
Washington, DC 20460

EPA Form 3510-2C
Revised August 1990
Previous editions
are obsolete

Permits Division

EPA

Application Form 2C – Wastewater Discharge Information

Consolidated Permits Program

DEQ VALLEY
DEC 2 0 2019
To:
Date:

This form must be completed by all persons applying for an EPA permit to discharge wastewater *(existing manufacturing, commercial, mining, and silvicultural operations)*.

Printed on recycled paper

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): VA0054453

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	38	38	29	78	39	40	Smith Creek

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	Boiler Blowdown		Screening		1T
	Plant Sanitation and clean up		Dissolved Air Flotation		1H
	Process wastewater		Old anaerobic lagoon		3C
	Truck, garage		New anaerobic lagoon		3C
	Coop washing		Oxidation ditch		
	Sanitary wastewater from 1 bathroom		(2)circular clarifiers (not used)		
	and sink in lab building		(1) rectangular clarifier		
	Stormwater		Splitter box		
			Chlorine contact tank		
	Total Flow	0.3 MGD	Post aeration		
			Dechlorination		
			Flow measurement		
	Sanitary wastewater directed to				
	Town of New Market collection system		(4) sludge drying beds		5H
	and is ultimately transported to		Belt press		
	Broadway Regional WWTP (VA0090263)				
	Blood, feathers and offal is				
	recovered and sent to off-site				
	rendering facility				

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*)	
74,696,694	lb/year of live weight killed (LWK)	Poultry processing	001
≈7,000,000	lb/Year	Further processing (salvage line where deboned breast meat is generated)	

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*)
VA0054453

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

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (*list all such pollutants below*) ☑ NO (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☑ YES (*identify the test(s) and describe their purposes below*) ☐ NO (*go to Section VIII*)

previously submitted.

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*)
Enviro-Compliance	PO Box 919 Verona, VA 24482	(540)248-1311	BOD5 TSS Ammonia
Coastal Bioanalysts	6400 Enterprise Court Gloucester, VA 23061	(804)694-8385	WET 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.*)
Brad Respess, COO	770-973-8070
C. SIGNATURE	D. DATE SIGNED
	NOVEMBER 18, 2013

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*): VA0054453

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

OUTFALL NO.: 001

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

1. POLLUTANT	2. EFFLUENT 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. CONCEN-TRATION	b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	submitted											
b. Chemical Oxygen Demand (*COD*)	waiver											
c. Total Organic Carbon (*TOC*)	waiver											
d. Total Suspended Solids (*TSS*)	submitted											
e. Ammonia (*as N*)	0.1											
f. Flow	VALUE submitted		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE submitted		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE submitted		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM submitted	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	(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. CONCEN-TRATION	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		submitted											
c. Color		X												
d. Fecal Coliform	X		submitted											
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as *N*)	X		24.0											

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		1.5											
h. Oil and Grease	X		submitted											
i. Phosphorus (as P), Total (7723-14-0)	X		0.26											
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												

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EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0054453	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											

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. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro-methyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

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CONTINUED FROM PAGE V-4

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

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-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

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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												