NORFOLK AIRPORT AUTHORITY®
Norfolk International Airport® / 2200 Norview Avenue / Norfolk, Virginia 23518-5807
757-857-3351 / Fax: 757-857-3265

RECEIVED – DEQ
NOV 14 2012
Tidewater Regional Office

November 13, 2012

Ms. Deanna Austin
Environmental Specialist Senior II
Virginia Department of Environmental Quality
Tidewater Regional Office
5636 Southern Boulevard
Virginia Beach, VA 23462

Re: Re-issuance Application VPDES Permit No. VA0089737
Norfolk International Airport

Dear Ms. Austin:

The Norfolk Airport Authority is re-applying for the subject permit which expires May 14, 2013. In response to your May 11, 2012 letter, I am providing the requested documents for your review and approval. In addition to the enclosed documents, I will email an electronic copy to your attention which eliminates the requirement of submitting five additional paper copies.

Please call me at (757) 857-3351 if you have any questions or require further information.

Sincerely,

Anthony E. Rondeau P.E.

Anthony E. Rondeau, P.E.
Director of Facilities
cc. Douglas Macnab – IMS Environmental Services

1 ORIG Copy
11/29/12 Gave to Colleen

AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE FOR NORFOLK INTERNATIONAL AIRPORT NORFOLK, VA RE: PERMIT NO. VA0089737

RECEIVED – DEQ
NOV 14 2012
Tidewater Regional Office

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: **VIRGINIAN PILOT**

Agent/Department to be billed: NORFOLK AIRPORT AUTHORITY

Applicant's Address: 2200 NORVIEW AVENUE
NORFOLK, VA 23518

Agent's Telephone No: 757-857-3351

I AM ALSO AUTHORIZING THE DAILY PRESSTO SEND THE AFFIDAVIT TO:

DEQ TIDEWATER REGIONAL OFFICE
WATER PERMITS
5636 SOUTHERN BOULEVARD
VIRGINIA BEACH, VA 23462

Authorizing Agent/Date Signed: ANTHONY E RONDEAU 11/13/12
Print Name/Date Signed

Authorizing Agent's Signature: [signature]
Signature

Authorizing Agent's E-Mail Address: ARONDEAU@NORFOLKAIRPORT.COM

RETURN COMPLETED FORM TO: DEQ – Tidewater Regional Office
Water Permits
5636 Southern Boulevard
Virginia Beach, VA 23462

Cc: **(DEQ ECM FILE)**

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	VAD988194023		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			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP Norfolk International Airport

15 16 – 29 30 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Rondeau, Anthony, Director of Facilities	(757) 857-3351
15 16 45	46 48 49 51 52- 56

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 2200 Norview Avenue

15 16 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Norfolk	VA	23518
15 16 40	41 42	47 51

RECEIVED – DEQ NOV 14 2012 Tidewater R... ...ice

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5

15 16 45

B. COUNTY NAME

46 70

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 4581 *(specify)* Airport Operations	7 *(specify)*
C. THIRD	**D. FOURTH**
7 *(specify)*	7 *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: 8 Norfolk Airport Authority

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)*

M *(specify)*

D. PHONE *(area code & no.)*: A (757) 857-3351

E. STREET OR P.O. BOX: 2200 Norview Avenue

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
B Norfolk	VA	23518	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	9 N VA0089737	D. PSD *(Air Emissions from Proposed Sources)*	9 P 60852
B. UIC *(Underground Injection of Fluids)*	9 U	E. OTHER *(specify)*	9 0110 *(specify)* HRSD
C. RCRA *(Hazardous Wastes)*	9 R	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)*

The Norfolk International Airport is southeastern Virginia's dominant airport serving the Greater Hampton Roads area and northeastern North Carolina. Norfolk International presently ranks in the country's top 65 airports in terms of passengers served annualy.

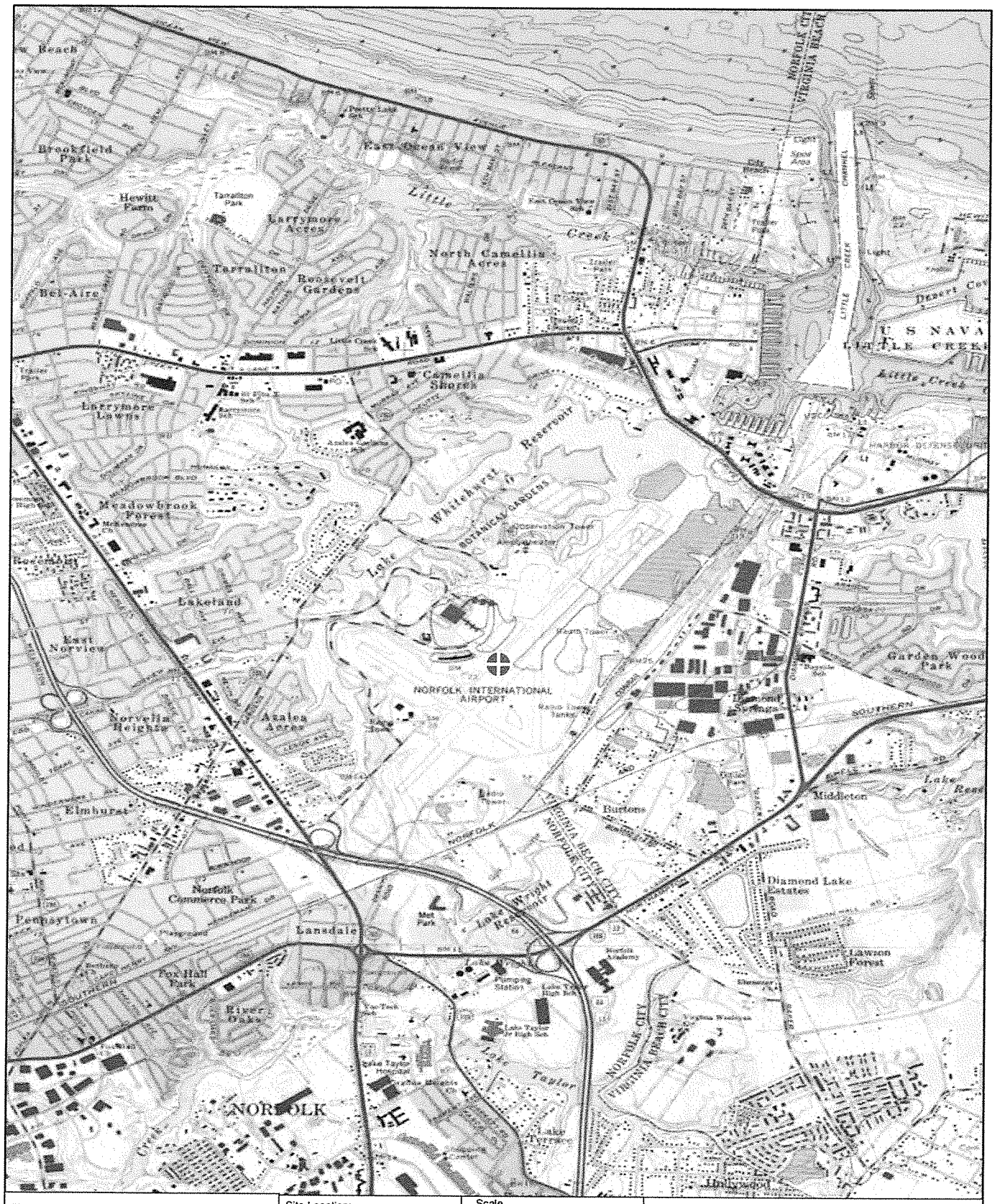
XIII. CERTIFICATION *(see instructions)*

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
ANTHONY E. RONDEAU DIRECTOR OF FACILITIES		11/13/12

COMMENTS FOR OFFICIAL USE ONLY

C



IMS ENVIRONMENTAL SERVICES	1301 Marsh Street. Norfolk, VA 23523	Site Location: Norfolk Int'l Airport Norfolk, VA	Scale 1:40,000
			Cartography By: T. McKee
		Project: 282.4008.44	Date: October 25, 2012

Figure 1: Portion of U.S.G.S. Little Creek, VA topographic map illustrating the location and topography of the site.

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VAD988194023

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM **2C** NPDES

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	53	36	76	12	40	Lake Whitehurst
004	36	53	54	76	12	32	Lake Whitehurst
005	36	54	03	76	12	17	Mirror Lake
006	36	54	05	76	12	14	Mirror Lake
007, 907	36	54	09	76	11	52	Lake Whitehurst

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	Stormwater	Seasonal	Three Oil/Water Seperators	1-M	
	Aircraft De-icing		Runway Sweeper Truck		
004	Stormwater	Seasonal	One Oil/Water Seperator	1-M	
	Aircraft De-icing		Runway Sweeper Truck		
005	Stormwater	Seasonal	One Oil/Water Seperator	1-M	
	Aircraft De-icing		Runway Sweeper Truck		
	Vehicle Washing				
006	Stormwater	Seasonal	None	1-M	
007	Stormwater	Seasonal	One Oil/Water Seperator	1-M	
	Aircraft De-icing		Runway Sweeper Truck		
	Vehicle Washing				
	Remaining outfalls are included on	Attachment #4			

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 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 (*in mgd*) 2. MAXIMUM DAILY	4. FLOW B. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW B. TOTAL VOLUME (*specify with units*) 2. MAXIMUM DAILY	4. FLOW C. DURATION (*in days*)
001	Aircraft De-icing	as needed	5	weather dependent	weather dependent	weather dependent	weather dependent	
004	Aircraft De-icing	as needed	5					
005	Aircraft De-icing	as needed	5					
	Vehicle Washing	as needed	12					
907	Overflow from slot drain to 007							
	Aircraft De-icing	as needed	5					
007	Vehicle Washing	once/week	12	5 gpm	5 gpm	1500 gal	3000 gal	

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

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or 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 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

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*)

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
None			

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-Ceriodaphina dubia (TU-A)is a 48 hour test that is done in a lab environment to monitor fish survival level. This type of sample is done for Outfalls 001, 004, 005, 006, 907.

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*)
James R. Reed and Associates	770 Pilot House Drive Newport News, VA 23606	(757) 873-4703	Acute Toxicity-Ceriodaphina dubia BOD COD TSS Propylene Glycol Total Nitrogen Total Phosphorus TPH

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.*)
ANTHONY E RONDEAU DIRECTOR OF FACILITIES	757-857-3351
C. SIGNATURE	D. DATE SIGNED
	11/13/12

* PAGE V-1 PROVIDED FOR EACH OUTFALL
PAGES V-2 THROUGH V-9 APPLY TO EACH OUTFALL

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*)
VAD988194023

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

OUTFALL NO.
*

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (*specify if blank*)		4. INTAKE (*optional*)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (*BOD*)												
b. Chemical Oxygen Demand (*COD*)												
c. Total Organic Carbon (*TOC*)												
d. Total Suspended Solids (*TSS*)												
e. Ammonia (*as N*)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

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

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

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

CONTINUE ON PAGE V-3

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

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
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

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 TYPEIN THE UNSHADED AREAS ONLY. Youmay report some or all of this information on separate sheets *(use same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 001

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	84	2785	N/A		14	494	7	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	195	6467	N/A		33	1094.5	7	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	106	84	N/A		31	25	7	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	4,600,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
i. pH	MINIMUM 6.9	MAXIMUM 8.7	MINIMUM	MAXIMUM			10	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

PLEASE PRINT OR TYPEIN THE UNSHADED AREAS ONLY. Youmay report some or all of this information on separate sheets *(use same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 004

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	37	667	N/A		10	173	5	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	28	505	N/A		6	101	5	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	19	1,137	N/A		10	580	6	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	8,300,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.8	MAXIMUM 8.9	MINIMUM	MAXIMUM			8	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 005

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)	717	12,924	N/A		195	3,515	7	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	1,483	26,731	N/A		376	6,785	7	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	15	368	N/A		5.8	142	5	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	3,400,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 8.1	MINIMUM	MAXIMUM			9	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 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 AVRG VALUE *(if available)* (1) CONCENTRATIO	(2) MASS	b. NO. OF ANAL-YSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 006

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	59	23	N/A		19	7.0	7	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	86	34.0	N/A		36.0	14.00	7	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	378	201	N/A		115	61	5	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	74,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 7.2	MAXIMUM 8.7	MINIMUM	MAXIMUM			9	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 007/907

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)	166	2,490	N/A		38.9	584	7	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	223	3,344.0	N/A		59	885	7	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	58	1258	N/A		24.0	527	10	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	3,008,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.94	MAXIMUM 8.7	MINIMUM	MAXIMUM			12	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 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 AVRG VALUE *(if available)* (1) CONCENTRATIO	(2) MASS	b. NO. OF ANAL-YSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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

OUTFALL NO. 008

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)	< 2.0	0.00	N/A		< 2.0	0.00	1	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	< 10	0.00	N/A		< 10	0	1	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	2	1.73	N/A		1.5	1.7	1	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	160,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 7.4	MAXIMUM 7.4	MINIMUM	MAXIMUM			1	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 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 AVRG VALUE *(if available)* (1) CONCENTRATIO	(2) MASS	b. NO. OF ANAL-YSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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

OUTFALL NO. 012

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)	6	4	N/A		4	3	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	37	27	N/A		17.0	12	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	21	15	N/A		9.8	7	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	100,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.9	MAXIMUM 7.2	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 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 AVRG VALUE *(if available)* (1) CONCENTRATIO	(2) MASS	b. NO. OF ANAL-YSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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

OUTFALL NO. 013

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	12	31.1	N/A		6	15.6	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	80	207.6	N/A		48	125.4	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	47	122	N/A		21.0	55.3	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	360,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
i. pH	MINIMUM 7.2	MAXIMUM 7.8	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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

OUTFALL NO. 015

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	7	4.3	N/A		2.3	1.4	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	41	25.4	N/A		25	15.3	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	1,000	620.1	N/A		344.0	213.4	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	86,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.7	MAXIMUM 8	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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

OUTFALL NO. 017

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	7	20.2	N/A		3.7	10.7	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	22	63.4	N/A		13	36.6	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	40	115.4	N/A		19	54.2	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	400,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.2	MAXIMUM 7.9	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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VAD988194023

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

OUTFALL NO. 018

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	19	534	N/A		6.3	177	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	126	3,543	N/A		51	1,443	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	170	4,780	N/A		113	3,186	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	3,900,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.7	MAXIMUM 8.1	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

PLEASE PRINT OR TYPEIN THE UNSHADED AREAS ONLY. Youmay report some or all of this information on separate sheets *(use same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 019

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)	6	169	N/A		2.0	56.2	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	16	450	N/A		5.3	149	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	24	675	N/A		18.0	500.5	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	3,900,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
i. pH	MINIMUM 6.3	MAXIMUM 8.3	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 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 AVRG VALUE *(if available)* (1) CONCENTRATIO	(2) MASS	b. NO. OF ANAL-YSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 020

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	20	62.0	N/A		15.3	47.4	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	122	378.2	N/A		62	193.1	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	300	930.1	N/A		136	420.7	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	430,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 7.2	MAXIMUM 8.19	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 021

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)	3	3.7	N/A		0.8	1.0	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	123	150.8	N/A		38	46.3	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	17	20.8	N/A		9	11.5	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	170,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.6	MAXIMUM 7.9	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 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 AVRG VALUE *(if available)* (1) CONCENTRATIO	(2) MASS	b. NO. OF ANAL-YSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*
VAD988194023

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

OUTFALL NO. 025

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	35	2.0	N/A		20	1.2	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	96	5.5	N/A		61	3.5	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	70	4	N/A		53	3.1	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	8,000	VALUE		VALUE		1	gal	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.2	MAXIMUM 6.9	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

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EPA I.D. NUMBER *(Copy from Item 1 of Form 1)*: VAD988194023

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

OUTFALL NO. 026

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
A. Biochemical Oxygen Demand (BOD)	20	4.2	N/A		14	2.8	3	mg/L	lbs	No Intake		
b. Chemical Oxygen Demand (COD)	69	14.4	N/A		38	7.9	3	mg/L	lbs	No Intake		
c. Total Organic Carbon (TOC)	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
d. Total Suspended Solids (TSS)	40	8.4	N/A		20	4.2	3	mg/L	lbs	No Intake		
e. Ammonia *(as N)*	N/A	N/A	N/A		N/A	N/A	N/A	mg/L	lbs	No Intake		
f. Flow	VALUE	29,000	VALUE		VALUE		1	gpm	N/A	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE	10	est	C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE	24	est	C		VALUE		
I. pH	MINIMUM 6.8	MAXIMUM 7.5	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to 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 guidline, 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 a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVRG VALUE *(if available)* (1) CONCENTRATIO	(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 (16964-48-8)		X												
f. Nitrate - Nitrite *(as N)*		X												

CONTINUE ON REVERSE

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes:
PEMIT APPLICATION
Project ID: VPDES Permit VA0089737

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 10/22/12 Time: 0930
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 10/22/12 Time: 1410
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-16957 15:32

SAMPLE ID: OUTFALL 007 PR
SAMPLE NO: 12-16957

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
pH (Field)	*4500H+B		6.94@19.1oC	s.u.	TM	10/22/12	0930
TSS	*2540D	1.0	6.0	mg/L	KH	10/25/12	1335
COD	HAC8000	10	< 10	mg/L	CMO	10/23/12	1200
BOD5	**5210B	2	<2	mg/L	JW	10/23/12	1250
Ammonia	*4500NH3D	0.10	0.38	mg/L	PL	10/23/12	1250
Total Nitrogen	351.2/353.2	0.5	0.7	mg/L	LEF	11/1/12	0755
Total Kjeldahl Nitrogen	351.2	0.50	0.52	mg/L	LEF	10/31/12	1223
Nitrate/Nitrite	353.2	0.05	0.17	mg/L	EFA	10/26/12	1446
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	10/23/12	1200
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	10/24/12	1300

REPORT OF ANALYSIS

SAMPLE ID: OUTFALL 007 PR
SAMPLE NO: 12-16957

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 20 Ed., **SM 21 Ed., COD - HACH

pH performed in the field by IMS.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 05-Nov-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: Norfolk Airport
Company Contact: Anthony Rondeau Telephone: 757-857-3455
Results To: Anthony Rondeau Fax: 757-857-3265
Address: Norfolk International Airport, 2000 Norview Avenue
Norfolk, VA 23518-5897
Project ID: **Permit Application**

ANALYSES REQUESTED

Bottle ID	A	B	C	D	B	C	D							
Preserv.	1	1, 3	1,3	1										

JRA ID #	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	TSS	Oil and Grease	Total Nitrogen, Total Phosphorus, COD, Ammonia	BOD	TPH - DRO	TPH - GRO	Dissolved Cu								
16957	WW	Outfall 007 PR					10/22/12	0930	4	X	X	X	X											
16958	WW	007 ~~[illegible]~~					10/22/12	0930	6	X				X	X	X								
											pH<2 H_2SO_4	0.5 ppm Chlorine	pH<2 H_2SO_4			pH<2 HNO_3								

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS WW: wash water

Sampled By: [signature] Date/Time: 10/22/12 / 0930
Relinquished By: [signature] Date/Time: 10/22/12 / 1300
Received By: Brent Scott Date/Time: 10/22/12 / 1300
Relinquished By: Brent Scott Date/Time: 10/22/12 / 1410
Received By: Bonberg Sfarko Date/Time: 10/22/12 @ 1410

___for Compliance
___Not for Compliance

Preservatives:

1 = <4°C	6 = $Na_2S_2O_3$ + HCl	10=Ascorbic Acid + HCl
2 = HNO_3	7 = NaOH + ZnOAc	11=HCl
3 = H_2SO_4	8 = H_2SO_4 + FAS	12=Zinc Acetate + NaOH
4 = NaOH	9 = NH_4Cl	
5 = $Na_2S_2O_3$		

Field pH: 6.94 temp: 19.1°C

Arrival Temp: 1.7 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: 757-857-3455
FAX: 757-857-3265

Special Notes:
RE: NORFOLK AIRPORT STORMWATER - PERMIT RENEWAL

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 10/7/12 Time: 1130
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 10/8/12 Time: 1500
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-16193 14:09

SAMPLE ID: 907
SAMPLE NO: 12-16193

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
TSS	*2540D	1.0	26	mg/L	KH	10/9/12	1550
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	10/10/12	1300
BOD5	**5210B	2	<2	mg/L	JW	10/9/12	1105
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	10/9/12	1231
Total Nitrogen	351.2/353.2	0.5	1.0	mg/L	LEF	10/18/12	1638
Total Kjeldahl Nitrogen	351.2	0.50	0.79	mg/L	LEF	10/18/12	1044
Nitrate/Nitrite	353.2	0.05	0.19	mg/L	ARC	10/12/12	0822
COD	HAC8000	10	< 10	mg/L	CMO	10/9/12	1230

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

SAMPLE ID: 907
SAMPLE NO: 12-16193

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 20 Ed., **SM 21 Ed., COD - HACH

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 22-Oct-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: 757-857-3455
FAX: 757-857-3265

Special Notes:
RE: NORFOLK AIRPORT STORMWATER - PERMIT RENEWAL

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 10/7/12 Time: 1145
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 10/8/12 Time: 1500
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-16194 11:55

SAMPLE ID: 013
SAMPLE NO: 12-16194

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
TSS	*2540D	1.0	13	mg/L	KH	10/9/12	1550
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	10/10/12	1300
BOD5	**5210B	2	12	mg/L	JW	10/9/12	1105
Total Phosphorus	365.1	0.10	0.13	mg/L	ARC	10/9/12	1231
Total Nitrogen	351.2/353.2	0.5	2.5	mg/L	LEF	10/18/12	1638
Total Kjeldahl Nitrogen	351.2	0.50	2.23	mg/L	LEF	10/18/12	1044
Nitrate/Nitrite	353.2	0.05	0.31	mg/L	ARC	10/12/12	0822
COD	HAC8000	10	39	mg/L	CMO	10/9/12	1230

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

SAMPLE ID: 013
SAMPLE NO: 12-16194

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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*SM 20 Ed., **SM 21 Ed., COD - HACH

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 22-Oct-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthont Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: 757-857-3455
FAX: 757-857-3265

Special Notes:
RE: NORFOLK AIRPORT STORMWATER - PERMIT RENEWAL

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 10/7/12 Time: 1210
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 10/8/12 Time: 1500
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-16195 14:09

SAMPLE ID: 004
SAMPLE NO: 12-16195

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
TSS	*2540D	1.0	8.3	mg/L	KH	10/9/12	1550
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	10/10/12	1300
BOD5	**5210B	2	<2	mg/L	JW	10/9/12	1105
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	10/9/12	1231
Total Nitrogen	351.2/353.2	0.5	0.8	mg/L	LEF	10/18/12	1638
Total Kjeldahl Nitrogen	351.2	0.50	0.55	mg/L	LEF	10/18/12	1044
Nitrate/Nitrite	353.2	0.05	0.23	mg/L	ARC	10/12/12	0822
COD	HAC8000	10	< 10	mg/L	CMO	10/9/12	1230

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

SAMPLE ID: 004
SAMPLE NO: 12-16195

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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*SM 20 Ed., **SM 21 Ed., COD - HACH

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 22-Oct-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Norfolk airport

Company Name: IMS
Company Contact: Doug Macnab Telephone: 543-5718
Results To: Doug Macnab Fax: 543-4561
Address: 1301 Marsh Street
Norfolk, VA 23523
Project ID: Norfolk,Airport Stormwater – Permit Renewal

ANALYSES REQUESTED

Bottle ID	A	B	C	D
Preserv.	1	1,3,	1	1,3

JRA ID # 12-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	TSS	Oil & Grease	BOD	T.Phos, T.Nit, COD
16193	SW	907					10-7-12	1130	4	X	X	X	X
16194	SW	013					10-7-12	1145	4	X	X	X	X
16195	SW	004					10-7-12	1210	4	X	X	X	X
	~~SW~~												

pH<2 H_2SO_4

0.5ppm Chlorine

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS SW - Storm water

Sampled By: [signature] Date/Time: 10-7-12 / 1210
Relinquished By: [signature] Date/Time: 10-8-12 / 1500
Received By: [signature] Date/Time: 10-8-12 15:00
Relinquished By: Date/Time:
Received By: Date/Time:

Preservatives:
1 = <6°C 6 = $Na_2S_2O_3$ + HCl 10=Ascorbic Acid + HCl
2 = HNO_3 7 = NaOH + ZnOAc 11=HCl
3 = H_2SO_4 8 = H_2SO_4 + FAS 12=Zinc Acetate + NaOH
4 = NaOH 9 = NH_4Cl
5 = $Na_2S_2O_3$

___for Compliance
___Not for Compliance

Phenol interference check: Pos._____
Neg. _____

CN Interference Check: Positive Negative
Sulfide: _____ _____
Oxidizing Agent: _____ _____

Arrival Temp: 0.4 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes:
Project ID: VPDES Permit VA0089737

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/19/12 Time: 1320
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/20/12 Time: 1045
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13239 16:14

SAMPLE ID: 021-PR
SAMPLE NO: 12-13239

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
pH (Field)	*4500H+B		7.89@24.1oC	s.u.	TM	8/19/12	1320
TSS	*2540D	1.0	4.7	mg/L	JW	8/21/12	1650
COD	HAC8000	10	28	mg/L	JLH	8/23/12	1400
BOD5	**5210B	2	3	mg/L	JW	8/20/12	1350
Total Nitrogen	351.2/353.2	0.5	1.5	mg/L	LEF	8/27/12	1450
Total Kjeldahl Nitrogen	351.2	0.50	0.81	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.70	mg/L	ARC	8/21/12	1136
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	8/28/12	0735
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/24/12	1300

REPORT OF ANALYSIS

SAMPLE ID: 021-PR
SAMPLE NO: 12-13239

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 20 Ed., **SM 21 Ed., COD - HACH

pH collected and analyzed by IMS.
VELAP Standards are not applicable to field pH.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 29-Aug-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes:
Project ID: VPDES Permit VA0089737

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/19/12 Time: 1335
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/20/12 Time: 1045
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13240 16:14

SAMPLE ID: 001-PR
SAMPLE NO: 12-13240

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
pH (Field)	*4500H+B		7.95@24.1oC	s.u.	TM	8/19/12	1335
TSS	*2540D	1.0	2.1	mg/L	JW	8/21/12	1650
COD	HAC8000	10	< 10	mg/L	JLH	8/23/12	1400
BOD5	**5210B	2	3	mg/L	JW	8/20/12	1350
Total Nitrogen	351.2/353.2	0.5	1.4	mg/L	LEF	8/27/12	1450
Total Kjeldahl Nitrogen	351.2	0.50	0.74	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.68	mg/L	ARC	8/21/12	1136
Total Phosphorus	365.1	0.10	0.11	mg/L	ARC	8/28/12	0735
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/24/12	1300

REPORT OF ANALYSIS

SAMPLE ID: 001-PR
SAMPLE NO: 12-13240

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

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*SM 20 Ed., **SM 21 Ed., COD - HACH

pH collected and analyzed by IMS.
VELAP Standards are not applicable to field pH.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 29-Aug-12

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770 Pilot House Drive, Newport News, VA 23606
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VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes:
Project ID: VPDES Permit VA0089737

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/19/12 Time: 1350
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/20/12 Time: 1045
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13241 16:14

SAMPLE ID: 026-PR
SAMPLE NO: 12-13241

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
pH (Field)	*4500H+B		7.45@23.7oC	s.u.	TM	8/19/12	1350
TSS	*2540D	1.0	6.2	mg/L	JW	8/21/12	1650
COD	HAC8000	10	32	mg/L	JLH	8/23/12	1400
BOD5	**5210B	2	12	mg/L	JW	8/20/12	1350
Total Nitrogen	351.2/353.2	0.5	1.5	mg/L	LEF	8/27/12	1450
Total Kjeldahl Nitrogen	351.2	0.50	0.95	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.53	mg/L	ARC	8/21/12	1136
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	8/28/12	0735
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/24/12	1300

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

SAMPLE ID: 026-PR
SAMPLE NO: 12-13241

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

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*SM 20 Ed., **SM 21 Ed., COD - HACH

pH collected and analyzed by IMS.
VELAP Standards are not applicable to field pH.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 29-Aug-12

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VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes:
Project ID: VPDES Permit VA0089737

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/19/12 Time: 1405
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/20/12 Time: 1045
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13242 16:14

SAMPLE ID: 005-PR
SAMPLE NO: 12-13242

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
pH (Field)	*4500H+B		7.61@24.3oC	s.u.	TM	8/19/12	1405
TSS	*2540D	1.0	3.8	mg/L	JW	8/21/12	1650
COD	HAC8000	10	30	mg/L	JLH	8/23/12	1400
BOD5	**5210B	2	6	mg/L	JW	8/20/12	1350
Total Nitrogen	351.2/353.2	0.5	1.3	mg/L	LEF	8/27/12	1450
Total Kjeldahl Nitrogen	351.2	0.50	0.54	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.80	mg/L	ARC	8/21/12	1136
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	8/28/12	0735
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/24/12	1300

REPORT OF ANALYSIS

SAMPLE ID: 005-PR
SAMPLE NO: 12-13242

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

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*SM 20 Ed., **SM 21 Ed., COD - HACH

pH collected and analyzed by IMS.
VELAP Standards are not applicable to field pH.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 29-Aug-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

NELAP ACCREDITED TNI LABORATORY

CHAIN OF CUSTODY

Company Name: IMS Environmental Services

Company Contact: Norfolk international Airport Telephone: (757) 857-3455

Results To: Anthony Rondeau Fax: (757) 857-3265

Address: 2200 Norview Ave. arondeau@norfolkairport.com

Norfolk, VA

Project ID:

ANALYSIES REQUESTED

JRA ID # 12 –	Sample Type *	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	# of cont	TSS (A)	Oil and Grease (B) pH<2 H_2SO_4	BOD (C)	Total Nitrogen, Total Phosphorus, COD (D) pH<2 H_2SO_4	0.5ppm Chlorine		Depth of water in outlet	Temperature of discharge water	pH
PRESERV:										1	1	1	1					
13239	SS	021-PR					8/19/2012	1320	4	X	X	X	X				24.1	7.89
13240	SS	001-PR					8/19/2012	1335	4	X	X	X	X				24.1	7.95
13241	SS	026-PR					8/19/2012	1350	4	X	X	X	X				23.7	7.45
13242	SS	005-PR					8/19/2012	1405	4	X	X	X	X				24.3	7.61
	SS																	
	SS																	
	SS																	

* Indicates wastewater = WW, groundwater = GW, drinking water (DW), hazardous waste (HW), sludge soil, or other sample matrix Storm Water (SW), Soil Sample (SS)

Sampled By: [signature] Date/Time: 8-19-12/1405

Onsite Relinquished By: [signature] Date/Time: 8-20-12/1000

Received By: Bryant Scott/[signature] Date/Time: 8-20-12/1000

Relinquished By: Bryant Scott/[signature] Date/Time: 8-20-12/1045

Received By: [signature] Date/Time: 8-20-12 10:45

Preservatives:

1 - 4° C
2 - HNO_3
3 - H_2SO_4
4 - NaOH
5 - $Na_2S_2O_3$
6 - $Na_2S_2O_3$+
7 - NaOH+ZnOAc
8 - H_2SO_4+FAS
9 - NH_4Cl
10 - HCl

CN Interference Check:

Sulfide: Positive: _____ Negative: _____

Oxidizing Agent Positive: _____ Negative: _____

ARRIVAL TEMP: 0.8

JAMES R. REED & ASSOCIATES

Phone: (757) 873-4703

Fax: (757) 873-1498

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes: PERMIT RENEWAL
VPDES PERMIT VA0089737

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/15/12 Time: 1645
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/16/12 Time: 1130
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13037 16:47

SAMPLE ID: 012-PR
SAMPLE NO: 12-13037

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
BOD5	**5210B	2	4	mg/L	JW	8/16/12	1530
COD	HAC8000	10	< 10	mg/L	JLH	8/20/12	1445
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	8/20/12	0830
Total Nitrogen	351.2/353.2	0.5	0.9	mg/L	LEF	8/27/12	1443
Total Kjeldahl Nitrogen	351.2	0.50	0.65	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.23	mg/L	ARC	8/21/12	0855
TSS	*2540D	1.0	1.5	mg/L	JW	8/17/12	1540
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/20/12	1300
pH (Field)	*4500H+B		6.88@28.6oC	s.u.	BS	8/15/12	1645

REPORT OF ANALYSIS

SAMPLE ID: 012-PR
SAMPLE NO: 12-13037

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

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Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 20 Ed., **SM 21 Ed., COD - HACH

pH sampled and analyzed by IMS.
VELAP Standards are not applicable to field pH.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 27-Aug-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes: PERMIT RENEWAL
VPDES PERMIT VA0089737

*SM 20 Ed., **SM 21 Ed., COD - HACH

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/15/12 Time: 1630
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/16/12 Time: 1130
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13038 16:47

SAMPLE ID: 006-PR
SAMPLE NO: 12-13038

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
BOD5	**5210B	2	7	mg/L	JW	8/16/12	1530
COD	HAC8000	10	22	mg/L	JLH	8/20/12	1445
Total Phosphorus	365.1	0.10	0.13	mg/L	ARC	8/20/12	0830
Total Nitrogen	351.2/353.2	0.5	1.2	mg/L	LEF	8/27/12	1444
Total Kjeldahl Nitrogen	351.2	0.50	0.95	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.29	mg/L	ARC	8/21/12	0855
TSS	*2540D	1.0	23	mg/L	JW	8/17/12	1540
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/20/12	1300
pH (Field)	*4500H+B		7.29@28.7oC	s.u.	BS	8/15/12	1630

REPORT OF ANALYSIS

SAMPLE ID: 006-PR
SAMPLE NO: 12-13038

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

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VELAP Standards are not applicable to field pH.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 27-Aug-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Permit Renewal

Company Name: Norfolk Airport Authority

Company Contact: Anthony Rondeau Telephone: (757) 857-3455

Results To: Anthony Rondeau Fax: (757) 857-3265

Address: Norfolk International Airport, 2200 Norview Avenue

Norfolk, VA 23518-5897

Project ID: VPDES Permit VA0089737

ANALYSIES REQUESTED

JRA ID #	Sample Type *	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	# of cont	BOD	COD, Total P, Total N	TSS	Oil and Grease			Depth of water in outlet	Temperature of discharge water	pH
PRESERV:										A	B	C	D					
12											<0.5ppm Chlorine							
13037	SW	012-PR					8/15/2012	1645	4	X	X	X	X				28.6	6.88
13038	SW	006-PR					8/15/2012	1630	4	X	X	X	X				28.7	7.29
											pH<2 H_2SO_4		pH<2 H_2SO_4					

* Indicates wastewater = WW, groundwater = GW, drinking water (DW), hazardous waste (HW), sludge soil, or other sample matrix Storm Water (SW)

Sampled By: Bryant Scott / [illegible] Date/Time: 8-15-12 / 1645

Onsite Relinquished By: Bryant Scott / [illegible] Date/Time: 8-16-12 / 1000

Received By: [illegible] Date/Time: 8-16-12 / 1000

Relinquished By: [illegible] Date/Time: 8-16-12 / 1130

Received By: [illegible] Date/Time: 8-16-12 1130

Preservatives:

1 - 4° C	6 - $Na_2S_2O_3$+
2 - HNO_3	7 - NaOH+ZnOAc
3 - H_2SO_4	8 - H_2SO_4+FAS
4 - NaOH	9 - NH_4Cl
5 - $Na_2S_2O_3$	10 - HCl

CN Interference Check:

Sulfide: Positive: _____ Negative: _____

Oxidizing Agent Positive: _____ Negative: _____

ARRIVAL TEMP: 2.1°C

JAMES R. REED & ASSOCIATES

Phone: (757) 873-4703

Fax: (757) 873-1498

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes: PERMIT RENEWAL
VPDES PERMIT VA0089737

*SM 20 Ed., **SM 21 Ed., COD - HACH

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/15/12 Time: 1700
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/16/12 Time: 1130
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13040 17:18

SAMPLE ID: 015-PR
SAMPLE NO: 12-13040

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
BOD5	**5210B	2	3	mg/L	JW	8/16/12	1530
COD	HAC8000	10	< 10	mg/L	JLH	8/20/12	1445
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	8/20/12	0830
Total Nitrogen	351.2/353.2	0.5	1.7	mg/L	LEF	8/27/12	1444
Total Kjeldahl Nitrogen	351.2	0.50	1.28	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.42	mg/L	ARC	8/21/12	1136
TSS	*2540D	1.0	4.1	mg/L	JW	8/17/12	1540
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/22/12	1000
pH (Field)	*4500H+B		8.03@25.3oC	s.u.	TM	8/15/12	1700

James R. Reed & Associates
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(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

SAMPLE ID: 015-PR
SAMPLE NO: 12-13040

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 27-Aug-12

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VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes: PERMIT RENEWAL
VPDES PERMIT VA0089737

*SM 20 Ed., **SM 21 Ed., COD - HACH

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/15/12 Time: 1710
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/16/12 Time: 1130
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13041 16:47

SAMPLE ID: 017-PR
SAMPLE NO: 12-13041

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
BOD5	**5210B	2	7	mg/L	JW	8/16/12	1530
COD	HAC8000	10	16	mg/L	JLH	8/20/12	1445
Total Phosphorus	365.1	0.10	0.13	mg/L	ARC	8/20/12	0830
Total Nitrogen	351.2/353.2	0.5	1.3	mg/L	LEF	8/27/12	1444
Total Kjeldahl Nitrogen	351.2	0.50	1.04	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.28	mg/L	ARC	8/21/12	1136
TSS	*2540D	1.0	3.4	mg/L	JW	8/17/12	1540
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/22/12	1000
pH (Field)	*4500H+B		7.9@24.9oC	s.u.	TM	8/15/12	1710

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VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

SAMPLE ID: 017-PR
SAMPLE NO: 12-13041

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

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Elaine Claiborne, Laboratory Director

Date: 27-Aug-12

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VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes: PERMIT RENEWAL
VPDES PERMIT VA0089737

*SM 20 Ed., **SM 21 Ed., COD - HACH

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/15/12 Time: 1630
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/16/12 Time: 1130
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13042 16:47

SAMPLE ID: 018-PR
SAMPLE NO: 12-13042

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
BOD5	**5210B	2	49	mg/L	JW	8/16/12	1530
COD	HAC8000	10	64	mg/L	JLH	8/20/12	1445
Total Phosphorus	365.1	0.10	< 0.10	mg/L	ARC	8/20/12	0830
Total Nitrogen	351.2/353.2	0.5	2.1	mg/L	LEF	8/27/12	1444
Total Kjeldahl Nitrogen	351.2	0.50	1.96	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.11	mg/L	ARC	8/21/12	1136
TSS	*2540D	1.0	31	mg/L	JW	8/17/12	1540
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/22/12	1000
pH (Field)	*4500H+B		7.2@26.6oC	s.u.	TM	8/15/12	1630

REPORT OF ANALYSIS

SAMPLE ID: 018-PR
SAMPLE NO: 12-13042

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

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Elaine Claiborne, Laboratory Director

Date: 27-Aug-12

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(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

CLIENT: Norfolk Airport Authority
ATTN: Anthony Rondeau
ADDRESS: Norfolk International Airport
Norfolk, VA 23518-5897
PHONE: (757) 857-3455
FAX: (757) 857-3265

Special Notes: PERMIT RENEWAL
VPDES PERMIT VA0089737

*SM 20 Ed., **SM 21 Ed., COD - HACH

SAMPLE COLLECTED BY: IMS
GRAB COLLECTION:
Date: 8/15/12 Time: 1645
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: IMS
SAMPLE RECEIPT:
Date: 8/16/12 Time: 1130
NUMBER OF CONTAINERS: 4
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 12-13043 16:47

SAMPLE ID: 019-PR
SAMPLE NO: 12-13043

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
BOD5	**5210B	2	7	mg/L	JW	8/16/12	1530
COD	HAC8000	10	26	mg/L	JLH	8/20/12	1445
Total Phosphorus	365.1	0.10	0.14	mg/L	ARC	8/20/12	0830
Total Nitrogen	351.2/353.2	0.5	1.0	mg/L	LEF	8/27/12	1444
Total Kjeldahl Nitrogen	351.2	0.50	0.65	mg/L	LEF	8/27/12	1147
Nitrate/Nitrite	353.2	0.05	0.40	mg/L	ARC	8/21/12	1136
TSS	*2540D	1.0	27	mg/L	JW	8/17/12	1540
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	EML	8/22/12	1000
pH (Field)	*4500H+B		8.32@25.1oC	s.u.	TM	8/15/12	1645

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VELAP# 460013
EPA# VA00015

REPORT OF ANALYSIS

SAMPLE ID: 019-PR
SAMPLE NO: 12-13043

Parameter	Method Number	JRA QL	Result	Unit	Analyst Date	Time

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 27-Aug-12

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Permit Renewal

<0.5ppm Chlorine

pH<2H2SO4

Company Name: Norfolk Airport Authority

Company Contact: Anthony Rondeau Telephone: (757) 857-3455

Results To: Anthony Rondeau Fax: (757) 857-3265

Address: Norfolk International Airport, 2200 Norview Avenue

Norfolk, VA 23518-5897

Project ID: VPDES Permit VA0089737

ANALYSIES REQUESTED

			Composite				Grab												
PRESERV:																			
JRA ID # 12-	Sample Type *	Sample Location	Start Date	Start Time	End Date	End Time	Date (24)	Time	# of cont	BOD A	COD, Total P, Total N B	TSS C	Oil and Grease pH<2H2SO4 D			Depth of water in outlet	Temperature of discharge water	pH
13040	SW	015-PR					8/15 2012	1700	4	X	X	X	X				25.3	8.03
13041	SW	017-PR					8/15 2012	1710	4	X	X	X	X				24.9	7.9
13042	SW	018-PR					8/15 2012	1630	4	X	X	X	X				26.6	7.2
13043	SW	019-PR					8/15/2012	1645	4	X	X	X	X				25.1	8.32

* Indicates wastewater = WW, groundwater = GW, drinking water (DW), hazardous waste (HW), sludge soil, or other sample matrix Storm Water (SW)

Sampled By: [signature] Date/Time: 8-15-12 / 1710

Onsite Relinquished By: [signature] Date/Time: 8-16-12 / 1130

Received By: [signature] Date/Time: 8-16-12 11:30

Relinquished By: Date/Time:

Received By: Date/Time:

Preservatives:

1 - 4° C
2 - HNO_3
3 - H_2SO_4
4 - NaOH
5 - $Na_2S_2O_3$
6 - $Na_2S_2O_3$+
7 - NaOH+ZnOAc
8 - H_2SO_4+FAS
9 - NH_4Cl
10 - HCl

CN Interference Check:

Sulfide: Positive: _____ Negative: _____

Oxidizing Agent Positive: _____ Negative: _____

ARRIVAL TEMP: 2.1°C

JAMES R. REED & ASSOCIATES

Phone: (757) 873-4703

Fax: (757) 873-1498

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
VAD988194023

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*)
001	36	53	36	76	12	40	Lake Whitehurst
002	36	53	41	76	12	46	Lake Whitehurst
003	36	53	53	76	12	44	Lake Whitehurst
004	36	53	54	76	12	32	Lake Whitehurst
005	36	54	03	76	12	17	Mirror Lake
006	36	54	05	76	12	14	Mirror Lake
007, 907	36	54	09	76	11	52	Lake Whitehurst
008	36	53	54	76	12	32	Retention Pond to Lake Whitehurst
012	36	54	05	76	12	15	Mirror Lake
013	36	54	10	76	11	50	Lake Whitehurst

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.
Not Applicable					

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

III. Site Drainage Map

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

 Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

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

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
001	39 acres	45 acres	006	0.5 acres	1.5 acres
002	4 acres	15 acres	007,907	25 acres	25 acres
003	5 acres	19 acres	008	4.5 acres	5.25 acres
004	55 acres	69 acres	012	2.0 acres	2.5 acres
005	28 acres	28 acres		See Attachment #2 for Outfalls 013-021	

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.

A material inventory list and materials management practices description are included as Attachment #3.

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

Outfall Number	Treatment	List Codes from Table 2F-1
001	Three oil/water separators	1-M
002	None	Not Applicable
003	One oil/water separator	1-M
004	One oil/water separator	1-M
005	One oil/water separator	1-M
006	None	Not Applicable
	Remaining outfalls are included on Attachment #4.	

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

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.

Outfalls 001, 004, 005, 006, 007/907, 008, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, and 032 are visually inspected on a monthly basis. The last inspection was conducted on June 26, 2007.

Outfalls 001, 004, 005, 006, 007/907, 008, 012, 013, 015, 017, 018, 019, 020, 021, 025, and 026 are sampled according to the current VPDES permit.

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.

June 25, 2004: During routine gauging of leak detection wells on site, 5.40 feet of Jet A ws detected in monitoring well MW-2. The VDEQ started pollution complaint number 2004-5195. Cleanup procedures began and an underground line leading to the oil/water separator was detected as the source of the leak. The line was sealed and capped off and remediation activities continue utilizing a Solar Sentinel skimmer system, and Aggressive Fluid Vapor Recovery events with a vacuum truck. As of June 30, 2006 IMS has recovered approximately 6,560 gallons from the subsurface. During this time no sheens have been detected at either outfalls 007 or 013.

 Continue on Page 3

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*
VAD988194023

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*)

Outfalls 001, 004, 005, 006, and 907 were sampled for Acute Toxicity throughout the last 3 years. Samples were collected onthe following dates: January 17, 2010, January 26, 2011, and February 16, 2012 for outfalls 005 and 907; March 2, 2010, January 26, 2011, and February 16, 2012 for outfall 001; January 17, 2010 and February 16, 2012 for outfall 004; February 16, 2012 for outfall 006. Outfall 004 was unable to be sampled in 2011 due to construction on the new parking garage. Outfall 006 is not listed in the current permit as requiring toxicity sampling, and was sampled in error on 2/16/2012.

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*)

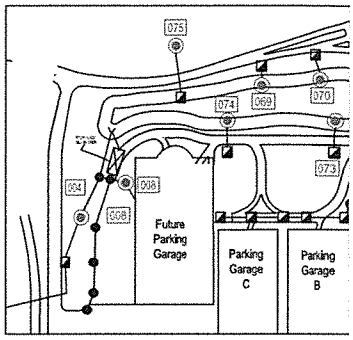
A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
James R. Reed and Associates	770 Pilot House Drive Newport News,VA 23606	(757) 873-4703	Oil and Grease (TRPH 418.1) BOD COD TSS Propylene Glycol Acute Toxicity - Ceriodaphnia dubia Total Nitrogen Total Phosphorous

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.

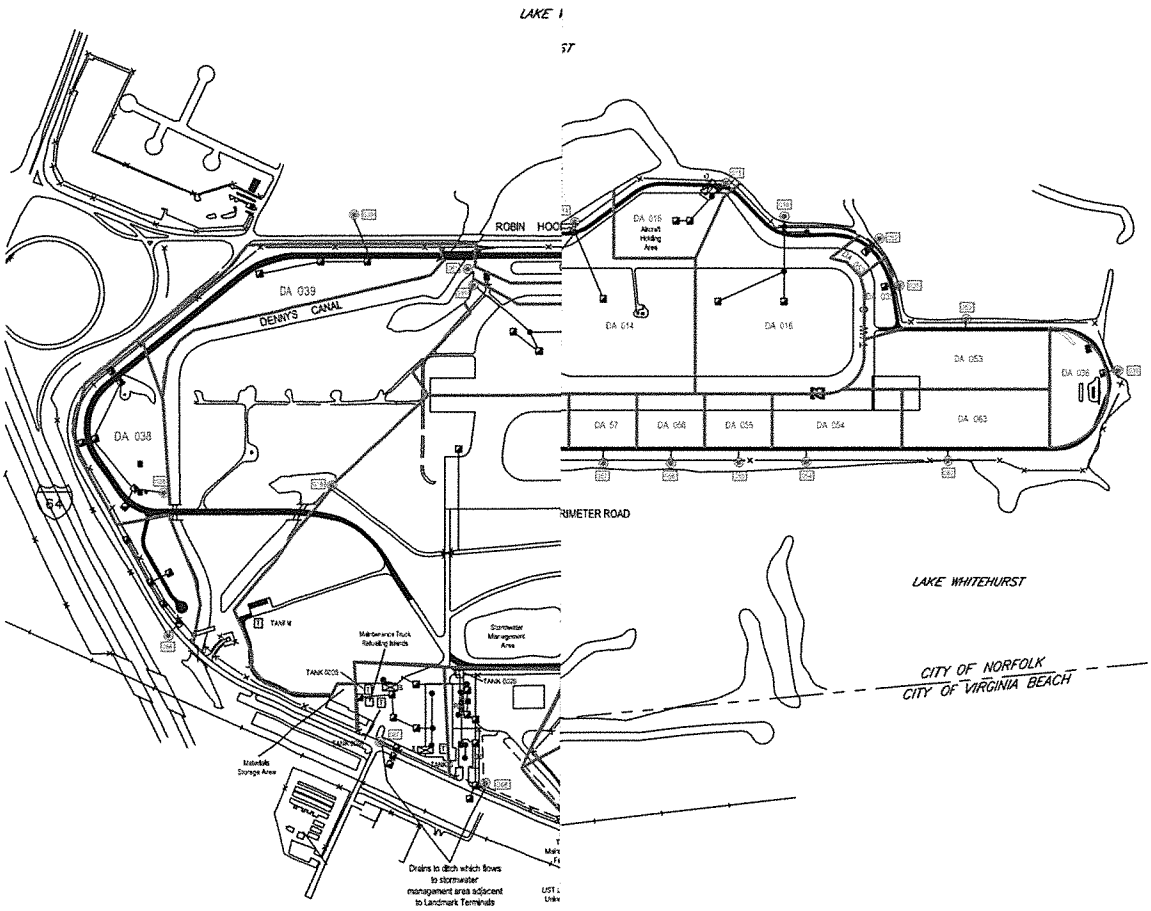
A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
ANTHONY E RONDEAU DIRECTOR OF FACILITIES	757-857-3351
C. Signature	**D. Date Signed**
Anthony E Rondeau	11/13/12

NORPORT



LEGEND

EXISTING	DESCRIPTION
———	STORM DRAINAGE
- - - - -	UNDERDRAIN PIPE
●	MANHOLE
◪	DROP INLET
	OIL/WATER SEPARATOR
◉	STRUCTURE NOT VISIBLE/PAVED OVER
———	TRENCH DRAIN
!	HEADWALL
→	DIRECTION OF FLOW ARROW
▯	FUEL TANK
◉ 003	VPDES MONITORED STORMWATER OUTFALL
DA 002	DRAINAGE AREA BOUNDARY
→	GROUND RUNOFF DIRECTION



NORFOLK INTERNATIONAL AIRPORT
NORFOLK, VIRGINIA

Figure 2: AIRPORT STORM DRAINAGE SYSTEM

SCALE: 1"=300'
UPDATED: December 28, 2010

Project No: 082 1008
DRAWN: BJS

NORFOLK AIRPORT AUTHO

IMS ENVIRONMENTAL SERVICES

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EPA ID Number (Copy from Item 1 of Form 1)
VAD988194023

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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	Outfall 001 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	< 0.5 mg/L	Not Applicable	< 0.5 mg/L		1	
Biological Oxygen Demand (BOD5)	84 mg/L		14.9 mg/L		7	Aircraft - Deicing
Chemical Oxygen Demand (COD)	195 mg/L		33.0 mg/L		7	Aircraft - Deicing
Total Suspended Solids (TSS)	106 mg/L		31.7 mg/L		7	
Total Nitrogen	1.4 mg/L		1.4 mg/L		1	
Total Phosphorus	0.11 mg/L		0.11 mg/L		1	
pH	Minimum 6.9	Maximum 8.7	Minimum	Maximum	10	

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	Outfall 001 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	1.0 mg/L		< 0.5 mg/L		6	
Propylene	104000 ug/L		21420 ug/L		5	Aircraft - Deicing
Glycol						
Acute Toxicity	< 1.0 TU-A		<1.0 TU-A		3	Aircraft - Deicing
Ceriodaphnia						
dubia						

Part C - List each pollutant shown in Tables 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	Outfall 001 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)*

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

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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	Outfall 004 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	37 mg/L		9.6 mg/L		5	Aircraft-Deicing
Chemical Oxygen Demand (COD)	28 mg/L		5.6 mg/L		5	Aircraft-Deicing
Total Suspended Solids (TSS)	19 mg/L		9.7 mg/L		6	
Total Nitrogen	0.8 mg/L		0.8 mg/L		1	
Total Phosphorus	<0.10 mg/L		<0.10 mg/L		1	
pH	Minimum 6.8	Maximum 8.9	Minimum	Maximum	8	

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	Outfall 004 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		5	
Propylene	2330 ug/L		582.5 ug/L		4	Aircraft-Deicing
Glycol						
Acute Toxicity	< 1.0 TU-A		< 1.0 TU-A		2	Aircraft-Deicing
Ceriodaphnia						
dubia						

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 004 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)*

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

 Continue on Reverse

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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	Outfall 005 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	< 0.5 mg/L		< 0.5 mg/L		1	
Biological Oxygen Demand (BOD5)	717 mg/L		195 mg/L		7	Aircraft de-icing
Chemical Oxygen Demand (COD)	1483 mg/L		376.4 mg/L		7	Aircraft de-icing
Total Suspended Solids (TSS)	15 mg/L		5.8 mg/L		5	
Total Nitrogen	1.3 mg/L		1.3 mg/L		1	
Total Phosphorus	< 0.10 mg/L		< 0.10 mg/L		1	
pH	Minimum 6.8	Maximum 8.1	Minimum	Maximum	9	

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	Outfall 005 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	4.1 mg/L		1.1 mg/L		6	
Propylene	498000 ug/L		196040 ug/L		5	Aircraft de-icing
Glycol						
Acute Toxicity	< 1.0 TU-A		0 TU-A		3	Aircraft de-icing
Ceriodaphnia						
dubia						

 Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 005 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)*

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

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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	Outfall 006 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	59 mg/L		19.1 mg/L		7	Aircraft de-icing
Chemical Oxygen Demand (COD)	86 mg/L		36.4 mg/L		7	Aircraft de-icing
Total Suspended Solids (TSS)	378 mg/L		115.3 mg/L		5	
Total Nitrogen	1.2 mg/L		1.2 mg/L		1	
Total Phosphorus	0.13 mg/L		0.13 mg/L		1	
pH	Minimum 7.2	Maximum 8.7	Minimum	Maximum	9	

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	Outfall 006 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	< 0.5 mg/L		< 0.5 mg/L		6	
Propylene	53000 ug/L		16800 ug/L		5	Aircraft de-icing
Glycol						
Acute Toxicity	< 1.0 TU-A		< 1.0 TU-A		1	Aircraft de-icing
Ceriodaphnia						
dubia						

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 006
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		Sources of Pollutants

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)*

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

Continue on Reverse

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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	Outfall 007/ 907 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	< 0.5 mg/L		< 0.5 mg/L		1	
Biological Oxygen Demand (BOD5)	166 mg/L		38.9 mg/L		7	Aircraft de-icing
Chemical Oxygen Demand (COD)	223 mg/L		59.0 mg/L		7	Aircraft de-icing
Total Suspended Solids (TSS)	58 mg/L		24.0 mg/L		10	
Total Nitrogen	0.7 mg/L		0.7 mg/L		1	
Total Phosphorus	<0.10 mg/L		< 0.10 mg/L		1	
pH	Minimum 6.94	Maximum 8.7	Minimum	Maximum	12	

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	Outfall 007/ 907 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	< 0.5 mg/L		<0.5 mg/L		9	
Propylene	117,000 ug/L		38270 ug/L		5	Aircraft de-icing
Glycol						
Acute Toxicity	< 1.0 TU-A		< 1.0 TU-A		3	Aircraft de-icing
Ceriodaphnia						
dubia						

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 007/ 907 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)*

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

 Continue on Reverse

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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	Outfall 008 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	Not Applicable		Not Applicable		0	
Biological Oxygen Demand (BOD5)	<2.0 mg/L		<2.0 mg/L		1	Aircraft De-icing
Chemical Oxygen Demand (COD)	<10 mg/L		<10 mg/L		1	Aircraft De-icing
Total Suspended Solids (TSS)	1.5 mg/L		1.5 mg/L		1	
Total Nitrogen	Not Applicable		Not Applicable		1	
Total Phosphorus	Not Applicable		Not Applicable		1	
pH	Minimum 7.4	Maximum 7.4	Minimum	Maximum	1	

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

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Outfall 008 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		1	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 008 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)*

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

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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	Outfall 012 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	6.0 mg/L		4.0 mg/L		3	Aircraft De-icing
Chemical Oxygen Demand (COD)	37 mg/L		17 mg/L		3	Aircraft De-icing
Total Suspended Solids (TSS)	21 mg/L		9.8 mg/L		3	
Total Nitrogen	0.9 mg/L		0.9 mg/L		1	
Total Phosphorus	< 0.10 mg/L		< 0.10 mg/L		1	
pH	Minimum 6.9	Maximum 7.2	Minimum	Maximum	3	

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	Outfall 012 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		3	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 012 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)*

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

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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	Outfall 013 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	12 mg/L		6.0 mg/L		3	Aircraft De-icing
Chemical Oxygen Demand (COD)	80 mg/L		48.3 mg/L		3	Aircraft De-icing
Total Suspended Solids (TSS)	47 mg/L		21.3 mg/L		3	
Total Nitrogen	2.5 mg/L		2.5 mg/L		1	
Total Phosphorus	0.13 mg/L		0.13 mg/L		1	
pH	Minimum 7.2	Maximum 7.8	Minimum	Maximum	3	

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	Outfall 013 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	< 0.5 mg/L		< 0.5 mg/L		2	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 013 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)*

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

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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	Outfall 015 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	7 mg/L		2.3 mg/L		3	Aircraft De-icing
Chemical Oxygen Demand (COD)	41 mg/L		24.7 mg/L		3	Aircraft De-icing
Total Suspended Solids (TSS)	1000 mg/L		344.1 mg/L		3	
Total Nitrogen	1.7 mg/L		1.7 mg/L		1	
Total Phosphorus	<0.10 mg/L		<0.10 mg/L		1	
pH	Minimum 6.7	Maximum 8	Minimum	Maximum	3	

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	Outfall 015 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		0 mg/L		3	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 015 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)*

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

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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	Outfall 017 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	7 mg/L		3.7 mg/L		3	Aircraft De-icing
Chemical Oxygen Demand (COD)	22 mg/L		12.7 mg/L		3	Aircraft De-icing
Total Suspended Solids (TSS)	40 mg/L		18.8 mg/L		3	
Total Nitrogen	1.3 mg/L		1.3 mg/L		1	
Total Phosphorus	0.13 mg/L		0.13 mg/L		1	
pH	Minimum 6.2	Maximum 7.9	Minimum	Maximum	3	

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	Outfall 017 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		3	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 017 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)*

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

 Continue on Reverse

EPA ID Number (Copy from Item 1 of Form 1)
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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	Outfall 018 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	19 mg/L		6.3 mg/L		3	Aircraft De-icing
Chemical Oxygen Demand (COD)	126 mg/L		51.3 mg/L		3	Aircraft De-icing
Total Suspended Solids (TSS)	170 mg/L		113.3 mg/L		3	
Total Nitrogen	2.1 mg/L		2.1 mg/L		1	
Total Phosphorus	<0.10 mg/L		<0.10 mg/L		1	
pH	Minimum 6.7	Maximum 8.1	Minimum 7.3	Maximum		

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	Outfall 018 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/l		<0.5 mg/L		3	

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 018 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)*

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

 Continue on Reverse

EPA ID Number (Copy from Item 1 of Form 1)
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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	Outfall 019 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	6 mg/L		2 mg/L		3	Aircraft De-icing
Chemical Oxygen Demand (COD)	16 mg/L		5.3 mg/L		3	Aircraft De-icing
Total Suspended Solids (TSS)	24 mg/L		17.8 mg/L		3	
Total Nitrogen	1.0 mg/L		1.0 mg/L		1	
Total Phosphorus	0.14 mg/L		0.14 mg/L		1	
pH	Minimum 6.3	Maximum 8.3	Minimum	Maximum	3	

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	Outfall 019 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		3	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 019 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)*

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

 Continue on Reverse

EPA ID Number (Copy from Item 1 of Form 1)
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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	Outfall 020 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	Not Applicable		Not Applicable			
Biological Oxygen Demand (BOD5)	20 mg/L		15.3 mg/L		3	Aircraft De-icing
Chemical Oxygen Demand (COD)	122 mg/L		62.3 mg/L		3	Aircraft De-icing
Total Suspended Solids (TSS)	300 mg/L		135.7 mg/L		3	
Total Nitrogen	Not Applicable		Not Applicable			
Total Phosphorus	Not Applicable		Not Applicable			
pH	Minimum 7.2	Maximum 8.19	Minimum	Maximum	3	

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	Outfall 020 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		3	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 020 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)*

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

 Continue on Reverse

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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	Outfall 021 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	3 mg/L		0.8 mg/L		4	Aircraft De-icing
Chemical Oxygen Demand (COD)	123 mg/L		37.8 mg/L		4	Aircraft De-icing
Total Suspended Solids (TSS)	17 mg/L		9.4 mg/L		4	
Total Nitrogen	1.5 mg/L		1.5 mg/L		1	
Total Phosphorus	<0.10 mg/L		<0.10 mg/L		1	
pH	Minimum 6.6	Maximum 7.9	Minimum	Maximum	4	

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	Outfall 021 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		4	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 021 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)*

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

Continue on Reverse

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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	Outfall 025 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	Not Applicable		Not Applicable			
Biological Oxygen Demand (BOD5)	35 mg/L		20 mg/L		3	Aircraft De-icing
Chemical Oxygen Demand (COD)	96 mg/L		61 mg/L		3	Aircraft De-icing
Total Suspended Solids (TSS)	70 mg/L		53 mg/L		3	
Total Nitrogen	Not Applicable		Not Applicable			
Total Phosphorus	Not Applicable		Not Applicable			
pH	Minimum 6.2	Maximum 6.9	Minimum	Maximum	3	

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	Outfall 025 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		3	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 025 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)*

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

Continue on Reverse

EPA ID Number (Copy from Item 1 of Form 1)
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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	Outfall 026 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
Oil and Grease	< 5.0 mg/L		< 5.0 mg/L		1	
Biological Oxygen Demand (BOD5)	20 mg/L		13.5 mg/L		4	Aircraft De-icing
Chemical Oxygen Demand (COD)	69 mg/L		37.8 mg/L		4	Aircraft De-icing
Total Suspended Solids (TSS)	40 mg/L		20.1 mg/L		4	
Total Nitrogen	1.5 mg/L		1.5 mg/L		1	
Total Phosphorus	<0.10 mg/L		<0.10 mg/L		1	
pH	Minimum 6.8	Maximum 7.5	Minimum	Maximum	4	

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	Outfall 026 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow - Weighted Composite		
TPH	<0.5 mg/L		<0.5 mg/L		3	

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Tables 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	Outfall 026 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)*

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

 Continue on Reverse

Attachment #1
Form 2C and Form 2F, Section I – Outfall Location

A. Outfall Number *(list)*	B. Latitude5			C. Longitude			D. Receiving Water *(name)*
014	36	54	15	76	11	40	Lake Whitehurst
015	36	54	20	76	11	38	Lake Whitehurst
016	36	54	22	76	11	34	Lake Whitehurst
017	36	53	47	76	11	33	Retention Pond to Lake Whitehurst
018	36	53	2	76	12	33	Retention Pond to Denny's Canal
019	36	53	10	76	12	36	Retention Pond to Denny's Canal
020	36	53	25	76	12	38	Lake Whitehurst
021	36	53	31	76	12	40	Lake Whitehurst
022	36	53	54	76	12	32	Drains to 004
023	36	54	03	76	12	17	Mirror Lake
024	36	54	00	76	12	23	Retention Pond to Lake Whitehurst
025	36	54	00	76	12	23	Retention Pond to Lake Whitehurst
026	36	54	00	76	12	23	Retention Pond to Lake Whitehurst
027	36	54	00	76	12	23	Retention Pond to Lake Whitehurst
028	36	54	00	76	12	23	Retention Pond to Lake Whitehurst
029	36	54	00	76	12	23	Retention Pond to Lake Whitehurst
030	36	54	00	76	12	23	Retention Pond to Lake Whitehurst
032	36	54	00	76	12	23	Retention Pond to Lake Whitehurst
033	36	54	08	76	11	45	Lake Whitehurst
035	36	54	22	76	11	25	Lake Whitehurst
036	36	54	28	76	11	14	Lake Whitehurst
038	36	52	55	76	12	35	Denny's Canal
039	36	53	11	76	12	43	Denny's Canal
050	36	54	14	76	11	42	Lake Whitehurst
051	36	54	21	76	11	36	Lake Whitehurst
052	36	54	23	76	11	32	Lake Whitehurst
053	36	54	28	76	11	22	Lake Whitehurst
054	36	54	12	76	11	27	Lake Whitehurst
055	36	54	10	76	11	29	Lake Whitehurst
056	36	54	8	76	11	30	Lake Whitehurst
057	36	54	6	76	11	32	Lake Whitehurst
058	36	54	5	76	11	33	Lake Whitehurst
059	36	54	3	76	11	34	Lake Whitehurst
060	36	54	2	76	11	36	Lake Whitehurst
061	36	53	11	76	12	37	Retention Pond to Denny's Canal
063	36	54	20	76	11	16	Lake Whitehurst
064	36	53	20	76	12	31	Lake Whitehurst
065	36	53	22	76	12	34	Lake Whitehurst
066	36	52	51	76	12	29	Stormwater Management Area to 017
067	36	52	56	76	12	17	Stormwater Management Area to 017
068	36	52	58	76	12	12	Stormwater Management Area to 017

069	36	54	00	76	12	32	Retention Pond to Lake Whitehurst
070	36	54	01	76	12	31	Retention Pond to Lake Whitehurst
071	36	54	02	76	12	30	Retention Pond to Lake Whitehurst
072	36	54	01	76	12	29	Retention Pond to Lake Whitehurst
073	36	54	00	76	12	29	Retention Pond to Lake Whitehurst
074	36	53	58	76	12	31	Retention Pond to Lake Whitehurst
075	36	53	58	76	12	34	Lake Whitehurst

Attachment #2
Form 2F, Section IV A – Narrative Description of Pollutant Sources

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)*
013	6 acres	23 acres	036	0.13 acres	2.52 acres
014	6 acres	22 acres	038	0.45 acres	5.58 acres
015	1.75 acres	1.75 acres	039	0.80 acres	6.66 acres
016	3 acres	11 acres	050-052	0	Approx. 4 acres
017	3.5 acres	48 acres	053	0	8 acres
018	9.25 acres	45 acres	054-060	2.75 acres	13 acres
019	44 acres	458 acres	061	1.5 acres	8 acres
020	5.5 acres	6.5 acres	062	0.25 acres	1 acre
021	1.5 acres	2 acres	063	0.27 acres	3.89 acres
022	6.25 acres	11 acres	064	1.22 acres	2.43 acres
023	0.1 acres	0.1 acres	065	4.47 acres	4.56 acres
024	0.4 acres	0.5 acres	066	0.22 acres	2.18 acres
025	0.1 acre	0.5 acres	067	2.88 acres	3.60 acres
026	0.4 acres	0.4 acres	068	5.14 acres	5.84 acres
027	3.4 acres	4.2 acres	069	0.16 acres	0.27 acres
028	1.0 acres	1.0 acres	070	0.33 acres	0.47 acres
029	2 acres	2 acres	071	0.24 acres	0.30 acres
030	0.6 acres	0.6 acres	072	0.18 acres	0.45 acres
032	1.1 acres	1.1 acres	073	0.77 acres	1.53 acres
033	0.26 acres	2.57 acres	074	0.82 acres	1.86 acres
035	0.33 acres	1.09 acres	075	0.09 acres	1.08 acres

Attachment #3
Form 2F, Section IV B – Narrative Description of Pollutant Sources

1.0 Description of Materials

A material inventory list is included as Table 1 following this section. The list is updated periodically at an interval specified by the Director of Facilities.

1.1 Petroleum Products

The maximum storage capacity of both the aboveground storage tanks (ASTs), and underground storage tanks (USTs) on site is 919,916 gallons. The portions of the facility where petroleum is stored are as follows:

Material	Purpose/ Location	Tank ID (if applicable)	Quantity (gallons)
Jet A	Airplane Fuel/ Tank Farm	Tank 001	210,000 gal
Jet A	Airplane Fuel/ Tank Farm	Tank 002	210,000 gal
Jet A	Airplane Fuel/ Tank Farm	Tank 003	210,000 gal
Jet A	Airplane Fuel/ Tank Farm	Tank 004	210,000 gal
Unleaded Gas	Motor Fuel/ Field Maintenance	Tank 005	2,000 gal
Diesel No. 2	Fuel Oil/ Field Maintenance	Tank 006	2,000 gal
Jet A	Airplane Fuel/ Jet Fuel Dispensing Islands	Tank 008	2,000 gal
#2 Fuel Oil	Heating oil/ Main Terminal	Tank 009	18,000 gal
Diesel No. 2	Generator Fuel/ FAA Tower	Tank 012	2,000 gal.
Diesel No. 2	Generator Fuel/ FAA Tower	Tank 013	1,000 gal
Diesel No. 2	Generator Fuel/ VORTAC	Tank 014	500 gal.
Jet A	Airplane Fuel/ FBO	Tank 015	10,000 gal
Jet A	Airplane Fuel/ FBO	Tank 016	10,000 gal
Aviation Gas	Airplane Fuel/ FBO	Tank 017	10,000 gal
Jet A	Airplane Fuel/ Tank Farm	Tank 018	1,000 gal
#2 Fuel Oil	Heating oil/ Arrivals Terminal	Tank 019	10,000 gal
TEK FLame	Airplane Fuel/ Live fire training facilities	Tank 020	5,000 gal
Diesel No. 2	Generator Fuel/ Concourse A	Tank 010	265 gal
Diesel No. 2	Generator Fuel/ Concourse B	Tank 011	300 gal
Diesel No. 2	Generator Fuel/ Rescue & fire fighting station	Tank C	1,000 gal
Diesel No. 2	Generator Fuel/ Departures Terminal	Tank E	145 gal
Diesel No. 2	Generator Fuel/ Cargo Terminal	Tank F	500 gal.
Diesel No. 2	Generator Fuel/ Field Maintenance	Tank G	375 gal
Diesel No. 2	Airplane Fuel/ Tank Farm	Tank H	200 gal
Diesel No. 2	Generator Fuel/ Rescue & fire fighting station	Tank I	45 gal
Diesel No. 2	Generator Fuel/ Arrivals Terminal gens day tank	Tank J	150 gal
Diesel No. 2	Generator Fuel/ Parking Garage gens day tank	Tank K	75 gal
Diesel No. 2	Generator Fuel/ Short term departures parking	Tank L	145 gal
Diesel No. 2	Generator Fuel/ Air field lighting vault	Tank M	500 gal
Diesel No. 2	Generator Fuel/ Rental Return	Tank N	100 gal.
Diesel No. 2	Generator Fuel/ Baggage	Tank O	366 gal

Mineral Oil	Transformer/ North side of 5-23	T-1	Total quantity of all transformers is estimated at an average of 75 gallons/ transformer for a total of: 2,250 total gallons
Mineral Oil	Transformer/ FAA Radar	T-2	
Mineral Oil	Transformer/ FAA Tower	T-3	
Mineral Oil	Transformer/ Landmark Hanger 1	T-4	
Mineral Oil	Transformer/ Landmark Hanger 5	T-5	
Mineral Oil	Transformer/ Southside fuel loading area	T-6	
Mineral Oil	Transformer/ Hanger 6	T-7	
Mineral Oil	Transformer/ Snow Removal Facility	T-8	
Mineral Oil	Transformer/ Air Field Lighting Vault	T-9	
Mineral Oil	Transformer/	T-10	
Mineral Oil	Transformer/ Runway 5 ILS	T-11	
Mineral Oil	Transformer/ Gourmet Gang	T-12	
Mineral Oil	Transformer/ Near Tank E	T-13	See previous page for total quantity of Tanks T-1 through T-30.
Mineral Oil	Transformer/ FAA Antenna Farm	T-14	
Mineral Oil	Transformer/	T-15	
Mineral Oil	Transformer/	T-16	
Mineral Oil	Transformer/ LTE Sewage lift station	T-17	
Mineral Oil	Transformer/	T-18	
Mineral Oil	Transformer/ Parking Garage B	T-19	
Mineral Oil	Transformer/	T-20	
Mineral Oil	Transformer/	T-21	
Mineral Oil	Transformer/	T-22	
Mineral Oil	Transformer/ Staged near tanks 19 & K	T-23	
Mineral Oil	Transformer/ Staged near tanks 19 & K	T-24	
Mineral Oil	Transformer/ Terminal A	T-25	
Mineral Oil	Transformer/ Terminal B	T-26	
Mineral Oil	Transformer/ Terminal B	T-27	
Mineral Oil	Transformer/ LTE Impound Lot	T-28	
Mineral Oil	Transformer/ Rescue & Fire Fighting	T-29	
Mineral Oil	Transformer/Sewage & Dumping Station	T-30	

The Fuel Tank Farm consists of four 210,000 gallon AST's which contain Jet Aviation fuel (Jet A). A 400,000 gallon concrete dike provides secondary containment for the tanks. High liquid level pump cutoff and quick response systems are used to prevent overfilling of the tanks. These systems are tested periodically to ensure proper operation. Two transfer pipelines run underground from the Fuel Tank Farm to the dispensing islands. The pipelines are cathodically protected and are pressure and cathodically tested once a year. Tanker trucks used to deliver fuel park on an apron equipped with trench drains that drain any spilled material to an oil-water separator. Fuel is skimmed from the surface and stored in a 3,000 gallon holding tank, which is emptied as needed by a subcontractor. Water discharge from the oil-water separator flows into the drainage ditch located to the southwest of the Fuel Tank Farm. A Statistical Inventory Reconciliation (SIR) system is currently in operation. Bleed-off fuel is stored in a 1,000 gallon double walled AST located within the concrete dike.

Thirteen AST's are used for emergency generators and heating purposes. All of these tanks have secondary containment and are fitted with overfill and spill protection in order to adequately prevent and control any potential release to the environment. There are six monitoring wells installed near the three UST's owned by Piedmont Hawthorne Aviation. These wells are equipped with a Red Jacket leak detection system. The loading/ unloading area for these tanks is protected with secondary containment.

There are concrete aprons where the aircraft are re-fueled by the fuel handling trucks. These aprons are fitted with trench drains and drop inlets, which lead to individual oil-water separators.

1.2 De-icing Fluids

De-icing is required infrequently and is dependent on the severity of the weather. The airlines independently determine when de-icing is required and then coordinate with the Airport Authority for collection of the excess de-icing fluids. The Airport Authority maintains three Sweeper/Vac trucks to collect de-icing fluids before they reach any stormwater drop inlets.

Each of the major airlines and some of the cargo carriers store and dispense their own de-icing agents. De-icing of planes is conducted on the tarmac at Concourse A and B, at the Cargo Terminal, and at Piedmont Hawthorne Aviation. De-icing areas are shown on Figure 5. The stormwater drop inlets on the apron and ramp areas have been marked with fluorescent orange paint. De-icing will not occur within 100 feet of the drop inlets, and the 100 foot exclusion zones have also been marked with fluorescent orange paint. Warning placards showing the locations of de-icing areas, exclusion zones, and drop inlets have been placed in all de-icing vehicles.

Most of the airlines use a 50/50 solution of glycol and water, which is heated prior to application. The airlines use Propylene Glycol to de-ice aircraft. Propylene Glycol is readily biodegradable which gives it the potential to adversely impact surface waters by increasing BOD and COD levels.

Delta, Southwest, and USAirways Airlines own and operate five self-contained glycol tanks located at the fuel truck loading area. The remaining airlines store glycol in 55-gallon drums or 250 gallon portable totes at the terminal and cargo aprons. Piedmont Hawthorne Aviation also stores glycol for de-icing small aircraft. Federal Express owns and operates a self contained glycol tank at the cargo terminal.

Potassium Acetate liquid is used for runway de-icing. The chemical is mixed with heated sand, and applied using large spreader trucks. The Potassium Acetate is stored in an 8,000 gallon tank with spill containment at the Field Maintenance Facility.

1.3 Maintenance Facilities

There are a total of eight airline maintenance facilities located at the airport. One airline maintenance facility services private and corporate aircraft exclusively. Six airline maintenance facilities are located on the concourses of each individual carrier. USAirways Express has a maintenance hanger located to the west of Piedmont Hawthorne Aviation for commuter plane repair. Light preventative and emergency maintenance on aircraft and routine maintenance on airline ground equipment are performed at these facilities. A similar facility for light preventative maintenance on small private and corporate aircraft is located at Piedmont Hawthorne Aviation.

Wash racks for cleaning aircraft and vehicles are also located at the airport. Indoor wash racks are located at Piedmont Hawthorne Aviation, US Air Express, and the Norfolk Southern Hangers. USAirways operates an aircraft wash rack on the UPS/ Piedmont Hawthorne Aviation apron. Water flows from washing activities through a trench drain into an oil-water separator and then into the sanitary sewer. The car rental agencies do not operate wash racks at the airport.

The field maintenance facility has maintenance bays where dump trucks, mowers, tractors, and other equipment are repaired. Floor drains in the maintenance bays are connected to Hampton Roads Sanitation District (HRSD) sanitary sewer system after flowing through an onsite oil-water separator. The AST's for gasoline and diesel fuel are double-walled, have overfill and spill protection, and containment including an oil-water separator.

1.4 Pesticides, Herbicides, and Fertilizers

Personnel at the field maintenance facility maintain the lawn areas around the buildings on the airport grounds. Pesticides, herbicides, and fertilizers used at the airport are stored at this facility. All herbicides and pesticides are owned and stored by the Airport Authority. These materials are considered hazardous chemicals and are covered under the airport's hazardous material program. The Airport Authority's Director of Facilities and the Norfolk Airport Fire Chief are responsible for implementing the hazardous materials program. In compliance with program requirements, personnel responsible for lawn care are trained in the proper use of all chemicals

The Airport Authority employs a professional contractor once a year to treat the fence line around the airport with a herbicide for weed control. This contractor specializes in weed control at large industrial facilities.

Pesticides are applied on trees and shrubbery in spring and summer to control bagworms, beetles and other pests. Herbicides are applied as needed during the growing season to kill vegetation in expansion joints of paved area such as runways, taxiways, and parking lots. Fertilizer is applied to grass areas in the spring and fall.

Attachment #4
Form 2F, Section IV C – Narrative Description of Pollutant Sources

Outfall Number	Treatment	List Codes from Table 2F-1
007/907	One oil/water separator	1-M
008	Oil/Grit separator	1-M
012	Oil/Grit separator	1-M
013	Oil/Grit separator	1-M
014	None	
015	Oil/Grit separator	1-M
016	None	
017	Settling Pond	1-U
018	Oil/Grit separator Settling pond Slow sand filtration	1-M 1-U 1-V
019	Oil/Grit separator Settling pond Slow sand filtration	1-M 1-U 1-V
020	None	
021	None	
022	One oil/water separator.	1-M
023	One oil/water separator.	1-M
024	None	
025	One oil/water separator.	1-M
026	One oil/water separator.	1-M
027	One oil/water separator.	1-M
028	None	
029	One oil/water separator.	1-M
030	None	
031	None	
032	None	
033	None	
035	None	
036	None	
038	Settling Pond	1-U
039	None	
050-052	None	
053	None	
054-060	None	
061	Settling pond Slow sand filtration	1-U 1-V
062	None	
063	None	
064	None	
065	None	

066	None	
067	Two oil/water separators.	1-M
068	One oil/water separator	1-M
069	None	
070	None	
071	None	
072	None	
073	None	
074	None	
075	None	

Attachment #5
Form 2C, Section II B – Flows, Sources of Pollution, and Treatment Technologies

1. Outfall Number	2. Operation(s) Contributing Flow		3. Treatment	
	a. Operation *(list)*	b. Average Flow *(include units)*	a. Description	b. List Codes from Table 2C-1
006	Stormwater	Seasonal	None	
007	Stormwater Aircraft de-icing Vehicle Washing	Seasonal	One oil/water separator Runway sweeper truck	1-M
008	Stormwater	Seasonal	Oil/Grit separator	1-M
012	Stormwater	Seasonal	Oil/Grit separator	1-M
013	Stormwater	Seasonal	Oil/Grit separator	1-M
014	Stormwater	Seasonal	None	
015	Stormwater	Seasonal	Oil/Grit separator	1-M
016	Stormwater	Seasonal	None	
017	Stormwater	Seasonal	Settling Pond	1-U
018	Stormwater	Seasonal	Oil/Grit separator Settling pond Slow sand filtration	1-M 1-U 1-V
019	Stormwater	Seasonal	Oil/Grit separator Settling pond Slow sand filtration	1-M 1-U 1-V
020	Stormwater	Seasonal	None	
021	Stormwater	Seasonal	None	
022	Stormwater	Seasonal	One oil/water separator.	1-M
023	Stormwater	Seasonal	One oil/water separator.	1-M
024	Stormwater	Seasonal	None	
025	Stormwater	Seasonal	One oil/water separator.	1-M
026	Stormwater	Seasonal	One oil/water separator.	1-M
027	Stormwater	Seasonal	One oil/water separator.	1-M
028	Stormwater	Seasonal	None	
029	Stormwater	Seasonal	One oil/water separator.	1-M
030	Stormwater	Seasonal	None	
031	Stormwater	Seasonal	None	
032	Stormwater	Seasonal	None	
033	Stormwater	Seasonal	None	
035	Stormwater	Seasonal	None	
036	Stormwater	Seasonal	None	
038	Stormwater	Seasonal	Settling Pond	1-U
039	Stormwater	Seasonal	None	
050-052	Stormwater	Seasonal	None	
053	Stormwater	Seasonal	None	
054-060	Stormwater	Seasonal	None	
061	Stormwater	Seasonal	Settling pond Slow sand filtration	1-U 1-V
062	Stormwater	Seasonal	None	
063	Stormwater	Seasonal	None	
064	Stormwater	Seasonal	None	
065	Stormwater	Seasonal	None	

066	Stormwater	Seasonal	None	
067	Stormwater	Seasonal	Two oil/water separators	1-M
068	Stormwater	Seasonal	One oil/water separator	1-M
069	Stormwater	Seasonal	None	
070	Stormwater	Seasonal	None	
071	Stormwater	Seasonal	None	
072	Stormwater	Seasonal	None	
073	Stormwater	Seasonal	None	
074	Stormwater	Seasonal	None	
075	Stormwater	Seasonal	None	