IMTT - Virginia

Chesapeake & Richmond Terminals
A PARTNERSHIP

EXECUTIVE OFFICE: 321 St. Charles Avenue, New Orleans, LA 70130 • Phone: (504) 586-8300 • Fax: (504) 525-9537

September 13, 2013

Mr. Brad Ricks
VA Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

Re: Additional information for VPDES Permit VA0055409 & VA0054291 Re-application
5500 Old Osborne Turnpike, Richmond, VA

Dear Mr. Ricks,

Thank you for honoring our request to combine VA0055409 and VA0054291 into one permit for the IMTT-Virginia Richmond Terminal. IMTT is very pleased to provide the additional documents necessary to open the requirements from VA0054291 for re-issuance / combining as well as continue with the currently open re-issuance of VPDES VA0055409.

Please find enclosed all additional, pertinent documents to apply for the combined re-issuance of VA0055409 and VA0054291 at IMTT-Virginia Richmond Terminal as required. Data required per EPA forms as well as additional data requested by DEQ is included within the documents.

I can be reached at (757) 485-3000 x 113 or jenniferlacroix@imtt.com for any further assistance or discussion.

Sincerely,

Jennifer LaCroix
EH&S Manager

Enc: EPA Form 1, EPA Form 2C, DEQ Attachment A, Reed & Associates Reports of Analysis and Chain of Custody forms

Mailing Address: 2801 S. Military Hwy, Chesapeake, VA 23323 • Phone: (757) 485 - 3000 • Fax: (757) 485-7166
Web Address: www.imtt.com

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	VA0054291		D
1	2 — 13	14	15

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

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP IMTT-Virginia Richmond Terminal (East)

15 16 – 29 30 — 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Jennifer LaCroix, EH&S Manager	(757) 485-3000
15 16 — 45	46 48 49 51 52 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 2801 S. Military Hwy

15 16 — 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Chesapeake	VA	23323
15 16 — 40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 5500 Old Osborne Turnpike

15 16 — 45

B. COUNTY NAME

Henrico County

46 — 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Richmond	VA	23231	
15 16 — 40	41 42	47 51	52 54

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 4226 (specify) SPECIAL WAREHOUSING AND STORAGE	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 IMTT-Virginia

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 (specify)

D. PHONE *(area code & no.)*: A (757) 485-3000

E. STREET OR P.O. BOX: 2801 S. Military Hwy

F. CITY OR TOWN: B Chesapeake

G. STATE: VA

H. ZIP CODE: 23323

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	9 N VA0054291	D. PSD *(Air Emissions from Proposed Sources)*	9 P
B. UIC *(Underground Injection of Fluids)*	9 U	E. OTHER *(specify)*	9 VA0055409 (specify) NPDES for West side of terminal
C. RCRA *(Hazardous Wastes)*	9 R	E. OTHER *(specify)*	9 (specify)

XI. MAP

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

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

Warehousing for bulk liquid storage. Products include petroleum and aviation gasoline.

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.

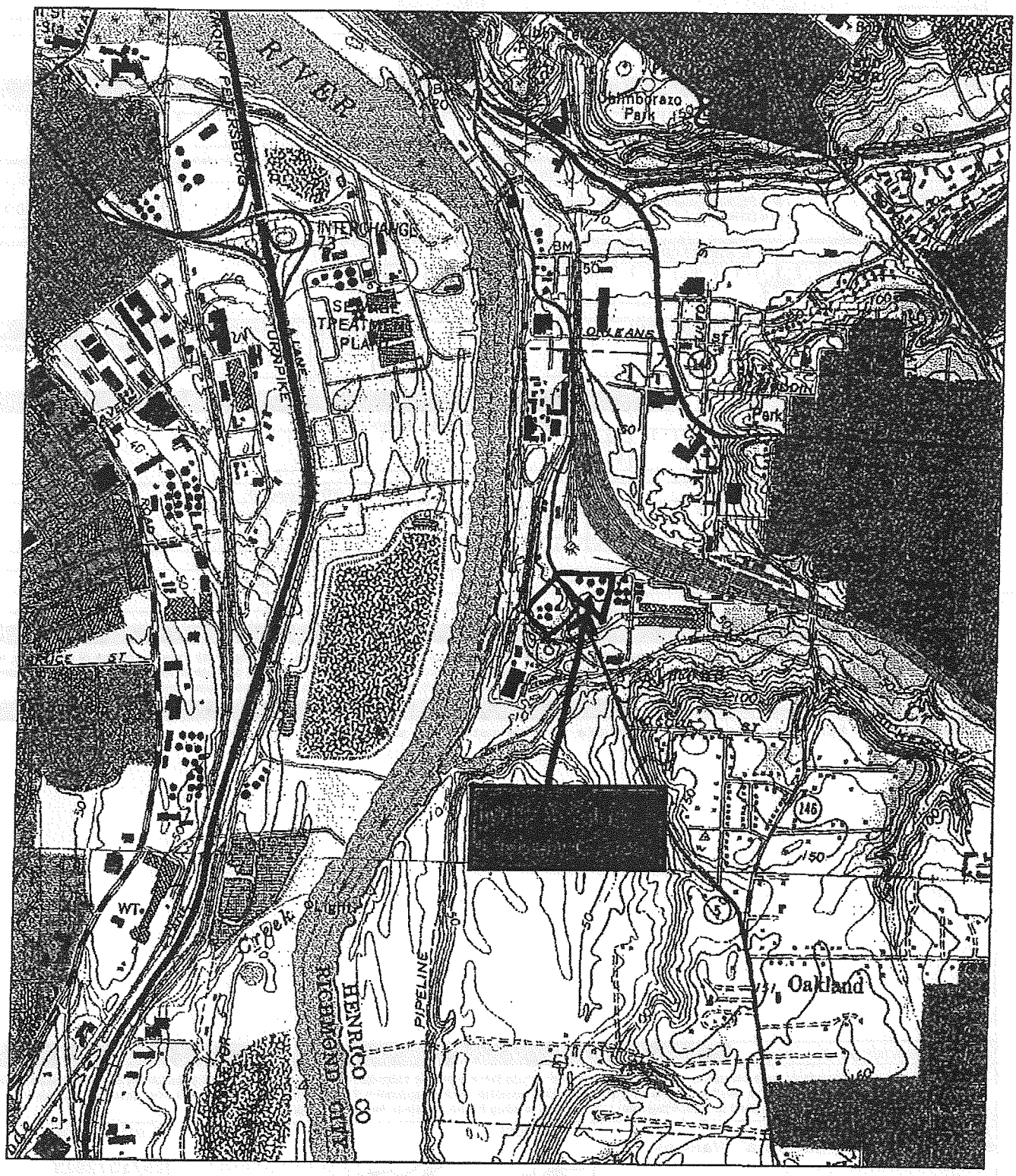
A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Shanon Naquin, Terminal Manager		09/12/2013

COMMENTS FOR OFFICIAL USE ONLY

C

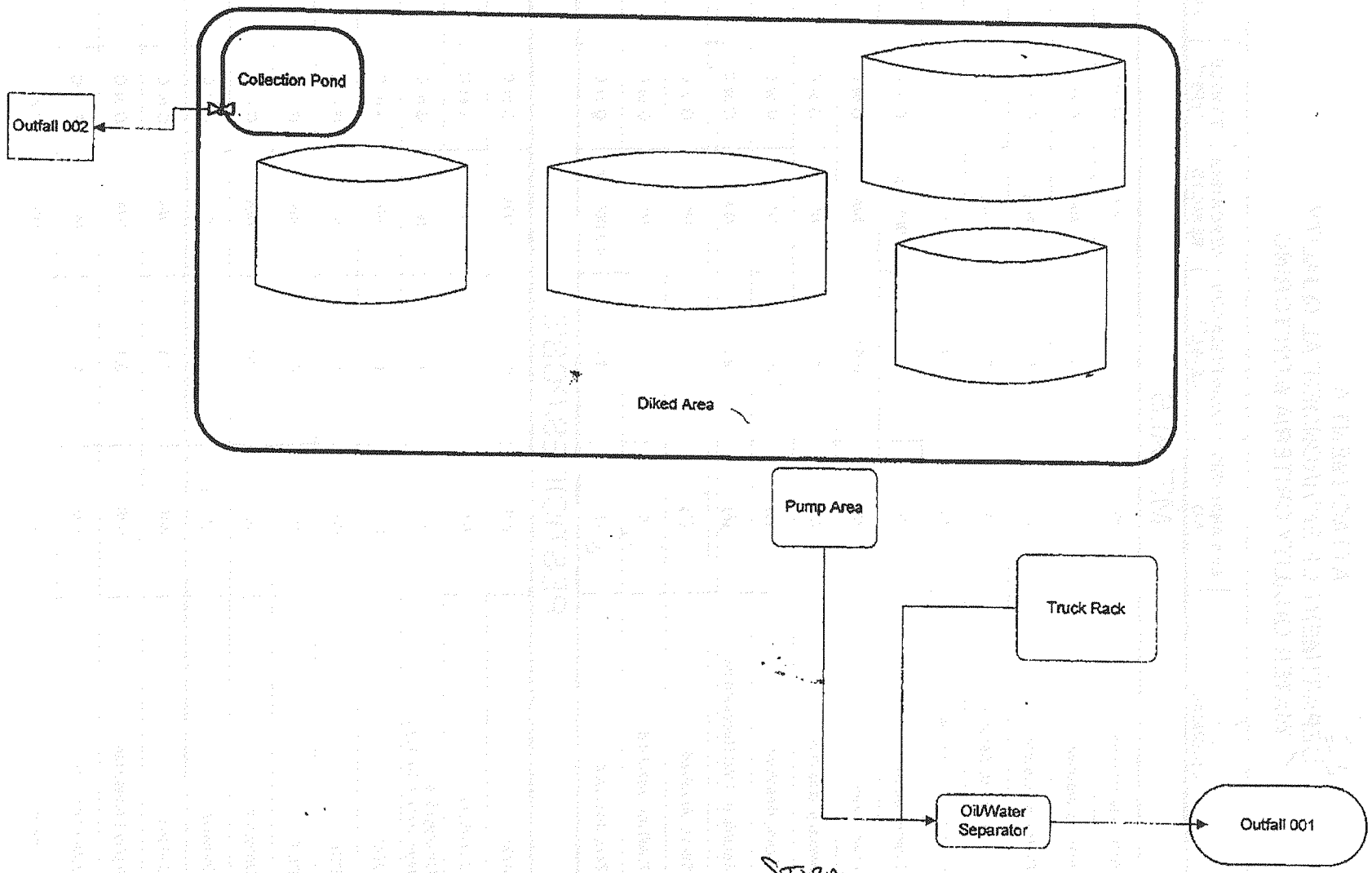
VA0054291 - IMTT-Virginia Richmond East

TOPO MAP



0 0.5 MI
0 2000 Ft

Map provided by MyTopo.com



Line Drawing of Facility Showing Storm Water Flow Through the IMTT-Virginia East Facility

what applies to this permit

ATTACHMENT A
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY CRITERIA MONITORING

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
METALS						
7440-36-0	Antimony, dissolved	(3)	1.4	N/A	G or C	1/5 YR
7440-38-2	Arsenic, dissolved	(3)	1.0	N/A	G or C	1/5 YR
7440-43-9	Cadmium, dissolved	(3)	0.3	N/A	G or C	1/5 YR
16065-83-1	Chromium III, dissolved [8]	(3)	3.6	N/A	G or C	1/5 YR
18540-29-9	Chromium VI, dissolved [8]	(3)	1.6	N/A	G or C	1/5 YR
7440-50-8	Copper, dissolved	(3)	0.50	0.008 mg/l	G or C	1/5 YR
7439-92-1	Lead, dissolved	(3)	0.50	N/A	G or C	1/5 YR
7439-97-6	Mercury, dissolved	(3)	1.0	N/A	G or C	1/5 YR
7440-02-0	Nickel, dissolved	(3)	0.94	N/A	G or C	1/5 YR
7782-49-2	Selenium, Total Recoverable	(3)	2.0	N/A	G or C	1/5 YR
7440-22-4	Silver, dissolved	(3)	0.20	N/A	G or C	1/5 YR
7440-28-0	Thallium, dissolved	(4)	(5)	N/A	G or C	1/5 YR
7440-66-6	Zinc, dissolved	(3)	2.0	< 0.005 mg/l	G or C	1/5 YR
PESTICIDES/PCB'S						
309-00-2	Aldrin	608	0.05	N/A	G or C	1/5 YR
57-74-9	Chlordane	608	0.2	N/A	G or C	1/5 YR
2921-88-2	Chlorpyrifos (synonym = Dursban)	(4)	(5)	N/A	G or C	1/5 YR
72-54-8	DDD	608	0.1	N/A	G or C	1/5 YR
72-55-9	DDE	608	0.1	N/A	G or C	1/5 YR
50-29-3	DDT	608	0.1	N/A	G or C	1/5 YR
8065-48-3	Demeton	(4)	(5)	N/A	G or C	1/5 YR
333-41-5	Diazinon	(4)	(5)	N/A	G or C	1/5 YR
60-57-1	Dieldrin	608	0.1	N/A	G or C	1/5 YR
959-98-8	Alpha-Endosulfan	608	0.1	N/A	G or C	1/5 YR
33213-65-9	Beta-Endosulfan	608	0.1	N/A	G or C	1/5 YR
1031-07-8	Endosulfan Sulfate	608	0.1	N/A	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
72-20-8	Endrin	608	0.1	N/A	G or C	1/5 YR
7421-93-4	Endrin Aldehyde	(4)	(5)	N/A	G or C	1/5 YR
86-50-0	Guthion	(4)	(5)	N/A	G or C	1/5 YR
76-44-8	Heptachlor	608	0.05	N/A	G or C	1/5 YR
1024-57-3	Heptachlor Epoxide	(4)	(5)	N/A	G or C	1/5 YR
319-84-6	Hexachlorocyclohexane Alpha-BHC	608	(5)	N/A	G or C	1/5 YR
319-85-7	Hexachlorocyclohexane Beta-BHC	608	(5)	N/A	G or C	1/5 YR
58-89-9	Hexachlorocyclohexane Gamma-BHC or Lindane	608	(5)	N/A	G or C	1/5 YR
143-50-0	Kepone	(9)	(5)	N/A	G or C	1/5 YR
121-75-5	Malathion	(4)	(5)	N/A	G or C	1/5 YR
72-43-5	Methoxychlor	(4)	(5)	N/A	G or C	1/5 YR
2385-85-5	Mirex	(4)	(5)	N/A	G or C	1/5 YR
56-38-2	Parathion	(4)	(5)	N/A	G or C	1/5 YR
1336-36-3	PCB Total	608	7.0	N/A	G or C	1/5 YR
8001-35-2	Toxaphene	608	5.0	N/A	G or C	1/5 YR
	BASE NEUTRAL EXTRACTABLES					
83-32-9	Acenaphthene	625	10.0	N/A	G or C	1/5 YR
120-12-7	Anthracene	625	10.0	N/A	G or C	1/5 YR
92-87-5	Benzidine	(4)	(5)	N/A	G or C	1/5 YR
56-55-3	Benzo (a) anthracene	625	10.0	N/A	G or C	1/5 YR
205-99-2	Benzo (b) fluoranthene	625	10.0	N/A	G or C	1/5 YR
207-08-9	Benzo (k) fluoranthene	625	10.0	N/A	G or C	1/5 YR
50-32-8	Benzo (a) pyrene	625	10.0	N/A	G or C	1/5 YR
111-44-4	Bis 2-Chloroethyl Ether	(4)	(5)	N/A	G or C	1/5 YR
108-60-1	Bis 2-Chloroisopropyl Ether	(4)	(5)	N/A	G or C	1/5 YR
85-68-7	Butyl benzyl phthalate	625	10.0	N/A	G or C	1/5 YR
91-58-7	2-Chloronaphthalene	(4)	(5)	N/A	G or C	1/5 YR
218-01-9	Chrysene	625	10.0	N/A	G or C	1/5 YR
53-70-3	Dibenz(a,h)anthracene	625	20.0	N/A	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
84-74-2	Dibutyl phthalate (synonym = Di-n-Butyl Phthalate)	625	10.0	N/A	G or C	1/5 YR
95-50-1	1,2-Dichlorobenzene	624	10.0	N/A	G or C	1/5 YR
541-73-1	1,3-Dichlorobenzene	624	10.0	N/A	G or C	1/5 YR
106-46-7	1,4-Dichlorobenzene	624	10.0	N/A	G or C	1/5 YR
91-94-1	3,3-Dichlorobenzidine	(4)	(5)	N/A	G or C	1/5 YR
84-66-2	Diethyl phthalate	625	10.0	N/A	G or C	1/5 YR
117-81-7	Bis-2-ethylhexyl phthalate	625	10.0	N/A	G or C	1/5 YR
131-11-3	Dimethyl phthalate	(4)	(5)	N/A	G or C	1/5 YR
121-14-2	2,4-Dinitrotoluene	625	10.0	N/A	G or C	1/5 YR
122-66-7	1,2-Diphenylhydrazine	(4)	(5)	N/A	G or C	1/5 YR
206-44-0	Fluoranthene	625	10.0	N/A	G or C	1/5 YR
86-73-7	Fluorene	625	10.0	N/A	G or C	1/5 YR
118-74-1	Hexachlorobenzene	(4)	(5)	N/A	G or C	1/5 YR
87-68-3	Hexachlorobutadiene	(4)	(5)	N/A	G or C	1/5 YR
77-47-4	Hexachlorocyclopentadiene	(4)	(5)	N/A	G or C	1/5 YR
67-72-1	Hexachloroethane	(4)	(5)	N/A	G or C	1/5 YR
193-39-5	Indeno(1,2,3-cd)pyrene	625	20.0	N/A	G or C	1/5 YR
78-59-1	Isophorone	625	10.0	N/A	G or C	1/5 YR
98-95-3	Nitrobenzene	625	10.0	N/A	G or C	1/5 YR
62-75-9	N-Nitrosodimethylamine	(4)	(5)	N/A	G or C	1/5 YR
621-64-7	N-Nitrosodi-n-propylamine	(4)	(5)	N/A	G or C	1/5 YR
86-30-6	N-Nitrosodiphenylamine	(4)	(5)	N/A	G or C	1/5 YR
129-00-0	Pyrene	625	10.0	N/A	G or C	1/5 YR
120-82-1	1,2,4-Trichlorobenzene	625	10.0	N/A	G or C	1/5 YR
VOLATILES						
107-02-8	Acrolein	(4)	(5)	N/A	G	1/5 YR
107-13-1	Acrylonitrile	(4)	(5)	N/A	G	1/5 YR
71-43-2	Benzene	624	10.0	< 5 ug/l	G	1/5 YR
75-25-2	Bromoform	624	10.0	N/A	G	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
56-23-5	Carbon Tetrachloride	624	10.0	N/A	G	1/5 YR
108-90-7	Chlorobenzene (synonym = monochlorobenzene)	624	50.0	N/A	G	1/5 YR
124-48-1	Chlorodibromomethane	624	10.0	N/A	G	1/5 YR
67-66-3	Chloroform	624	10.0	N/A	G	1/5 YR
75-09-2	Dichloromethane (synonym = methylene chloride)	624	20.0	N/A	G	1/5 YR
75-27-4	Dichlorobromomethane	624	10.0	N/A	G	1/5 YR
107-06-2	1,2-Dichloroethane	624	10.0	N/A	G	1/5 YR
75-35-4	1,1-Dichloroethylene	624	10.0	N/A	G	1/5 YR
156-60-5	1,2-trans-dichloroethylene	(4)	(5)	N/A	G	1/5 YR
78-87-5	1,2-Dichloropropane	(4)	(5)	N/A	G	1/5 YR
542-75-6	1,3-Dichloropropene	(4)	(5)	N/A	G	1/5 YR
100-41-4	Ethylbenzene	624	10.0	< 5 ug/l	G	1/5 YR
74-83-9	Methyl Bromide	(4)	(5)	N/A	G	1/5 YR
79-34-5	1,1,2,2-Tetrachloroethane	(4)	(5)	N/A	G	1/5 YR
127-18-4	Tetrachloroethylene	624	10.0	N/A	G	1/5 YR
10-88-3	Toluene	624	10.0	< 5 ug/l	G	1/5 YR
79-00-5	1,1,2-Trichloroethane	(4)	(5)	N/A	G	1/5 YR
79-01-6	Trichloroethylene	624	10.0	N/A	G	1/5 YR
75-01-4	Vinyl Chloride	624	10.0	N/A	G	1/5 YR
ACID EXTRACTABLES [6]						
95-57-8	2-Chlorophenol	625	10.0	N/A	G or C	1/5 YR
120-83-2	2,4 Dichlorophenol	625	10.0	N/A	G or C	1/5 YR
105-67-9	2,4 Dimethylphenol	625	10.0	N/A	G or C	1/5 YR
51-28-5	2,4-Dinitrophenol	(4)	(5)	N/A	G or C	1/5 YR
534-52-1	2-Methyl-4,6-Dinitrophenol	(4)	(5)	N/A	G or C	1/5 YR
25154-52-3	Nonylphenol	(5)	(5)	N/A	G or C	1/5 YR
87-86-5	Pentachlorophenol	625	50.0	N/A	G or C	1/5 YR
108-95-2	Phenol	625	10.0	N/A	G or C	1/5 YR
88-06-2	2,4,6-Trichlorophenol	625	10.0	N/A	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
			MISCELLANEOUS			
776-41-7	Ammonia as NH3-N	350.1	200	N/A	C	1/5 YR
7782-50-5	Chlorine, Total Residual	(4)	100	N/A	G	1/5 YR
57-12-5	Cyanide, Free	(4)	10.0	N/A	G	1/5 YR
N/A	*E. coli / Enterococcus* (N/CML)	(4)	(5)	N/A	G	1/5 YR
7783-06-4	Hydrogen Sulfide	(5)	(5)	N/A	G	1/5 YR
60-10-5	Tributyltin [7]	NBSR 85-3295	(5)	N/A	G or C	1/5 YR
	Hardness (mg/L as $CaCO_3$)	(4)	(5)	51.8 mg/l	G or C (10)	1/5 YR

Shanon Naquin, Terminal Manager

Name of Principal Exec. Officer or Authorized Agent/Title

09/12/13

Signature of Principal Officer or Authorized Agent/Date

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. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

FOOTNOTES:

(1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method.

The quantification levels indicated for the metals are actually Specific Target Values developed for this permit. The Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The Specific Target Values are subject to change based on additional information such as hardness data, receiving stream flow, and design flows.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information shall be submitted to document that the required quantification level has been attained.

(2) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

REPORT OF ANALYSIS

CLIENT: IMTT - Virginia
ATTN: Jennifer LaCroix
ADDRESS: 2801 S. Military Hwy.
Chesapeake, VA 23323
PHONE: 485-3000
FAX: 485-7166 or jenniferlacroix@imt

Special Notes:
RE: RICHMOND-EAST SITE
VPDES PERMIT VA0054291
Semiannual

SAMPLE COLLECTED BY: REED - TS
GRAB COLLECTION:
Date: 5/6/2013 Time: 1105
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: REED - TS
SAMPLE RECEIPT:
Date: 5/6/2013 Time: 1430
NUMBER OF CONTAINERS: 7
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 13-07053 12:00

SAMPLE ID: Outfall 002
SAMPLE NO: 13-07053

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
pH (Field)	*4500H+B		7.05@16oC	s.u.	TS	5/6/2013	1108
TOC	*5310B	0.5	5.5	mg/L	PEJ	5/15/2013	1814
TPH-DRO	8015C	0.50	< 0.50	mg/L	TAG	5/8/2013	2301
TPH-GRO	8015C	0.50	< 0.50	mg/L	TAG	5/10/2013	1235
Dissolved Copper	200.7	0.002	0.008	mg/L	EFA	5/9/2013	1133
Dissolved Zinc	200.7	0.005	< 0.005	mg/L	EFA	5/9/2013	1133
Hardness	*2340B	0.331	51.8	mg/L	EFA	5/10/2013	1454

Send analysis

NOTES:

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

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

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

*SM 20 Ed.

VELAP Standards are not applicable to field pH.
Dissolved Metals filtered and preserved in the field.

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 17-May-13

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

VELAP# 460013
EPA# VA00015

5/21/13
BEB

CHAIN OF CUSTODY

ANALYSIS REQUESTED

Company Name: IMTT-Virginia
Company Contact: Jennifer LaCroix Telephone: 757-485-3000
Results To: Jennifer LaCroix Fax: 757-485-7166
Address: 2801 S. Military Hwy. Chesapeake, VA 23323

Project ID: **Richmond-East Site VPDES Permit VA0054291**
Semiannual
4 Qtr 2013

JRA ID # 13	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	pH (field) (Permit Limit 6.0 - 9.0)	TOC	TPH DRO	TPH-GRO	Dissolved Cu, Zn *(A)	Hardness (A)						
									Bottle I.D		A	B1-2	C1-2	D	E						
									Preserv.		11	1	11	2	2						
07053		Outfall 002					5-6	1105	7	X	X	X	X	X	X						
											pH<2 HCl			pH<2 HNO_3	pH<2 HNO_3						

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

Sampled By: [signature] Date/Time: SEE ABOVE
Relinquished By: [signature] Date/Time: 5-6-13 1430
Received By: [signature] Date/Time: 5-6-13 1430
Relinquished By: Date/Time:
Received By: Date/Time:

___for Compliance
___Not for Compliance

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

pH 002 7.05 @ 16°C Date 5-6-13 Time 1108 Initials D
***Dissolved Metals:** **Filtration Date:** 5-6-13 **Time:** 1100 **Initials:** B

Arrival Temp: 1.0 °C

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

REPORT OF ANALYSIS

CLIENT: IMTT - Virginia
ATTN: Jennifer LaCroix
ADDRESS: 2801 S. Military Hwy,
Chesapeake, VA 23323
PHONE: 485-3000
FAX: 485-7166 or jenniferlacroix@imt
Special Notes:

RE: RICHMOND-EAST SITE
VPDES PERMIT VA0054291
SPECIAL

SAMPLE COLLECTED BY: REED - TS
GRAB COLLECTION:
Date: 8/29/2013 Time: 1130
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: REED - TS
SAMPLE RECEIPT:
Date: 8/29/2013 Time: 1425
NUMBER OF CONTAINERS: 6
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 13-13466 11:39

SAMPLE ID: 002 EAST
SAMPLE NO: 13-13466

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
pH (Field)	*4500H+B		8.03@26oC	s.u.	TS	08/29/13	1133
BOD5	**5210B	2	5	mg/L	JW	08/30/13	1430
TSS	*2540D	1.0	19	mg/L	KDG	08/30/13	1750
COD	HAC8000	10	13	mg/L	PEJ	09/03/13	1525
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	JAH	09/04/13	1500
Xylene	624	5	< 5	ug/L	TAG	09/04/13	0025
Ethylbenzene	624	5	< 5	ug/L	TAG	09/04/13	0025
Toluene	624	5	< 5	ug/L	TAG	09/04/13	0025
Benzene	624	5	< 5	ug/L	TAG	09/04/13	0025

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770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

SAMPLE ID: 002 EAST
SAMPLE NO: 13-13466

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time

NOTES:

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

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

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

*SM 20 Ed.

VELAP Standards are not applicable to field pH.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 09-Sep-13

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

VELAP# 460013
EPA# VA00015

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA0054291

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

FORM **2C** NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	37	30	2934	77	24	44	UT of Almond Creek
002	37	30	34	77	24	50	UT of Almond Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUT-FALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Stormwater runoff from truck rack	~ 0.005 MGD	oil/water separator used to remove oil from storm water	1-H	
	This truck rack is dormant and has				
	not been used since IMTT's purchase.				
002	Stormwater runoff from bermed area.	~ 0.005 MGD	stormwater is held in "collection pond" type area inside containment berm	4-A	

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*)
VA0055409

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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

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

WET (acute toxicity) testing was required per VPDES permit VA0054291 as a special condition for outfall 002 - 48-Hour Static Acute test using "Ceriodaphnia dubia" and 48-Hour Static Acute test using "Pimephales promelas". All data was submitted as required to DEQ.

VIII. CONTRACT ANALYSIS INFORMATION

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

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

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
James R Reed Associates	770 Pilot House Drive Newport News, VA 23606	757-873-4703	BOD, TSS, COD Oil & Grease BTEX (this lab performs all regulatory sample analysis for IMTT-Virginia)

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.*)
Shanon Naquin, Terminal Manager	(757) 485-3000
C. SIGNATURE	**D. DATE SIGNED**
	09/12/2013

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

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): VA0054291

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

OUTFALL NO.: 001 - No discharge

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	N/A		N/A		N/A		0					
b. Chemical Oxygen Demand (*COD*)	N/A						0					
c. Total Organic Carbon (*TOC*)	N/A						0					
d. Total Suspended Solids (*TSS*)	N/A						0					
e. Ammonia (*as N*)	N/A											
f. Flow	VALUE N/A		VALUE		VALUE		0			VALUE		
g. Temperature (*winter*)	VALUE N/A		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM N/A	MAXIMUM N/A	MINIMUM	MAXIMUM				STANDARD UNITS				

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

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

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

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

CONTINUE ON PAGE V-3

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0054291	001

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

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-9

EPA I.D. NUMBER (*copy from Item I of Form 1*)	OUTFALL NUMBER
VA0054291	001

CONTINUED FROM PAGE V-8

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

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. 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*): VA0054291

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 a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	5						1	mg/l				
b. Chemical Oxygen Demand (*COD*)	13						1	mg/l				
c. Total Organic Carbon (*TOC*)	5.5						1	mg/l				
d. Total Suspended Solids (*TSS*)	19						1	mg/l				
e. Ammonia (*as N*)	N/A											
f. Flow	VALUE ~ 0.005		VALUE MGD		VALUE		1			VALUE		
g. Temperature (*winter*)	VALUE Ambient		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE Ambient		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.05	MAXIMUM 7.05	MINIMUM 7.03 in lab report	MAXIMUM			1	STANDARD UNITS				

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

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

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease		X	<5.0						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as* SO_4) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as* SO_3) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0054291	002

CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)	X			0.008				dissolved		1	mg/l				
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)	X			<0.005				dissoved		1	mg/l				
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 5						1	ug/l				
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X	< 5						1	ug/l				
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0054291	002

CONTINUED FROM PAGE V-8

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

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in *Style Weekly* in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	IMTT-Virginia
Owner:	IMTT-Virginia
Agent/Department Address:	2801 S. Military Highway
	Chesapeake, VA 23323
Agent's Telephone No.:	757-485-3000 x 124
Printed Name:	Mr. Shanon Naquin, Terminal Manager
Authorizing Agent – Signature:	
Date:	7/29/2013

VPDES Permit No. VA0055409
Facility Name: IMTT-Virginia Richmond Terminal (5500 Old Osborne Tnpk, Richmond, VA 23231)