OM OCEAN MARINE

A FULL SERVICE YACHT CENTER

March 18, 2016

RECEIVED – DEQ
MAR 23 2016
Tidewater Regional Office

TIDEWATER REGIONAL OFFICE
Department of Environmental Quality
5636 Southern Boulevard
Virginia Beach, VA 23462

Attn: Mr. Carl Thomas

Ref: OMYC VPDES Permit No. 0090778

Dear Mr. Thomas

Enclosed you will find Ocean Marine Yacht Center's Reissuance of VPDES Permit NO. VA0090778 documents - EPA Form 1, EPA Form 2C, EPA Form 2E, EPA Form 2F, VPDES Permit Application Addendum, VPDES Public Notice Billing information form and the VPDES Permit Annual Maintenance Fee Billing Information Form.

APPLICATION FORM 1 – Completed and attached – site map enclosed.
APPLICATION FORM 2C – General info & statements completed, request waiver of completion of sampling and effluent characteristics tables as no process wastewater is discharged, All process waste water collected and disposed of by private industry.
APPLICATION FORM 2E – Not relevant, process wastewater collected and disposed of by private industry.
APPLICATION FORM 2F – Completed, site map attached, required samples taken and results attached for OUTFALLS 001 & 002, OUTFALL 003 sampling not required.
VPDES Permit application Addendum – Completed and attached
VPDES Public Notice Billing information – Completed and attached.
VPDES Permit Annual Maintenance Fee Billing Form – Completed and attached.

Current VPDES Permit includes OUTFALL 004 – Due to restructuring of the responsible boundaries of the facility – OUTFALL 004 no longer is within Ocean Marines jurisdiction and we request it be removed form Ocean Marines VPDES Permit definition.

Should you have any questions please feel free to contact us.

Very truly yours,

OCEAN MARINE YACHT CENTER

Jim Bento
President, Ocean Marine Yacht Center

201 WAVY ST. PORTSMOUTH, VA. 23704
Telephone: (757-399-2920) or (800) 292-9858 – Fax: (757) 399-3088
Website: www.oceanmarinellc.com

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A FULL SERVICE YACHT CENTER

HD
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Tidewater Regional Office

Mr. Thomas

Please find the enclosed package to include the renewal documents for our VPDES Permit.
Unfortunately it does not have the BOD5, COD, Nitrogen and Phosphorus results attached. The lab was under the impression we needed the results with our Normal Quarterly samples and are still working them and have stated we will have them by the end of the week.
We will forward a completed page from Form 2F with results and attach the original test results form the lab as soon as we receive them.

Respectfully submitted
Daryl S. Smith
V.P. of Operations

201 WAVY ST. PORTSMOUTH, VA. 23704
Telephone: (757-399-2920) or (800) 292-9858 – Fax: (757) 399-3088
Website: www.oceanmarinellc.com

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** OCEAN MARINE LLC

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☒ No ☐

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

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **What is the design average effluent flow of this facility?** _____ MGD
   For industrial facilities, provide the max. 30-day average production level, include units:

   _____

   In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
   If "Yes", please identify the other flow tiers (in MGD) or production levels:

   _____

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
   STORMWATER RUNOFF, GENERAL CLEANING OF VESSELS

   ____% of flow from domestic connections/sources

   Number of private residences to be served by the treatment works: NONE

   ____% of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☒ Intermittent ☐ Seasonal
   Describe frequency and duration of intermittent or seasonal discharges:
   AS NECESSARY ALL PROCESS WASTEWATER COLLECTED & DISPOSED

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

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

9. **Approval Date(s):**
   O & M Manual _____ **Sludge/Solids Management Plan** _____

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

10. **Privately Owned Treatment Works**

If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

11. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: cheryl.kendrick@oceanmarinellc.com

☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee

Facility Name: OCEAN MARINE YACHT CENTER

Permit Number: 0090778

Person / Organization to be billed: OCEAN MARINE LLC

Billing Address: 201 WAVY STREET

PORTSMOUTH, VA 23704

Billing Contact Name: WALTER R. ELEY

Title: VICE PRESIDENT OF FINANCE

Phone Number: (757) 321-7454

E-Mail Address: walter.eley@oceanmarinellc.com

RECEIVED – DEQ
MAR 30 2016
Tidewater Regional Office
HD

AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE FOR

Re: VPDES Permit Number VA0090778
Ocean Marine Yacht Center, Portsmouth, Virginia 23704

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in the:

The Virginian Pilot
Legal Advertising Department
150 W. Brambleton Avenue
Norfolk, Virginia 23510

Agent/Department to be billed: WALTER ELEY / ACCOUNTING

Applicant's Address: OCEAN MARINE LLC

201 WAVY STREET

PORTSMOUTH, VA 23704

Agent's Telephone Number: (757) 321-7454

I AM ALSO AUTHORIZING THE The Virginian Pilot **TO SEND THE AFFIDAVIT TO:**

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

Authorizing Agent/Date Signed: Walter Eley, March 30, 2016
Print Name & Date Signed

Authorizing Agent's Signature: _____
Signature

Authorizing Agent's E-Mail Address: walter.eley@oceanmarinellc.com

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

Please print or type in the unshaded areas only. Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F			D
1	2 – 13	14	15

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

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		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: OCEAN MARINE YACHT CENTER (15 – 16 – 29 – 30 – 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: C 2 BENTO, JAMES, PRESIDENT (15 – 16 – 45)

B. PHONE *(area code & no.)*: (757) 399-2920 (46 – 48 – 49 – 51 – 52 – 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: C 3 201 WAVY ST (15 – 16 – 45)

B. CITY OR TOWN: C 4 PORTSMOUTH (15 – 16 – 40)

C. STATE: VA (41 – 42)

D. ZIP CODE: 23704 (47 – 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: C 5 201 WAVY ST (15 – 16 – 45)

B. COUNTY NAME: PORTSMOUTH (46 – 70)

C. CITY OR TOWN: C 6 PORTSMOUTH (15 – 16 – 40)

D. STATE: VA (41 – 42)

E. ZIP CODE: 23704 (47 – 51)

F. COUNTY CODE *(if known)* (52 – 54)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND	C. THIRD	D. FOURTH
3732			

VIII. OPERATOR INFORMATION

A. NAME: OCEAN MARINE YACHT CENTER

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

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

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

P

D. PHONE *(area code & no.)*: (757) 399-2920

E. STREET OR P.O. BOX: 201 WAVY ST

F. CITY OR TOWN: PORTSMOUTH

G. STATE: VA

H. ZIP CODE: 23704

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	N	VA0090778	
B. UIC *(Underground Injection of Fluids)*	U		
C. RCRA *(Hazardous Wastes)*	R		
D. PSD *(Air Emissions from Proposed Sources)*	P		
E. OTHER *(specify)*			*(specify)*
E. OTHER *(specify)*			*(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)*

BOAR REPAIR AND MAINTENANCE

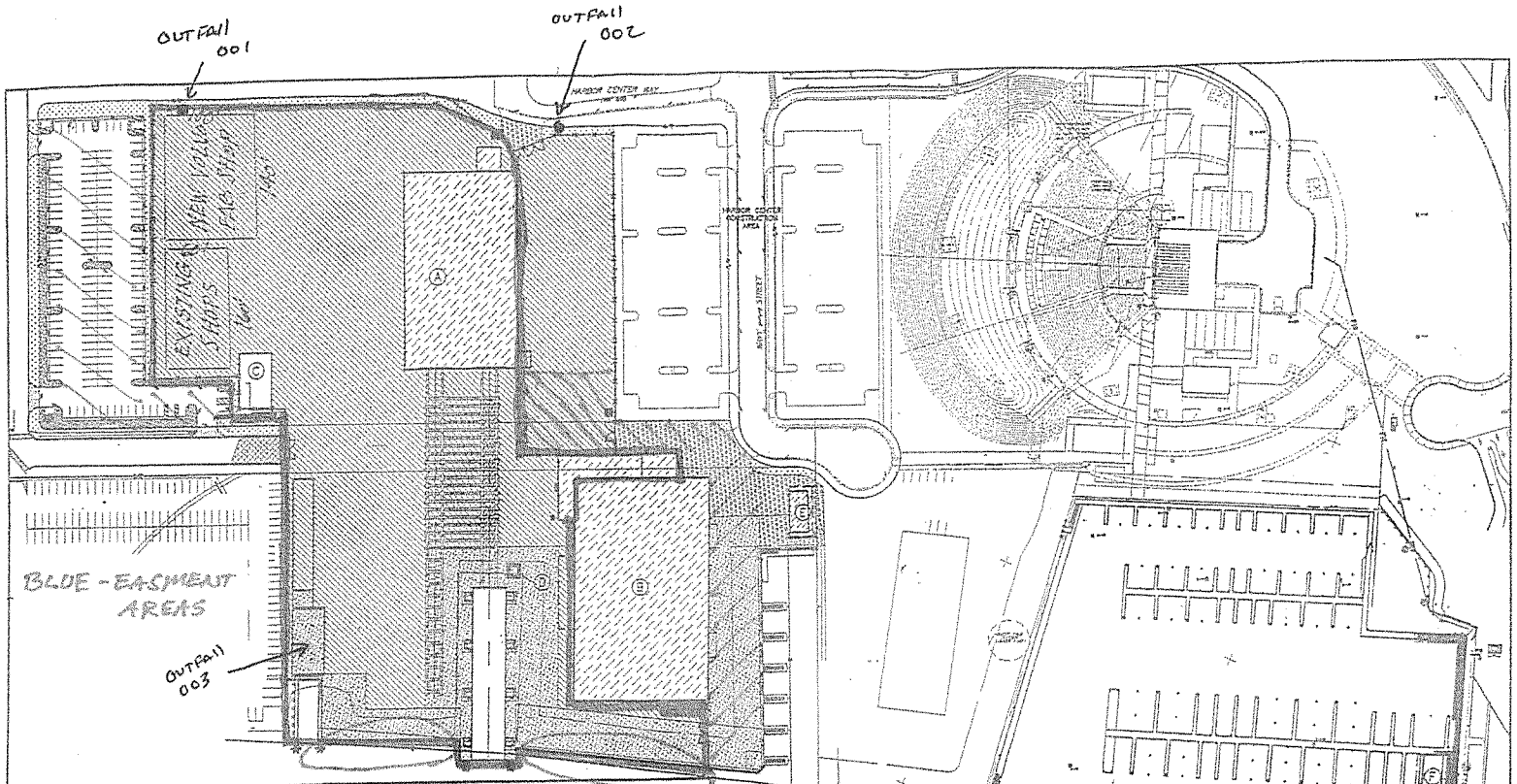
XIII. CERTIFICATION *(see instructions)*

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
JAMES E. BENTO, PRESIDENT		3/22/2016

COMMENTS FOR OFFICIAL USE ONLY

C



MMM DESIGN GROUP
ARCHITECTS+ENGINEERS+PLANNERS

229 W. Bute St. Norfolk, Va. 23510
P.O. Box 269 Norfolk, Va. 23501
Phone: (757)623-1641

Project Title:
OCEAN MARINE YACHT CENTER

Project Manager: TT

Sheet 1 of 1

OVERALL SITE PICTURE

DATE	DWN	CHK
4-11-01	TT	TT
JOB NO. 11069.03	SK-3	

BUILDING LEGEND

- (A) YACHT SERVICE CENTER
- (B) DRY BOAT STORAGE BUILDING
- (C) TRAILER AREA
- (D) SYNCRO-LIFT CONTROL BUILDING
- (E) DRY BOAT STORAGE CONTROL BUILDING
- (F) DOCKMASTER BUILDING

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

Please print or type in the unshaded areas only.

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	83	28	76	30	64	SOUTHERN BRANCH ELIZABETH RIVER
002	36	83	57	76	30	31	
003	36	83	78	76	30	07	

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	STORM WATER RUNOFF		NO PROCESS WASTEWATER DISCHARGED TO OPEN WATER		
002	STORM WATER RUNOFF		NO PROCESS WASTEWATER DISCHARGED TO OPEN WATER		
003	STORM WATER RUNOFF		NO PROCESS WASTEWATER DISCHARGED TO OPEN WATER		

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (*complete the following table*) ☑ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(*s*) CONTRIBUTING FLOW (*list*)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (*specify average*)	b. MONTHS PER YEAR (*specify average*)	a. FLOW RATE (*in mgd*)		B. TOTAL VOLUME (*specify with units*)		C. DURATION (*in days*)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (*complete Item III-B*) ☑ NO (*go to Section IV*)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (*or other measure of operation*)?

☐ YES (*complete Item III-C*) ☑ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

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

IV. IMPROVEMENTS

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

☐ YES (*complete the following table*) ☑ NO (*go to Item IV-B*)

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

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

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

 CONTINUE ON PAGE 3

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

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

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

 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*)

ANNUAL TESTING OF OUTFALLS 001 3-002 FOR ACUTE TOXINS

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☑ YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
ENVIRO COMPLIANCE	10357 OLD KEETON RD. ASHLAND, VIRGINIA 23005	(804) 550-3971	ACUTE TOXINS M. BAHIA 2007.0

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.*)
JAMES E. BENTO, PRESIDENT	(757) 399-2920
C. SIGNATURE	D. DATE SIGNED 3/22/2016

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*)

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

OUTFALL NO. 001

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

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

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

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
4V. Bis (*Chloro-methyl*) Ether (542-88-1)				*DELISTED 02-4-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chlorobenzene (108-90-7)															
8V. Chlorodi-bromomethane (124-48-1)															
9V. Chloroethane (75-00-3)															
10V. 2-Chloro-ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro-bromomethane (75-27-4)															
13V. Dichloro-difluoromethane (75-71-8)				*DELISTED 01-8-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
14V. 1,1-Dichloro-ethane (75-34-3)															
15V. 1,2-Dichloro-ethane (107-06-2)															
16V. 1,1-Dichloro-ethylene (75-35-4)															
17V. 1,2-Dichloro-propane (78-87-5)															
18V. 1,3-Dichloro-propylene (542-75-6)															
19V. Ethylbenzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															
21V. Methyl Chloride (74-87-3)															

 CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)															
23V. 1,1,2,2-Tetrachloroethane (79-34-5)															
24V. Tetrachloro-ethylene (127-18-4)															
25V. Toluene (108-88-3)															
26V. 1,2-Trans-Dichloroethylene (156-60-5)															
27V. 1,1,1-Trichloro-ethane (71-55-6)															
28V. 1,1,2-Trichloro-ethane (79-00-5)															
29V Trichloro-ethylene (79-01-6)															
30V. Trichloro-fluoromethane (75-69-4)				*DELISTED 01-8-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
31V. Vinyl Chloride (75-01-4)															
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)															
2A. 2,4-Dichloro-phenol (120-83-2)															
3A. 2,4-Dimethyl-phenol (105-67-9)															
4A. 4,6-Dinitro-O-Cresol (534-52-1)															
5A. 2,4-Dinitro-phenol (51-28-5)															
6A. 2-Nitrophenol (88-75-5)															
7A. 4-Nitrophenol (100-02-7)															
8A. P-Chloro-M-Cresol (59-50-7)															
9A. Pentachloro-phenol (87-86-5)															
10A. Phenol (108-95-2)															
11A. 2,4,6-Trichloro-phenol (88-05-2)															

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

 CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

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

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

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*)

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

OUTFALL NO. 002

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (*specify if blank*)		4. INTAKE (*optional*)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (*BOD*)												
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*)														

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)														
h. Oil and Grease														
i. Phosphorus (as P), Total (7723-14-0)														
j. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium, Total														
(4) Radium 226, Total														
k. Sulfate (*as* SO_4) (14808-79-8)														
l. Sulfide (*as S*)														
m. Sulfite (*as* SO_3) (14265-45-3)														
n. Surfactants														
o. Aluminum, Total (7429-90-5)														
p. Barium, Total (7440-39-3)														
q. Boron, Total (7440-42-8)														
r. Cobalt, Total (7440-48-4)														
s. Iron, Total (7439-89-6)														
t. Magnesium, Total (7439-95-4)														
u. Molybdenum, Total (7439-98-7)														
v. Manganese, Total (7439-96-5)														
w. Tin, Total (7440-31-5)														
x. Titanium, Total (7440-32-6)														

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
4V. Bis (*Chloro-methyl*) Ether (542-88-1)				*DELISTED 02-4-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chlorobenzene (108-90-7)															
8V. Chlorodi-bromomethane (124-48-1)															
9V. Chloroethane (75-00-3)															
10V. 2-Chloro-ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro-bromomethane (75-27-4)															
13V. Dichloro-difluoromethane (75-71-8)				*DELISTED 01-8-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
14V. 1,1-Dichloro-ethane (75-34-3)															
15V. 1,2-Dichloro-ethane (107-06-2)															
16V. 1,1-Dichloro-ethylene (75-35-4)															
17V. 1,2-Dichloro-propane (78-87-5)															
18V. 1,3-Dichloro-propylene (542-75-6)															
19V. Ethylbenzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															
21V. Methyl Chloride (74-87-3)															

 CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)															
23V. 1,1,2,2-Tetrachloroethane (79-34-5)															
24V. Tetrachloro-ethylene (127-18-4)															
25V. Toluene (108-88-3)															
26V. 1,2-Trans-Dichloroethylene (156-60-5)															
27V. 1,1,1-Trichloro-ethane (71-55-6)															
28V. 1,1,2-Trichloro-ethane (79-00-5)															
29V Trichloro-ethylene (79-01-6)															
30V. Trichloro-fluoromethane (75-69-4)				*DELISTED 01-8-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
31V. Vinyl Chloride (75-01-4)															
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)															
2A. 2,4-Dichloro-phenol (120-83-2)															
3A. 2,4-Dimethyl-phenol (105-67-9)															
4A. 4,6-Dinitro-O-Cresol (534-52-1)															
5A. 2,4-Dinitro-phenol (51-28-5)															
6A. 2-Nitrophenol (88-75-5)															
7A. 4-Nitrophenol (100-02-7)															
8A. P-Chloro-M-Cresol (59-50-7)															
9A. Pentachloro-phenol (87-86-5)															
10A. Phenol (108-95-2)															
11A. 2,4,6-Trichloro-phenol (88-05-2)															

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

 CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

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

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

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*)

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

OUTFALL NO. 003

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

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
4V. Bis (*Chloro-methyl*) Ether (542-88-1)				*DELISTED 02-4-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chlorobenzene (108-90-7)															
8V. Chlorodi-bromomethane (124-48-1)															
9V. Chloroethane (75-00-3)															
10V. 2-Chloro-ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro-bromomethane (75-27-4)															
13V. Dichloro-difluoromethane (75-71-8)				*DELISTED 01-8-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
14V. 1,1-Dichloro-ethane (75-34-3)															
15V. 1,2-Dichloro-ethane (107-06-2)															
16V. 1,1-Dichloro-ethylene (75-35-4)															
17V. 1,2-Dichloro-propane (78-87-5)															
18V. 1,3-Dichloro-propylene (542-75-6)															
19V. Ethylbenzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															
21V. Methyl Chloride (74-87-3)															

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)															
23V. 1,1,2,2-Tetrachloroethane (79-34-5)															
24V. Tetrachloro-ethylene (127-18-4)															
25V. Toluene (108-88-3)															
26V. 1,2-Trans-Dichloroethylene (156-60-5)															
27V. 1,1,1-Trichloro-ethane (71-55-6)															
28V. 1,1,2-Trichloro-ethane (79-00-5)															
29V Trichloro-ethylene (79-01-6)															
30V. Trichloro-fluoromethane (75-69-4)				*DELISTED 01-8-1981* ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
31V. Vinyl Chloride (75-01-4)															
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)															
2A. 2,4-Dichloro-phenol (120-83-2)															
3A. 2,4-Dimethyl-phenol (105-67-9)															
4A. 4,6-Dinitro-O-Cresol (534-52-1)															
5A. 2,4-Dinitro-phenol (51-28-5)															
6A. 2-Nitrophenol (88-75-5)															
7A. 4-Nitrophenol (100-02-7)															
8A. P-Chloro-M-Cresol (59-50-7)															
9A. Pentachloro-phenol (87-86-5)															
10A. Phenol (108-95-2)															
11A. 2,4,6-Trichloro-phenol (88-05-2)															

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

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

Please print or type in the unshaded areas only.

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	83	28	76	29	64	SOUTHERN BRANCH ELIZABETH RIVER
002	36	83	57	76	30	31	SOUTHERN BRANCH ELIZABETH RIBER
003	36	83	78	76	30	07	SOUTHERN BRANCH ELIZABETH RIVER

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.

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	133,000.0 SQ. FT.		002	95,000.0 SQ. FT.	

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

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
001 002	STORMCEPTOR RECEPTACLE	

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
JAMES E. BENTO, PRESIDENT		3/22/2016

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

VI. Significant Leaks or Spills

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

 Continue on Page 3

Continued from Page 2

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

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*)

ANNUAL ACUTE TOXINS SAMPLING

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
ENVIROCOMPLIANCE	10357 OLD KEETON RD. ASHLAND, VA 23005	(804) 550-3971	ACUTE TOXINS M. BAHIA - 2007.0

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.
JAMES E. BENTO, PRESIDENT	(757) 399-2920
C. Signature	D. Date Signed
	3/22/2016

Enviro Compliance Laboratories, Inc.
10357 Old Keeton Road
Ashland, Virginia 23005-8110
(804)550-3971
Fax: (804)550-3826
www.envirocompliance.com
email: labdirector@envirocompliance.com

RECEIVED – DEQ
MAR 30 2016
Tidewater Regional Office
HD

Analytical Results

R6316466

Ocean Marine Yacht Center
Attn: Daryl Smith
P.O. Box 549
Portsmouth, VA 23704

Project Name : Permit Renewal
Date Received: March 15, 2016
Date Issued : March 29, 2016

Lab # R6316466 - 1(A-D)/Sample ID : Outfall 001
Sampled: March 13, 2016 20:00

Parameter		Result	Units	QL	Date/Time Prepared	Date/Time Analyzed	Method	Analyst
BOD	HT	3	mg/l	2	03-16/1530	03-21/1145	5210B01	LAH
Dissolved COD		BQL	mg/l	20	03-17/1000	03-18/0845	5220D97	KNJ
TKN		0.67	mg/l	.10	03-16/0900	03-17/1200	4500NH3D97	GLH
Phosphorus (as P), Soluble		0.08	mg/l	.01	03-28/1100	03-28/1600	4500PE99	GLH
Nitrite (as N)	HT	0.02	mg/l	.01	03-16/1600	03-16/1615	4500NO2B00	MAC
Nitrate (as N)	HT	0.54	mg/l	.10	03-16/1220	03-16/1220	300.0R2.1	MAC
Total Nitrogen		1.23	mg/l	.10	03-29/	03-29/	calc.	MAC

Lab # R6316466 - 2(A-D)/Sample ID : Outfall 002
Sampled: March 13, 2016 20:00

Parameter		Result	Units	QL	Date/Time Prepared	Date/Time Analyzed	Method	Analyst
BOD	HT	2	mg/l	2	03-16/1530	03-21/1145	5210B01	LAH
Dissolved COD		BQL	mg/l	20	03-17/1000	03-18/0845	5220D97	KNJ
TKN		1.02	mg/l	.10	03-16/0900	03-17/1200	4500NH3D97	GLH
Phosphorus (as P), Soluble		0.20	mg/l	.01	03-28/1100	03-28/1600	4500PE99	GLH
Nitrite (as N)	HT	0.02	mg/l	.01	03-16/1600	03-16/1615	4500NO2B00	MAC
Nitrate (as N)	HT	0.36	mg/l	.10	03-16/1257	03-16/1257	300.0R2.1	MAC
Total Nitrogen		1.40	mg/l	.10	03-29/	03-29/	calc.	MAC

BQL = Below Quantitation Level (Result is less than stated QL)
All data meets NELAC requirements unless otherwise noted.
HT = Sample was not analyzed within holding times.

Greg L. Hudson
Laboratory Director
Report #: R6316466 Page 1 of 2

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NELAP ACCREDITED TNI LABORATORY

VELAP ID#: 460032

Enviro Compliance Laboratories, Inc.
10357 Old Keeton Road
Ashland, Virginia 23005-8110
(804)550-3971
Fax: (804)550-3826
www.envirocompliance.com
email: labdirector@envirocompliance.com

Report Annex

Abbreviations:

NR = Not Reported
ND = Not Detected
BQL = Below Quantitation Level (Result is less than stated QL or <QL)
< = Result is less than Quantitation Limit
J = Result is estimated outside of calibration range

Quality Assurance Flags:

L = LCS did not meet method criteria.
HT = Sample was not analyzed/received within holding time.
T = Sample was not received at appropriate temperature (<6.0C).
P = Sample was not properly preserved or received in inappropriate container.
R = Corr Coef <.995
C = Initial Instrument Calibration (Second Source) did not meet criteria
V = Continuing Calibration Verification did not meet criteria
S = Matrix Spike did not meet criteria
D = Duplicate did not meet criteria
H/B = Blank did not meet QC criteria
SR = Surrogate Recovery was not in acceptable limits.
TOX = Toxicity exhibited in BOD
G = GGA/Int. QC was not 198.5+/-30.5
Y = Yield not within 2-200mg
Cl = Residual chlorine was detected in the micro sample >15mg/l.
Micro methods do not perform properly for samples with residual chlorine.
* = Analysis was subcontracted
** = Non-accreditable/non-accreditated parameter

Notes:

Analysis was performed in accordance to NELAC requirements unless otherwise noted.
All methods are 40 CFR 136 May 18, 2012, Table IB approved.

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001

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

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

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

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	SEE MOST RECENT		Sample	ANALYSIS	FOR RESULTS.	
Biological Oxygen Demand (BOD5)	3 MGL	—		—	1	
Chemical Oxygen Demand (COD)	BDL	—		—	1	
Total Suspended Solids (TSS)	5.4 MGL	—		—	1	
Total Nitrogen	1.23 MGL	—		—	1	
Total Phosphorus	.08 MGL	—		—	1	
pH	Minimum	Maximum	Minimum	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	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Continue on Reverse

Continued from the Front

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

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

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

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*

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

002

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

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

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

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	SEE MOST RECENT ANALYSIS for RESULTS.					
Biological Oxygen Demand (BOD5)	2 mg/L	–		–		
Chemical Oxygen Demand (COD)	13 mg/L	–		–		
Total Suspended Solids (TSS)	4.0 mg/L	–		–		
Total Nitrogen	1.40 mg/L	–		–		
Total Phosphorus	.20 mg/L	–				
pH	Minimum	Maximum	Minimum	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	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Continued from the Front

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

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

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

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*

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

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

NAME Ocean Marine Yacht Center
ADDRESS 1 Crawford Ct
Portsmouth VA 23704
FACILITY LOCATION 1 Crawford Ct, Portsmouth, VA 23704

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

VA0090778	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	10	1	TO	15	12	31

Industrial Minor 09/01/2011

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Tidewater Regional Office
5636 Southern Boulevard
Virginia Beach VA 23462

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
004 TSS	REPORTD	*********	*********		*********	*********	5.4	MG/L	Ø	1/3m	GRAB
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/3M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*********	.0239		*********	*********	*********		Ø	1/3m	EST
	REQRMNT	*********	NL	MG	*********	*********	*********			1/3M	EST
200 pH, PRECIPITATION EVENT	REPORTD	*********	*********	SU	7.1	*********	7.1	SU	Ø	1/3m	GRAB
	REQRMNT	*********	*********		NL	*********	NL	SU		1/3M	GRAB
257 PETROLEUM HYDROCARBONS, TOTAL RECOVI	REPORTD	*********	*********		*********	*********	< 1	MG/L	Ø	1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/YR	GRAB
350 TRIBUTYLTIN	REPORTD	*********	*********		*********	*********	.03	UG/L	Ø	1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	UG/L		1/YR	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********	*********	137	UG/L	Ø	1/3m	GRAB
	REQRMNT	*********	*********		*********	*********	NL	UG/L		1/3M	GRAB
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	*********	258	UG/L	Ø	1/3m	GRAB
	REQRMNT	*********	*********		*********	*********	NL	UG/L		1/3M	GRAB
	REPORTD										
	REQRMNT									*******	

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ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
QL's - TSS = 1.0 mg/l; Dissolved Cu = 10 ug/l; Dissolved Zn = 100 ug/l, Tributyltin = 0.03 ug/l; TPH (DRO+GRO) = 1.0 mg/l

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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.

OPERATOR IN RESPONSIBLE CHARGE			DATE		
DARYL S. SMITH		N/A	16	1	20
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
DARYL S. SMITH		757.321-7450	16	1	20
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Client: EnviroCompliance Laboratories, Inc.
Project ID: ECLI1511
Client Sample ID: R5C14935-1, Outfall 001
Sample Period: 12/18/15

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Tidewater Regional Office

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Mr. Greg Hudson EnviroCompliance Laboratories Inc. 10357 Old Keeton Road Ashland, VA 23005-8110	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**48-h LC50**	**95% C.L.**	**T.U.$_{Ac}$**	**NOAEC**
M. bahia EPA 2007.0	>100	N/A	**<1.00**	N/A

*Note: Although the name of *Mysidopsis bahia* has officially been changed to *Americamysis bahia*, the former name is referenced because of its use in the EPA method manuals and most NPDES permits. Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.
For each test method record the T.U.$_{Ac}$ value (bold) on the DMR.

Acute Test QA/QC	Reference Toxicant: KCl	Units: mg/l	Test Organism Source: CBI Stock Cultures		
Species-Method (Ref. Test Date)	**Data Source**	**% Control Survival**	**48-h LC50**	**95% C.L./A.L. for LC50**	**RTT in Control?**
M. bahia 2007.0	RTT	100	456	422-493	Yes
(12/19/15-12/21/15)	CC	100	497	407-587	

Note: RTT = Reference Toxicant Test, CC = Control Chart.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

12/23/15
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Client: EnviroCompliance Laboratories, Inc.
Project ID: ECLI1511
Client Sample ID: R5C14935-1, Outfall 001
Sample Period: 12/18/15

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Tidewater Regional Office

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

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M. bahia daily biological measurements (EPA 2007.0) Template version AMB-STAT-48h-5trt-061113

TRTMNT. (% Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C	A	10	10	10	100.0		
Lab Control	B	10	10	10			
#1	A	10	10	10	100.0		
6.25	B	10	10	10			
# 2	A	10	10	10	100.0		
12.5	B	10	10	10			
# 3	A	10	10	10	100.0		
25.0	B	10	10	10			
# 4	A	10	10	10	100.0		
50.0	B	10	10	10			
# 5	A	10	10	10	100.0	Test Duration:	48h 30m
100	B	10	10	10			TAC 48+/-0.5h
	INITIALS:	RCD	RCD	RCD	% CONTROL SURVIVAL:		100.0
	DATE & TIME:	12/18/15 15:59	12/19/15 10:52	12/20/15 16:29			TAC = 90%

CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE

SPECIES:	Mysidopsis (Americamysis) Bahia		
ACCLIMATION WATER:	ASW		
FEEDING PRIOR TO TEST:	Artemia nauplii ad libitum		
FEEDING DURING TEST:	Artemia nauplii (ca. 100/mysid/day)		
SOURCE:	CBI Stock cultures		
ACCLIMATION TEMP (o C):	25		
HARVEST START DATE & TIME:	12/14/15 16:00		
HARVEST END DATE & TIME:	12/15/15 16:00		
DATE/TIME WATER ADDED:	12/18/15 15:51		
DATE/TIME ANIMALS ADDED:	12/18/15 15:59		
ANIMAL AGE WINDOW:	24h 0m	TAC Max. 24 h	
MAX AGE AT TEST START:	3d	TAC Max. 5 d	
TEST SET UP BY:	RCD		
SAMPLE COLLECTION DATE & TIME:	12/18/15 8:00	SAMPLE USED	A
SAMPLE AGE AT TEST START:	31 59m	TAC Max 36 h	
PEER REVIEW BY (INITIALS/DATE):	PB. GB	12/22/15 17:22	

TEST ID: ECLI1511AMB

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M. bahia daily water quality bench sheet (EPA METHOD 2007.0) Template version AMB-STAT-48h-5Jul-06 Final

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.98	7.89	7.87	7.91	0.06	7.87	7.98
	1	7.99	7.91	7.83	7.91	0.08	7.83	7.99
	2	8.03	7.93	7.80	7.92	0.12	7.80	8.03
	3	8.06	7.93	7.86	7.95	0.10	7.86	8.06
	4	8.15	8.00	7.86	8.00	0.15	7.86	8.15
	5	8.26	8.00	7.81	8.02	0.23	7.81	8.26
Temp. (o C)	C	25	25	25	25	0.0	25	25
	1	25	25	25	25	0.0	25	25
	2	25	25	25	25	0.0	25	25
	3	25	25	25	25	0.0	25	25
	4	25	25	25	25	0.0	25	25
	5	25	25	25	25	0.0	25	25
Diss. Oxygen (mg/l)	C	7.1	6.6	6.2	6.6	0.5	6.2	7.1
	1	7.1	6.4	6.0	6.5	0.6	6.0	7.1
	2	7.1	6.4	5.9	6.5	0.6	5.9	7.1
	3	7.1	6.4	5.9	6.5	0.6	5.9	7.1
	4	7.1	6.4	6.0	6.5	0.6	6.0	7.1
	5	7.1	6.1	6.0	6.4	0.6	6.0	7.1
Salinity (g/kg)	C	20		20	20	0.0	20	20
	1							
	2							
	3							
	4							
	5	20		20	20	0.0	20	20
Replicate measured		A	B	A				
Initials		RCD	RCD	RCD				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber: 400 ml Tri-pour bkr:	☑
Other:	
Test solution vol. (200 ml min): 200 ml:	☑
Other (ml):	
Illumination & photoperiod:	50-100 ft-c 16L:8D
Number of replicates/treatment:	2
Initial number animals/replicate:	10
Test Aerated?	No

Date & Time Air Start:

D.O. Highest conc. @ aeration:

Total live highest conc. @ aeration

TEST ID	TRT ID:	1	2	3	4	5
ECLI1511AMB	CONC (%)	6.25	12.5	25.0	50.0	100

Effluent and Dilution Water Log (Saltwater Tests). SWEFFL061013

										SUMMARY WATER QUALITY DATA				
										MEAN	S.D.	MIN.	MAX.	PARAMETER
Initial sample characterization	Bottle(1):	A1												
	Arrival Temp. (oC, from CoC):	12								12		12	12	Arrival Temp.
	TRC (mg/l)(2):	<DL												
	TRC Corrected?(2):													
	Hardness (mg/l):	92								92		92	92	Hardness (mg/l)
	Alkalinity (mg/l):	21								21		21	21	Alkalinity (mg/l)
	NH3-N (mg/l):	<1.0												
	Color/Appearance(3):	CY												
	Obvious odor?	NO												
	Date & Time:	12/18/15 12:30												
	Initials:	RCD												
Sample prep measurements	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6		MEAN	S.D.	MIN.	MAX.	
	Bottle(s):	A-1												
	Prep. Temp. (oC):	25								25		25	25	Temp. (oC)
	Initial Salinity (g/kg):	<1												
	Use Salinity (g/kg):	20								20		20	20	Use Salin. (g/kg)
	D.O. (mg/l) After Warming:	8.1												
	Aeration Time (min):	1												
	Adjusted D.O. (mg/l):	7.2								7.2		7.2	7.2	D.O. (mg/l)
	Final pH (S.U.):	8.20								8.20		8.20	8.20	pH (S.U.)
	Final TRC (mg/l)(5):	N.D.												
	Sample Filtered (60 um)?													
	Date & Time:	12/18/15 15:50												
	Initials:	RCD												
Dilution water	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6		MEAN	S.D.	MIN.	MAX.	
	Vat Letter:	F												
	Temperature (oC):	25								25		25	25	Temp. (oC)
	Salinity (g/kg):	20								20		20	20	Salinity (g/kg)
	D.O. (mg/l):	7.3								7.3		7.3	7.3	D.O. (mg/l)
	pH (S.U.):	8.12								8.12		8.12	8.12	pH (S.U.)
	Date & Time:	12/18/15 9:10												
	Initials:	GB												
	Changes & Notes (Initials, date, specific change or notes)	Recent grab sample arrived on ice												
	Peer review Initial/Date:	PB		DILUTION WATER TYPE:	Crystal Sea ASW									
PROJECT ID:	ECLI1511	ADDITIONAL EFFLUENT TREATMENT:												

NO-Not Determined/Measured, NA-Not Applicable. 1) Ninth character of lab sample ID on chain of custody AND bottle number in collection series. Together with Project ID constitutes entire sample bottle ID. 2) TRC MDL 0.02 mg/l; QL 0.22 mg/l. Corrected value if Mn, Cr potential positive interference. Corrected using KI and NaAsO2. 3) C-clear, O-opaque, T-turbid, S-solids (S-light, M-moderate, H-heavy), Y-yellow, B-brown, Bl-black, G-green, P-pink, Gr-gray, Or-orange. 4) Measured on first use of sample only. 5) Final TRC measured only if chlorine present in initial characterization.

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12°C ECLI 1511 outfall 001 15-1655

2°C ECLI 1512 outfall 002 15-1656

13°C

Sam pulled

Form-out: CHAIN OF CUSTODY

PROJECT NO.: RSC14935

PROJECT NAME:

SAMPLERS: (Signatures) (Print)

EnviroCompliance Laboratories, Inc.
10357 Old Keeton Road
Ashland, Virginia 23005-8110
(804) 550-3971
email: labdirector@enviroscompliance.com

DATE	TIME	SAMPLE IDENTIFICATION	# Containers	Matrix	Comp/Grab	Preserv.	Filtered	ANALYSES	
		Outfall 001 (RSC14935-1)	1	W	G			A	1. Due: 12/09/15 A.Bioassay
		Outfall 002 (RSC14935-2)	1	W	G			A	2. Due: 12/09/15

HD RECEIVED – DEQ MAR 23 2016 Tidewater Regional Office

Relinquished by: (Signature)	Date	Time	Received by: (Signature)	On Ice °C
Ellie Rock	12/18/15	1230	Rad Dobson	
Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Cond.
Relinquished by: (Signature)	Date	Time	Received for Lab by:	

LAB USE ONLY
Coastal Bioanalysts, Inc.
Attn.: Peter Delisle
5400 Enterprise Ct.
Gloucester, VA 23061
(804)694-8335
c:\lab\SBOAYC.PDF created: 12-16-2015 10:08:40

Grab Samples arrived above 6°C RCD 12/18/15 ON ICE

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

NAME Ocean Marine Yacht Center
ADDRESS 1 Crawford Ct
Portsmouth VA 23704
FACILITY LOCATION 1 Crawford Ct, Portsmouth, VA 23704

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

VA0090778	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	10	1	TO	15	12	31

Industrial Minor 09/01/2011

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Tidewater Regional Office
5636 Southern Boulevard
Virginia Beach VA 23462

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
004 TSS	REPORTD	*********	*********		*********	*********	4.0	MG/L	Ø	1/3M	GRAB
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/3M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*********	.0053	MG	*********	*********	*********		Ø	1/3M	EST
	REQRMNT	*********	NL	MG	*********	*********	*********			1/3M	EST
200 pH, PRECIPITATION EVENT	REPORTD	*********	*********	SU	7.4	*********	7.4	SU	Ø	1/3M	GRAB
	REQRMNT	*********	*********		NL	*********	NL	SU		1/3M	GRAB
257 PETROLEUM HYDROCARBONS, TOTAL RECOVI	REPORTD	*********	*********		*********	*********	< 1	MG/L	Ø	1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/YR	GRAB
350 TRIBUTYLTIN	REPORTD	*********	*********		*********	*********	.03	UG/L	Ø	1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	UG/L		1/YR	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********	*********	136	UG/L	Ø	1/3M	GRAB
	REQRMNT	*********	*********		*********	*********	NL	UG/L		1/3M	GRAB
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	*********	427	UG/L	Ø	1/3M	GRAB
	REQRMNT	*********	*********		*********	*********	NL	UG/L		1/3M	GRAB
	REPORTD										
	REQRMNT									*******	

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ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
QL's - TSS = 1.0 mg/l; Dissolved Cu = 10 ug/l; Dissolved Zn = 100 ug/l; Tributyltin = 0.03 ug/l; TPH (DRO+GRO) = 1.0 mg/l

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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.

OPERATOR IN RESPONSIBLE CHARGE			DATE		
DARYL S. SMITH	[signature]	N/A	16	1	20
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
DARYL S. SMITH	[signature]	757-321-7450	16	1	20
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Client: EnviroCompliance Laboratories, Inc.
Project ID: ECLI1512
Client Sample ID: R5C14935-2, Outfall 002
Sample Period: 12/18/15

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Tidewater Regional Office

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Mr. Greg Hudson EnviroCompliance Laboratories Inc. 10357 Old Keeton Road Ashland, VA 23005-8110	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**48-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
M. bahia EPA 2007.0	>100	N/A	**<1.00**	N/A

*Note: Although the name of *Mysidopsis bahia* has officially been changed to *Americamysis bahia*, the former name is referenced because of its use in the EPA method manuals and most NPDES permits. Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

For each test method record the $T.U._{Ac}$ value (bold) on the DMR.

Acute Test QA/QC	Reference Toxicant: KCl Units: mg/l		Test Organism Source: CBI Stock Cultures		
Species-Method (Ref. Test Date)	**Data Source**	**% Control Survival**	**48-h LC50**	**95% C.L./A.L. for LC50**	**RTT in Control?**
M. bahia 2007.0	RTT	100	456	422-493	Yes
(12/19/15-12/21/15)	CC	100	497	407-587	

Note: RTT = Reference Toxicant Test, CC = Control Chart.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

12/23/15
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Client: EnviroCompliance Laboratories, Inc.
Project ID: ECLI1512
Client Sample ID: R5C14935-2, Outfall 002
Sample Period: 12/18/15

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Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

RECEIVED – DEQ
MAR 23 2016
Tidewater Regional Office

M. bahia daily biological measurements (EPA 2007.0) Template version AMB-STAT-48h-5trt-061113

TRTMNT. (% Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C	A	10	10	10	100.0		
Lab Control	B	10	10	10			
#1	A	10	10	10	100.0		
6.25	B	10	10	10			
# 2	A	10	10	10	100.0		
12.5	B	10	10	10			
# 3	A	10	10	10	100.0		
25.0	B	10	10	10			
# 4	A	10	10	10	100.0		
50.0	B	10	10	10			
# 5	A	10	10	10	95.0	Test Duration:	48h 29m
100	B	10	10	9			TAC 48+/-0.5h
INITIALS:		RCD	RCD	RCD	% CONTROL SURVIVAL:		100.0
DATE & TIME:		12/18/15 16:25	12/19/15 10:54	12/20/15 16:55			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE							

SPECIES:	Mysidopsis (Americamysis) Bahia		
ACCLIMATION WATER:	ASW		
FEEDING PRIOR TO TEST:	Artemia nauplii ad libitum		
FEEDING DURING TEST:	Artemia nauplii (ca. 100/mysid/day)		
SOURCE:	CBI Stock cultures		
ACCLIMATION TEMP (o C):	25		
HARVEST START DATE & TIME:	12/14/15 16:00		
HARVEST END DATE & TIME:	12/15/15 16:00		
DATE/TIME WATER ADDED:	12/18/15 16:18		
DATE/TIME ANIMALS ADDED:	12/18/15 16:25		
ANIMAL AGE WINDOW:	24h 0m		TAC Max 24 h
MAX AGE AT TEST START:	3d		TAC Max 5 d
TEST SET UP BY:		RCD	
SAMPLE COLLECTION DATE & TIME:	12/18/15 8:00	SAMPLE USED	A
SAMPLE AGE AT TEST START:	8h 25m	TAC Max 36 h	
PEER REVIEW BY (INITIALS/DATE):		PB	12/22/15 17:24

TEST ID: ECLI1512AMB

RECEIVED – DEQ
MAR 2 3 2016
Tidewater Regional Office

M. bahia daily water quality bench sheet (EPA METHOD 2007.0) Template version AMB-STAT-48h-5trt-061113

	TRTMNT	Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.98	7.93	7.88	7.93	0.05	7.88	7.98
	1	7.99	7.90	7.83	7.91	0.08	7.83	7.99
	2	8.03	7.90	7.86	7.93	0.09	7.86	8.03
	3	8.06	7.88	7.91	7.95	0.10	7.88	8.06
	4	8.15	8.02	7.91	8.03	0.12	7.91	8.15
	5	8.26	8.08	7.91	8.08	0.18	7.91	8.26
Temp. (o C)	C	25	25	25	25	0.0	25	25
	1	25	25	25	25	0.0	25	25
	2	25	25	25	25	0.0	25	25
	3	25	25	25	25	0.0	25	25
	4	25	25	25	25	0.0	25	25
	5	25	25	25	25	0.0	25	25
Diss. Oxygen (mg/l)	C	7.1	6.8	6.5	6.8	0.3	6.5	7.1
	1	7.1	6.5	6.3	6.6	0.4	6.3	7.1
	2	7.1	6.3	6.0	6.5	0.6	6.0	7.1
	3	7.1	6.2	6.0	6.4	0.6	6.0	7.1
	4	7.1	6.2	6.1	6.5	0.6	6.1	7.1
	5	7.1	6.4	6.2	6.6	0.5	6.2	7.1
Salinity (ppt)	C	20		20	20	0.0	20	20
	1							
	2							
	3							
	4							
	5	20		20	20	0.0	20	20
Replicate measured		A	B	A				
Initials		RCD	RCD	RCD				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber:	400 ml Tri-pour bkr:	☑				
	Other:					
Test solution vol. (200 ml min):	200 ml:	☑				
	Other (ml):					
Illumination & photoperiod:	50-100 ft-c 16L:8D					
Number of replicates/treatment:	2					
Initial number animals/replicate:	10					
Test Aerated?	No	Date & Time Air Start:				
TRT ID.	1	2	3	4	5	D.O. Highest conc. @ aeration:
CONC (%)	6.25	12.5	25.0	50.0	100	Total live highest conc. @ aeration

Effluent and Dilution Water Log (Saltwater Tests). SWEFFL061013

											SUMMARY WATER QUALITY DATA				
Initial sample charac-terization	Bottle(1):	A1									MEAN	S.D.	MIN.	MAX.	PARAMETER
	Arrival Temp. (oC, from CoC):	13									13		13	13	Arrival Temp.
	TRC (mg/l)(2):	<DL													
	TRC Corrected?(2):														
	Hardness (mg/l):	24									24		24	24	Hardness (mg/l)
	Alkalinity (mg/l):	8									8		8	8	Alkalinity (mg/l)
	NH3-N (mg/l):	<1.0													
	Color/Appearance(3):	C													
	Obvious odor?	NO													
	Date & Time:	12/18/15 12:30													
	Initials:	RCD													
Sample prep measure-ments	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6			MEAN	S.D.	MIN.	MAX.	
	Bottle(s):	A-1													
	Prep. Temp. (oC):	25									25		25	25	Temp. (oC)
	Initial Salinity (g/kg):	<1													
	Use Salinity (g/kg):	20									20		20	20	Use Salin. (g/kg)
	D.O. (mg/l) After Warming:	8.4													
	Aeration Time (min):	1.5													
	Adjusted D.O. (mg/l):	7.1									7.1		7.1	7.1	D.O. (mg/l)
	Final pH (S.U.):	8.32									8.32		8.32	8.32	pH (S.U.)
	Final TRC (mg/l)(5):	N.D.													
	Sample Filtered (60 um)?														
	Date & Time:	12/18/15 16:17													
	Initials:	RCD													
Dilution water	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6			MEAN	S.D.	MIN.	MAX.	
	Vat Letter:	F													
	Temperature (oC):	25									25		25	25	Temp. (oC)
	Salinity (g/kg):	20									20		20	20	Salinity (g/kg)
	D.O. (mg/l):	7.3									7.3		7.3	7.3	D.O. (mg/l)
	pH (S.U.):	8.12									8.12		8.12	8.12	pH (S.U.)
	Date & Time:	12/18/15 9:10													
	Initials:	GB													
	Changes & Notes (Initials, date, specific change or notes)	Recent grab sample arrived on ice													
	Peer review Initial/Date:	PB	12/22/15 17:23	DILUTION WATER TYPE:	Crystal Sea ASW										
PROJECT ID:	ECLI1512	ADDITIONAL EFFLUENT TREATMENT:													

ND=Not Determined/Measured, NA=Not Applicable. 1) Ninth character of lab sample ID on chain of custody AND bottle number in collection series. Together with Project ID constitutes entire sample bottle ID. 2) TRC MDL 0.02 mg/l, QL 0.22 mg/l. Corrected value if Mn, Cr potential positive interference. Corrected using KI and NaAsO2. 3) C-clear, O-opaque, T-turbid, S-solids (Sl-slight, M-moderate, H-heavy), Y-yellow, B-brown, Bl-black, G-green, P-pink, Gr-gray, Or-orange. 4) Measured on first use of sample only. 5) Final TRC measured only if chlorine present in initial characterization.

5112-CC

Gam Pulled

12°C ECLI 1511 outfall 001 15-1655

ECLI 1512 outfall 002 15-1656 13°C

Form out: CHAIN OF CUSTODY

PROJECT NO. RSC14935

PROJECT NAME:

SAMPLERS: (Signatures) (Print)

EnviroCompliance Laboratories, Inc.
10357 Old Keeton Road
Ashland, Virginia 23005-8110
(804) 550-3971
email: labdirector@envirocompliance.com

DATE	TIME	SAMPLE IDENTIFICATION	# Containers	Matrix	Comp/Grab	Preservative	Filtered	ANALYSES: A										
		Outfall 001 (RSC14935-1)	1	W	G			1										1.Due: 12/05/15 A.Bioassay
		Outfall 002 (RSC14935-2)	1	W	G			1										2.Due: 12/09/15

Relinquished by: (Signature)	Date	Time	Received by: (Signature)	On Ice °C
Ollie Rock	12/18/15	1230	Rad Dobson	
Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Cond.
Relinquished by: (Signature)	Date	Time	Received for Lab by:	

LAB USE ONLY
Coastal Bioanalysts, Inc.
Attn.: Peter Bellisle
6400 Enterprise Ct.
Gloucester, VA 23061
(804)694-8285
c:\lab\9000WC.PDF created: 12-16-2015 10:08:40

Grab Samples arrived above 6°C RCD 12/18/15
ON ICE