KINDER MORGAN

Pier IX/X Terminal
1900 Harbor Access Road Newport News, VA 23607
Telephone 757.928.1520 Facsimile 757.928.1560

RECEIVED – DEQ
JAN 19 2016
Tidewater Regional Office

Department of Environmental Quality
5636 Southern Boulevard
Virginia Beach, Virginia

RE: Permit Renewal Application – VA0057142
Hand Delivered

To Whom it may concern

Please find attached the Kinder Morgan Inc. Pier IX's permit renewal application Permit Number VA0057142. On the inside cover of the binder you will find the signed Public Notice Authorization form and the Annual Maintenance Fee Form. If you should have any questions about the contents of the permit application, please do not hesitate to contact me at 757-928-1520. Thank you for your attention in this matter.

Sincerely

Mark Lieberman
Mid Atlantic Regional EHS Manager
Kinder Morgan

AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE FOR

Re: VPDES Permit Number VA0057142
Kinder Morgan Pier IX/X Terminal
1900 Harbor Access Road
Newport News, Virginia 23607

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 the:

The Daily Press
Legal Advertising Department
7505 Warwick Boulevard
Newport News, Virginia 23607

Agent/Department to be billed: Brad Gilliatt

Applicant's Address: 1900 Harbor Access Rd
Newport News, VA 23607

Agent's Telephone Number: 757-928-1520

I AM ALSO AUTHORIZING The Daily Press **TO SEND THE AFFIDAVIT TO:**

Department of Environmental Quality
Tidewater Regional Office
Water Permits - Attention: Ms. Cathy Jenson
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Authorizing Agent/Date Signed: Brad Gilliatt 1/22/16
Print Name/Date Signed

Authorizing Agent's Signature: [signature]
Signature

Authorizing Agent's E-Mail Address: bradley_gilliatt@kindermorgan.com

RETURN THIS COMPLETED FORM TO: DEQ – Tidewater Regional Office
Water Permits - Attention: Ms. Cathy Jenson
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Cc: DEQ – TRO/file (VA0057142@ECM)

VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee

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Tidewater Regional Office

Facility Name: Kinder Morgan Bulk Terminals, Pier IX

Permit Number: VA0057142

Person / Organization to be billed: Bradley Gilliatt

Billing Address: 1900 Harbor Access Road

Newport News, VA 23607

Billing Contact Name: Bradley Gilliatt

Title: Terminal Manager

Phone Number: 757-928-1520

E-Mail Address: Bradley_Gilliatt@kindermorgan.com

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			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		N/A	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: Pier IX Terminal (15 – 16 – 30 … 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Gilliatt, Bradley / Terminal Manager (15 – 16 … 45)	(757) 928-1520 (46 – 48 – 49 – 51 – 52 – 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 P.O. Box 38 (15 – 16 … 45)

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 NewPort News (15 – 16 … 40)	VA (41 – 42)	23607 (47 … 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 21st and Terminal Avenue (15 – 16 … 45)

B. COUNTY NAME

Newport News (46 … 70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Newport News (15 – 16 … 40)	VA (41 – 42)	23607 (47 … 51)	(52 – 54)

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 4491 *(specify)* Marine Cargo Handling	7 5052 *(specify)* Coal and other minerals and ores

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

VIII. OPERATOR INFORMATION

A. NAME: 8 Pier IX terminal

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

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

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

O *(specify)* Publicly Owned

D. PHONE *(area code & no.)*: A (713) 369-9000

E. STREET OR P.O. BOX: 1001 Louisiana Street #1000

F. CITY OR TOWN	G. STATE	H. ZIP CODE
B Houston	TX	77002

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		VA0057142
D. PSD *(Air Emissions from Proposed Sources)*	9	P		
B. UIC *(Underground Injection of Fluids)*	9	U		
E. OTHER *(specify)*	9			60979 *(specify)* Air Registration Number
C. RCRA *(Hazardous Wastes)*	9	R		VA00519470
E. OTHER *(specify)*	9			*(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Kinder Morgan Bulk Terminals Pier IX/X is a bulk material handling facility that primarily handles two products. Thermal Coal, Petcoke and Portland cement.

1) Various types of coal are handled inbound by vesssel and rail, transferred by conveyor belts to stocpiles. It is then transferred by conveyor belts to vessels for delivery to customer markets.

2) Petcoke is handled rail in and vessel out with the same equipment that is used to handle coal

3) Portland Cement is handled inbound by vessel, truick and rail, is transferrred by conveyor belts to three storage silos and then loaded into tructs or rail via enclosed air slides for dlievery to customer markets.

In reference to item II.E of this form, the terminal is not a treatment, storage, and disposal facility (TSD) for hazardous waste. The terminal generates small quantitites of hazardous waste during maintenance and repair activities and is typically a conditinoally exempt small quantity generator of hazardous waste. These materials are collected and disposed of off-site in accordance with applicable regulations.

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 Gilliatt Terminal Mgr	BG Gilliatt	22 JAN 16

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*)
VA0059142

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	36.00	58.00	04.6	76.00	25.00	38.10	James River
002	36.00	58.00	04.4	76.00	25.00	38.0	James River
003	36.00	58.00	04.8	76.00	25.00	38.2	James River

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	equipment washdown	100 gpd 1	sedimentation / pH neutralization	1-u	2-k
	treated stormwater	1.5 mgd	sedimentation / pH neutralization	1-u	2-k
002	Harbor Road	Closed/Intermittent	Only opened during major storms	1-M	
			for emergency drainage		
003	Harbor Road	Open/Intermittent	Filter Media in place on all drainage	1-M	
	A/B Parking		grates and changed as needed		

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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?

[X] YES (*complete the following table*) [ ] NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(s) CONTRIBUTING FLOW (*list*)	3. FREQUENCY a. DAYS PER WEEK (*specify average*)	3. FREQUENCY b. MONTHS PER YEAR (*specify average*)	4. FLOW A. FLOW RATE (*in mgd*) 1. LONG TERM AVERAGE	4. FLOW A. FLOW RATE 2. MAXIMUM DAILY	4. FLOW B. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW B. TOTAL VOLUME 2. MAXIMUM DAILY	4. FLOW C. DURATION (*in days*)
001	-treated stormwater with deminimus amount of washdown water	1 day/wk	12 mo/yr	1.58 MGD	2.52 MG	1.58 MG	2.52 MG	1 day/wk
	-Intermittent flow is controlled with use of pond, discharged as necessary due to rainfall accumulation.	1 day/wk	12 mo/yr	1.58 MGD	2.52 MG	1.58 MG	2.52 MG	1 day/wk
	-Pond is supplemented by well water during periods of low rainfall to support wet suppression systems. Later discharged as necessary due to rainfall accumulation	1 day/wk	12 mo/yr	1.58 MGD	2.52 MG	1.58 MG	2.52 MG	1 day/wk

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

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*) [X] NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED
N/A					

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.

[X] 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*)
VA0057142

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A - toxic and hazardous pollutants listed in Table 2C-3 are not expected in 001 Stormwater discharge			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

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

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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

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

Acute toxicity is sampled annually

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	20 Research Dr, Hampton, VA 2366	757-865-0880	All Required
Coastal Bioanalysts Inc	6400 Enterprise Ct, Glouster, VA 23061	804-694-8285	Whole Effluent Toxicity

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 Gilliatt Terminal Manager	757-928-1520
C. SIGNATURE	**D. DATE SIGNED**
B. Gilliatt	1 FEB 16

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*): VA0057142

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*)	2 mg/l		2 mg/l									1
b. Chemical Oxygen Demand (*COD*)	ND		ND									1
c. Total Organic Carbon (*TOC*)	3.65 mg/l		3.65 mg/l									1
d. Total Suspended Solids (*TSS*)	32 mg/l		32 mg/l									10
e. Ammonia (*as N*)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE 30.0 C		VALUE Ambient		VALUE			°C		VALUE		11
i. pH	MINIMUM 8.8	MAXIMUM	MINIMUM 6.96	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												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X	X											
f. Nitrate-Nitrite (*as N*)		X												

 CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease	X		ND						1					
i. Phosphorus (as P), Total (7723-14-0)	X		ND						1					
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		1540 mg/l	N/A					1					
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)	X		1.604mg/l	N/A					1					
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		1342 mg/l	N/A			6.28 mg/l	N/A	4					
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
VA0057142	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		0.026mg/	N/A					1					
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)		X		0.142 mg/l	N/A					1					
10M. Selenium, Total (7782-49-2)		X		0.022 mg/l	N/A					1					
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		0.532 mg/l	N/A					1					
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. 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												

 CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

 CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

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

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

 CONTINUE ON PAGE V-9

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0057142	001

CONTINUED FROM PAGE V-8

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

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
VA0057142

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

FORM 2F NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

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

Paperwork Reduction Act Notice

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

I. Outfall Location

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

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
003	36.00	58.00	4.8	76.00	25.00	38.20	James River
002	36.00	58.00	4.4	76.00	25.00	38.0	James River

RECEIVED DEQ
FEB 03 2016
Tidewater Regional Office

II. Improvements

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

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A	N/A	N/A	N/A		

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

III. Site Drainage Map

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

 Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

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

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
003	15,000 Square feet	15,000 Square feet	002	10,000 Square feet	10,000 Square feet

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.

Outfall 002 and 003 water flow comes from a parking area and roadway where no materials are stored.

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
003/002	Filter media is used to clean storm water prior to entering state waters and changed on a as needed basis. Speed bumps have been installed to avoid the comingling of water. Visual inspections on the outfall are performed Monday - Thursday. The parking area and underground piping is cleaned on a as needed basis and all water used for cleaning is recovered. Outfall 003 is listed on the SPCC and SWPPP, employees receive training on an annual basis. Spill kits are readily available in case of emergency. Additionally Outfall 002 is sealed with a steel plate and caulking. It is only opened when major storms are anticipated	1-Q

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
BRAD Gilliatt Terminal Manager	B Gilliatt	1 FEB 16

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.

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.

N/A No significant spills in the last three years to report.

 Continue on Page 3

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*
VA0057142

VII. Discharge Information

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

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

VIII. Biological Toxicity Testing Data

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

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

Outfall 003 is sampled once per quarter and once annually. Outfall 002 is sampled once annually. No toxicity samples are required for either outfall. For this application only outfall 003 was sampled. The results are representative of both outfalls due to the proximity of the drainage areas and the similiarity in exposure to stormwater as both are draining roadways and parking areas.

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
Universal Laboratories	20 Research Drive, Hampton, Va 23666	757-865-0880	All required
Coastal Bioanalysts Inc	6400 Enterprise Court, Glouster VA 23061	804-694-8285	Whole Effluent Toxicity

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.
Brad Gilliatt Terminal Manager	757-928-1520
C. Signature	**D. Date Signed**
[signature]	1 FEB 16

EPA ID Number (*copy from Item 1 of Form 1*)
VA0057142

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

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

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	ND RL 5 mg/l	N/A	ND RL 5 mg/	N/A	1	
Biological Oxygen Demand (BOD5)	2 mg/L	N/A	2 mg/L	N/A	1	
Chemical Oxygen Demand (COD)	ND RL 20 mg/l	N/A	ND RL20mg/l	N/A	1	
Total Suspended Solids (TSS)	30 mg/L	N/A	21.1 mg/l	N/A	4	
Total Nitrogen	0.30 mg/L	N/A	0.30 mg/L	N/A	1	
Total Phosphorus	0.06 mg/L	N/A	0.06 mg/L	N/A	1	
pH	Minimum 6.22	Maximum 7.08	Minimum 6.22	Maximum 7.08		

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
DRO	ND RL .5 mg/l	N/A	ND	N/A	1	
GRO	ND RL .5 mg/l	N/A	ND	N/A	1	
Iron	3.42 mg/l	N/A	1.22 mg/L	N/A	4	
TOC	2.47 mg/L	N/A	2.47 mg/L	N/A	1	
Zinc	0.050 mg/L	N/A	0.050 mg/L	N/A	1	
Phophorus	0.06 mg/L	N/A	0.06 mg/L	N/A	1	
Sulfate	15.9 mg/L	N/A	15.9 mg/L	N/A	1	
Aluminum	0.392 mg/L	N/A	0.392 mg/L	N/A	1	
Manganese	0.044 mg/L	N/A	0.044 mg/L	N/A	1	
Copper	0.007 mg/L	N/A	0.007 mg/L	N/A	1	
Nickel	ND RL .005mg/l	N/A	ND	N/A	1	
Selenium	ND RL .005mg/l	N/A	ND	N/A	1	
Temperature	24.0 C	N/A	17.5 C	N/A	4	

Continued from the Front

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

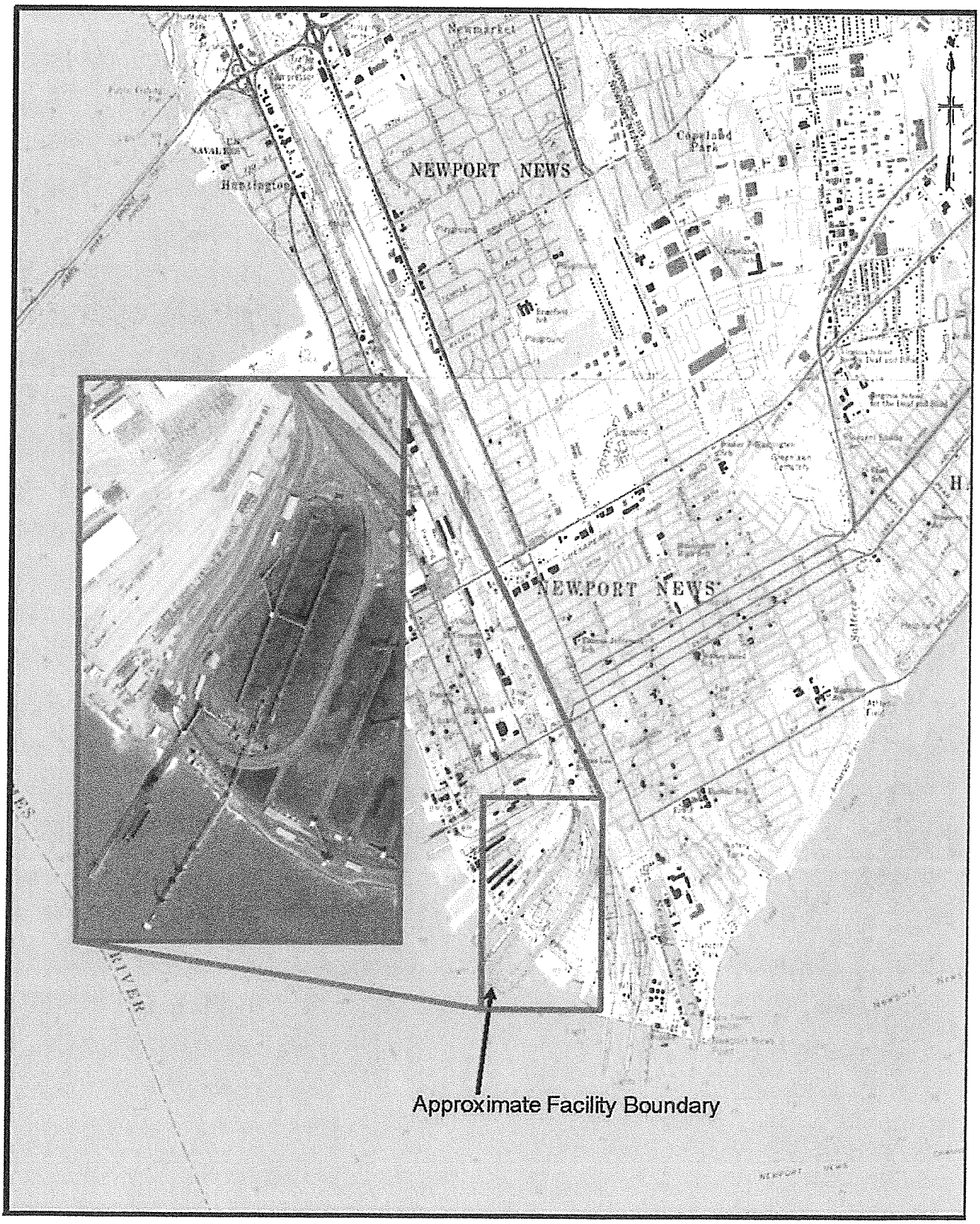
Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

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

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
12/18/15	480 minutes	0.48 inches	6 hours	9.35 gal/min	0.004488 million Gallon

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

Speadsheet calcuation



Kinder Morgan Bulk Terminals Inc.
Pier IX/X Terminal – Site Location Map

Figure 1

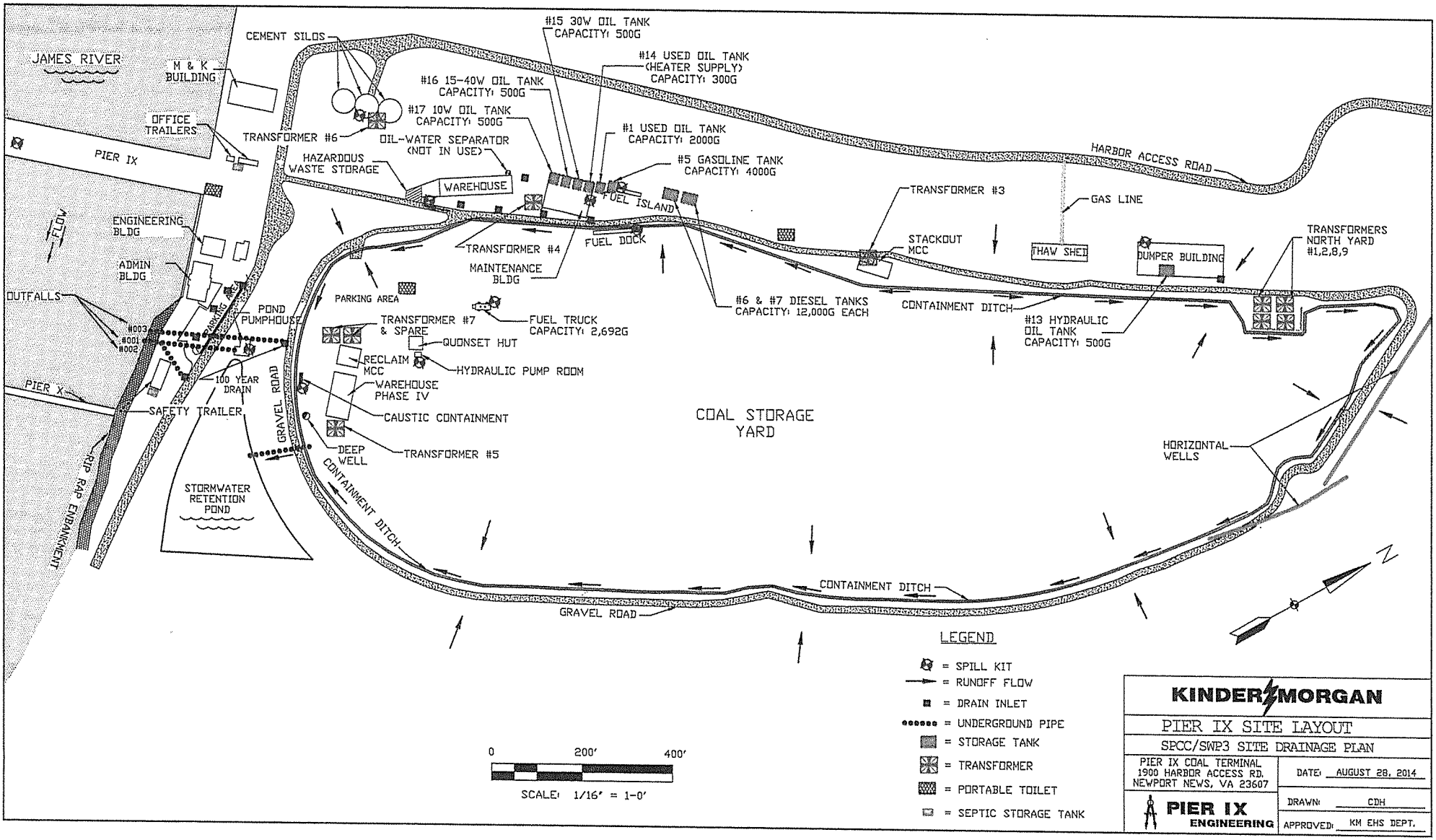
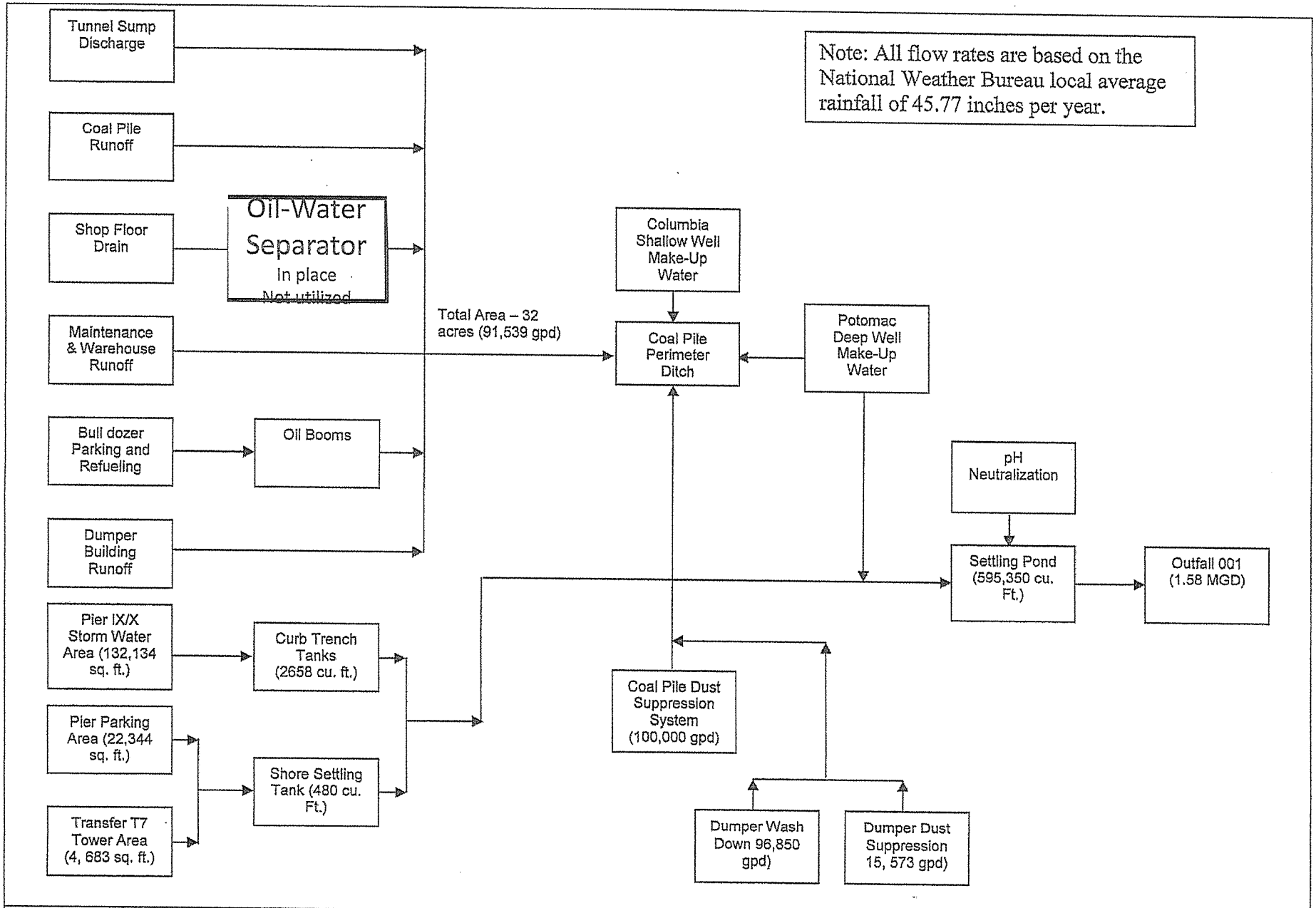
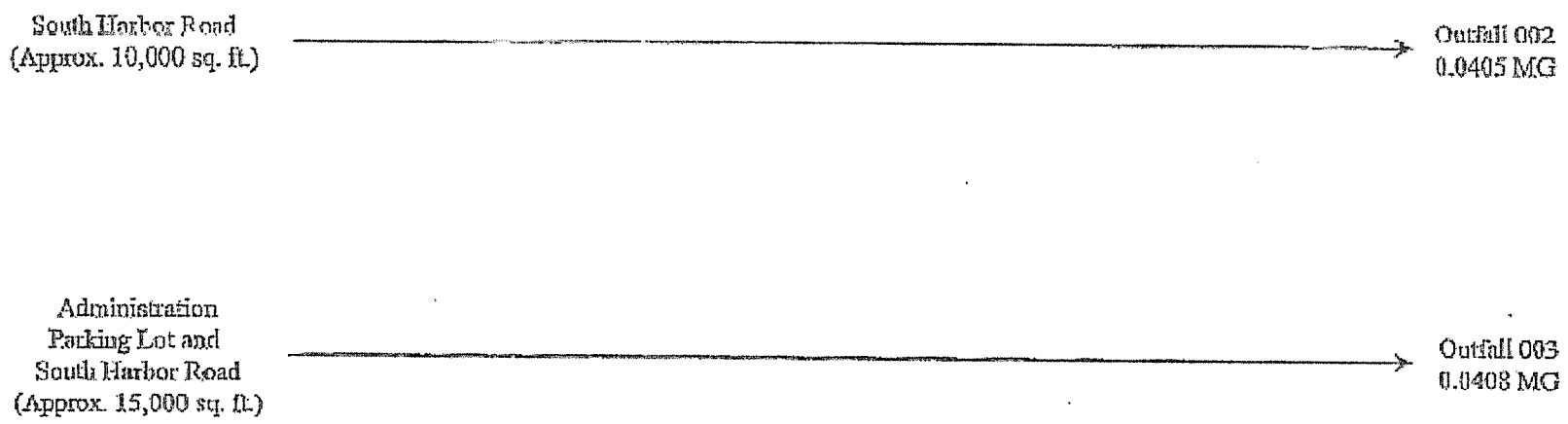

JAMES RIVER
M & K BUILDING
OFFICE TRAILERS
PIER IX
FLOW
ENGINEERING BLDG
ADMIN BLDG
OUTFALLS
#003
#001
#002
PIER X
RIP RAP EMBANKMENT
CEMENT SILOS
TRANSFORMER #6
HAZARDOUS WASTE STORAGE
OIL-WATER SEPARATOR (NOT IN USE)
WAREHOUSE
#15 30W OIL TANK CAPACITY: 500G
#14 USED OIL TANK (HEATER SUPPLY) CAPACITY: 300G
#16 15-40W OIL TANK CAPACITY: 500G
#17 10W OIL TANK CAPACITY: 500G
#1 USED OIL TANK CAPACITY: 2000G
#5 GASOLINE TANK CAPACITY: 4000G
FUEL ISLAND
FUEL DOCK
TRANSFORMER #4
MAINTENANCE BLDG
PARKING AREA
POND PUMPHOUSE
100 YEAR DRAIN
SAFETY TRAILER
GRAVEL ROAD
STORMWATER RETENTION POND
TRANSFORMER #7 & SPARE
QUONSET HUT
RECLAIM MCC
HYDRAULIC PUMP ROOM
WAREHOUSE PHASE IV
CAUSTIC CONTAINMENT
DEEP WELL
TRANSFORMER #5
CONTAINMENT DITCH
COAL STORAGE YARD
FUEL TRUCK CAPACITY: 2,692G
#6 & #7 DIESEL TANKS CAPACITY: 12,000G EACH
TRANSFORMER #3
STACKOUT MCC
HARBOR ACCESS ROAD
GAS LINE
THAW SHED
DUMPER BUILDING
TRANSFORMERS NORTH YARD #1,2,8,9
#13 HYDRAULIC OIL TANK CAPACITY: 500G
HORIZONTAL WELLS
CONTAINMENT DITCH
GRAVEL ROAD
N
0
200'
400'
SCALE: 1/16" = 1-0'
LEGEND
= SPILL KIT
= RUNOFF FLOW
= DRAIN INLET
= UNDERGROUND PIPE
= STORAGE TANK
= TRANSFORMER
= PORTABLE TOILET
= SEPTIC STORAGE TANK
KINDER MORGAN
PIER IX SITE LAYOUT
SPCC/SWP3 SITE DRAINAGE PLAN
PIER IX COAL TERMINAL
1900 HARBOR ACCESS RD.
NEWPORT NEWS, VA 23607
DATE: AUGUST 28, 2014
DRAWN: CDH
APPROVED: KM EHS DEPT.
PIER IX ENGINEERING

Figure 2



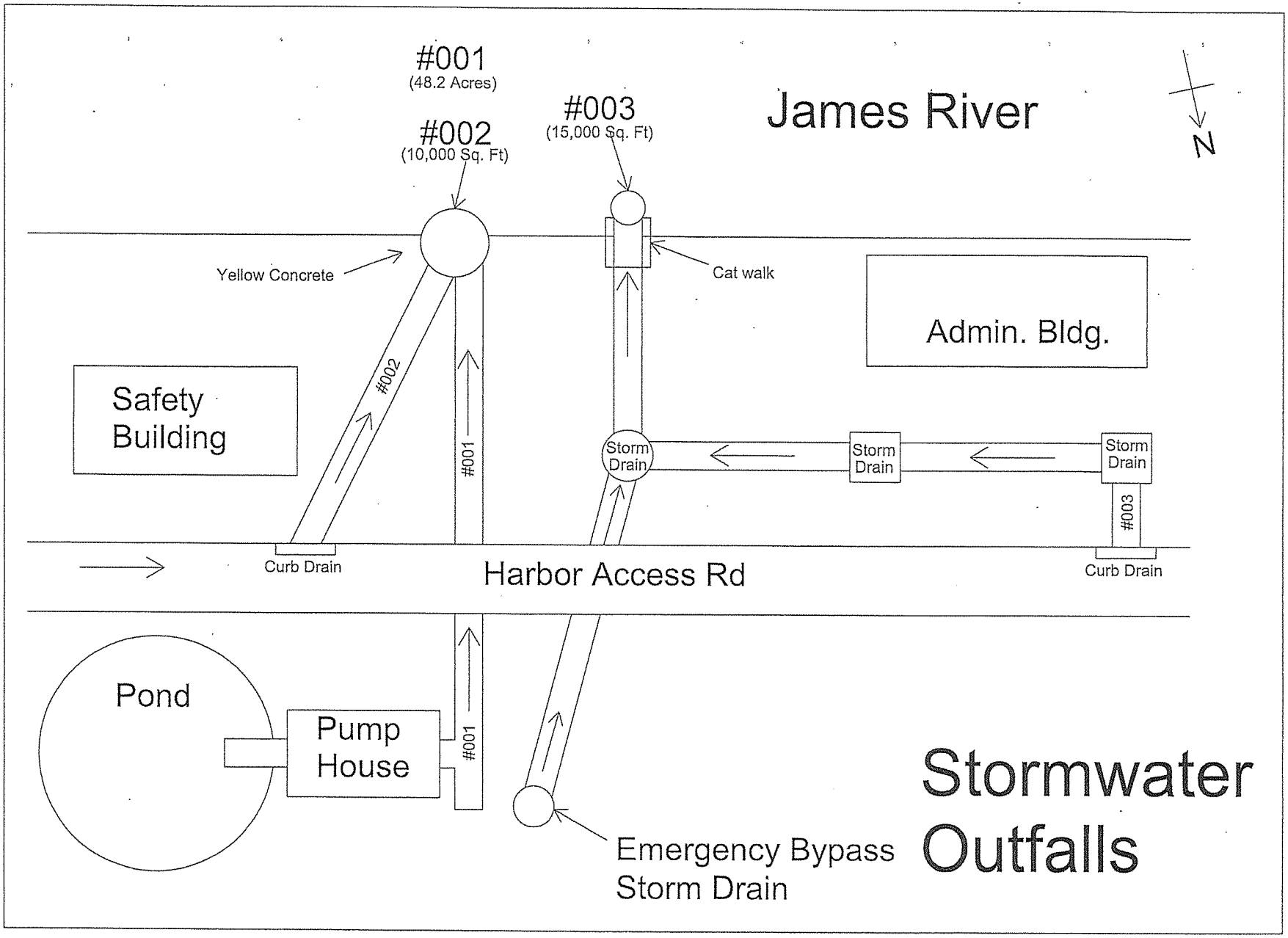
Kinder Morgan Bulk Terminals Inc.
Pier IX/X Terminal – Outfall 001 Flow Schematic

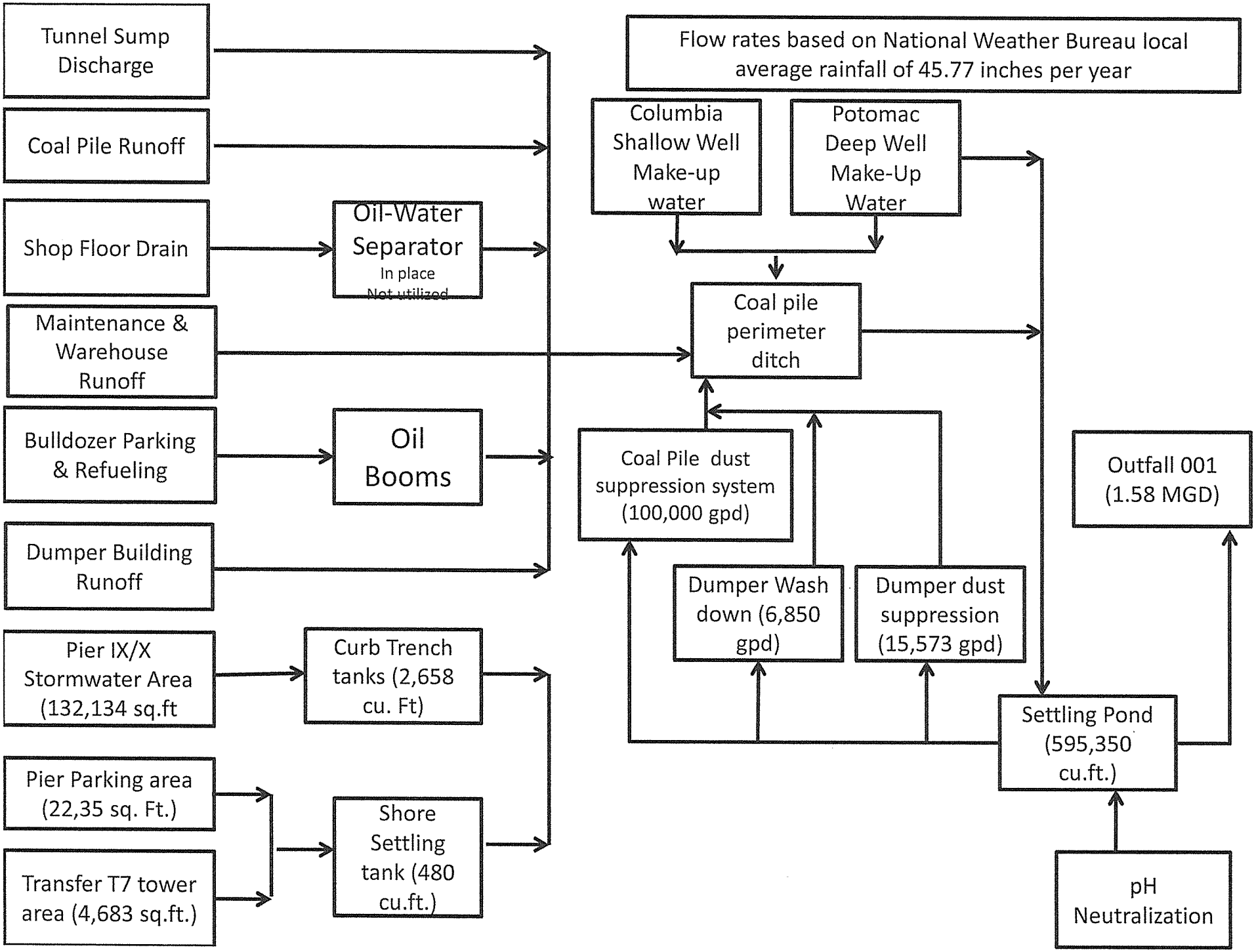
Figure 3



Kinder Morgan Bulk Terminals Inc.
Pier IX/X Terminal – Outfalls 002 and 003 Flow Schematic

Figure 4


#001
(48.2 Acres)
#002
(10,000 Sq. Ft)
#003
(15,000 Sq. Ft)
James River
N
Yellow Concrete
Cat walk
Admin. Bldg.
Safety Building
#002
#001
Storm Drain
Storm Drain
Storm Drain
#003
Curb Drain
Harbor Access Rd
Curb Drain
Pond
Pump House
#001
Emergency Bypass Storm Drain
Stormwater Outfalls


Tunnel Sump Discharge
Coal Pile Runoff
Shop Floor Drain
Oil-Water Separator
In place
Not utilized
Maintenance & Warehouse Runoff
Bulldozer Parking & Refueling
Oil Booms
Dumper Building Runoff
Pier IX/X Stormwater Area (132,134 sq.ft
Curb Trench tanks (2,658 cu. Ft)
Pier Parking area (22,35 sq. Ft.)
Transfer T7 tower area (4,683 sq.ft.)
Shore Settling tank (480 cu.ft.)
Flow rates based on National Weather Bureau local average rainfall of 45.77 inches per year
Columbia Shallow Well Make-up water
Potomac Deep Well Make-Up Water
Coal pile perimeter ditch
Coal Pile dust suppression system (100,000 gpd)
Dumper Wash down (6,850 gpd)
Dumper dust suppression (15,573 gpd)
Outfall 001 (1.58 MGD)
Settling Pond (595,350 cu.ft.)
pH Neutralization