
Water Permits Division



Application Form 1

General Information

NPDES Permitting Program

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Note: All applicants to the National Pollutant Discharge Elimination System (NPDES) permits program, with the exception of publicly owned treatment works and other treatment works treating domestic sewage, must complete Form 1. Additionally, all applicants must complete one or more of the following forms: 2B, 2C, 2D, 2E, or 2F. To determine the specific forms you must complete, consult the “General Instructions” for this form.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect information and complete Form 1 to be 3 hours for new applicants and 1 hour for applicants renewing existing permits. This estimate includes time to review instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information. New respondents must also prepare a topographic map. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

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| DESCRIPTION OF NPDES PERMIT APPLICATION FORMS | CONTENTS OF FORM 1 PACKAGE |
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| <p>The application forms for individual National Pollutant Discharge Elimination System (NPDES) permits include the following:</p> <p>Form 1—General Information (<i>included in this package</i>).</p> <p>Form 2—Forms Based on Facility or Activity Type (<i>not included in this package</i>):</p> <p>2A. New and Existing Publicly Owned Treatment Works</p> <p>2B. Concentrated Animal Feeding Operations and Concentrated Aquatic Animal Production Facilities</p> <p>2C. Existing Manufacturing, Commercial, Mining, and Silvicultural Operations</p> <p>2D. New Manufacturing, Commercial, Mining, and Silvicultural Operations That Have Not Yet Commenced Discharge of Process Wastewater</p> <p>2E. Manufacturing, Commercial, Mining, and Silvicultural Facilities Which Discharge Only Nonprocess Wastewater</p> <p>2F. Stormwater Discharges Associated with Industrial Activity</p> <p>2S. New and Existing Treatment Works Treating Domestic Sewage</p> | <p>Form 1—General Instructions</p> <p>Form 1—Line-by-Line Instructions</p> <p>Form 1—Activities That Do Not Require Permits</p> <p>Form 1—Glossary</p> <p>Form 1—Application</p> |

FORM 1—GENERAL INSTRUCTIONS

Who Must Apply for an NPDES Permit?

With the exceptions described in “Form 1—Activities That Do Not Require Permits,” the federal Clean Water Act (33 U.S.C. 1251 *et seq.*) prohibits any person from discharging pollutants into waters of the United States without first having been issued a permit under the NPDES program.

Who Must Complete Form 1?

All applicants, other than publicly owned treatment works (POTWs) and treatment works treating domestic sewage (TWTDS), must submit Form 1. If you operate one of the following facilities, you must submit Form 1: concentrated animal feeding operations and aquatic animal production facilities; manufacturing, commercial, mining, and silvicultural operations; or other industrial facilities.

At the state level, either the U.S. Environmental Protection Agency (EPA) or an approved state agency administers the NPDES permit program. If you are located in a jurisdiction in which an EPA regional office administers the NPDES permit program, you should use Form 1 and all other applicable forms described in these instructions. If you are located in a jurisdiction where a state administers the NPDES permit program, contact the state to determine the forms you should complete. States often develop their own application forms rather than use the federal forms. See <http://www.epa.gov/npdes/npdes-state-program-information> for a list of states that have approved NPDES permit programs and those that do not.

Exhibit 1–1 (see end of this section) provides contact information for each of EPA’s 10 regional offices. Since the exhibit’s content is subject to change, consult EPA’s website for the latest information: <http://www.epa.gov/aboutepa#regional>.

Upon your request, and based on information supplied by you, EPA or the authorized NPDES state will determine whether you are required to obtain a permit for a particular facility or activity. Be sure to contact EPA or your state if you have a question.

Form 1 collects general information only. You must also complete a more detailed application based on your proposed discharge activity, as follows:

- If your facility is a **concentrated animal feeding operation** or a **concentrated aquatic animal production facility**, you must also complete Form 2B.
- If your facility is an **existing** manufacturing, commercial, mining, or silvicultural facility that currently discharges process wastewater, you must also complete Form 2C.
- If your facility is a **new** manufacturing, commercial, mining, or silvicultural facility that has yet to commence discharge of process wastewater, you must also complete Form 2D.
- If your facility is a **new or existing facility** (including manufacturing, commercial, mining, and silvicultural facilities) that discharges **only nonprocess wastewater**, you must also complete Form 2E.
- If your facility is a **new or existing facility** whose discharge is composed entirely of stormwater associated with industrial activity—excluding discharges from construction activity under 122.26(b)(14)(x) or (b)(15)—you must also complete Form 2F. If the discharge is composed of stormwater *and* non-stormwater, you must complete Form 2F *and* you must also complete Forms 2C, 2D, and/or 2E, as appropriate. See Form 2F’s instructions for further details.

FORM 1—GENERAL INSTRUCTIONS CONTINUED

Where to File Your Completed Form

- If you are in a jurisdiction with an approved state NPDES permit program, file according to the instructions on the state forms.
- If you are in a jurisdiction where EPA is the NPDES permitting authority (i.e., the state is *not* an NPDES-authorized state), mail the completed application forms to the EPA regional office that covers the state in which your facility is located (see Exhibit 1–1).

When to File Your Completed Form

Because of statutory and regulatory requirements, the deadlines for filing applications vary according to your facility or activity type and the type of permit you need. The various permit application deadlines are listed in Exhibit 1–2 at the end of this section.

Fees

EPA does not require applicants to pay a fee for applying for NPDES permits. However, states that administer the NPDES permit program may charge fees. Consult with state officials for further information.

Public Availability of Submitted Information

EPA will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 1 (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 1. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency's business confidentiality regulations at Part 2 of Title 4 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

The NPDES permitting authority could consider your application incomplete if you do not provide an answer (or indicate "NA" for "not applicable") for all questions on Form 1 and the applicable Form 2.

Provide your EPA Identification Number from the Federal Registry Service, NPDES permit number, and facility name at the top of each page of Form 1 and any attachments. If your facility is new (i.e., not yet constructed), write or type "New Facility" in the space provided for the EPA Identification Number and NPDES number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 for contact information.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter "NA" for "not applicable" to show that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority's satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

FORM 1—GENERAL INSTRUCTIONS CONTINUED

Exhibit 1–1. Addresses of EPA Regional Contacts and Covered States

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| <p>REGION 1 U.S. Environmental Protection Agency, Region 1 5 Post Office Square, Suite 100, Boston, MA 02109-3912 Phone: (617) 918-1111; toll free: (888) 372-7341 Fax: (617) 918-0101 Website: http://www.epa.gov/aboutepa/epa-region-1-new-england Covered states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont</p> | <p>REGION 6 U.S. Environmental Protection Agency, Region 6 1445 Ross Avenue, Suite 1200, Dallas, TX 75202-2733 Phone: (214) 665-2200; toll free: (800) 887-6063 Fax: (214) 665-7113 Website: http://www.epa.gov/aboutepa/epa-region-6-south-central Covered states: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas</p> |
| <p>REGION 2 U.S. Environmental Protection Agency, Region 2 290 Broadway, New York, NY 10007-1866 Phone: (212) 637-3000; toll free: (877) 251-4575 Fax: (212) 637-3526 Website: http://www.epa.gov/aboutepa/epa-region-2 Covered states: New Jersey, New York, Virgin Islands, and Puerto Rico</p> | <p>REGION 7 U.S. Environmental Protection Agency, Region 7 11201 Renner Boulevard, Lenexa, KS 66219 Phone: (913) 551-7003; toll free: (800) 223-0425 Website: http://www.epa.gov/aboutepa/epa-region-7-midwest Covered states: Iowa, Kansas, Missouri, and Nebraska</p> |
| <p>REGION 3 U.S. Environmental Protection Agency, Region 3 1650 Arch Street, Philadelphia, PA 19103-2029 Phone: (215) 814-5000; toll free: (800) 438-2474 Fax: (215) 814-5103 Website: http://www.epa.gov/aboutepa/epa-region-3-mid-atlantic Covered states: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia</p> | <p>REGION 8 U.S. Environmental Protection Agency, Region 8 1595 Wynkoop Street, Denver, CO 80202-1129 Phone: (303) 312-6312; toll free: (800) 227-8917 Fax: (303) 312-6339 Website: http://www.epa.gov/aboutepa/epa-region-8-mountains-and-plains Covered states: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming</p> |
| <p>REGION 4 U.S. Environmental Protection Agency, Region 4 Sam Nunn Atlanta Federal Center 61 Forsyth Street, SW, Atlanta, GA 30303-8960 Phone: (404) 562-9900; toll free: (800) 241-1754 Fax: (404) 562-8174 Website: http://www.epa.gov/aboutepa/about-epa-region-4-southeast Covered states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee</p> | <p>REGION 9 U.S. Environmental Protection Agency, Region 9 75 Hawthorne Street, San Francisco, CA 94105 Phone: (415) 947-8000; toll free: (866) EPA-WEST Fax: (415) 947-3553 Website: http://www.epa.gov/aboutepa/epa-region-9-pacific-southwest Covered states: Arizona, California, Hawaii, Nevada, Guam, American Samoa, and Trust Territories</p> |
| <p>REGION 5 U.S. Environmental Protection Agency, Region 5 77 West Jackson Boulevard, Chicago, IL 60604-3507 Phone: (312) 353-2000; toll free: (800) 621-8431 Fax: (312) 353-4135 Website: http://www.epa.gov/aboutepa/epa-region-5 Covered states: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin</p> | <p>REGION 10 U.S. Environmental Protection Agency, Region 10 1200 Sixth Avenue, Suite 900, Seattle, WA 98101 Phone: (206) 553-1200; toll free: (800) 424-4372 Fax: (206) 553-2955 Website: http://www.epa.gov/aboutepa/epa-region-10-pacific-northwest Covered states: Alaska, Idaho, Oregon, and Washington</p> |

Exhibit 1–2. Filing Dates for NPDES Permit Applications

| Permit Application | When to File |
|--------------------|--|
| 2A | 180 days before your present NPDES permit expires or, if you are a new discharger, 180 days before the date on which the discharge is to commence unless the NPDES permitting authority has granted permission for a later date. |
| 2B | 180 days before your present NPDES permit expires or 180 days prior to startup if you are a new facility. |
| 2C | 180 days before your present NPDES permit expires. |
| 2D | 180 days prior to startup. |
| 2E | 180 days before your present NPDES permit expires, or 180 days prior to startup if you are a new facility. |
| 2F | Construction: 90 days prior to date construction is to commence. Nonconstruction: 180 days before your present NPDES permit expires or 180 days prior to startup if you are a new facility. |
| 2S | 180 days before your present NPDES permit expires or 180 days prior to startup if you are a new facility. |

FORM 1—LINE-BY-LINE INSTRUCTIONS

Section 1. Activities Requiring an NPDES Permit

Item 1.1. Review the questions in Item 1.1 to determine if you are required to submit Form 1. Be sure to check the Form 1—Glossary for the legal definitions of any key terms.

If you answer “Yes” to a question in Item 1.1, then you do *not* need to complete Form 1, but you *must* comply with the application requirements specified.

Item 1.2. Respond to the questions in Items 1.2.1 to 1.2.5. If you answer “Yes” to any question, you must complete Form 1 *and* the Form 2 application specified. See Exhibit 1–2 for filing deadlines.

If you answer “No” to every question in Items 1.1 and 1.2, then you do *not* need an NPDES permit, and you do *not* need to complete and return any of the NPDES application forms.

Section 2. Name, Mailing Address, and Location

Item 2.1. Enter the facility’s official or legal name. Do not use a colloquial name.

Item 2.2. Provide your EPA Identification Number from the Federal Registry System if you have an existing facility. If you do not know your EPA Identification Number, contact your NPDES permitting authority. If your facility is new (i.e., not yet constructed), write or type “New Facility.”

Item 2.3. Give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application. The NPDES permitting authority will contact the person listed if they have questions on the material submitted.

Item 2.4. Give the complete mailing address of the office to which the NPDES permitting authority should send correspondence. This often is *not* the address used to designate the location of the facility or activity.

Item 2.5. Give the address or location of the facility identified under Item 2.1. If the facility lacks a street name or route number, give the most accurate, alternative geographic information (e.g., section number or quarter section number from county records or “at intersection of Routes 425 and 22”). Also provide the county name, county code (if known), city or town, state, and zip code.

For concentrated aquatic animal production facilities, provide the address or location of the production area (i.e., the location where the animals are contained, grown, or held).

Section 3. SIC and NAICS Codes

Items 3.1 and 3.2. List, in descending order of significance, up to four 4-digit standard industrial classification (SIC) codes and North American Industrial Classification System (NAICS) codes that best describe your facility in terms of the principal products or services it produces or provides. If the SIC or NAICS codes do not adequately describe your facility’s products or services, you have the option to provide additional descriptive information.

You can find SIC code numbers and descriptions in the 1987 *Standard Industrial Classification Manual*, prepared by the Executive Office of the President, Office of Management and Budget. This document is available from the Government Printing Office, Washington, D.C. An online version of the manual is also available courtesy of the Occupational Safety and Health Administration at http://www.osha.gov/pls/imis/sic_manual.html.

You can find NAICS code numbers and descriptions in the *North American Industrial Classification System Manual* prepared by the Executive Office of the President, Office of Management and Budget. This document is available from the National Technical Information Service (NTIS) in Alexandria, Virginia. It is also available online at <http://www.census.gov/eos/www/naics/>.

Use the latest edition of the manuals. If you have any questions about the appropriate SIC or NAICS codes for your facility, contact your NPDES permitting authority.

Section 4. Operator Information

Item 4.1. Give the legal name of the person, firm, public organization, or other entity that operates the facility described in this application. This may or may not be the same as the facility’s name. The operator of the facility is the legal entity that controls the facility’s operation rather than the plant or site manager. Do not use a colloquial name.

Item 4.2. Indicate whether the entity listed in response to Item 4.1 also owns the facility by marking the appropriate box.

Item 4.3. Indicate the ownership status of the operator of the facility by marking the appropriate box. If the facility is a federal facility (i.e., owned by the U.S. government), check the box for “Public—federal.” If the facility is owned by a state government, check the box for “Public—state.” If the facility is owned by a county government, municipal (e.g., city or town) government, tribal government, school district, water district, or other local government entity, check the box for “Other public” and specify the type of government entity. If the facility is owned by a corporation or other private entity, check the box for “Private.” If the facility has mixed ownership (e.g., public/private) or is not owned by an entity of the types previously listed, check the box for “Other” and specify the type of entity.

Items 4.4 to 4.6. Enter the telephone number, address, and email address of the operator identified in Item 4.1.

Section 5. Indian Land

Item 5.1. Indicate whether the facility is located on Indian Land.

Section 6. Existing Environmental Permits

Item 6.1. Check the appropriate boxes and provide the permit numbers for all relevant federal, state, and local environmental permits or construction approvals received or applied for under any of the programs listed below. If you have more than one currently effective permit under a particular permit program for your facility, list the additional permit numbers on the application form or on a separate sheet of paper.

FORM 1—LINE-BY-LINE INSTRUCTIONS CONTINUED

- Hazardous waste management program under the Resource Conservation and Recovery Act (RCRA).
- Underground Injection Control (UIC) program under the Safe Drinking Water Act (SDWA).
- NPDES program under the Clean Water Act (CWA).
- Prevention of Significant Deterioration (PSD) program under the Clean Air Act (CAA).
- Nonattainment program under the CAA.
- National Emission Standards for Hazardous Pollutants (NESHAPs) preconstruction approval under the CAA.
- Ocean dumping permits under the Marine Protection Research and Sanctuaries Act (MPRSA).
- Dredge or fill permits under Section 404 of the CWA.
- Other federal, state, or local environmental permits.

Section 7. Map

Unless the facility is a concentrated animal feeding operation, provide a topographic map(s) of the area extending at least one mile beyond the property boundaries of the facility that clearly shows the following:

- The legal boundaries of the facility.
- The location and serial number of each of your existing and proposed intake and discharge structures.
- All hazardous waste management, storage, and disposal facilities.
- Each well where you inject fluids underground.
- All wells, springs, surface water bodies, and drinking water wells that are in the public record or otherwise known to you and that are located in the map area.

If the facility has associated water intakes, discharge structures, hazardous waste disposal sites, or injection wells and these items are located more than one mile from the facility, include them on the map if possible. If you cannot, attach additional sheets describing the location of the structures, disposal site(s), or well(s) and identify the U.S. Geological Survey (USGS) or other map corresponding to the location(s).

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://myasadata.larc.nasa.gov/latitudeandlongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS).

On all maps of rivers, show the direction of the current. In tidal waters, show the directions of ebb and flow tides.

You may develop your map by going to USGS's National Map website at <http://nationalmap.gov/>. (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map. Briefly describe land uses in the map area

(e.g., residential, commercial). An example of an acceptable location map is shown as Exhibit 1–3 at the end of these instructions. **Note:** Exhibit 1–3 is provided for illustration only; it does not show an actual facility.

If the facility is a concentrated animal feeding operation, you are not required to provide the topographic map required by this section of Form 1. Instead, you are required to provide a topographic map as specified in Section 4 of Form 2B.

Item 7.1. Note that you have completed your topographic map and attached it to the application.

Section 8. Nature of Business

Briefly describe the nature of your business (e.g., products produced or services provided). See Examples 1 and 2.

Example 1

Facilities Subject to 40 CFR 426, Subparts F and G

Industry A is an auto tempered and auto laminated glass manufacturing facility subject to effluent limitation guidelines (ELGs) for the "Automotive Glass Tempering" and "Automotive Glass Laminating" subcategories of the "Glass Manufacturing" point source category at 40 CFR 426, subparts F and G. At the facility, glass is cut and then passed through a series of processes that grind and polish the edges, bend the glass, and then temper the glass to produce side and back windows for automobiles. Tempering involves heating the glass near the melting point, then rapidly cooling it to increase its mechanical and thermal endurance. The facility also produces automobile windshields and undertakes processes that laminate a plastic sheet between two layers of glass and that prepare the glass for lamination (e.g., cutting, bending, and washing).

Example 2

Facility Not Subject to ELGs

Industry B undertakes batch-type resin manufacturing operations. It has aboveground storage tanks for raw materials and finished goods, resin loading operations, and warehouses for 55-gallon drums of finished product. Industry B manufactures alkyd, saturated and unsaturated polyester resins in batches using reactor vessels and mix tanks. Most of the feedstock liquids are pumped from storage tanks to the kettles and mixers via a closed piping system. Additional feedstocks are added manually as solids from bags and sacks via manways, which are located on top of the kettles. The resin is then chemically reacted in the kettles. After the reaction step finishes, the resin is transferred from the kettles to the mix tanks, where solvents are added to thin it. The primary byproduct of the reaction is water vapor containing condensed soluble organics. The byproduct flows to an isolation tank where the vapors are directed to an onsite thermal oxidizer. The finished resin is then pumped through one of three types of filtration systems into finished goods storage tanks, 55-gallon drums, 350-gallon intermediate bulk container totes, or directly into tanker trucks. A typical batch takes about 30 hours to complete.

FORM 1—LINE-BY-LINE INSTRUCTIONS CONTINUED

Section 9. Cooling Water Intake Structures

Item 9.1. Indicate whether the facility uses cooling water. If yes, continue to Item 9.2. If no, skip to Item 10.1.

Item 9.2. Identify the source of the cooling water. For example, indicate whether the cooling water is from a surface water, groundwater well, public water system, or treated effluent that would otherwise be discharged to a water of the U.S.

If the facility uses a cooling water intake structure as described in 40 CFR 125, Subparts I and J, the facility may have additional application requirements under 40 CFR 122.21(r). Note that the information required by 40 CFR 122.21(r) is not requested as part of Form 1. Contact your NPDES permitting authority to determine the specifics of what you should provide and when.

Section 10. Variance Requests

An applicant (other than a POTW) may request a variance from otherwise applicable effluent limitations under certain conditions described at 40 CFR 122.21(m).

Item 10.1. If known at the time of application, check all of the authorized variances that you plan to request or renew. Note that you are not being asked to submit any other information at this time. Contact your NPDES permitting authority to determine the specifics of what you should provide and when. The ability to request a variance is not limited to the time of application, and an applicant may request a variance consistent with statutory and regulatory requirements.

Section 11. Checklist and Certification

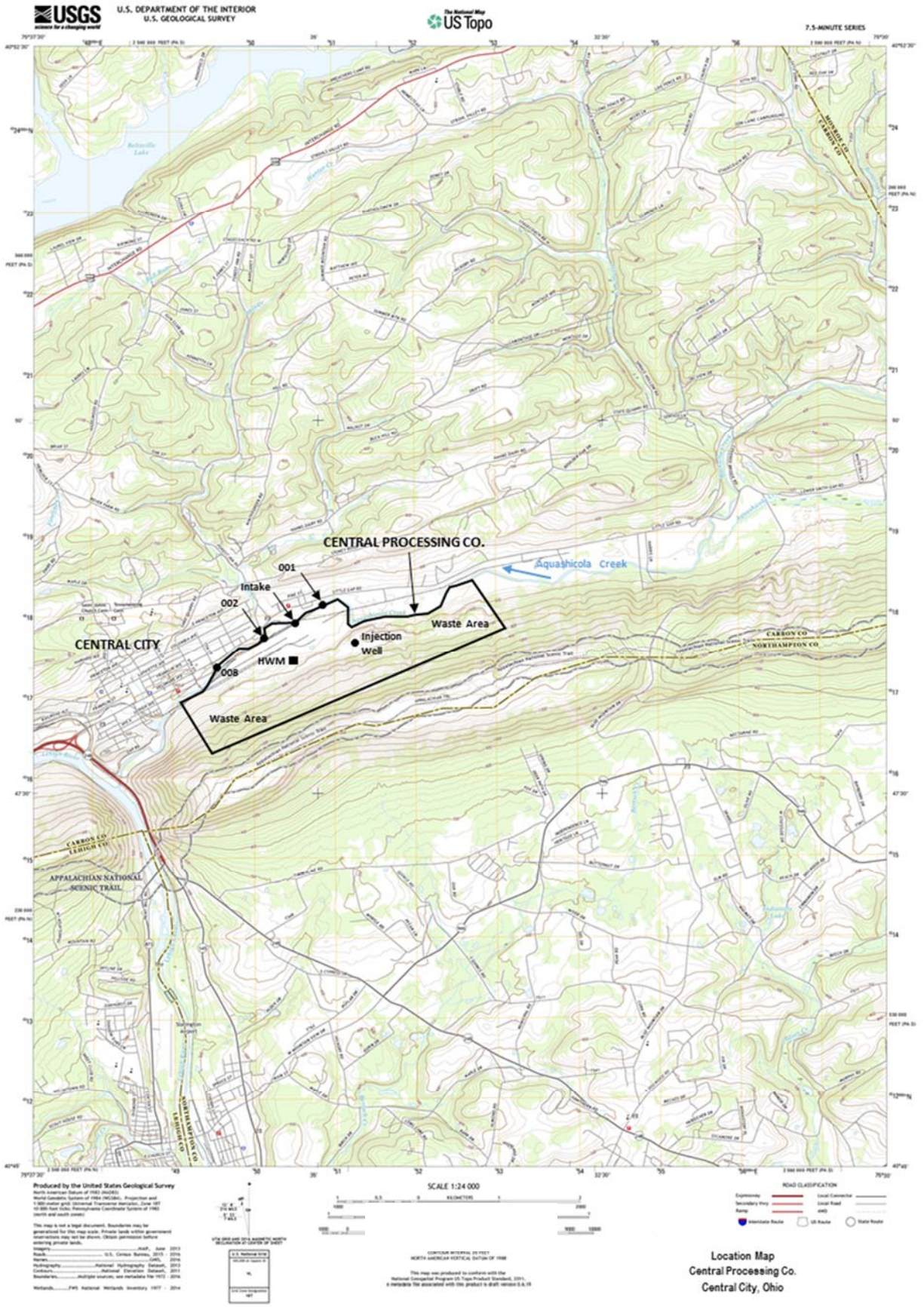
Item 11.1. Review the checklist provided. In Column 1, mark the sections of Form 1 that you have completed and are submitting with your application. In Column 2, indicate for each section whether you are submitting attachments.

Item 11.2. The Clean Water Act provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that, "Any person who knowingly makes any false statement, representation, or certification in any application, ... shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

Exhibit 1-3. Example Topographic Map



FORM 1—ACTIVITIES THAT DO NOT REQUIRE PERMITS

You are not required to obtain an NPDES permit if your discharge is in one of the following categories, as provided by the CWA and NPDES regulations at 40 CFR 122 to 125. (However, under CWA Section 510, a discharge exempted from the federal NPDES requirements may still be regulated by a state NPDES permitting authority.)

- Any discharge of sewage from vessels and any effluent from properly functioning marine engines, laundry, shower, and galley sink wastes, or any other discharge incidental to the normal operation of: (1) A vessel of the Armed Forces within the meaning of section 312 of the CWA; and (2) A recreational vessel within the meaning of section 502(25) of the CWA. None of these exclusions apply to rubbish, trash, garbage, or other such materials discharged overboard; nor to other discharges when the vessel is operating in a capacity other than as a means of transportation such as when used as an energy or mining facility, a storage facility or a seafood processing facility, or when secured to a storage facility or a seafood processing facility, or when secured to the bed of the ocean, contiguous zone or waters of the United States for the purpose of mineral or oil exploration or development.
- Discharges of dredged or fill material into waters of the United States that are regulated under CWA Section 404.
- The introduction of sewage, industrial wastes, or other pollutants into publicly owned treatment works by indirect dischargers. Plans or agreements to switch to this method of disposal in the future do not relieve dischargers of the obligation to have and comply with permits until all discharges of pollutants to waters of the United States are eliminated. (See also 40 CFR 122.47(b).) This exclusion does not apply to the introduction of pollutants to privately owned treatment works or to other discharges through pipes, sewers, or other conveyances owned by a state, municipality, or other party not leading to treatment works.

- Any discharge in compliance with the instructions of an On-Scene Coordinator pursuant to 40 CFR 300 (The National Oil and Hazardous Substances Pollution Contingency Plan) or 33 CFR 153.10(e) (Pollution by Oil and Hazardous Substances).
- Any introduction of pollutants from non point-source agricultural and silvicultural activities, including stormwater runoff from orchards, cultivated crops, pastures, range lands, and forest lands, but not discharges from concentrated animal feeding operations as defined in 40 CFR 122.23, discharges from concentrated aquatic animal production facilities as defined in 40 CFR 122.23, discharges from concentrated aquatic animal production facilities as defined in 40 CFR 122.24, discharges to aquaculture projects as defined in 40 CFR 122.25, and discharges from silvicultural point sources as defined in 40 CFR 122.27. **Note:** Per 40 CFR 122.26(b)(14)(ii), facilities classified within SIC 24, Industry Group 241, that are rock crushing, gravel washing, log sorting, or log storage facilities operated in connection with silvicultural activities defined in 40 CFR 122.27(b)(2)–(3) and Industry Groups 242 through 249; 26 (except 265 and 267), 28 (except 283), 29, 311, 32 (except 323), 33, 3441, and 373 (not included are all other types of silviculture facilities) are considered stormwater discharges associated with industrial activity, and are required to obtain an NPDES permit.
 - Return flows from irrigated agriculture.
 - Discharges into a privately owned treatment works, except as the NPDES permitting authority may otherwise require under 40 CFR 122.44(m).
 - Discharges from a water transfer. “Water transfer” means an activity that conveys or connects waters of the United States without subjecting the transferred water to intervening industrial, municipal, or commercial use. This exclusion does not apply to pollutants introduced by the water transfer activity itself to the water being transferred.

FORM 1—GLOSSARY

Note: This glossary includes terms used in the various NPDES application forms, including Form 1. The definitions are from the NPDES regulations at 40 CFR 122.2 unless otherwise specified. If you have any questions concerning the meaning of any of these terms, contact your NPDES permitting authority.

ANIMAL FEEDING OPERATION (defined at § 122.23) means a lot or facility (other than an aquatic animal production facility) where the following conditions are met:

- Animals (other than aquatic animals) have been, are, or will be stabled or confined and fed or maintained for a total of 45 days or more in any 12-month period; and
- Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.

APPLICATION means the EPA standard national forms for applying for a permit, including any additions, revisions, or modifications to the forms; or forms approved by EPA for use in approved states, including any approved modifications or revisions.

APPROVED PROGRAM or **APPROVED STATE** means a State or interstate program which has been approved or authorized by EPA under part 123.

AQUACULTURE PROJECT (defined at § 122.25) means a defined managed water area which uses discharges of pollutants into that designated area for the maintenance or production of harvestable freshwater, estuarine, or marine plants or animals. **DESIGNATED PROJECT AREA** means the portions of the waters of the United States within which the permittee or permit applicant plans to confine the cultivated species, using a method or plan or operation (including, but not limited to, physical confinement) which, on the basis of reliable scientific evidence, is expected to ensure that specific individual organisms comprising an aquaculture crop will enjoy increased growth attributable to the discharge of pollutants, and be harvested within a defined geographic area.

AVERAGE MONTHLY DISCHARGE LIMITATION means the highest allowable average of daily discharges over a calendar month, calculated as the sum of all daily discharges measured during that month divided by the number of daily discharges measured during that month.

AVERAGE WEEKLY DISCHARGE LIMITATION means the highest allowable average of daily discharges over a calendar week, calculated as the sum of all daily discharges measured during a calendar week divided by the number of daily discharges measured during that week.

BEST MANAGEMENT PRACTICES (BMPs) means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. BMPs include treatment requirements, operation procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

BIOSOLIDS (*see sewage sludge*).

BYPASS (defined at § 122.41(m)) means the intentional diversion of waste streams from any portion of a treatment facility.

COMBINED SEWER OVERFLOW (CSO) means a discharge from a combined sewer system (CSS) at a point prior to the Publicly Owned Treatment Works (POTW) Treatment Plant (defined at § 403.3(r)).

COMBINED SEWER SYSTEM (CSS) means a wastewater collection system owned by a State or municipality (as defined by section 502(4) of the CWA) which conveys sanitary wastewaters (domestic, commercial and industrial wastewaters) and storm water through a single-pipe system to a Publicly Owned Treatment Works (POTW) Treatment Plant (as defined at § 403.3(r)).

CONCENTRATED ANIMAL FEEDING OPERATION (defined at § 122.23) means an animal feeding operation that is defined as a Large CAFO or as a Medium CAFO by the terms of (A) or (B) below, or that is designated as a CAFO in accordance with 40 CFR 122.23(c). Two or more AFOs under common ownership are considered to be a single AFO for the purposes of determining the number of animals at an operation, if they adjoin each other or if they use a common area or system for the disposal of wastes.

- A. **LARGE CONCENTRATED ANIMAL FEEDING OPERATION (LARGE CAFO)** means an AFO that stables or confines as many as or more than the numbers of animals specified in any of the following categories:
1. 700 mature dairy cows, whether milked or dry;
 2. 1,000 veal calves;
 3. 1,000 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
 4. 2,500 swine each weighing 55 pounds or more;
 5. 10,000 swine each weighing less than 55 pounds;

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6. 500 horses;
7. 10,000 sheep or lambs;
8. 55,000 turkeys;
9. 30,000 laying hens or broilers, if the AFO uses a liquid manure handling system;
10. 125,000 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
11. 82,000 laying hens, if the AFO uses other than a liquid manure handling system;
12. 30,000 ducks (if the AFO uses other than a liquid manure handling system); or
13. 5,000 ducks (if the AFO uses a liquid manure handling system).

B. **MEDIUM CONCENTRATED ANIMAL FEEDING OPERATION (MEDIUM CAFO)** means any AFO with the type and number of animals that fall within any of the ranges listed below and which has been defined or designated as a CAFO. An AFO is defined as a Medium CAFO if:

1. The type and number of animals that it stables and confines falls within any of the following ranges:
 - a. 200 to 699 mature dairy cows, whether milked or dry;
 - b. 300 to 999 veal calves;
 - c. 300 to 999 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
 - d. 750 to 2,499 swine each weighing 55 pounds or more;
 - e. 3,000 to 9,999 swine each weighing less than 55 pounds;
 - f. 150 to 499 horses;
 - g. 3,000 to 9,999 sheep or lambs;
 - h. 16,500 to 54,999 turkeys;
 - i. 9,000 to 29,999 laying hens or broilers, if the AFO uses a liquid manure handling system;
 - j. 37,500 to 124,999 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
 - k. 25,000 to 81,999 laying hens, if the AFO uses other than a liquid manure handling system;
 - l. 10,000 to 29,999 ducks (if the AFO uses other than a liquid manure handling system); or
 - m. 1,500 to 4,999 ducks (if the AFO uses a liquid manure handling system); and
2. Either one of the following conditions are met:
 - a. Pollutants are discharged into waters of the United States through a man-made ditch, flushing system, or other similar man-made device; or
 - b. Pollutants are discharged directly into waters of the United States which originate outside of and pass over, across, or through the facility or otherwise come into direct contact with animals confined in the operation.

CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY (defined at § 122.24) means a hatchery, fish farm, or other facility which contains, grows, or holds aquatic animals in either of the following categories, or which the Director designates as such on a case-by-case basis:

- A. Cold water fish species or other cold water aquatic animals including, but not limited to, the *Salmonidae* family of fish (e.g., trout and salmon) in ponds, raceways, or other similar structures which discharge at least 30 days per year but does not include:
 1. Facilities which produce less than 9,090 harvest weight kilograms (approximately 20,000 pounds) of aquatic animals per year; and
 2. Facilities which feed less than 2,272 kilograms (approximately 5,000 pounds) of food during the calendar month of maximum feeding.
- B. Warm water fish species or other warm water aquatic animals including, but not limited to, the *Ameiuridae*, *Cetrarchidae*, and *Cyprinidae* families of fish (e.g., respectively, catfish, sunfish, and minnows) in ponds, raceways, or other similar structures which discharge at least 30 days per year, but does not include:
 1. Closed ponds which discharge only during periods of excess runoff; or
 2. Facilities which produce less than 45,454 harvest weight kilograms (approximately 100,000 pounds) of aquatic animals per year.

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CWA means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act or Federal Water Pollution Control Act Amendments of 1972) Public Law 92–500, as amended by Public Law 95–217, Public Law 95–576, Public Law 96–483 and Public Law 97–117, 33 U.S.C. 1251 *et seq.*

CWA AND REGULATIONS means the Clean Water Act (CWA) and applicable regulations promulgated thereunder. In the case of an approved State program, it includes State program requirements.

DAILY DISCHARGE means the “discharge of a pollutant” measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the “daily discharge” is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the “daily discharge” is calculated as the average measurement of the pollutant over the day.

DIRECT DISCHARGE means the “discharge of a pollutant.”

DIRECTOR means the Regional Administrator or the State Director, as the context requires, or an authorized representative. When there is no “approved State program,” and there is an EPA administered program, “Director” means the Regional Administrator. When there is an approved State program, “Director” normally means the State Director. In some circumstances, however, EPA retains the authority to take certain actions even when there is an approved State program. (For example, when EPA has issued an NPDES permit prior to the approval of a State program, EPA may retain jurisdiction over that permit after program approval, see § 123.1.) In such cases, the term “Director” means the Regional Administrator and not the State Director.

DISCHARGE (OF A POLLUTANT) means:

- Any addition of any pollutant or combination of pollutants to waters of the United States from any point source; or
- Any addition of any pollutant or combination of pollutants to the waters of the contiguous zone or the ocean from any point source other than a vessel or other floating craft which is being used as a means of transportation.

This definition includes discharges into waters of the United States from: surface runoff which is collected or channelled by man; discharges through pipes, sewers, or other conveyances owned by a State, municipality, or other person which do not lead to a treatment works; and discharges through pipes, sewers, or other conveyances, leading into privately owned treatment works. This term does not include an addition of pollutants by any “indirect discharger”.

DISCHARGE MONITORING REPORT means the EPA uniform national form, including any subsequent additions, revisions, or modifications for the reporting of self-monitoring results by permittees. DMRs must be used by “approved States” as well as by EPA. EPA will supply DMRs to any approved State upon request. The EPA national forms may be modified to substitute the state agency name, address, logo, and other similar information, as appropriate, in place of EPA’s.

DRAFT PERMIT means a document prepared under § 124.6 indicating the Director’s tentative decision to issue or deny, modify, revoke and reissue, terminate, or reissue a “permit.” A notice of intent to terminate a permit, and a notice of intent to deny a permit, as discussed in § 124.5, are types of “draft permits.” A denial of a request for modification, revocation and reissuance, or termination, as discussed in § 124.5, is not a “draft permit.” A “proposed permit” is not a “draft permit.”

EFFLUENT LIMITATION means any restriction imposed by the Director on quantities, discharge rates, and concentrations of “pollutants” which are “discharged” from “point sources” into “waters of the United States,” the waters of the “contiguous zone,” or the ocean.

EFFLUENT LIMITATIONS GUIDELINES means a regulation published by the Administrator under section 304(b) of the CWA to adopt or revise “effluent limitations.”

ENVIRONMENTAL PROTECTION AGENCY (EPA) means the United States Environmental Protection Agency.

FACILITY or **ACTIVITY** means any NPDES “point source” or any other facility or activity (including land or appurtenances thereto) that is subject to regulation under the NPDES program.

GENERAL PERMIT means an NPDES “permit” issued under § 122.28 authorizing a category of discharges under the CWA within a geographical area.

HAZARDOUS SUBSTANCE means any substance designated under 40 CFR part 116 pursuant to section 311 of the CWA.

INDIAN COUNTRY (or **INDIAN LANDS**) means:

- All land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and, including rights-of-way running through the reservation;
- All dependent Indian communities with the borders of the United States whether within the originally or subsequently acquired territory thereof, and whether within or without the limits of a state; and
- All Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through the same.

FORM 1—GLOSSARY CONTINUED

INDIAN TRIBE means any Indian Tribe, band, group, or community recognized by the Secretary of the Interior and exercising governmental authority over a Federal Indian reservation.

INDIRECT DISCHARGE means a nondomestic discharger introducing “pollutants” to a “publicly owned treatment works.”

LARGE MUNICIPAL SEPARATE STORM SEWER SYSTEM (defined at § 122.26(b)(4)) means all municipal separate storm sewers that are either:

(i) Located in an incorporated place with a population of 250,000 or more as determined by the 1990 Decennial Census by the Bureau of the Census (Appendix F of 40 CFR 122); or

(ii) Located in the counties listed in appendix H of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or

(iii) Owned or operated by a municipality other than those described in paragraphs (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraphs (i) or (ii). In making this determination the Director may consider the following factors:

(A) Physical interconnections between the municipal separate storm sewers;

(B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);

(C) The quantity and nature of pollutants discharged to waters of the United States;

(D) The nature of the receiving waters; and

(E) Other relevant factors; or

(iv) The Director may, upon petition, designate as a large municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii).

LOG SORTING AND LOG STORAGE FACILITIES (defined at § 122.27) means facilities whose discharges result from the holding of unprocessed wood, for example, logs or roundwood with bark or after removal of bark held in self-contained bodies of water (mill ponds or log ponds) or stored on land where water is applied intentionally on the logs (wet decking). (See 40 CFR 429, subpart I, including the effluent limitations guidelines.)

MAJOR FACILITY means any NPDES “facility or activity” classified as such by the Regional Administrator, or, in the case of “approved State programs,” the Regional Administrator in conjunction with the State Director.

MAXIMUM DAILY DISCHARGE LIMITATION means the highest allowable “daily discharge.”

MEDIUM MUNICIPAL SEPARATE STORM SEWER SYSTEM (defined at § 122.26(b)(7)) means all municipal separate storm sewers that are either:

(i) Located in an incorporated place with a population of 100,000 or more but less than 250,000, as determined by the 1990 Decennial Census by the Bureau of the Census (appendix G of 40 CFR 122); or

(ii) Located in the counties listed in appendix I of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or

(iii) Owned or operated by a municipality other than those described in paragraph (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraph (i) or (ii). In making this determination the Director may consider the following factors:

(A) Physical interconnections between the municipal separate storm sewers;

(B) The location of discharges from the designated (B) municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);

(C) The quantity and nature of pollutants discharged to waters of the United States;

(D) The nature of the receiving waters; or

(E) Other relevant factors; or

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(iv) The Director may, upon petition, designate as a medium municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii) of this section.

MUNICIPALITY means a city, town, borough, county, parish, district, association, or other public body created by or under State law and having jurisdiction over disposal of sewage, industrial wastes, or other wastes, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA.

MUNICIPAL SEPARATE STORM SEWER (defined at § 122.26(b)(8)) means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains):

- Owned or operated by a State, city, town, borough, county, parish, district, association, or other public body (created by or pursuant to State law) having jurisdiction over disposal of sewage, industrial wastes, stormwater, or other wastes, including special districts under State law such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA that discharges to waters of the United States.
- Designed or used for collecting or conveying stormwater.
- Which is not a combined sewer; and
- Which is not part of a POTW as defined at 40 CFR 122.2.

MUNICIPAL SLUDGE (*see sewage sludge*)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) means the national program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements, under sections 307, 402, 318, and 405 of the CWA. The term includes an "approved program."

NEW DISCHARGER means any building, structure, facility, or installation:

- From which there is or may be a "discharge of pollutants;"
- That did not commence the "discharge of pollutants" at a particular "site" prior to August 13, 1979;
- Which is not a "new source;" and
- Which has never received a finally effective NPDES permit for discharges at that "site."

This definition includes an "indirect discharger" which commences discharging into "waters of the United States" after August 13, 1979. It also means any existing mobile point source (other than an offshore or coastal oil and gas exploratory drilling rig or a coastal oil and gas developmental drilling rig) such as a seafood processing rig, seafood processing vessel, or aggregate plant, that begins discharging at a "site" for which it does not have a permit; and any offshore or coastal mobile oil and gas exploratory drilling rig or coastal mobile oil and gas developmental drilling rig that commences the discharge of pollutants after August 13, 1979, at a "site" under EPA's permitting jurisdiction for which it is not covered by an individual or general permit and which is located in an area determined by the Regional Administrator in the issuance of a final permit to be an area of biological concern. In determining whether an area is an area of biological concern, the Regional Administrator shall consider the factors specified in 40 CFR 125.122(a)(1) through (10).

An offshore or coastal mobile exploratory drilling rig or coastal mobile developmental drilling rig will be considered a "new discharger" only for the duration of its discharge in an area of biological concern.

NEW SOURCE means any building, structure, facility, or installation from which there is or may be a "discharge of pollutants," the construction of which commenced:

- After promulgation of standards of performance under section 306 of the CWA which are applicable to such source, or
- After proposal of standards of performance in accordance with section 306 of the CWA which are applicable to such source, but only if the standards are promulgated in accordance with section 306 within 120 days of their proposal.

OWNER OR OPERATOR means the owner or operator of any "facility or activity" subject to regulation under the NPDES program.

PERMIT means an authorization, license, or equivalent control document issued by EPA or an "approved State" to implement the requirements of this part and parts 123 and 124. "Permit" includes an NPDES "general permit" (§ 122.28). Permit does not include any permit which has not yet been the subject of final agency action, such as a "draft permit" or a "proposed permit."

PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM PESTICIDE APPLICATION means the application of biological pesticides, and the application of chemical pesticides that leave a residue, from point sources to waters of the United States. In the context of this definition of pesticide discharges to waters of the United States from pesticide application, this does not include

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agricultural storm water discharges and return flows from irrigated agriculture, which are excluded by law (33 U.S.C. 1342(l); 33 U.S.C. 1362(14)).

PESTICIDE RESIDUE for the purpose of determining whether a NPDES permit is needed for discharges to waters of the United States from pesticide application, means that portion of a pesticide application that is discharged from a point source to waters of the United States and no longer provides pesticidal benefits. It also includes any degradates of the pesticide.

POINT SOURCE means any discernible, confined, and discrete conveyance, including but not limited to, any pipe, ditch, channel, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, landfill leachate collection system, vessel or other floating craft from which pollutants are or may be discharged. This term does not include return flows from irrigated agriculture or agricultural stormwater runoff. (See § 122.3).

POLLUTANT means dredged spoil, solid waste, incinerator residue, filter backwash, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials (except those regulated under the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 *et seq.*)), heat, wrecked or discarded equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water. It does not mean:

- Sewage from vessels; or
- Water, gas, or other material which is injected into a well to facilitate production of oil or gas, or water derived in association with oil and gas production and disposed of in a well, if the well used either to facilitate production or for disposal purposes is approved by authority of the State in which the well is located, and if the State determines that the injection or disposal will not result in the degradation of ground or surface water resources. Note: Radioactive materials covered by the Atomic Energy Act are those encompassed in its definition of source, byproduct, or special nuclear materials. Examples of materials not covered include radium and accelerator-produced isotopes. See *Train v. Colorado Public Interest Research Group, Inc.*, 426 U.S. 1 (1976).

PRIMARY INDUSTRY CATEGORY means any industry category listed in the NRDC settlement agreement (*Natural Resources Defense Council et al. v. Train*, 8 E.R.C. 2120 (D.D.C. 1976), modified 12 E.R.C. 1833 (D.D.C. 1979)); also listed in appendix A of part 122.

PRIVATELY OWNED TREATMENT WORKS means any device or system which is (1) used to treat wastes from any facility whose operator is not the operator of the treatment works and (2) not a "POTW."

PROCESS WASTEWATER means any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product.

PROPOSED PERMIT means a state NPDES "permit" prepared after the close of the public comment period (and, when applicable, any public hearing and administrative appeals) which is sent to EPA for review before final issuance by the State. A "proposed permit" is not a "draft permit."

PUBLICLY OWNED TREATMENT WORKS or **POTW** (defined at § 403.3) means a treatment works as defined by CWA Section 212, which is owned by a state or municipality (as defined by CWA Section 502(4)). This definition includes any devices or systems used in the storage, treatment, recycling, and reclamation) of municipal sewage or industrial wastes of a liquid nature. This definition also includes sewers, pipes, and other conveyances only if they convey wastewater to a POTW. The term also means the municipality as defined in CWA Section 502(4), which has jurisdiction over the indirect discharges to and the discharges from such a treatment works.

REGIONAL ADMINISTRATOR means the Regional Administrator of the appropriate Regional Office of the Environmental Protection Agency or the authorized representative of the Regional Administrator.

ROCK CRUSHING AND GRAVEL WASHING FACILITIES (defined at § 122.27) means facilities which process crushed and broken stone, gravel, and riprap (See 40 CFR 436, subpart B, including the effluent limitations guidelines).

SCHEDULE OF COMPLIANCE means a schedule of remedial measures included in a "permit", including an enforceable sequence of interim requirements (for example, actions, operations, or milestone events) leading to compliance with the CWA and regulations.

SECONDARY INDUSTRY CATEGORY means any industry category which is not a primary industry category.

SEWAGE FROM VESSELS means human body wastes and the wastes from toilets and other receptacles intended to receive or retain body wastes that are discharged from vessels and regulated under section 312 of the CWA, except that with respect to commercial vessels on the Great Lakes this term includes graywater. For the purposes of this definition, "graywater" means galley, bath, and shower water.

SEWAGE SLUDGE means any solid, semi-solid, or liquid residue removed during the treatment of municipal waste water or domestic sewage. Sewage sludge includes, but is not limited to, solids removed during primary, secondary, or advanced waste water treatment, scum, septage, portable toilet pumpings, type III marine sanitation device pumpings (33 CFR 159), and sewage sludge products. Sewage sludge does not include grit or screenings, or ash generated during the incineration of sewage sludge.

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SILVICULTURAL POINT SOURCE (defined at § 122.27) means any discernible, confined, and discrete conveyance related to rock crushing, gravel washing, log sorting, or log storage facilities which are operated in connection with silvicultural activities and from which pollutants are discharged into waters of the United States. This term does not include non-point source silvicultural activities such as nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations, surface drainage, or road construction and maintenance from which there is natural runoff. However, some of these activities (such as stream crossing for roads) may involve point source discharges of dredged or fill material which may require a CWA Section 404 permit (see 33 CFR 209.120 and part 233).

SITE means the land or water area where any “facility or activity” is physically located or conducted, including adjacent land used in connection with the facility or activity.

SLUDGE-ONLY FACILITY means any “treatment works treating domestic sewage” whose methods of sewage sludge use or disposal are subject to regulations promulgated pursuant to section 405(d) of the CWA and is required to obtain a permit under § 122.1(b)(2).

STANDARDS FOR SEWAGE SLUDGE USE OR DISPOSAL means the regulations promulgated pursuant to section 405(d) of the CWA which govern minimum requirements for sludge quality, management practices, and monitoring and reporting applicable to sewage sludge or the use or disposal of sewage sludge by any person.

STATE means any of the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, or an Indian Tribe as defined in these regulations which meets the requirements of § 123.31 of this chapter.

STATE DIRECTOR means the chief administrative officer of any State or interstate agency operating an “approved program,” or the delegated representative of the State Director. If responsibility is divided among two or more State or interstate agencies, “State Director” means the chief administrative officer of the State or interstate agency authorized to perform the particular procedure or function to which reference is made.

STORMWATER (or **STORM WATER**) (defined at § 122.26(b)(13)) means stormwater runoff, snow melt runoff, and surface runoff and drainage.

STORMWATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY (defined at § 122.26(b)(14)) means the discharge from any conveyance that is used for collecting and conveying stormwater and that is directly related to manufacturing, processing or raw materials storage areas at an industrial plant. The term does not include discharges from facilities or activities excluded from the NPDES program under this part 122. For the categories of industries identified in this section, the term includes, but is not limited to, stormwater discharges from industrial plant yards; immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility; material handling sites; refuse sites; sites used for the application or disposal of process waste waters (as defined at 40 CFR 401); sites used for the storage and maintenance of material handling equipment; sites used for residual treatment, storage, or disposal; shipping and receiving areas; manufacturing buildings; storage areas (including tank farms) for raw materials, and intermediate and final products; and areas where industrial activity has taken place in the past and significant materials remain and are exposed to stormwater. For the purposes of this paragraph, material handling activities include storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, by-product or waste product. The term excludes areas located on plant lands separate from the plant's industrial activities, such as office buildings and accompanying parking lots as long as the drainage from the excluded areas is not mixed with stormwater drained from the above described areas. Industrial facilities (including industrial facilities that are federally, State, or municipally owned or operated that meet the description of the facilities listed in paragraphs 1 through 14 below) include those facilities designated under the provisions of 40 CFR 122.26(a)(1)(v). The following categories of facilities are considered to be engaging in “industrial activity” for purposes of 40 CFR 122.26(b)(14):

1. Facilities subject to stormwater effluent limitations guidelines, new source performance standards, or toxic pollutant effluent standards under 40 CFR Subchapter N (except facilities with toxic pollutant effluent standards which are exempted under paragraph 11 below);
2. Facilities classified as Standard Industrial Classification 24, Industry Group 241 that are rock crushing, gravel washing, log sorting, or log storage facilities operated in connection with silvicultural activities defined in 40 CFR 122.27(b)(2)–(3) and Industry Groups 242 through 249; 26 (except 265 and 267), 28 (except 283), 29, 311, 32 (except 323), 33, 3441, 373; (not included are all other types of silvicultural facilities);
3. Facilities classified as Standard Industrial Classifications 10 through 14 (mineral industry) including active or inactive mining operations (except for areas of coal mining operations no longer meeting the definition of a reclamation area under 40 CFR 434.11(1) because the performance bond issued to the facility by the appropriate SMCRA authority has been released, or except for areas of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990) and oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge stormwater contaminated by contact with or that has come into contact with, any overburden, raw material, intermediate products, finished products, byproducts or waste products located on the site of such operations; (inactive mining operations are mining sites that are not being actively mined, but which have an identifiable owner/operator; inactive mining sites do not include sites

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where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined materials, nor sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim);

4. Hazardous waste treatment, storage, or disposal facilities, including those that are operating under interim status or a permit under subtitle C of RCRA;
5. Landfills, land application sites, and open dumps that receive or have received any industrial wastes (waste that is received from any of the facilities described under this subsection) including those that are subject to regulation under subtitle D of RCRA;
6. Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093;
7. Steam electric power generating facilities, including coal handling sites;
8. Transportation facilities classified as Standard Industrial Classifications 40, 41, 42 (except 4221–25), 43, 44, 45, and 5171 which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility that are either involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication), equipment cleaning operations, airport deicing operations, or which are otherwise identified under paragraphs 1–7 or 9–11 are associated with industrial activity;
9. Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge that are located within the confines of the facility, with a design flow of 1.0 mgd or more, or required to have an approved pretreatment program under 40 CFR 403. Not included are farm lands, domestic gardens or lands used for sludge management where sludge is beneficially reused and which are not physically located in the confines of the facility, or areas that are in compliance with section 405 of the CWA;
10. Construction activity including clearing, grading and excavation, except operations that result in the disturbance of less than five acres of total land area. Construction activity also includes the disturbance of less than five acres of total land area that is a part of a larger common plan of development or sale if the larger common plan will ultimately disturb five acres or more;
11. Facilities under Standard Industrial Classifications 20, 21, 22, 23, 2434, 25, 265, 267, 27, 283, 285, 30, 31 (except 311), 323, 34 (except 3441), 35, 36, 37 (except 373), 38, 39, and 4221–25.

TOXIC POLLUTANT means any pollutant listed as toxic under section 307(a)(1) or, in the case of “sludge use or disposal practices,” any pollutant identified in regulations implementing section 405(d) of the CWA.

TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS) means a POTW or any other sewage sludge or waste water treatment devices or systems, regardless of ownership (including federal facilities), used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated for the disposal of sewage sludge. This definition does not include septic tanks or similar devices. For purposes of this definition, “domestic sewage” includes waste and waste water from humans or household operations that are discharged to or otherwise enter a treatment works. In States where there is no approved State sludge management program under section 405(f) of the CWA, the Regional Administrator may designate any person subject to the standards for sewage sludge use and disposal in 40 CFR 503 as a “treatment works treating domestic sewage,” where he or she finds that there is a potential for adverse effects on public health and the environment from poor sludge quality or poor sludge handling, use or disposal practices, or where he or she finds that such designation is necessary to ensure that such person is in compliance with 40 CFR 503.

UPSET (defined at § 122.41(n)) means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

VARIANCE means any mechanism or provision under section 301 or 316 of the CWA or under 40 CFR 125, or in the applicable “effluent limitations guidelines” which allows modification to or waiver of the generally applicable effluent limitation requirements or time deadlines of the CWA. This includes provisions which allow the establishment of alternative limitations based on fundamentally different factors or on sections 301(c), 301(g), 301(h), 301(i), or 316(a) of the CWA.


WATERS OF THE UNITED STATES as defined at § 122.2.

WHOLE EFFLUENT TOXICITY (WET) means the aggregate toxic effect of an effluent measured directly by a toxicity test.

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| | | | |
|---------------------------|---------------------|---------------|---|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> |
|---------------------------|---------------------|---------------|---|

| | | |
|--------------------|---|--|
| Form 1 NPDES |  | U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION |
|--------------------|---|--|

SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))

| | | | | |
|---|------------|---|-------|---|
| Activities Requiring an NPDES Permit | 1.1 | Applicants <i>Not Required</i> to Submit Form 1 | | |
| | 1.1.1 | Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input type="checkbox"/> No | 1.1.2 | Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input type="checkbox"/> No |
| | 1.2 | Applicants <i>Required</i> to Submit Form 1 | | |
| | 1.2.1 | Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2B. | 1.2.2 | Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2C. |
| | 1.2.3 | Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2D. | 1.2.4 | Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2E. |
| | 1.2.5 | Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input type="checkbox"/> Yes → Complete Form 1 <input type="checkbox"/> No and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). | | |

SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))

| | | | | |
|--|--------------------|----------------------------------|----------|--------------|
| Name, Mailing Address, and Location | 2.1 | Facility Name | | |
| | 2.2 | EPA Identification Number | | |
| | 2.3 | Facility Contact | | |
| | | Name (first and last) | Title | Phone number |
| | | Email address | | |
| | 2.4 | Facility Mailing Address | | |
| | Street or P.O. box | | | |
| | City or town | State | ZIP code | |

| | | | |
|--|--|--|---|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> |
| Name, Mailing Address, and Location Continued | 2.5 | Facility Location | |
| | Street, route number, or other specific identifier | | |
| | County name | County code (if known) | |
| | City or town | State | ZIP code |
| SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3)) | | | |
| SIC and NAICS Codes | 3.1 | SIC Code(s) | Description (optional) |
| | | | |
| | | | |
| | | | |
| | | | |
| | 3.2 | NAICS Code(s) | Description (optional) |
| | | | |
| | | | |
| | | | |
| | | | |
| SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4)) | | | |
| Operator Information | 4.1 | Name of Operator | |
| | | | |
| | 4.2 | Is the name you listed in Item 4.1 also the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4.3 | Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____ | |
| 4.4 | Phone Number of Operator | | |
| | | | |
| Operator Information Continued | 4.5 | Operator Address | |
| | Street or P.O. Box | | |
| | City or town | State | ZIP code |
| Email address of operator | | | |
| SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5)) | | | |
| Indian Land | 5.1 | Is the facility located on Indian Land? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|---------------------|---|---|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> |
| SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6)) | | | |
| Existing Environmental Permits | 6.1 | Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each) | |
| | | <input type="checkbox"/> NPDES (discharges to surface water) | <input type="checkbox"/> RCRA (hazardous wastes) |
| | | <input type="checkbox"/> PSD (air emissions) | <input type="checkbox"/> Nonattainment program (CAA) |
| | | <input type="checkbox"/> Ocean dumping (MPRSA) | <input type="checkbox"/> Dredge or fill (CWA Section 404) |
| | | <input type="checkbox"/> UIC (underground injection of fluids) | <input type="checkbox"/> NESHAPs (CAA) |
| | | <input type="checkbox"/> Other (specify) | |
| SECTION 7. MAP (40 CFR 122.21(f)(7)) | | | |
| Map | 7.1 | Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.) | |
| SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8)) | | | |
| Nature of Business | 8.1 | Describe the nature of your business. | |
| SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9)) | | | |
| Cooling Water Intake Structures | 9.1 | Does your facility use cooling water? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 10.1. | |
| | 9.2 | Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.) | |
| SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10)) | | | |
| Variance Requests | 10.1 | Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) | |
| | | <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) | <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) |
| | | <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) | <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) |
| | | <input type="checkbox"/> Not applicable | |

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved
OMB No. <INSERT NO.>
Form Expires <INSERT DATE>

SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

| | | | | | | |
|--|---|--|--|----------------|-----------|-------------|
| 11.1 | In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments. | | | | | |
| | Column 1 | Column 2 | | | | |
| | <input type="checkbox"/> Section 1: Activities Requiring an NPDES Permit | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 2: Name, Mailing Address, and Location | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 3: SIC Codes | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 4: Operator Information | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 5: Indian Land | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 6: Existing Environmental Permits | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 7: Map | <input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments | | | | |
| | <input type="checkbox"/> Section 8: Nature of Business | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 9: Cooling Water Intake Structures | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 10: Variance Requests | <input type="checkbox"/> w/ attachments | | | | |
| | <input type="checkbox"/> Section 11: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments | | | | |
| 11.2 | <p>Certification Statement</p> <p><i>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.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (print or type first and last name)</td> <td>Official title</td> </tr> <tr> <td>Signature</td> <td>Date signed</td> </tr> </table> | | Name (print or type first and last name) | Official title | Signature | Date signed |
| Name (print or type first and last name) | Official title | | | | | |
| Signature | Date signed | | | | | |

Water Permits Division



Application Form 2A

New and Existing Publicly Owned Treatment Works

NPDES Permitting Program

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Note: Complete this form if your facility is a new or existing publicly owned treatment works.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect information and complete Form 2A to average between 5 and 25 hours, depending on the number of sections the applicant must complete. The estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

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FORM 2A—GENERAL INSTRUCTIONS

Who Must Complete Form 2A?

All new and existing publicly owned treatment works (POTWs) and other dischargers designated by the National Pollutant Discharge Elimination System (NPDES) permitting authority must complete Form 2A. Note that you may wish to consult the “General Instructions” of NPDES Application Form 1 to determine if your treatment works is required to submit any additional NPDES application forms.

At the state level, either the U.S. Environmental Protection Agency (EPA) or an approved state agency administers the NPDES permit program. If you are located in a jurisdiction in which an EPA regional office administers the NPDES permit program, you should use Form 2A and all other applicable forms described in these instructions. If you are located in a jurisdiction where a state administers the NPDES permit program, contact the state to determine the forms you should complete. States often develop their own application forms rather than use the federal forms. See <http://www.epa.gov/npdes/npdes-state-program-information> for a list of states that have approved NPDES permit programs and those that do not.

Exhibit 2A–1 (see end of this section) provides contact information for each of EPA’s 10 regional offices. Since the exhibit’s content is subject to change, consult EPA’s website for the latest information: <http://www.epa.gov/aboutepa#regional>.

Where to File Your Completed Form

- If you are in a jurisdiction with an approved state NPDES permit program, file according to the instructions on the state forms.
- If you are in a jurisdiction where EPA is the NPDES permitting authority (i.e., the state is *not* an NPDES-authorized state), mail the completed application forms to the EPA regional office that covers the state in which your facility is located (see Exhibit 2A–1).

When to File Your Completed Form

Form 2A must be submitted at least 180 days before your present NPDES permit expires or, if you are a new discharger, at least 180 days before the date on which the discharge is to commence, unless the NPDES permitting authority has granted permission for a later date.

Fees

EPA does not require applicants to pay a fee for applying for NPDES permits. However, states that administer the NPDES permit program may charge fees. Consult with state officials for further information.

Public Availability of Submitted Information

EPA will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2A (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by

Form 2A. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 4 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Form 2A is divided into six major sections. It also contains five effluent monitoring tables (Tables A through E) and an industrial discharge information table (Table F), all located at the end of the form. Note that not all applicants are required to complete each section of the form or all of the tables. The questions on the form will direct you to the items and tables you must complete.

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Federal Registry Service, NPDES permit number, and facility name at the top of each page of Form 2A and any attachments. If your facility is new (i.e., not yet constructed), write or type “New Facility” in the space provided for the EPA Identification Number and NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 2A–1 for contact information. Additionally, for Tables A through E, provide the applicable outfall number at the top of each page.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.

If you have previously submitted information that answers a specific question to EPA or an approved state NPDES agency, you may either repeat the information in the space provided or attach a copy of the previous submission.

Note for New Dischargers

Provide all information available to you at the time you complete Form 2A. If you do not have information to respond to an item because your facility has yet to discharge, write or type “data are not available” next to the item on the form. Note that you are required to submit *actual* data no later than 24 months after your facility commences to discharge.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in the various NPDES application forms are included in the “Glossary” at the end of these instructions.

FORM 2A—GENERAL INSTRUCTIONS CONTINUED

Exhibit 2A–1. Addresses of EPA Regional Contacts and Covered States

| | |
|---|---|
| <p>REGION 1 U.S. Environmental Protection Agency, Region 1 5 Post Office Square, Suite 100, Boston, MA 02109-3912 Phone: (617) 918-1111; toll free: (888) 372-7341 Fax: (617) 918-0101 Website: http://www.epa.gov/aboutepa/epa-region-1-new-england Covered states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont</p> | <p>REGION 6 U.S. Environmental Protection Agency, Region 6 1445 Ross Avenue, Suite 1200, Dallas, TX 75202-2733 Phone: (214) 665-2200; toll free: (800) 887-6063 Fax: (214) 665-7113 Website: http://www.epa.gov/aboutepa/epa-region-6-south-central Covered states: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas</p> |
| <p>REGION 2 U.S. Environmental Protection Agency, Region 2 290 Broadway, New York, NY 10007-1866 Phone: (212) 637-3000; toll free: (877) 251-4575 Fax: (212) 637-3526 Website: http://www.epa.gov/aboutepa/epa-region-2 Covered states: New Jersey, New York, Virgin Islands, and Puerto Rico</p> | <p>REGION 7 U.S. Environmental Protection Agency, Region 7 11201 Renner Boulevard, Lenexa, KS 66219 Phone: (913) 551-7003; toll free: (800) 223-0425 Website: http://www.epa.gov/aboutepa/epa-region-7-midwest Covered states: Iowa, Kansas, Missouri, and Nebraska</p> |
| <p>REGION 3 U.S. Environmental Protection Agency, Region 3 1650 Arch Street, Philadelphia, PA 19103-2029 Phone: (215) 814-5000; toll free: (800) 438-2474 Fax: (215) 814-5103 Website: http://www.epa.gov/aboutepa/epa-region-3-mid-atlantic Covered states: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia</p> | <p>REGION 8 U.S. Environmental Protection Agency, Region 8 1595 Wynkoop Street, Denver, CO 80202-1129 Phone: (303) 312-6312; toll free: (800) 227-8917 Fax: (303) 312-6339 Website: http://www.epa.gov/aboutepa/epa-region-8-mountains-and-plains Covered states: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming</p> |
| <p>REGION 4 U.S. Environmental Protection Agency, Region 4 Sam Nunn Atlanta Federal Center 61 Forsyth Street, SW, Atlanta, GA 30303-8960 Phone: (404) 562-9900; toll free: (800) 241-1754 Fax: (404) 562-8174 Website: http://www.epa.gov/aboutepa/about-epa-region-4-southeast Covered states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee</p> | <p>REGION 9 U.S. Environmental Protection Agency, Region 9 75 Hawthorne Street, San Francisco, CA 94105 Phone: (415) 947-8000; toll free: (866) EPA-WEST Fax: (415) 947-3553 Website: http://www.epa.gov/aboutepa/epa-region-9-pacific-southwest Covered states: Arizona, California, Hawaii, Nevada, Guam, American Samoa, and Trust Territories</p> |
| <p>REGION 5 U.S. Environmental Protection Agency, Region 5 77 West Jackson Boulevard, Chicago, IL 60604-3507 Phone: (312) 353-2000; toll free: (800) 621-8431 Fax: (312) 353-4135 Website: http://www.epa.gov/aboutepa/epa-region-5 Covered states: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin</p> | <p>REGION 10 U.S. Environmental Protection Agency, Region 10 1200 Sixth Avenue, Suite 900, Seattle, WA 98101 Phone: (206) 553-1200; toll free: (800) 424-4372 Fax: (206) 553-2955 Website: http://www.epa.gov/aboutepa/epa-region-10-pacific-northwest Covered states: Alaska, Idaho, Oregon, and Washington</p> |

FORM 2A—LINE-BY-LINE INSTRUCTIONS

Section 1. Basic Application Information for All Applicants

Facility Information

Item 1.1. Enter the facility's official or legal name. Do not use a colloquial name. Provide the *mailing address* of the facility. Next, give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application.

Include a complete *location address* for the facility if different from the mailing address. If the facility lacks a street name or route number, give the most accurate, alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Item 1.2. Indicate whether the application is for a facility that has not yet commenced discharge. If yes, be advised that you are required to submit *actual* data no later than 24 months after your facility commences to discharge.

Applicant Information

Item 1.3. Indicate if the applicant is different from the entity listed under Item 1.1. If so, specify the applicant name and address. Provide the name (first and last) of a contact, including his/her title, telephone number, and email address.

Item 1.4. Indicate if the applicant is the facility's owner, operator, or both.

Item 1.5. Specify whether the NPDES permitting authority should send correspondence to the facility or the applicant.

Existing Environmental Permits

Item 1.6. Indicate all environmental permits or construction approvals received or applied for (including dates) under the noted programs. Print or type the corresponding permit number for each.

Collection System and Population Served

Item 1.7. Specify the municipalities served by the treatment works, including unincorporated connector districts. For each municipality, indicate the population served, the percentage of each collection system type if known (e.g., separate sanitary or combined storm and sanitary), and collection system ownership status. Finally, indicate the total percentage of sewer line each type comprises.

Do not report privately owned collection systems discharging industrial waste to the treatment works in Item 1.7. Those facilities must be reported on Table F.

Indian Country

Item 1.8. Indicate if the POTW is located in Indian Country.

Item 1.9. Note whether the treatment works discharges to a receiving stream that flows through Indian Country.

Design and Actual Flow Rates

Item 1.10. Provide the facility's *design* flow rate in million gallons per day (mgd). Next, specify the facility's *actual* annual average daily flow rate and maximum daily flow rate for each of the previous three years (in mgd).

Discharge Points by Type

Item 1.11. Provide the facility's total number of effluent discharge points to waters of the United States by type (e.g., treated effluent, untreated effluent, combined sewer overflows, bypasses, and constructed emergency overflows).

Outfalls and Other Discharge or Disposal Methods

Outfalls Other Than to Waters of the United States

Item 1.12. Indicate whether the POTW discharges wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States. If yes, continue to Item 1.13. If no, skip to Item 1.14.

Item 1.13. Specify the location of each surface impoundment, the average daily volume discharged to each surface impoundment in gallons per day (gpd), and whether the discharge is continuous or intermittent.

Item 1.14. Indicate if the facility applies wastewater to land. If yes, continue to Item 1.15. If no, skip to Item 1.16.

Item 1.15. Provide the location of each land application site; the size of each land application site (in acres); the average daily volume applied to each land application site (in gpd), and whether the land application is continuous or intermittent.

Item 1.16. Note whether the facility's effluent is transported to another facility for treatment prior to discharge. If yes, continue to Item 1.17. If no, skip to Item 1.21.

Item 1.17. Describe the means by which the effluent is transported, such as by tank truck or pipe.

Item 1.18. Specify whether the facility's effluent is transported by a party other than the applicant. If yes, continue to Item 1.19. If no, skip to Item 1.20.

Item 1.19. Provide the name, mailing address, contact person, phone number, and email address of the entity that transports the discharge.

Item 1.20. Provide the name, mailing address, contact person, phone number, email address, and NPDES permit number (if any) of the receiving facility. Also specify the average daily flow rate from the facility into the receiving facility in mgd.

Item 1.21. Indicate if wastewater is disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States, such as underground percolation and underground injections. If yes, continue to Item 1.22. If no, skip to Item 1.23.

Item 1.22. Provide a description of the disposal method, including the location and size of each disposal site; the annual average daily discharge volume (in gpd), and whether disposal through this method is continuous or intermittent.

Variance Requests

Item 1.23. If known at the time of application, check all of the authorized variances that you plan to request or renew. Note that you are not being asked to submit any other information at this time. Contact your NPDES permitting authority to determine the

FORM 2A—LINE-BY-LINE INSTRUCTIONS CONTINUED

specifics of what you should provide and when. The ability to request a variance is not limited to the time of application, and an applicant may request a variance consistent with statutory and regulatory requirements.

Contractor Information

Item 1.24. Indicate if any of the operational or maintenance activities associated with wastewater treatment and effluent quality of the POTW are the responsibility of a contractor. If yes, continue to Item 1.25. If no, skip to Section 2.

Item 1.25. Provide a listing of all contractors (by company name). For each, specify the mailing address, a contact name, telephone number, and email address. Also summarize the operational and maintenance responsibilities of each contractor.

Section 2. Additional Information

Outfalls to Waters of the United States

Design Flow

Item 2.1. Indicate whether the treatment works has a design flow greater than or equal to 0.1 mgd. If yes, continue to Item 2.2. If no, skip to Section 3.

Inflow and Infiltration

Item 2.2. Specify the POTW's current average daily volume of inflow and infiltration (in gpd) and steps the facility is taking to minimize inflow and infiltration.

Topographic Map

Item 2.3. Prepare a topographic map (or other map if a topographic map is unavailable) extending at least one mile beyond property boundaries of the treatment plant, including all unit processes and showing the following: (1) treatment plant area and unit processes; (2) major pipes or other structures through which wastewater enters the treatment plant and the pipes or other structures through which treated wastewater is discharged from the treatment plant (include outfalls from bypass piping, if applicable); (3) each well where fluids from the treatment plant are injected underground; (4) wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within ¼ mile of the treatment works' property boundaries; (5) sewage sludge management facilities (including onsite treatment, storage, and disposal sites); and (6) location at which waste classified as hazardous under the Resource Conservation and Recovery Act (RCRA) enters the treatment plant by truck, rail, or dedicated pipe.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS).

On all maps of rivers, show the direction of the current. In tidal waters, show the directions of ebb and flow tides.

You may develop your map by going to USGS's National Map

website at <http://nationalmap.gov/>. (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map. Briefly describe land uses in the map area (e.g., residential, commercial). An example of an acceptable location map is shown as Exhibit 2A-2 at the end of these instructions. **Note:** Exhibit 2A-2 is provided for illustration only; it does not show an actual facility. Note that you have completed your topographic map and attached it to the application.

Flow Diagram

Item 2.4. Provide a process flow diagram or schematic showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. This includes a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination), and showing daily average flow rates at influent and discharge points, and approximate daily flow rates between treatment units. Also provide a narrative description of the diagram/schematic. Answer "Yes" to Item 2.4 once you have completed and attached your diagram to the application.

Scheduled Improvements and Schedules of Implementation

Item 2.5. Indicate whether any improvements to the facility are scheduled. If yes, list and briefly describe each scheduled improvement and continue to Item 2.6. If no, skip to Section 3.

Item 2.6. For each scheduled improvement, indicate the outfall number of each outfall affected and the scheduled or actual dates of completion for the following: (1) commencement of construction, (2) completion of construction, (3) commencement of discharge, and (4) attainment of operational level.

Item 2.7. Note whether the appropriate permits/clearances concerning other federal/state requirements have been obtained and briefly explain your response.

Section 3. Information on Effluent Discharges

Description of Outfalls

Item 3.1. Provide a description of each of the POTW's wastewater discharge outfalls. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary.

For each outfall, provide the outfall number. Indicate the state, county, and city or town where each outfall is located. Note the distance from shore in feet and the depth below the surface in feet. Specify the average daily flow rate through the outfall in mgd. Also specify the latitude and longitude of each outfall to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

FORM 2A—LINE-BY-LINE INSTRUCTIONS CONTINUED

Seasonal or Periodic Discharge Data

Item 3.2. Indicate whether any of the outfalls described under Item 3.1 have seasonal or periodic discharges. If yes, continue to Item 3.3. If no, skip to Item 3.4.

Item 3.3. Specify the following for each applicable outfall: (1) number of times per year discharge occurs, (2) average duration of each discharge, (3) average flow of each discharge in mgd, and (4) months in which discharge occurs.

Diffuser Type

Item 3.4. Note whether any of the outfalls listed under Item 3.1 are equipped with a diffuser. If yes, continue to Item 3.5. If no, skip to Item 3.6.

Item 3.5. Briefly describe the diffuser type at each applicable outfall.

Waters of the United States

Item 3.6. Note whether the POTW discharges or plans to discharge wastewater to waters of the United States from one or more discharge points. If yes, continue to Item 3.7. If no, skip to Section 6.

Receiving Water Description

Item 3.7. Provide receiving water and related information in the table provided on the form (if known): (1) name of receiving water, (2) name of watershed/river/stream system and U.S. Soil Conservation Service 14-digit watershed code, (3) name of state management/river basin and U.S. Geological Survey (USGS) 8-digit hydrologic unit code, (4) acute and chronic critical low flow in cubic feet per second (cfs) and total hardness of receiving stream at critical low flow, in milligrams per liter (mg/L) of calcium carbonate, if applicable.

Treatment Description

Item 3.8. Specify the highest level of treatment provided for discharges from each outfall (e.g., primary, equivalent to secondary, secondary, or advanced). Also indicate the following design removals (in percent) for the following parameters for each outfall: (1) biochemical oxygen demand (BOD₅ or CBOD₅), (2) total suspended solids (TSS), (3) phosphorus (if applicable), (4) nitrogen (if applicable), and (5) any other removals that an advanced treatment system is designed to achieve.

Item 3.9. Provide a description of the type(s) of disinfection used for wastewater discharged through each outfall. Indicate the seasons the disinfection type is used. Note whether the POTW dechlorinates if disinfection is accomplished through chlorination. Otherwise, check "Not Applicable."

Effluent Testing Data and Tables A through E

Items 3.10 to 3.26. These items require you to collect and report data for the parameters and pollutants listed in Tables A through E, located at the end of Form 2A. The instructions for completing the tables are table-specific, as are the criteria for determining who should complete them.

Important note: Read the "General Instructions for Reporting, Sampling, and Analysis" later in these instructions before

completing Items 3.10 to 3.26 and Tables A through E.

Item 3.10 and Table A. All applicants that discharge wastewater to waters of the United States must provide effluent data for Table A parameters. Respond "Yes" to Item 3.10 when you have completed Table A and attached it to your application.

Item 3.11. Answer whether the POTW has conducted any whole effluent toxicity (WET) tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points. If yes, continue to Item 3.12. If no, skip to Item 3.13.

Item 3.12. For each applicable outfall, note the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges or of the receiving water near the discharge points.

Item 3.13. Note whether the POTW has a design flow greater than or equal to 0.1 mgd. If yes, continue to Item 3.14. If no, skip to Item 3.16.

Item 3.14 and Table B. Answer whether the treatment works uses chlorine for disinfection, uses it elsewhere in the treatment process, or otherwise has reasonable potential to discharge chlorine in its effluent. If yes, complete Table B including chlorine. If no, complete Table B, omitting chlorine.

Item 3.15. Answer "Yes" when you have completed monitoring for all applicable Table B parameters and attached the results to your application.

Item 3.16 and Screen for Tables C through E. Indicate whether one or more of the conditions apply to your POTW. If yes, continue to Item 3.17. If no, skip to Section 4.

Item 3.17 and Table C. Answer "Yes" to indicate you have completed monitoring for all applicable Table C pollutants and attached the results to your application package.

Item 3.18 and Table D. Answer "Yes" to indicate you have completed monitoring for applicable Table D pollutants required by your NPDES permitting authority and attached the results to your application package, or "No" if the NPDES permitting authority has not required additional sampling for the pollutants in Table D.

Item 3.19 and Additional Screen for Table E. Answer whether the POTW conducted either (1) a minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years. If yes, continue to Item 3.20. If no, complete tests and Table E and then skip to Item 3.26.

Item 3.20 and Additional Screen for Table E. Report whether you have previously submitted the results of the WET tests indicated in Item 3.19 to your NPDES permitting authority. If yes, continue to Item 3.21. If no, provide the results in Table E and skip to Item 3.26.

Item 3.21. Report the dates the testing data were submitted to your NPDES permitting authority and provide a summary of the results.

Item 3.22. Regardless of how you may have provided the results of previously conducted WET analyses to your NPDES permitting authority, indicate if any of the tests resulted in toxicity. If yes,

FORM 2A—LINE-BY-LINE INSTRUCTIONS CONTINUED

continue to Item 3.23. If no, skip to Item 3.26.

Item 3.23. Describe the cause(s) of toxicity.

Item 3.24. Indicate if the POTW has conducted a toxicity reduction evaluation. If yes, continue to Item 3.25. If no, skip to Item 3.26.

Item 3.25. Provide details of any toxicity reduction evaluations performed.

Item 3.26. Answer "Yes" when you have completed Table E for all applicable outfalls and attached the results to the application package, or answer "No" if the item is not applicable because you previously submitted WET data to your NPDES permitting authority.

Section 4. Industrial Discharges, Table F, and Hazardous Wastes

Item 4.1. Indicate if the POTW receives discharges from significant industrial users (SIUs) or non-significant categorical industrial users (NSCIUs), including SIUs and NSCIUs that truck or haul waste. If yes, continue to Item 4.2. If no, skip to Item 4.7.

1. SIUs are defined as:

- a. All industrial users subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N (CIUs); and
- b. Any other industrial user per 40 CFR 403.3 that:
 - i. Discharges an average of 25,000 gpd or more of process wastewater to the treatment works (with certain exclusions); or
 - ii. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - iii. Is designated as an SIU by the control authority.

2. The control authority may determine that an Industrial User subject to categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N is a NSCIU rather than a SIU on a finding that the Industrial User never discharges more than 100 gpd of total categorical wastewater (excluding sanitary, non-contact cooling and boiler blowdown wastewater, unless specifically included in the Pretreatment Standard) and the following conditions are met:

- a. The Industrial User, prior to the control authority's finding, has consistently complied with all applicable categorical Pretreatment Standards and Requirements;
- b. The Industrial User annually submits the certification statement required in 40 CFR 403.12(q) together with any additional information necessary to support the certification statement; and
- c. The Industrial User never discharges any untreated concentrated wastewater.

Item 4.2. Indicate the number of SIUs and NSCIUs that discharge to the POTW.

Item 4.3. Answer whether the POTW has an approved

pretreatment program, which is defined at 40 CFR 403.3 as a program administered by a POTW that meets the criteria established in 40 CFR 403.8 and 403.9 and that has been approved by the NPDES permitting authority.

Item 4.4. Answer whether you have submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program. If yes, continue to Item 4.5. If no, skip to Item 4.6.

Item 4.5. Identify the title and date of the pretreatment program annual report or pretreatment program referenced in Item 4.4 and skip to Item 4.7.

Item 4.6 and Table F. Complete Table F by providing the following information for each SIU that discharges to the POTW: (1) name and mailing address; (2) description of all industrial processes that affect or contribute to each SIU's discharge; (3) a list of the principal products and raw materials that affect or contribute to the SIU's discharge; (4) average daily volume of wastewater discharged by each SIU, indicating the amount attributable to process flow and non-process flow; (5) whether the SIU is subject to local limits; (6) whether the SIU is subject to categorical standards and the categories/subcategories under which the SIU is subject; and (7) whether any problems (e.g., upsets, pass-through interference) have occurred at the POTW that can be attributed to the SIU in the past 4.5 years. Answer "Yes" to Item 4.6 when you have completed and attached Table F to the application package.

Note: SIUs include users that truck or haul industrial waste to the POTW. Information for these users must be provided in Table F.

Item 4.7. Indicate if the POTW receives or has been notified that it will receive by truck, rail, or dedicated pipe any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261. If yes, continue to Item 4.8. If no, skip to Item 4.9.

Item 4.8. For each hazardous waste received, provide the hazardous waste number, the method by which the waste is received (e.g., by truck, dedicated pipe, rail, etc.), and the amount of waste received annually (specify units).

Item 4.9. Answer whether the POTW receives, or has been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and Sections 3004(u) or 3008(h) of RCRA. If yes, continue to Item 4.10. If no, skip to Section 5.

Item 4.10. Answer whether the POTW receives (or expects to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified at 40 CFR 261.30(d) and 261.33(e). If yes, skip to Section 5. If no, continue to Item 4.11.

Item 4.11. In an attachment to the application, provide an identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents, as listed in Appendix VII of 40 CFR 261, if known; and the extent of treatment, if any, the wastewater receives

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Tables A through E and Section 3 of Form 2A.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the EPA Identification Number, NPDES permit number, facility name, and applicable outfall number at the top of each page of the tables and any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls, so long as the sheets contain all of the required information and are similar in format to Tables A through E. For example, you may be able to print a report in a compatible format from the data system used in your analysis of metals completed under Table C.

Note for new dischargers. Provide all information available to you at the time you complete Form 2A. If you do not have information to respond to an item because your facility has yet to discharge, write or type "data are not available" next to the item on the form. Note that you are required to submit *actual* data no later than 24 months after your facility commences discharge.

Reporting of Effluent Data

Where effluent data are requested, do not provide information on CSOs. The latter information is requested instead under Section 5 of Form 2A.

Provide data for each outfall through which effluent is discharged. When an applicant has two or more outfalls with substantially identical effluents, the NPDES permitting authority may allow the applicant to test only one outfall and report that quantitative data as applying to the substantially identical outfall. If the permitting authority grants your request, attach a separate sheet to the application form identifying the outfall tested and describing why the other outfall(s) are substantially identical.

At a minimum, effluent testing data must be based on at least three samples taken within 4.5 years prior to the date of the permit application. Samples must be representative of the seasonal variation in the discharge from each outfall. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application.

All existing data for pollutants specified in Tables A through D that is collected within 4.5 years of the application must be included in the pollutant data summary that you submit. If, however, you sampled for a specific pollutant on a monthly or more frequent basis, it is only necessary, for such pollutant, to summarize all data collected within 1 year of the application.

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is "sufficiently sensitive" when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.

- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility's discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.
- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O, for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of "sufficiently sensitive," the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the NPDES permitting authority may determine that the method is not performing adequately and the NPDES permitting authority should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the NPDES permitting authority, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method's precision, accuracy, or resolution, may be considered when assessing the performance of the method.

Effluent monitoring data must comply with the QA/QC requirements of 40 CFR 136 (and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR 136).

Clearly specify the units of measure on Tables A through E for each parameter/pollutant analyzed. Values should be reported as concentration or mass, except for flow, temperature, pH, color, and fecal coliform organisms, unless otherwise requested or required by the NPDES permitting authority. Flow, temperature, pH, color, and fecal coliform organisms must be reported as mgd, degrees Celsius (°C), standard units, color units, and most probable number per 100 milliliters (MPN/100 mL), respectively. Use the following abbreviations in the columns requiring "units" in Tables A through D.

| Concentration | Mass |
|--|---------------------------|
| ppm = parts per million | lbs = pounds |
| mg/L = milligrams per liter | ton = tons (English tons) |
| ppb = parts per billion | mg = milligrams |
| µg/L = micrograms per liter | g = grams |
| MPN = most probable number per 100 milliliters | kg = kilograms |
| | T = tonnes (metric tons) |

General Instructions for Reporting, Sampling, and Analysis Continued

Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and volatile organic compounds. For all other pollutants, 24-hour composite samples must be used. For a composite sample, only one analysis of the composite of aliquots is required.

The effluent monitoring data provided must include at least the following for each parameter: (1) the maximum daily discharge based upon actual sample values, (2) average daily discharge for all samples, expressed as concentration or mass, and the number of samples used to obtain this value, (3) the analytical method used, and (4) the threshold level (i.e., method detection limit, minimum level, or other designated method endpoints) for the analytical method used.

Metals must be reported as "total recoverable metal," unless all approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium) or otherwise directed by the NPDES permitting authority.

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of domestic wastewater. You may contact your NPDES permitting authority for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 2A-1 for contact information. Any specific requirements in the analytical methods—for example, for sample containers, sample preservation, holding

times, and the collection of duplicate samples—must be followed. The time when you sample should be representative of your normal operation, to the extent feasible, with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

Further Requirements for Table E, Whole Effluent Toxicity Testing

Each applicant required to perform WET testing must provide results of a minimum of four quarterly tests for a year, from the year preceding the permit application, *or* the results from four tests performed at least annually in the 4.5-year period prior to the application, provided the results show no appreciable toxicity using a safety factor determined by the NPDES permitting authority.

Applicants must conduct tests with multiple species (no less than two species; e.g., fish, invertebrate, plant) and test for acute or chronic toxicity, depending on the range of receiving water dilution. See 40 CFR 122.21(j)(5)(v) for further details.

WET testing must be conducted using methods approved under 40 CFR 136. West coast facilities in Washington, Oregon, California, Alaska, Hawaii, and the Pacific Territories are exempted from 40 CFR 136 chronic methods and must use alternative guidance as directed by the NPDES permitting authority.

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FORM 2A—LINE-BY-LINE INSTRUCTIONS CONTINUED

or will receive before entering the POTW. Answer "Yes" to Item 4.11 when you have completed and attached the information to the application package.

Section 5. Combined Sewer Overflows

CSO Map and Diagram

Item 5.1. Indicate if the treatment works has a combined sewer system. If yes, continue to Item 5.2. If no, skip to Section 6.

Item 5.2. Attach a CSO system map to the application. The map should indicate: (1) all CSO discharge points, (2) sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding national resource waters), and (3) waters supporting threatened and endangered species potentially affected by CSOs. Answer "Yes" to Item 5.2 when you have completed the map and attached it to the application package.

Item 5.3. Prepare a diagram of the CSO collection system. The diagram should show the following: (1) the location of major sewer trunk lines, both combined and separate sanitary; (2) the locations of points where separate sanitary sewers feed into the combined sewer system; (3) in-line and off-line storage structures; (4) the locations of flow-regulating devices; and (5) the locations of pump stations. Answer "Yes" to Item 5.3 when you have completed the diagram and attached it to the application package.

CSO Outfall Description

Item 5.4. Provide the following information for each CSO outfall: (1) outfall number; (2) state, county, city or town and ZIP code in which the outfall is located; (3) latitude and longitude of the outfall, to the nearest second, (4) distance of the outfall from shore and depth of the outfall below water surface. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudeandlongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). The location of each CSO outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States.

CSO Monitoring

Item 5.5. Indicate whether the POTW has monitored any of the following items in the past year for each of its CSO outfalls: (1) rainfall, (2) CSO flow volume, (3) CSO pollutant concentrations; (4) receiving water quality, (5) CSO frequency, and (6) number of storm events.

CSO Events in Past Year

Item 5.6. For each CSO outfall, record (1) the number of CSO events in the past year, (2) the average duration in hours per event, (3) the average volume per CSO event in million gallons, and (4) the minimum rainfall that caused a CSO event in inches of rainfall in the past year. Note whether your responses for sub-items (2) through (4) above are based on actual or estimated data.

CSO Receiving Waters

Item 5.7. For each CSO outfall, record the following receiving water information: (1) name of receiving water; (2) name of watershed/stream system and the U.S. Soil Conservation Service

watershed (14-digit) code, if known; (3) name of the state management/river basin and the USGS 8-digit hydrologic cataloging unit code, if known; and (4) a description of any known water quality impacts on the receiving water caused by the CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shellfish bed closings, fish kills, fish advisories, other recreational loss, or exceedance of any applicable state water quality standard).

Section 6. Checklist and Certification Statement

Item 6.1. Review the checklist provided. In Column 1, mark the sections of Form 2A that you have completed and are submitting with your application. In Column 2, indicate for each section whether you are submitting attachments.

Item 6.2. The Clean Water Act provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

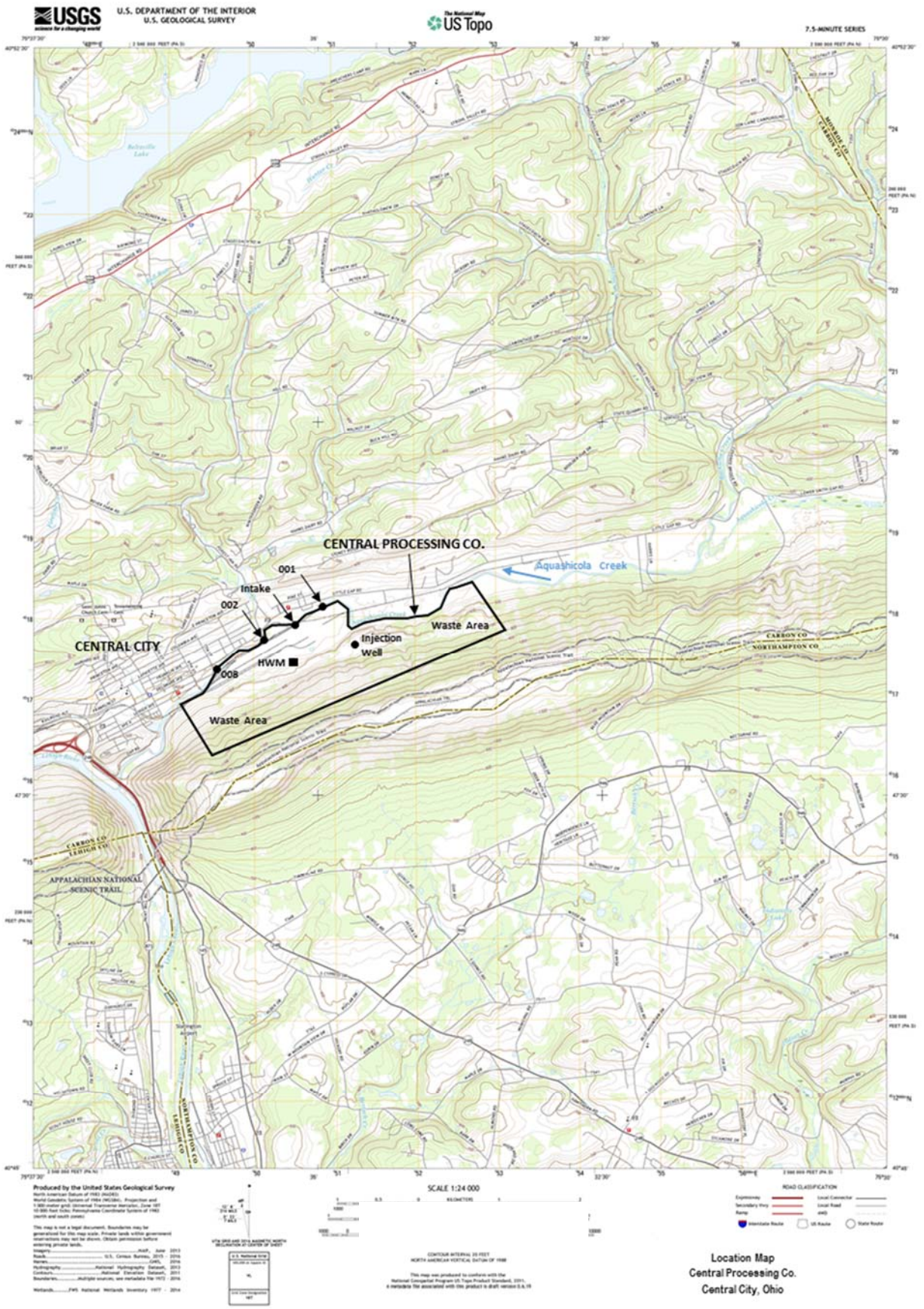
FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

**Submit your completed Form 2A and
all associated attachments
(and any other required NPDES application forms)
to your NPDES permitting authority.**

Exhibit 2A-2. Example Topographic Map



FORM 2A—GLOSSARY

Note: This glossary includes terms used in the various NPDES application forms, including Form 2A. The definitions are from the NPDES regulations at 40 CFR 122.2 unless otherwise specified. If you have any questions concerning the meaning of any of these terms, contact your NPDES permitting authority.

ANIMAL FEEDING OPERATION (defined at § 122.23) means a lot or facility (other than an aquatic animal production facility) where the following conditions are met:

- Animals (other than aquatic animals) have been, are, or will be stabled or confined and fed or maintained for a total of 45 days or more in any 12-month period; and
- Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.

APPLICATION means the EPA standard national forms for applying for a permit, including any additions, revisions, or modifications to the forms; or forms approved by EPA for use in approved states, including any approved modifications or revisions.

APPROVED PROGRAM or **APPROVED STATE** means a State or interstate program which has been approved or authorized by EPA under part 123.

AQUACULTURE PROJECT (defined at § 122.25) means a defined managed water area which uses discharges of pollutants into that designated area for the maintenance or production of harvestable freshwater, estuarine, or marine plants or animals. **DESIGNATED PROJECT AREA** means the portions of the waters of the United States within which the permittee or permit applicant plans to confine the cultivated species, using a method or plan or operation (including, but not limited to, physical confinement) which, on the basis of reliable scientific evidence, is expected to ensure that specific individual organisms comprising an aquaculture crop will enjoy increased growth attributable to the discharge of pollutants, and be harvested within a defined geographic area.

AVERAGE MONTHLY DISCHARGE LIMITATION means the highest allowable average of daily discharges over a calendar month, calculated as the sum of all daily discharges measured during that month divided by the number of daily discharges measured during that month.

AVERAGE WEEKLY DISCHARGE LIMITATION means the highest allowable average of daily discharges over a calendar week, calculated as the sum of all daily discharges measured during a calendar week divided by the number of daily discharges measured during that week.

BEST MANAGEMENT PRACTICES (BMPs) means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. BMPs include treatment requirements, operation procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

BIOSOLIDS (*see sewage sludge*).

BYPASS (defined at § 122.41(m)) means the intentional diversion of waste streams from any portion of a treatment facility.

COMBINED SEWER OVERFLOW (CSO) means a discharge from a combined sewer system (CSS) at a point prior to the Publicly Owned Treatment Works (POTW) Treatment Plant (defined at § 403.3(r)).

COMBINED SEWER SYSTEM (CSS) means a wastewater collection system owned by a State or municipality (as defined by section 502(4) of the CWA) which conveys sanitary wastewaters (domestic, commercial and industrial wastewaters) and storm water through a single-pipe system to a Publicly Owned Treatment Works (POTW) Treatment Plant (as defined at § 403.3(r)).

CONCENTRATED ANIMAL FEEDING OPERATION (defined at § 122.23) means an animal feeding operation that is defined as a Large CAFO or as a Medium CAFO by the terms of (A) or (B) below, or that is designated as a CAFO in accordance with 40 CFR 122.23(c). Two or more AFOs under common ownership are considered to be a single AFO for the purposes of determining the number of animals at an operation, if they adjoin each other or if they use a common area or system for the disposal of wastes.

A. **LARGE CONCENTRATED ANIMAL FEEDING OPERATION (LARGE CAFO)** means an AFO that stables or confines as many as or more than the numbers of animals specified in any of the following categories:

1. 700 mature dairy cows, whether milked or dry;
2. 1,000 veal calves;
3. 1,000 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to helpers, steers, bulls and cow/calf pairs;
4. 2,500 swine each weighing 55 pounds or more;
5. 10,000 swine each weighing less than 55 pounds;
6. 500 horses;
7. 10,000 sheep or lambs;

FORM 2A—GLOSSARY CONTINUED

8. 55,000 turkeys;
 9. 30,000 laying hens or broilers, if the AFO uses a liquid manure handling system;
 10. 125,000 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
 11. 82,000 laying hens, if the AFO uses other than a liquid manure handling system;
 12. 30,000 ducks (if the AFO uses other than a liquid manure handling system); or
 13. 5,000 ducks (if the AFO uses a liquid manure handling system).
- B. **MEDIUM CONCENTRATED ANIMAL FEEDING OPERATION (MEDIUM CAFO)** means any AFO with the type and number of animals that fall within any of the ranges listed below and which has been defined or designated as a CAFO. An AFO is defined as a Medium CAFO if:
1. The type and number of animals that it stables and confines falls within any of the following ranges:
 - a. 200 to 699 mature dairy cows, whether milked or dry;
 - b. 300 to 999 veal calves;
 - c. 300 to 999 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
 - d. 750 to 2,499 swine each weighing 55 pounds or more;
 - e. 3,000 to 9,999 swine each weighing less than 55 pounds;
 - f. 150 to 499 horses;
 - g. 3,000 to 9,999 sheep or lambs;
 - h. 16,500 to 54,999 turkeys;
 - i. 9,000 to 29,999 laying hens or broilers, if the AFO uses a liquid manure handling system;
 - j. 37,500 to 124,999 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
 - k. 25,000 to 81,999 laying hens, if the AFO uses other than a liquid manure handling system;
 - l. 10,000 to 29,999 ducks (if the AFO uses other than a liquid manure handling system); or
 - m. 1,500 to 4,999 ducks (if the AFO uses a liquid manure handling system); and
 2. Either one of the following conditions are met:
 - a. Pollutants are discharged into waters of the United States through a man-made ditch, flushing system, or other similar man-made device; or
 - b. Pollutants are discharged directly into waters of the United States which originate outside of and pass over, across, or through the facility or otherwise come into direct contact with animals confined in the operation.

CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY (defined at § 122.24) means a hatchery, fish farm, or other facility which contains, grows, or holds aquatic animals in either of the following categories, or which the Director designates as such on a case-by-case basis:

- A. Cold water fish species or other cold water aquatic animals including, but not limited to, the *Salmonidae* family of fish (e.g., trout and salmon) in ponds, raceways, or other similar structures which discharge at least 30 days per year but does not include:
 1. Facilities which produce less than 9,090 harvest weight kilograms (approximately 20,000 pounds) of aquatic animals per year; and
 2. Facilities which feed less than 2,272 kilograms (approximately 5,000 pounds) of food during the calendar month of maximum feeding.
- B. Warm water fish species or other warm water aquatic animals including, but not limited to, the *Ameiuridae*, *Cetrarchidae*, and *Cyprinidae* families of fish (e.g., respectively, catfish, sunfish, and minnows) in ponds, raceways, or other similar structures which discharge at least 30 days per year, but does not include:
 1. Closed ponds which discharge only during periods of excess runoff; or
 2. Facilities which produce less than 45,454 harvest weight kilograms (approximately 100,000 pounds) of aquatic animals per year.

CWA means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act or Federal Water Pollution Control Act Amendments of 1972) Public Law 92-500, as amended by Public Law 95-217, Public Law 95-576, Public Law 96-483 and Public Law 97-117, 33 U.S.C. 1251 *et seq.*

CWA AND REGULATIONS means the Clean Water Act (CWA) and applicable regulations promulgated thereunder. In the case of an approved State program, it includes State program requirements.

FORM 2A—GLOSSARY CONTINUED

DAILY DISCHARGE means the “discharge of a pollutant” measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the “daily discharge” is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the “daily discharge” is calculated as the average measurement of the pollutant over the day.

DIRECT DISCHARGE means the “discharge of a pollutant.”

DIRECTOR means the Regional Administrator or the State Director, as the context requires, or an authorized representative. When there is no “approved State program,” and there is an EPA administered program, “Director” means the Regional Administrator. When there is an approved State program, “Director” normally means the State Director. In some circumstances, however, EPA retains the authority to take certain actions even when there is an approved State program. (For example, when EPA has issued an NPDES permit prior to the approval of a State program, EPA may retain jurisdiction over that permit after program approval, see § 123.1.) In such cases, the term “Director” means the Regional Administrator and not the State Director.

DISCHARGE (OF A POLLUTANT) means:

- Any addition of any pollutant or combination of pollutants to waters of the United States from any point source; or
- Any addition of any pollutant or combination of pollutants to the waters of the contiguous zone or the ocean from any point source other than a vessel or other floating craft which is being used as a means of transportation.

This definition includes discharges into waters of the United States from: surface runoff which is collected or channelled by man; discharges through pipes, sewers, or other conveyances owned by a State, municipality, or other person which do not lead to a treatment works; and discharges through pipes, sewers, or other conveyances, leading into privately owned treatment works. This term does not include an addition of pollutants by any “indirect discharger”.

DISCHARGE MONITORING REPORT means the EPA uniform national form, including any subsequent additions, revisions, or modifications for the reporting of self-monitoring results by permittees. DMRs must be used by “approved States” as well as by EPA. EPA will supply DMRs to any approved State upon request. The EPA national forms may be modified to substitute the state agency name, address, logo, and other similar information, as appropriate, in place of EPA’s.

DRAFT PERMIT means a document prepared under § 124.6 indicating the Director’s tentative decision to issue or deny, modify, revoke and reissue, terminate, or reissue a “permit.” A notice of intent to terminate a permit, and a notice of intent to deny a permit, as discussed in § 124.5, are types of “draft permits.” A denial of a request for modification, revocation and reissuance, or termination, as discussed in § 124.5, is not a “draft permit.” A “proposed permit” is not a “draft permit.”

EFFLUENT LIMITATION means any restriction imposed by the Director on quantities, discharge rates, and concentrations of “pollutants” which are “discharged” from “point sources” into “waters of the United States,” the waters of the “contiguous zone,” or the ocean.

EFFLUENT LIMITATIONS GUIDELINES means a regulation published by the Administrator under section 304(b) of the CWA to adopt or revise “effluent limitations.”

ENVIRONMENTAL PROTECTION AGENCY (EPA) means the United States Environmental Protection Agency.

FACILITY or **ACTIVITY** means any NPDES “point source” or any other facility or activity (including land or appurtenances thereto) that is subject to regulation under the NPDES program.

GENERAL PERMIT means an NPDES “permit” issued under § 122.28 authorizing a category of discharges under the CWA within a geographical area.

HAZARDOUS SUBSTANCE means any substance designated under 40 CFR part 116 pursuant to section 311 of the CWA.

INDIAN COUNTRY (or INDAN LANDS) means:

- All land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and, including rights-of-way running through the reservation;
- All dependent Indian communities with the borders of the United States whether within the originally or subsequently acquired territory thereof, and whether within or without the limits of a state; and
- All Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through the same.

INDIAN TRIBE means any Indian Tribe, band, group, or community recognized by the Secretary of the Interior and exercising governmental authority over a Federal Indian reservation.

INDIRECT DISCHARGE means a nondomestic discharger introducing “pollutants” to a “publicly owned treatment works.”

FORM 2A—GLOSSARY CONTINUED

LARGE MUNICIPAL SEPARATE STORM SEWER SYSTEM (defined at § 122.26(b)(4)) means all municipal separate storm sewers that are either:

- (i) Located in an incorporated place with a population of 250,000 or more as determined by the 1990 Decennial Census by the Bureau of the Census (Appendix F of 40 CFR 122); or
- (ii) Located in the counties listed in appendix H of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or
- (iii) Owned or operated by a municipality other than those described in paragraphs (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraphs (i) or (ii). In making this determination the Director may consider the following factors:
 - (A) Physical interconnections between the municipal separate storm sewers;
 - (B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);
 - (C) The quantity and nature of pollutants discharged to waters of the United States;
 - (D) The nature of the receiving waters; and
 - (E) Other relevant factors; or
- (iv) The Director may, upon petition, designate as a large municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii).

LOG SORTING AND LOG STORAGE FACILITIES (defined at § 122.27) means facilities whose discharges result from the holding of unprocessed wood, for example, logs or roundwood with bark or after removal of bark held in self-contained bodies of water (mill ponds or log ponds) or stored on land where water is applied intentionally on the logs (wet decking). (See 40 CFR 429, subpart I, including the effluent limitations guidelines.)

MAJOR FACILITY means any NPDES "facility or activity" classified as such by the Regional Administrator, or, in the case of "approved State programs," the Regional Administrator in conjunction with the State Director.

MAXIMUM DAILY DISCHARGE LIMITATION means the highest allowable "daily discharge."

MEDIUM MUNICIPAL SEPARATE STORM SEWER SYSTEM (defined at § 122.26(b)(7)) means all municipal separate storm sewers that are either:

- (i) Located in an incorporated place with a population of 100,000 or more but less than 250,000, as determined by the 1990 Decennial Census by the Bureau of the Census (appendix G of 40 CFR 122); or
- (ii) Located in the counties listed in appendix I of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or
- (iii) Owned or operated by a municipality other than those described in paragraph (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraph (i) or (ii). In making this determination the Director may consider the following factors:
 - (A) Physical interconnections between the municipal separate storm sewers;
 - (B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);
 - (C) The quantity and nature of pollutants discharged to waters of the United States;
 - (D) The nature of the receiving waters; or
 - (E) Other relevant factors; or
- (iv) The Director may, upon petition, designate as a medium municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii) of this section.

FORM 2A—GLOSSARY CONTINUED

MUNICIPALITY means a city, town, borough, county, parish, district, association, or other public body created by or under State law and having jurisdiction over disposal of sewage, industrial wastes, or other wastes, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA.

MUNICIPAL SEPARATE STORM SEWER (defined at § 122.26(b)(8)) means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains):

- Owned or operated by a State, city, town, borough, county, parish, district, association, or other public body (created by or pursuant to State law) having jurisdiction over disposal of sewage, industrial wastes, stormwater, or other wastes, including special districts under State law such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA that discharges to waters of the United States.
- Designed or used for collecting or conveying stormwater.
- Which is not a combined sewer; and
- Which is not part of a POTW as defined at 40 CFR 122.2.

MUNICIPAL SLUDGE (*see sewage sludge*)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) means the national program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements, under sections 307, 402, 318, and 405 of the CWA. The term includes an “approved program.”

NEW DISCHARGER means any building, structure, facility, or installation:

- From which there is or may be a “discharge of pollutants;”
- That did not commence the “discharge of pollutants” at a particular “site” prior to August 13, 1979;
- Which is not a “new source;” and
- Which has never received a finally effective NPDES permit for discharges at that “site.”

This definition includes an “indirect discharger” which commences discharging into “waters of the United States” after August 13, 1979. It also means any existing mobile point source (other than an offshore or coastal oil and gas exploratory drilling rig or a coastal oil and gas developmental drilling rig) such as a seafood processing rig, seafood processing vessel, or aggregate plant, that begins discharging at a “site” for which it does not have a permit; and any offshore or coastal mobile oil and gas exploratory drilling rig or coastal mobile oil and gas developmental drilling rig that commences the discharge of pollutants after August 13, 1979, at a “site” under EPA’s permitting jurisdiction for which it is not covered by an individual or general permit and which is located in an area determined by the Regional Administrator in the issuance of a final permit to be an area of biological concern. In determining whether an area is an area of biological concern, the Regional Administrator shall consider the factors specified in 40 CFR 125.122(a)(1) through (10).

An offshore or coastal mobile exploratory drilling rig or coastal mobile developmental drilling rig will be considered a “new discharger” only for the duration of its discharge in an area of biological concern.

NEW SOURCE means any building, structure, facility, or installation from which there is or may be a “discharge of pollutants,” the construction of which commenced:

- After promulgation of standards of performance under section 306 of the CWA which are applicable to such source, or
- After proposal of standards of performance in accordance with section 306 of the CWA which are applicable to such source, but only if the standards are promulgated in accordance with section 306 within 120 days of their proposal.

OWNER OR OPERATOR means the owner or operator of any “facility or activity” subject to regulation under the NPDES program.

PERMIT means an authorization, license, or equivalent control document issued by EPA or an “approved State” to implement the requirements of this part and parts 123 and 124. “Permit” includes an NPDES “general permit” (§ 122.28). Permit does not include any permit which has not yet been the subject of final agency action, such as a “draft permit” or a “proposed permit.”

PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM PESTICIDE APPLICATION means the application of biological pesticides, and the application of chemical pesticides that leave a residue, from point sources to waters of the United States. In the context of this definition of pesticide discharges to waters of the United States from pesticide application, this does not include agricultural storm water discharges and return flows from irrigated agriculture, which are excluded by law (33 U.S.C. 1342(l); 33 U.S.C. 1362(14)).

PESTICIDE RESIDUE for the purpose of determining whether a NPDES permit is needed for discharges to waters of the United States from pesticide application, means that portion of a pesticide application that is discharged from a point source to waters of the United States and no longer provides pesticidal benefits. It also includes any degradates of the pesticide.

FORM 2A—GLOSSARY CONTINUED

POINT SOURCE means any discernible, confined, and discrete conveyance, including but not limited to, any pipe, ditch, channel, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, landfill leachate collection system, vessel or other floating craft from which pollutants are or may be discharged. This term does not include return flows from irrigated agriculture or agricultural stormwater runoff. (See § 122.3).

POLLUTANT means dredged spoil, solid waste, incinerator residue, filter backwash, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials (except those regulated under the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 *et seq.*)), heat, wrecked or discarded equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water. It does not mean:

- Sewage from vessels; or
- Water, gas, or other material which is injected into a well to facilitate production of oil or gas, or water derived in association with oil and gas production and disposed of in a well, if the well used either to facilitate production or for disposal purposes is approved by authority of the State in which the well is located, and if the State determines that the injection or disposal will not result in the degradation of ground or surface water resources. Note: Radioactive materials covered by the Atomic Energy Act are those encompassed in its definition of source, byproduct, or special nuclear materials. Examples of materials not covered include radium and accelerator-produced isotopes. See *Train v. Colorado Public Interest Research Group, Inc.*, 426 U.S. 1 (1976).

PRIMARY INDUSTRY CATEGORY means any industry category listed in the NRDC settlement agreement (*Natural Resources Defense Council et al. v. Train*, 8 E.R.C. 2120 (D.D.C. 1976), modified 12 E.R.C. 1833 (D.D.C. 1979)); also listed in appendix A of part 122.

PRIVATELY OWNED TREATMENT WORKS means any device or system which is (1) used to treat wastes from any facility whose operator is not the operator of the treatment works and (2) not a "POTW."

PROCESS WASTEWATER means any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product.

PROPOSED PERMIT means a state NPDES "permit" prepared after the close of the public comment period (and, when applicable, any public hearing and administrative appeals) which is sent to EPA for review before final issuance by the State. A "proposed permit" is not a "draft permit."

PUBLICLY OWNED TREATMENT WORKS or POTW (defined at § 403.3) means a treatment works as defined by CWA Section 212, which is owned by a state or municipality (as defined by CWA Section 502(4)). This definition includes any devices or systems used in the storage, treatment, recycling, and reclamation) of municipal sewage or industrial wastes of a liquid nature. This definition also includes sewers, pipes, and other conveyances only if they convey wastewater to a POTW. The term also means the municipality as defined in CWA Section 502(4), which has jurisdiction over the indirect discharges to and the discharges from such a treatment works.

REGIONAL ADMINISTRATOR means the Regional Administrator of the appropriate Regional Office of the Environmental Protection Agency or the authorized representative of the Regional Administrator.

ROCK CRUSHING AND GRAVEL WASHING FACILITIES (defined at § 122.27) means facilities which process crushed and broken stone, gravel, and riprap (See 40 CFR 436, subpart B, including the effluent limitations guidelines).

SCHEDULE OF COMPLIANCE means a schedule of remedial measures included in a "permit", including an enforceable sequence of interim requirements (for example, actions, operations, or milestone events) leading to compliance with the CWA and regulations.

SECONDARY INDUSTRY CATEGORY means any industry category which is not a primary industry category.

SEWAGE FROM VESSELS means human body wastes and the wastes from toilets and other receptacles intended to receive or retain body wastes that are discharged from vessels and regulated under section 312 of the CWA, except that with respect to commercial vessels on the Great Lakes this term includes graywater. For the purposes of this definition, "graywater" means galley, bath, and shower water.

SEWAGE SLUDGE means any solid, semi-solid, or liquid residue removed during the treatment of municipal waste water or domestic sewage. Sewage sludge includes, but is not limited to, solids removed during primary, secondary, or advanced waste water treatment, scum, septage, portable toilet pumpings, type III marine sanitation device pumpings (33 CFR 159), and sewage sludge products. Sewage sludge does not include grit or screenings, or ash generated during the incineration of sewage sludge.

SILVICULTURAL POINT SOURCE (defined at § 122.27) means any discernible, confined, and discrete conveyance related to rock crushing, gravel washing, log sorting, or log storage facilities which are operated in connection with silvicultural activities and from which pollutants are discharged into waters of the United States. This term does not include non-point source silvicultural activities such as nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations, surface drainage, or road construction and maintenance from which there is natural runoff. However, some of these activities (such as stream crossing for roads) may involve point source discharges of dredged or fill material which may require a CWA Section 404 permit (see 33 CFR 209.120 and part 233).

FORM 2A—GLOSSARY CONTINUED

SITE means the land or water area where any “facility or activity” is physically located or conducted, including adjacent land used in connection with the facility or activity.

SLUDGE-ONLY FACILITY means any “treatment works treating domestic sewage” whose methods of sewage sludge use or disposal are subject to regulations promulgated pursuant to section 405(d) of the CWA and is required to obtain a permit under § 122.1(b)(2).

STANDARDS FOR SEWAGE SLUDGE USE OR DISPOSAL means the regulations promulgated pursuant to section 405(d) of the CWA which govern minimum requirements for sludge quality, management practices, and monitoring and reporting applicable to sewage sludge or the use or disposal of sewage sludge by any person.

STATE means any of the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, or an Indian Tribe as defined in these regulations which meets the requirements of § 123.31 of this chapter.

STATE DIRECTOR means the chief administrative officer of any State or interstate agency operating an “approved program,” or the delegated representative of the State Director. If responsibility is divided among two or more State or interstate agencies, “State Director” means the chief administrative officer of the State or interstate agency authorized to perform the particular procedure or function to which reference is made.

STORMWATER (or **STORM WATER**) (defined at § 122.26(b)(13)) means stormwater runoff, snow melt runoff, and surface runoff and drainage.

STORMWATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY (defined at § 122.26(b)(14)) means the discharge from any conveyance that is used for collecting and conveying stormwater and that is directly related to manufacturing, processing or raw materials storage areas at an industrial plant. The term does not include discharges from facilities or activities excluded from the NPDES program under this part 122. For the categories of industries identified in this section, the term includes, but is not limited to, stormwater discharges from industrial plant yards; immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility; material handling sites; refuse sites; sites used for the application or disposal of process waste waters (as defined at 40 CFR 401); sites used for the storage and maintenance of material handling equipment; sites used for residual treatment, storage, or disposal; shipping and receiving areas; manufacturing buildings; storage areas (including tank farms) for raw materials, and intermediate and final products; and areas where industrial activity has taken place in the past and significant materials remain and are exposed to stormwater. For the purposes of this paragraph, material handling activities include storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, by-product or waste product. The term excludes areas located on plant lands separate from the plant's industrial activities, such as office buildings and accompanying parking lots as long as the drainage from the excluded areas is not mixed with stormwater drained from the above described areas. Industrial facilities (including industrial facilities that are federally, State, or municipally owned or operated that meet the description of the facilities listed in paragraphs 1 through 14 below) include those facilities designated under the provisions of 40 CFR 122.26(a)(1)(v). The following categories of facilities are considered to be engaging in “industrial activity” for purposes of 40 CFR 122.26(b)(14):

1. Facilities subject to stormwater effluent limitations guidelines, new source performance standards, or toxic pollutant effluent standards under 40 CFR Subchapter N (except facilities with toxic pollutant effluent standards which are exempted under paragraph 11 below);
2. Facilities classified as Standard Industrial Classification 24, Industry Group 241 that are rock crushing, gravel washing, log sorting, or log storage facilities operated in connection with silvicultural activities defined in 40 CFR 122.27(b)(2)–(3) and Industry Groups 242 through 249; 26 (except 265 and 267), 28 (except 283), 29, 311, 32 (except 323), 33, 3441, 373; (not included are all other types of silvicultural facilities);
3. Facilities classified as Standard Industrial Classifications 10 through 14 (mineral industry) including active or inactive mining operations (except for areas of coal mining operations no longer meeting the definition of a reclamation area under 40 CFR 434.11(1) because the performance bond issued to the facility by the appropriate SMCRA authority has been released, or except for areas of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990) and oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge stormwater contaminated by contact with or that has come into contact with, any overburden, raw material, intermediate products, finished products, byproducts or waste products located on the site of such operations; (inactive mining operations are mining sites that are not being actively mined, but which have an identifiable owner/operator; inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined materials, nor sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim);
4. Hazardous waste treatment, storage, or disposal facilities, including those that are operating under interim status or a permit under subtitle C of RCRA;
5. Landfills, land application sites, and open dumps that receive or have received any industrial wastes (waste that is received from any of the facilities described under this subsection) including those that are subject to regulation under subtitle D of RCRA;
6. Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093;

FORM 2A—GLOSSARY CONTINUED

7. Steam electric power generating facilities, including coal handling sites;
8. Transportation facilities classified as Standard Industrial Classifications 40, 41, 42 (except 4221–25), 43, 44, 45, and 5171 which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility that are either involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication), equipment cleaning operations, airport deicing operations, or which are otherwise identified under paragraphs 1–7 or 9–11 are associated with industrial activity;
9. Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge that are located within the confines of the facility, with a design flow of 1.0 mgd or more, or required to have an approved pretreatment program under 40 CFR 403. Not included are farm lands, domestic gardens or lands used for sludge management where sludge is beneficially reused and which are not physically located in the confines of the facility, or areas that are in compliance with section 405 of the CWA;
10. Construction activity including clearing, grading and excavation, except operations that result in the disturbance of less than five acres of total land area. Construction activity also includes the disturbance of less than five acres of total land area that is a part of a larger common plan of development or sale if the larger common plan will ultimately disturb five acres or more;
11. Facilities under Standard Industrial Classifications 20, 21, 22, 23, 2434, 25, 265, 267, 27, 283, 285, 30, 31 (except 311), 323, 34 (except 3441), 35, 36, 37 (except 373), 38, 39, and 4221–25.

TOXIC POLLUTANT means any pollutant listed as toxic under section 307(a)(1) or, in the case of “sludge use or disposal practices,” any pollutant identified in regulations implementing section 405(d) of the CWA.

TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS) means a POTW or any other sewage sludge or waste water treatment devices or systems, regardless of ownership (including federal facilities), used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated for the disposal of sewage sludge. This definition does not include septic tanks or similar devices. For purposes of this definition, “domestic sewage” includes waste and waste water from humans or household operations that are discharged to or otherwise enter a treatment works. In States where there is no approved State sludge management program under section 405(f) of the CWA, the Regional Administrator may designate any person subject to the standards for sewage sludge use and disposal in 40 CFR 503 as a “treatment works treating domestic sewage,” where he or she finds that there is a potential for adverse effects on public health and the environment from poor sludge quality or poor sludge handling, use or disposal practices, or where he or she finds that such designation is necessary to ensure that such person is in compliance with 40 CFR 503.

UPSET (defined at § 122.41(n)) means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.


VARIANCE means any mechanism or provision under section 301 or 316 of the CWA or under 40 CFR 125, or in the applicable “effluent limitations guidelines” which allows modification to or waiver of the generally applicable effluent limitation requirements or time deadlines of the CWA. This includes provisions which allow the establishment of alternative limitations based on fundamentally different factors or on sections 301(c), 301(g), 301(h), 301(i), or 316(a) of the CWA.

WATERS OF THE UNITED STATES as defined at § 122.2.

WHOLE EFFLUENT TOXICITY (WET) means the aggregate toxic effect of an effluent measured directly by a toxicity test.

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|---------------------------|---|--|
| EPA Identification Number | NPDES Permit Number | Facility Name |
| Form 2A NPDES |  | U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS |

SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))

| | | | | | | | |
|---------------------------------------|--|---|---|--|---------------|---------------|--|
| Facility Information | 1.1 | Facility name | | | | | |
| | | Mailing address (street or P.O. box) | | | | | |
| | | City or town | | State | ZIP code | | |
| | | Contact name (first and last) | Title | Phone number | Email address | | |
| | | Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address | | | | | |
| | | City or town | | State | ZIP code | | |
| Applicant Information | 1.2 | Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input type="checkbox"/> No | | | | | |
| | | 1.3 | Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4. | | | | |
| | | | Applicant name | | | | |
| | | | Applicant address (street or P.O. box) | | | | |
| | | | City or town | | State | ZIP code | |
| | | | Contact name (first and last) | Title | Phone number | Email address | |
| Existing Environmental Permits | 1.4 | Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both | | | | | |
| | | To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same) | | | | | |
| Existing Environmental Permits | 1.6 | Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.) | | | | | |
| | | Existing Environmental Permits | | | | | |
| | | <input type="checkbox"/> NPDES (discharges to surface water) | <input type="checkbox"/> RCRA (hazardous waste) | <input type="checkbox"/> UIC (underground injection control) | | | |
| | | <input type="checkbox"/> PSD (air emissions) | <input type="checkbox"/> Nonattainment program (CAA) | <input type="checkbox"/> NESHAPs (CAA) | | | |
| | <input type="checkbox"/> Ocean dumping (MPRSA) | <input type="checkbox"/> Dredge or fill (CWA Section 404) | <input type="checkbox"/> Other (specify) | | | | |

| EPA Identification Number | | NPDES Permit Number | | Facility Name | | |
|---|--|---|---|---|-----------------------------------|--|
| Collection System and Population Served | 1.7 | Provide the collection system information requested below for the treatment works. | | | | |
| | | Municipality Served | Population Served | Collection System Type (indicate percentage) | | Ownership Status |
| | | | | _____ % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | | _____ % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | |
| | | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | |
| | | | _____ % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | |
| | | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | | |
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | | |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | | |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain | | |
| | Total Population Served | | | | | |
| | | Separate Sanitary Sewer System | | Combined Storm and Sanitary Sewer | | |
| | Total percentage of each type of sewer line (in miles) | _____ % | | _____ % | | |
| Indian Country | 1.8 | Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | 1.9 | Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Design and Actual Flow Rates | 1.10 | Provide design <i>and</i> actual flow rates in the designated spaces. | | | Design Flow Rate | |
| | | | | | _____ mgd | |
| | | Annual Average Flow Rates (Actual) | | | | |
| | | Two Years Ago | | Last Year | | This Year |
| | | _____ mgd | | _____ mgd | | _____ mgd |
| | | Maximum Daily Flow Rates (Actual) | | | | |
| Two Years Ago | | Last Year | | This Year | | |
| _____ mgd | | _____ mgd | | _____ mgd | | |
| Discharge Points by Type | 1.11 | Provide the total number of effluent discharge points to waters of the United States by type. | | | | |
| | | Total Number of Effluent Discharge Points by Type | | | | |
| | | Treated Effluent | Untreated Effluent | Combined Sewer Overflows | Bypasses | Constructed Emergency Overflows |
| | | | | | | |

| | | |
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| EPA Identification Number | NPDES Permit Number | Facility Name |
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| | | | | |
|---|--|--|--|--|
| Outfalls and Other Discharge or Disposal Methods | Outfalls Other Than to Waters of the United States | | | |
| | 1.12 | Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.14. | | |
| | 1.13 | Provide the location of each surface impoundment and associated discharge information in the table below. | | |
| | | Surface Impoundment Location and Discharge Data | | |
| | | Location | Average Daily Volume Discharged to Surface Impoundment | Continuous or Intermittent (check one) |
| | | | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | | | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | | | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | 1.14 | Is wastewater applied to land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.16. | | |
| | 1.15 | Provide the land application site and discharge data requested below. | | |
| | | Land Application Site and Discharge Data | | |
| | | Location | Size | Average Daily Volume Applied |
| | | | acres | gpd |
| | | acres | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | acres | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | |
| 1.16 | Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.21. | | | |
| 1.17 | Describe the means by which the effluent is transported (e.g., tank truck, pipe). | | | |
| 1.18 | Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.20. | | | |
| 1.19 | Provide information on the transporter below. | | | |
| | Transporter Data | | | |
| | Entity name | Mailing address (street or P.O. box) | | |
| | City or town | State ZIP code | | |
| | Contact name (first and last) | Title | | |
| Phone number | Email address | | | |

| | | | | |
|--|---|--|--|--|
| EPA Identification Number | NPDES Permit Number | Facility Name | | |
| Outfalls and Other Discharge or Disposal Methods Continued | 1.20 | In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility. | | |
| | Receiving Facility Data | | | |
| | Facility name | | Mailing address (street or P.O. box) | |
| | City or town | State | ZIP code | |
| | Contact name (first and last) | | Title | |
| | Phone number | | Email address | |
| | NPDES number of receiving facility (if any) <input type="checkbox"/> None | | Average daily flow rate mgd | |
| Variance Requests | 1.21 | Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.23. | | |
| | 1.22 | Provide information in the table below on these other disposal methods. | | |
| | Information on Other Disposal Methods | | | |
| | Disposal Method Description | Location of Disposal Site | Size of Disposal Site | Annual Average Daily Discharge Volume |
| | | | acres | gpd |
| | | | acres | gpd |
| | | | acres | gpd |
| <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | | | | |
| Contractor Information | 1.23 | Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input type="checkbox"/> Not applicable | | |
| | 1.24 | Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 2. | | |
| | 1.25 | Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities. | | |
| | Contractor Information | | | |
| | | Contractor 1 | Contractor 2 | Contractor 3 |
| | Contractor name (company name) | | | |
| | Mailing address (street or P.O. box) | | | |
| City, state, and ZIP code | | | | |
| Contact name (first and last) | | | | |
| Phone number | | | | |
| Email address | | | | |
| Operational and maintenance responsibilities of contractor | | | | |

| | | |
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| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

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SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

| | | | | | | |
|---|--|--|--|--|--------------------------------------|-------------------------------------|
| Design Flow | Outfalls to Waters of the United States | | | | | |
| | 2.1 | Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3. | | | | |
| Inflow and Infiltration | 2.2 | Provide the treatment works' current average daily volume of inflow and infiltration. | Average Daily Volume of Inflow and Infiltration | | | |
| | | | gpd | | | |
| | | Indicate the steps the facility is taking to minimize inflow and infiltration. | | | | |
| Topographic Map | 2.3 | Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Flow Diagram | 2.4 | Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Scheduled Improvements and Schedules of Implementation | 2.5 | Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3. | | | | |
| | | Briefly list and describe the scheduled improvements. | | | | |
| | | 1. | | | | |
| | | 2. | | | | |
| | | 3. | | | | |
| | | 4. | | | | |
| | 2.6 | Provide scheduled or actual dates of completion for improvements. | | | | |
| | | Scheduled or Actual Dates of Completion for Improvements | | | | |
| | | Scheduled Improvement (from above) | Affected Outfalls (list outfall number) | Begin Construction (MM/DD/YYYY) | End Construction (MM/DD/YYYY) | Begin Discharge (MM/DD/YYYY) |
| | | 1. | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |
| | 2.7 | Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable | | | | |
| | | Explanation: | | | | |

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| EPA Identification Number | NPDES Permit Number | Facility Name |
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SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

| | | | | | |
|--|--|---|----------------------|----------------------|----------------------|
| Description of Outfalls | 3.1 | Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.) | | | |
| | | | Outfall Number _____ | Outfall Number _____ | Outfall Number _____ |
| | | State | | | |
| | | County | | | |
| | | City or town | | | |
| | | Distance from shore | ft. | ft. | ft. |
| | | Depth below surface | ft. | ft. | ft. |
| | | Average daily flow rate | mgd | mgd | mgd |
| | | Latitude | | | |
| Longitude | | | | | |
| Seasonal or Periodic Discharge Data | 3.2 | Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.4. | | | |
| | | 3.3 If so, provide the following information for each applicable outfall. | | | |
| | | Outfall Number _____ | Outfall Number _____ | Outfall Number _____ | |
| | Number of times per year discharge occurs | | | | |
| | Average duration of each discharge (specify units) | | | | |
| Average flow of each discharge | mgd | mgd | mgd | | |
| Months in which discharge occurs | | | | | |
| Diffuser Type | 3.4 | Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6. | | | |
| | | 3.5 Briefly describe the diffuser type at each applicable outfall. | | | |
| | | Outfall Number _____ | Outfall Number _____ | Outfall Number _____ | |
| | | | | | |
| Waters of the U.S. | 3.6 | Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6. | | | |

| EPA Identification Number | NPDES Permit Number | Facility Name | | |
|------------------------------------|--|---|---|---|
| Receiving Water Description | 3.7 | Provide the receiving water and related information (if known) for each outfall. | | |
| | | Outfall Number ____ | Outfall Number ____ | Outfall Number ____ |
| | Receiving water name | | | |
| | Name of watershed, river, or stream system | | | |
| | U.S. Soil Conservation Service 14-digit watershed code | | | |
| | Name of state management/river basin | | | |
| | U.S. Geological Survey 8-digit hydrologic cataloging unit code | | | |
| | Critical low flow (acute) | cfs | cfs | cfs |
| | Critical low flow (chronic) | cfs | cfs | cfs |
| | Total hardness at critical low flow | mg/L of CaCO ₃ | mg/L of CaCO ₃ | mg/L of CaCO ₃ |
| Treatment Description | 3.8 | Provide the following information describing the treatment provided for discharges from each outfall. | | |
| | | Outfall Number ____ | Outfall Number ____ | Outfall Number ____ |
| | Highest Level of Treatment (check all that apply per outfall) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____ |
| | Design Removal Rates by Outfall | | | |
| | BOD ₅ or CBOD ₅ | % | % | % |
| | TSS | % | % | % |
| | Phosphorus | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % |
| | Nitrogen | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % |
| | Other (specify) _____ | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % | <input type="checkbox"/> Not applicable % |

| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> | |
|--|--|---|---|--|
| Effluent Testing Data Continued | 3.19 | Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26. | | |
| | 3.20 | Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26. | | |
| | 3.21 | Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results. | | |
| | | Date(s) Submitted (MM/DD/YYYY) | Summary of Results | |
| | | | | |
| | 3.22 | Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26. | | |
| | 3.23 | Describe the cause(s) of the toxicity: | | |
| | 3.24 | Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26. | | |
| 3.25 | Provide details of any toxicity reduction evaluations conducted. | | | |
| 3.26 | Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority. | | | |
| SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7)) | | | | |
| Industrial Discharges and Hazardous Wastes | 4.1 | Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7. | | |
| | 4.2 | Indicate the number of SIUs and NSCIUs that discharge to the POTW. | | |
| | | Number of SIUs | Number of NSCIUs | |
| | | | | |
| | 4.3 | Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 4.4 | Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.6. | | |
| 4.5 | Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7. | | | |
| 4.6 | Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
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| EPA Identification Number | NPDES Permit Number | Facility Name | | | |
| Industrial Discharges and Hazardous Wastes Continued | 4.7 | Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9. | | | |
| | 4.8 | If yes, provide the following information: | | | |
| | | Hazardous Waste Number | Waste Transport Method (check all that apply) | Annual Amount of Waste Received | Units |
| | | | <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ | | |
| | | | <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ | | |
| | | | <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____ | | |
| | | | | | |
| | 4.9 | Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5. | | | |
| | 4.10 | Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No | | | |
| | 4.11 | Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8)) | | | | | |
| CSO Map and Diagram | 5.1 | Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6. | | | |
| | 5.2 | Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | 5.3 | Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| EPA Identification Number | NPDES Permit Number | Facility Name | | |
|--------------------------------|--|---|---|---|
| CSO Outfall Description | 5.4 | For each CSO outfall, provide the following information. (Attach additional sheets as necessary.) | | |
| | | CSO Outfall Number ____ | CSO Outfall Number ____ | CSO Outfall Number ____ |
| | City or town | | | |
| | State and ZIP code | | | |
| | County | | | |
| | Latitude | | | |
| | Longitude | | | |
| | Distance from shore | ft. | ft. | ft. |
| Depth below surface | ft. | ft. | ft. | |
| CSO Monitoring | 5.5 | Did the POTW monitor any of the following items in the past year for its CSO outfalls? | | |
| | | CSO Outfall Number ____ | CSO Outfall Number ____ | CSO Outfall Number ____ |
| | Rainfall | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | CSO flow volume | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | CSO pollutant concentrations | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Receiving water quality | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | CSO frequency | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of storm events | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CSO Events in Past Year | 5.6 | Provide the following information for each of your CSO outfalls. | | |
| | | CSO Outfall Number ____ | CSO Outfall Number ____ | CSO Outfall Number ____ |
| | Number of CSO events in the past year | events | events | events |
| | Average duration per event | hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |
| | Average volume per event | million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |
| | Minimum rainfall causing a CSO event in last year | inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |

| | | | | |
|--|---|--|--|----------------------------------|
| EPA Identification Number | NPDES Permit Number | Facility Name | | |
| CSO Receiving Waters | 5.7 | Provide the information in the table below for each of your CSO outfalls. | | |
| | | CSO Outfall Number ____ | CSO Outfall Number ____ | CSO Outfall Number ____ |
| | Receiving water name | | | |
| | Name of watershed/ stream system | | | |
| | U.S. Soil Conservation Service 14-digit watershed code (if known) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| | Name of state management/river basin | | | |
| | U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| | Description of known water quality impacts on receiving stream by CSO (see instructions for examples) | | | |
| SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d)) | | | | |
| Checklist and Certification Statement | 6.1 | In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments. | | |
| | | Column 1 | Column 2 | |
| | <input type="checkbox"/> Section 1: Basic Application Information for All Applicants | <input type="checkbox"/> w/ variance request(s) | <input type="checkbox"/> w/ additional attachments | |
| | <input type="checkbox"/> Section 2: Additional Information | <input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments | <input type="checkbox"/> w/ process flow diagram | |
| | <input type="checkbox"/> Section 3: Information on Effluent Discharges | <input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C | <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments | |
| | <input type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes | <input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments | <input type="checkbox"/> w/ Table F | |
| | <input type="checkbox"/> Section 5: Combined Sewer Overflows | <input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram | <input type="checkbox"/> w/ additional attachments | |
| | <input type="checkbox"/> Section 6: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments | | |
| | 6.2 | Certification Statement | | |
| | | <i>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.</i> | | |
| | Name (print or type first and last name) | Official title | | |
| | Signature | Date signed | | |

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|--|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one) | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Fecal coliform | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Design flow rate | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| pH (minimum) | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| pH (maximum) | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Temperature (winter) | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Temperature (summer) | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Total suspended solids (TSS) | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|--|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Ammonia (as N) | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chlorine (total residual, TRC) ² | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Dissolved oxygen | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Nitrate/nitrite | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Kjeldahl nitrogen | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Oil and grease | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Phosphorus | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Total dissolved solids | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|---|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Metals, Cyanide, and Total Phenols | | | | | | | |
| Hardness (as CaCO ₃) | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Antimony, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Arsenic, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Beryllium, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Cadmium, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chromium, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Copper, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Lead, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Mercury, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Nickel, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Selenium, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Silver, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Thallium, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Zinc, total recoverable | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Cyanide | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Total phenolic compounds | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Volatile Organic Compounds | | | | | | | |
| Acrolein | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Acrylonitrile | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bromoform | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|----------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Carbon tetrachloride | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chlorobenzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chlorodibromomethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chloroethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2-chloroethylvinyl ether | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chloroform | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Dichlorobromomethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1-dichloroethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,2-dichloroethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| trans-1,2-dichloroethylene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1-dichloroethylene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,2-dichloropropane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,3-dichloropropylene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Ethylbenzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Methyl bromide | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Methyl chloride | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Methylene chloride | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1,2,2-tetrachloroethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Tetrachloroethylene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Toluene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1,1-trichloroethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,1,2-trichloroethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|-----------------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Trichloroethylene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Vinyl chloride | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Acid-Extractable Compounds | | | | | | | |
| p-chloro-m-cresol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2-chlorophenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4-dichlorophenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4-dimethylphenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 4,6-dinitro-o-cresol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4-dinitrophenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2-nitrophenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 4-nitrophenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Pentachlorophenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Phenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4,6-trichlorophenol | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Base-Neutral Compounds | | | | | | | |
| Acenaphthene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Acenaphthylene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Anthracene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzidine | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzo(a)anthracene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzo(a)pyrene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 3,4-benzofluoranthene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|-------------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| Benzo(ghi)perylene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Benzo(k)fluoranthene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bis (2-chloroethoxy) methane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bis (2-chloroethyl) ether | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bis (2-chloroisopropyl) ether | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Bis (2-ethylhexyl) phthalate | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 4-bromophenyl phenyl ether | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Butyl benzyl phthalate | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2-chloronaphthalene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 4-chlorophenyl phenyl ether | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Chrysene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| di-n-butyl phthalate | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| di-n-octyl phthalate | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Dibenzo(a,h)anthracene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,2-dichlorobenzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,3-dichlorobenzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,4-dichlorobenzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 3,3-dichlorobenzidine | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Diethyl phthalate | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Dimethyl phthalate | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,4-dinitrotoluene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 2,6-dinitrotoluene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method ¹ | ML or MDL (include units) |
|----------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
| | Value | Units | Value | Units | Number of Samples | | |
| 1,2-diphenylhydrazine | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Fluoranthene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Fluorene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Hexachlorobenzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Hexachlorobutadiene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Hexachlorocyclo-pentadiene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Hexachloroethane | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Indeno(1,2,3-cd)pyrene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Isophorone | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Naphthalene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Nitrobenzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| N-nitrosodi-n-propylamine | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| N-nitrosodimethylamine | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| N-nitrosodiphenylamine | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Phenanthrene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| Pyrene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |
| 1,2,4-trichlorobenzene | | | | | | | <input type="checkbox"/> ML <input type="checkbox"/> MDL |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

Test Information

| | Test Number ____ | Test Number ____ | Test Number ____ |
|---------------------------|------------------|------------------|------------------|
| Test species | | | |
| Age at initiation of test | | | |
| Outfall number | | | |
| Date sample collected | | | |
| Date test started | | | |
| Duration | | | |

Toxicity Test Methods

| | | | |
|--|--|--|--|
| Test method number | | | |
| Manual title | | | |
| Edition number and year of publication | | | |
| Page number(s) | | | |

Sample Type

| | | | |
|------------|---|---|---|
| Check one: | <input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite | <input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite | <input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite |
|------------|---|---|---|

Sample Location

| | | | |
|------------|--|--|--|
| Check one: | <input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination | <input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination | <input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination |
|------------|--|--|--|

Point in Treatment Process

| | | | |
|--|--|--|--|
| Describe the point in the treatment process at which the sample was collected for each test. | | | |
|--|--|--|--|

Toxicity Type

| | | | |
|---|---|---|---|
| Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.) | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both |
|---|---|---|---|

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|---------------------------|---------------------|---------------|----------------|
| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

| | Test Number ____ | Test Number ____ | Test Number ____ |
|--|---|---|---|
| Test Type | | | |
| Indicate the type of test performed. (Check one response.) | <input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through | <input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through | <input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through |
| Source of Dilution Water | | | |
| Indicate the source of dilution water. (Check one response.) | <input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water | <input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water | <input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water |
| If laboratory water, specify type. | | | |
| If receiving water, specify source. | | | |
| Type of Dilution Water | | | |
| Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. | <input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify) | <input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify) | <input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify) |
| Percentage Effluent Used | | | |
| Specify the percentage effluent used for all concentrations in the test series. | | | |
| | | | |
| Parameters Tested | | | |
| Check the parameters tested. | <input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature | <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen | <input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature |
| | | <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen | <input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature |
| | | | <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen |
| Acute Test Results | | | |
| Percent survival in 100% effluent | % | % | % |
| LC ₅₀ | | | |
| 95% confidence interval | % | % | % |
| Control percent survival | % | % | % |

| | | | |
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| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

| | Test Number ____ | Test Number ____ | Test Number ____ |
|---|------------------------------|-----------------------------|------------------------------|
| Acute Test Results Continued | | | |
| Other (describe) | | | |
| Chronic Test Results | | | |
| NOEC | % | % | % |
| IC ₂₅ | % | % | % |
| Control percent survival | % | % | % |
| Other (describe) | | | |
| Quality Control/Quality Assurance | | | |
| Is reference toxicant data available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was reference toxicant test within acceptable bounds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| What date was reference toxicant test run (MM/DD/YYYY)? | | | |
| Other (describe) | | | |

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| EPA Identification Number | NPDES Permit Number | Facility Name |
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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

| | SIU ____ | SIU ____ | SIU ____ |
|---|--|--|--|
| Name of SIU | | | |
| Mailing address (street or P.O. box) | | | |
| City, state, and ZIP code | | | |
| Description of all industrial processes that affect or contribute to the discharge. | | | |
| List the principal products and raw materials that affect or contribute to the SIU's discharge. | | | |
| Indicate the average daily volume of wastewater discharged by the SIU. | gpd | gpd | gpd |
| How much of the average daily volume is attributable to process flow? | gpd | gpd | gpd |
| How much of the average daily volume is attributable to non-process flow? | gpd | gpd | gpd |
| Is the SIU subject to local limits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the SIU subject to categorical standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
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| EPA Identification Number | NPDES Permit Number | Facility Name |
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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

| | SIU ____ | SIU ____ | SIU ____ |
|--|--|--|--|
| Under what categories and subcategories is the SIU subject? | | | |
| Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe. | | | |

Water Permits Division



Application Form 2B

Concentrated Animal Feeding Operations and Concentrated Aquatic Animal Production Facilities

NPDES Permitting Program

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Note: Complete this form *and* Form 1 if your facility is a new or existing concentrated animal feeding operation or concentrated aquatic animal production facility.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency (EPA) estimates the average burden for concentrated animal feeding operation respondents to collect information and complete Form 2B to be 9.5 hours (9 hours to complete and submit the application and 0.5 hours to complete and submit a nutrient management plan). EPA estimates the average burden for concentrated aquatic animal production respondents to collect information and complete Form 2B to be 6 hours. These estimates include time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimates or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

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FORM 2B—INSTRUCTIONS

General Instructions

Who Must Complete Form 2B?

You must complete Form 2B if you answered “Yes” to Item 1.2.1 on Form 1—that is, if you are a concentrated animal feeding operation (CAFO) or a concentrated aquatic animal production (CAAP) facility.

Where to File Your Completed Form

Submit your completed application package (Forms 1 and 2B) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1’s “General Instructions” to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2B (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2B. Note that NPDES authorities will deny claims for treating any effluent data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Federal Registry Service, NPDES permit number, and facility name at the top of each page of Form 2B and any attachments. If your facility is new (i.e., not yet constructed), write or type “New Facility” in the space provided for the EPA Identification Number and NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of the “General Instructions” of Form 1 for contact information.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in these instructions and Form 2B are in the “Glossary” at the end of the “General Instructions” in Form 1.

Line-by-Line Instructions

Section 1. General Information

Item 1.1. Mark whether your facility/business type is a CAFO or a CAAP.

- For a CAFO, you must complete Sections 1 through 6 and Section 8.
- For a CAAP, you must complete Sections 1, 7, and 8.

Item 1.2. Indicate whether your facility is an existing or proposed facility. Mark “Proposed Facility” if your facility is presently not in operation or is expanding to meet the definition of a CAFO in accordance with the regulations at 40 CFR 122.23.

Section 2. CAFO Owner/Operator Contact Information

Item 2.1. Provide the name, title, telephone number, and email address of the owner/operator of the facility/business.

Item 2.2. Provide the complete mailing address of the owner/operator of the facility/business.

Section 3. CAFO Location and Contact Information

Item 3.1. Provide the legal name and location (complete mailing address) of the facility. Also indicate whom the NPDES permitting authority should contact about the application, including a telephone number and email address.

Item 3.2. Provide the latitude and longitude of the entrance to the production area (i.e., the part of the operation that includes the animal confinement area, the manure storage area, the raw materials storage area, and the waste containment areas). Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://myasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Item 3.3. If the facility uses a contract grower, provide the name and complete mailing address of the integrator.

Section 4. CAFO Topographic Map

Item 4.1. Provide a topographic map of the geographic area in which the facility is located, showing the specific location of the production area(s). You are not required to provide the topographic map required by Section 7 of Form 1.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://myasadata.larc.nasa.gov/latitudelongitude-finder/>),

FORM 2B—INSTRUCTIONS CONTINUED

geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS).

On all maps of rivers, show the direction of the current. In tidal waters, show the directions of ebb and flow tides.

You may develop your map by going to the United States USGS's National Map website at <http://nationalmap.gov/>. (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map. Briefly describe land uses in the map area (e.g., residential, commercial.). Note that you have completed your topographic map and attached it to the application.

Section 5. CAFO Characteristics

Supply all information in Section 5 if you checked "Existing facility" in response to Item 1.2.

Item 5.1. Provide the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) that are held at your facility for a total of 45 days or more in any 12-month period. Provide the total number of animals confined at the facility.

Item 5.2. Identify the applicable types of containment and storage for manure, litter, and process wastewater at the facility and indicate the capacity of storage in days and gallons or tons.

Item 5.3. Indicate the total number of acres that are drained and collected in the containment and storage structure(s).

Item 5.4. Specify the tons of manure or litter and the gallons of process wastewater generated at the facility on an annual basis.

Item 5.5. Indicate whether the manure, litter, and/or process wastewater is land applied. If yes, continue to Item 5.6. If no, skip to Item 5.8.

Item 5.6. Indicate the number of acres of land under the control of the applicant that are available for land application of the manure, litter, or process wastewater.

Item 5.7. Check any of the identified best management practices that are being implemented at the facility to control runoff and protect water quality.

Item 5.8. Indicate if the manure, litter, and/or process wastewater is transferred to any other persons. If yes, continue to Item 5.9. If no, skip to Item 5.10.

Item 5.9. Specify the tons of manure or litter or the gallons of process wastewater transferred annually to other people.

Item 5.10. Describe any alternative uses of manure, litter, or process wastewater, if any (e.g., composting, pelletizing, energy generation).

Section 6. CAFO Nutrient Management Plans

Item 6.1. Indicate if you have submitted a nutrient management plan that satisfies the requirements at 40 CFR 122.42(e) and, if applicable, the requirements at 40 CFR 412.4(c).

Item 6.2. If you have not yet submitted a nutrient management plan, explain why not.

Item 6.3. Indicate if a nutrient management plan is being implemented at the CAFO. If not land applying, describe the alternative uses of the manure, litter, and wastewater (e.g., composting, pelletizing, energy generation).

Item 6.4. Indicate the date of the last review or revision of the nutrient management plan.

Note: A permit application is not complete until a nutrient management plan is submitted to the NPDES permitting authority.

Section 7. CAAP Facility Characteristics

Item 7.1. Indicate if the CAAP facility is located on land. If the facility is located in water (e.g., a net pen or submerged cage system), check "No" and skip to Item 7.3. If yes, continue to Item 7.2.

Item 7.2. Provide the maximum daily and maximum average monthly discharge at the CAAP facility by outfall number. Outfall numbers should correspond with the outfall numbers provided on the map submitted in Section 7 of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum average monthly flow is the average of measured daily flow over the calendar month of highest flow.

Item 7.3. Indicate the number of ponds, raceways, net pens, submerged cages, or similar structures at your facility that result in discharges to waters of the United States. Describe each type and provide the name of the associated receiving water and intake water source.

Item 7.4. List the species of fish or aquatic animals held and fed at your facility. Distinguish between cold-water and warm-water species. The names of fish species should be proper, common, or scientific names as given in Special Publication 34 of the American Fisheries Society, *Common and Scientific Names of Fishes from the United States, Canada, and Mexico*.

For each species, provide the total harvestable weight in pounds (lbs.) for a typical calendar year. Also indicate the maximum weight present at any one time at your facility.

Item 7.5. Indicate the maximum monthly pounds of food given at your facility. Also indicate the month given. The amounts should be representative of your normal operations.

Section 8. Checklist and Certification Statement

Item 8.1. Review the checklist provided. In Column 1, mark the sections of Form 2B that you have completed and are submitting with your application. For each section in Column 2, indicate whether you are submitting attachments.

Item 8.2. The Clean Water Act provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that, "Any person who knowingly makes any false statement, representation, or certification in any application, ... shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

FORM 2B—INSTRUCTIONS CONTINUED

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

**Submit your completed Form 1, Form 2B, and
all associated attachments
(and any other required NPDES application forms)
to your NPDES permitting authority.**

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| | | | | | |
|---|-----|------------------------------------|-------|---------------|--|
| EPA Identification Number | | NPDES Permit Number | | Facility Name | |
| CAFO Location and Contact Information Continued | 3.3 | Integrator Name and Address | | | |
| | | Name | | | |
| | | Street address | | | |
| | | City or town | State | Zip code | |

SECTION 4. CAFO TOPOGRAPHIC MAP (40 CFR 122.21(i)(1)(iv))

| | | |
|----------------------|-----|--|
| CAFO Topographic Map | 4.1 | Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) |
| | | <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No |

SECTION 5. CAFO CHARACTERISTICS (40 CFR 122.21(i)(1)(v-ix))

| | | | | | | | |
|----------------------|--|---|-----------------------------------|---|--|-----------------------------------|---|
| CAFO Characteristics | 5.1 | Provide information on the type and number of animals in the table below. | | | | | |
| | | Animal Type | Number in Open Confinement | Number Housed Under Roof | Animal Type | Number in Open Confinement | Number Housed Under Roof |
| | | <input type="checkbox"/> Mature dairy cows | | | <input type="checkbox"/> Sheep or lambs | | |
| | | <input type="checkbox"/> Dairy heifers | | | <input type="checkbox"/> Chickens (broilers) | | |
| | | <input type="checkbox"/> Veal calves | | | <input type="checkbox"/> Chickens (layers) | | |
| | | <input type="checkbox"/> Cattle (not dairy or veal calves) | | | <input type="checkbox"/> Ducks | | |
| | | <input type="checkbox"/> Swine (55 lbs. or more) | | | <input type="checkbox"/> Other (specify) | | |
| | | <input type="checkbox"/> Swine (under 55 lbs.) | | | <input type="checkbox"/> Other (specify) | | |
| | | <input type="checkbox"/> Horses | | | <input type="checkbox"/> Other (specify) | | |
| | | <input type="checkbox"/> Turkeys | | | Total Animals | | |
| | 5.2 | Indicate the type of containment and storage, total number of days, and total capacity for manure, litter, and process wastewater storage in the table below. | | | | | |
| | | Type of Containment and Storage | Total Number of Days | Total Capacity (specify gallons or tons) | Type of Containment and Storage | Total Number of Days | Total Capacity (specify gallons or tons) |
| | | <input type="checkbox"/> Anaerobic lagoon | | | <input type="checkbox"/> Belowground storage tanks | | |
| | | <input type="checkbox"/> Evaporation | | | <input type="checkbox"/> Roofed storage shed | | |
| | | <input type="checkbox"/> Aboveground storage tanks | | | <input type="checkbox"/> Concrete pad | | |
| | <input type="checkbox"/> Storage pond | | | <input type="checkbox"/> Impervious soil pad | | | |
| | <input type="checkbox"/> Underfloor pit | | | <input type="checkbox"/> Other (specify) | | | |
| 5.3 | Indicate the total number of acres drained and collected in the containment and storage structure(s) reported under Item 5.2. _____ acres | | | | | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(i)(2))

| | | | | | | |
|-------------------------------|--|---|-------------------------|-----------------------------------|----------------------|---------|
| CAAP Facility Characteristics | 7.1 | Is the CAAP facility located on land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3. | | | | |
| | 7.2 | Provide the maximum daily and maximum average monthly discharge at CAAP by outfall. | | | | |
| | | Outfall Number | Discharge | | | |
| | | | Maximum Daily Discharge | Maximum Average Monthly Discharge | | |
| | | | gpd | gpd | | |
| | | gpd | gpd | | | |
| | 7.3 | Indicate the type and number of discharge structures at the CAAP. Provide a brief description of each structure. Also note the name of the receiving water and the source of the intake water for each structure. | | | | |
| | | Structure Type | Number of Each | Description | Receiving Water Name | |
| | | Ponds | | | | |
| | | Raceways | | | | |
| Net pens | | | | Not applicable | | |
| Submerged cages | | | | Not applicable | | |
| Similar structures (specify) | | | | | | |
| 7.4 | List the cold-water and/or warm-water aquatic species raised/produced in the table below. For each species listed, indicate the total yearly and maximum harvestable weight (in pounds). | | | | | |
| | Cold Water Species | | Warm Water Species | | | |
| | Species | Harvestable Weight | | Species | Harvestable Weight | |
| | | Total Yearly | Maximum | | Total Yearly | Maximum |
| | | lbs. | lbs. | | lbs. | lbs. |
| | | lbs. | lbs. | | lbs. | lbs. |
| | lbs. | lbs. | | lbs. | lbs. | |
| | lbs. | lbs. | | lbs. | lbs. | |
| 7.5 | Indicate the calendar month of maximum feeding and the total mass of food fed (in pounds) during that month. | | | | | |
| | Month of Maximum Feeding | | Total Mass of Food Fed | | | |
| | | | lbs. | | | |

| | | | | | | | |
|--|---------------------|---|---|--|----------------|-----------|-------------|
| EPA Identification Number | NPDES Permit Number | Facility Name | | | | | |
| SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d)) | | | | | | | |
| Checklist and Certification Statement | 8.1 | In Column 1, below, mark the sections of Form 2B that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments. | | | | | |
| | | Column 1 | Column 2 | | | | |
| | | <input type="checkbox"/> Section 1: General Information | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 2: CAFO Owner/Operator Contact Information | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 3: CAFO Location and Contact Information | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 4: CAFO Topographic Map | <input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments | | | | |
| | | <input type="checkbox"/> Section 5: CAFO Characteristics | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 6: CAFO Nutrient Management Plans | <input type="checkbox"/> w/ nutrient management plan <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 7: CAAP Facility Characteristics | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 8: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments | | | | |
| | 8.2 | <p>Certification Statement</p> <p><i>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.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name (print or type first and last name)</td> <td style="width: 50%; padding: 5px;">Official title</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Signature</td> <td style="width: 50%; padding: 5px;">Date signed</td> </tr> </table> | | Name (print or type first and last name) | Official title | Signature | Date signed |
| Name (print or type first and last name) | Official title | | | | | | |
| Signature | Date signed | | | | | | |

Water Permits Division



Application Form 2C

Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

NPDES Permitting Program

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Note: Complete this form *and* Form 1 if your facility is an existing manufacturing, commercial, mining, or silvicultural facility that currently discharges process wastewater.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect information and complete Form 2C to be 33 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

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FORM 2C—INSTRUCTIONS

General Instructions

Who Must Complete Form 2C?

You must complete Form 2C if you answered “Yes” to Item 1.2.2 on Form 1—that is, if you are an existing manufacturing, commercial, mining, or silvicultural facility that currently discharges process wastewater.

Where to File Your Completed Form

Submit your completed application package (Forms 1 and 2C) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1’s “General Instructions” to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2C (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2C. Note that NPDES authorities will deny claims for treating any effluent data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Federal Registry Service, NPDES permit number, and facility name at the top of each page of Form 2C and any attachments. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of Form 1’s “General Instructions” for contact information. Additionally, for Tables A through E, provide the applicable outfall number at the top of each page.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in these instructions and Form 2C are in the “Glossary” at the end of the “General Instructions” in Form 1.

Line-by-Line Instructions

Section 1. Outfall Location

Item 1.1. Identify each of the facility’s outfall structures by number. For each outfall, specify the latitude and longitude to the nearest 15 seconds and name of the receiving water. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary. The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Section 2. Line Drawing

Item 2.1. Attach a line drawing showing water flow through your facility, from intake to discharge. Indicate the sources of intake water (e.g., city, well, stream, other); operations contributing wastewater to the effluent including process and production areas, sanitary flows, cooling water, and stormwater runoff; and treatment units labeled to correspond to the more detailed descriptions under Section 3. You may group similar operations into a single unit.

Construct a water balance on the line drawing by showing average flows (specify units) between intakes, operations, treatment units, and outfalls. Show all significant losses of water to products, the atmosphere, and discharge. You should use actual measurements wherever available; otherwise use your best estimate. If you cannot determine a water balance for your activities (such as mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. An example of an acceptable line drawing is provided in Exhibit 2C–1 at the end of these instructions.

Section 3. Average Flows and Treatment

Item 3.1. For each outfall identified under Item 1.1, provide the following information: (1) all processes, operations, or production areas that contribute wastewater to the effluent for the outfall, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) average flow of wastewater contributed by each operation in million gallons per day (mgd); (3) a description of the treatment unit (including size of each treatment unit, flow rate through each treatment unit, retention time, etc.); (4) the applicable treatment code(s) from Exhibit 2C–2 (see end of instructions); and (5) the ultimate disposal of any solid or fluid wastes that are not discharged to the receiving water. You may describe processes, operations, or production areas in general terms (e.g., “dye-making reactor” or “distillation tower”). You may estimate the average flow of point sources composed of stormwater; however, you must

FORM 2C—INSTRUCTIONS CONTINUED

indicate the basis of the rainfall event and the method of estimation. Add additional sheets as necessary.

Item 3.2. Answer whether you are applying for an NPDES permit to operate a privately owned treatment works. If yes, continue to Item 3.3. If no, skip to Section 4.

Item 3.3. Attach a list to your application that includes the identity of each user of the treatment works, then answer “Yes” to Item 3.3.

Section 4. Intermittent Flows

Item 4.1. Answer “Yes” or “No” to indicate whether any of the discharges you described in Sections 1 and 3 of Form 2C are intermittent or seasonal, except for stormwater runoff, spillage, or leaks. An intermittent discharge is one that is not continuous. A continuous discharge is one that occurs without interruption during the operating hours of the facility, except for infrequent shutdowns for maintenance, process changes, or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year. If yes, continue to Item 4.2. If no, skip to Section 5.

Item 4.2. By relevant outfall number, identify each operation that has intermittent or seasonal discharges. Indicate the average frequency (days per week and months per year), the long-term average and maximum daily flow rates in mgd, and the duration of the intermittent or seasonal discharges. Base your answers on actual data if available. Otherwise, provide your best estimate. Report the average of all daily values measured during days when the discharge occurred for “Long-Term Average,” and report the highest daily value for “Maximum Daily.”

Section 5. Production

Item 5.1. Indicate whether any effluent limitation guidelines (ELGs) promulgated under Section 304 of the Clean Water Act (CWA) apply to your facility. If yes, continue to Item 5.2. If no, skip to Section 6. All ELGs promulgated by EPA appear in the *Federal Register* and are published annually in 40 CFR Subchapter N. An ELG applies if you have any operations contributing process wastewater in any subcategory covered by a Best Practicable Control Technology Currently Available (BPT), Best Conventional Pollutant Control Technology (BCT), or Best Available Technology Economically Achievable (BAT) guideline. If you are unsure whether you are covered by a promulgated ELG, consult your NPDES permitting authority (see Exhibit 1–1 of the “General Instructions” of Form 1). You must check “Yes” if an applicable ELG has been promulgated, even if the ELG is being contested in court. If you believe that a promulgated ELG has been remanded for reconsideration by a court and does not apply to your operations, you may answer “No” to Item 5.1 and skip to Section 6.

Item 5.2. Complete Item 5.2 by indicating the applicable ELG category, ELG subcategory, and corresponding regulatory citation. See the example below.

| | | | | |
|-----------------|-----|---|---------------------------------------|-----------------------|
| Applicable ELGs | 5.2 | ELG Category | ELG Subcategory | Regulatory Citation |
| | | Pulp, Paper, and Paperboard Point Source Category | Secondary Fiber Non-Deink Subcategory | 40 CFR 430, Subpart J |

Item 5.3. Indicate if the limitations in the applicable ELGs are expressed in terms of production or other measure of operation. For operational parameter, it is expressed in terms of production (e.g., “pounds of biological oxygen demand per cubic foot of logs from which bark is removed,” or “pounds of total suspended solids per megawatt hour of electrical energy consumed by smelting furnace”). An example of an ELG not expressed in terms of a measure of operation is one that limits the concentration of pollutants. If yes, continue to Item 5.4. If no, skip to Section 6.

Item 5.4. Indicate the operations, products, or materials produced at the facility for each outfall. For each operation, product, or material produced, denote the quantity produced per day using the measurement units specified in the applicable ELG. The NPDES permitting authority will use the production information to apply ELGs to your facility. You may not claim that the production information you submit is confidential. You do not need to indicate how you calculated the reported information. The production figures provided must be based on a reasonable measure of actual daily production, not on design capacity or on predictions of future operations. To obtain alternate limits under 40 CFR 122.45(b)(2)(ii), you must define your maximum production capability and demonstrate to the NPDES permitting authority that your actual production is substantially below maximum production capability and that there is a reasonable potential for an increase above actual production during the duration of the permit.

Section 6. Improvements

Item 6.1. Indicate if you are required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in your application. The requirements include, but are not limited to, permit conditions, administrative enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. If yes, continue to Item 6.2. If no, skip to Item 6.3.

Item 6.2. Briefly identify and describe each applicable project (e.g., consent decree, enforcement order, or permit condition). For each condition, specify the affected outfall number(s), the source(s) of the discharge, the projected final compliance date, and the required final compliance date.

Item 6.3. OPTIONAL ITEM. If desired, attach descriptions of any additional water pollution control programs (or other environmental projects that could affect your discharges) that are now underway or planned. Indicate in your attachments whether each program is actually underway or is planned, and indicate your actual or planned schedule for construction.

Section 7. Effluent and Intake Characteristics

Items 7.1 to 7.17. These items require you to collect and report data for the parameters and pollutants listed in Tables A through E, located at the end of Form 2C. The instructions for completing the tables are table-specific in addition to the criteria for determining who should complete them. In general, the following conditions apply:

FORM 2C—INSTRUCTIONS CONTINUED

| Table | Pollutants/Parameters | Who Completes? |
|-------|--|---|
| A | Conventional and non-conventional pollutants | All applicants from all outfalls unless a waiver is obtained from the NPDES permitting authority. |
| B | Toxic metals, cyanide, total phenols, and organic toxic pollutants | Applicants in the primary industry categories listed in Exhibit 2C-3 at the end of these instructions. |
| C | Certain conventional and non-conventional pollutants | Applicants subject to ELGs that limit pollutants directly or indirectly and applicants who believe pollutants may be present in their facility's discharge. |
| D | Certain hazardous substances and asbestos | Applicants who believe pollutants may be present in their facility's discharge. |
| E | 2,3,7,8-tetrachlorodibenzo-p-dioxin (2,3,7,8-TCDD) | Applicants that use or manufacture the pollutant or believe the pollutant may be present in the facility's discharge. |

Important note: Read the “General Instructions for Reporting, Sampling, and Analysis” on pages 2C-5 and 2C-6 before completing Section 7 and Tables A through E.

Item 7.1 and Table A. All applicants must report at least one analysis for each conventional and non-conventional pollutant listed in Table A for each outfall (one table per outfall). This includes outfalls discharging only noncontact cooling water or stormwater runoff. However, at your request, the NPDES permitting authority may waive the requirement to test for one or more of the listed pollutants for specific outfalls, upon a determination that available information is adequate to support issuance of your NPDES permit with less stringent reporting requirements. You may also request a waiver from your NPDES permitting authority for one or more of the Table A pollutants for your industry category or subcategory. Indicate whether you are requesting a waiver in response to Item 7.1. If yes, continue to Item 7.2. If no, skip to Item 7.3.

Item 7.2. Specify the outfalls for which you are requesting a waiver. Next, indicate on Table A for the applicable outfalls the pollutants for which the waiver is being requested. Attach your waiver request and supporting information to your completed Form 2C.

Item 7.3. Test your effluent from each outfall for each pollutant listed in Table A for which you have not requested a waiver. You may also conduct optional tests of your intake water for the Table A pollutants. See the “General Instructions for Reporting, Sampling, and Analysis” on pages 2C-5 and 2C-6 for further information.

Item 7.4 and Table B. This item asks whether any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3. If you are applying for a permit for a privately owned treatment works, determine your testing requirements based on the industrial categories of your contributors. This exercise is simply to determine your testing requirements only. You are not giving up your right to challenge your inclusion in the category determined for testing (e.g., for deciding whether an ELG is applicable) before your permit is issued. If yes, continue to Item 7.5. If no, skip to Item 7.8.

Complete a separate Table B for each outfall. Section 1 of Table B lists toxic metals, cyanide, and total phenols. Sections 2 through 5 of Table B list the pollutants in each of the gas chromatography/mass spectrometry (GC/MS) fractions. Note that inclusion of total phenols in Section 1 of Table B does not mean that EPA is classifying the group as toxic pollutants.

Item 7.5. Because you indicated in Item 7.4 that the facility's processes contribute wastewater that falls into one or more of the primary industry categories, check “Testing Required” for all toxic metals, cyanide, and total phenols in Section 1 of Table B. Answer “Yes” to Item 7.5 once you have completed this task.

Item 7.6. Because you indicated in Item 7.4 that the facility's processes contribute wastewater that falls into one or more of the primary industry categories, list the primary industry categories applicable to your facility. Next, review Exhibit 2C-3 to determine whether testing is required and for which GC/MS fraction(s): volatile compounds, acid compounds, base/neutral compounds, and pesticides. Check the applicable boxes for each GC/MS fraction requiring testing.

Item 7.7. For each of the required GC/MS fractions, check “Testing Required” for each of the pollutants in the required fraction in Sections 2 through 5 of Table B. Answer “Yes” to Item 7.7 once you have completed this task.

Item 7.8 and Sections 1 through 5 of Table B. For all other cases (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions) and remaining pollutants, check “Believed Present” or “Believed Absent” in Sections 1 through 5 of Table B to indicate whether you have reason to believe that any of the pollutants listed are discharged from your outfalls. Answer “Yes” to Item 7.8 after you have completed this step.

Item 7.9 and Section 1 of Table B. For each pollutant you know or have reason to believe is present in your discharge from each applicable outfall in concentrations of 10 parts per billion (ppb) or greater, you must report quantitative data. For every pollutant expected to be discharged in concentrations less than 10 ppb, you must submit quantitative data or briefly describe the reasons the pollutant is expected to be discharged. For pollutants in intake water, see the discussion under “General Instructions for Reporting, Sampling, and Analysis” below. Answer “Yes” to Item 7.9 once you have completed Section 1 of Table B.

Item 7.10. This item asks if you qualify as a “small business.” If so, you are exempt from submitting quantitative data for the organic toxic pollutants on Table B (Sections 2 through 5). You still must indicate, though, whether you believe any of the pollutants listed in Sections 1 through 5 are present in your discharge per the Instructions at Item 7.8 above.

You can qualify as a small business in two ways: (1) If your facility is a coal mine and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (such as a schedule of estimated total production under 30 CFR 795.14(c)) instead of conducting analyses for the organic toxic pollutants. (2) If your facility is not a coal mine and if your gross total annual sales for the most recent three years average less than \$100,000 per year (in second quarter 1980 dollars), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants.

The production or sales data must be for the facility that is the source of the discharge. The data should not be limited to production or sales for the process or processes that contribute to the discharge, unless those are the only processes at your facility.

FORM 2C—INSTRUCTIONS CONTINUED

For sales data, in situations involving intra-corporate transfer of goods and services, the transfer price per unit should approximate market prices for those goods and services as closely as possible. Sales figures for years after 1980 should be indexed to the second quarter of 1980 by using the gross national product price deflator (second quarter of 1980 = 100). This index is available online from the U.S. Department of Commerce, Bureau of Economic Analysis at <http://bea.gov/national/pdf/SNTables.pdf>.

If you qualify as a small business according to the criteria above, answer "Yes" to Item 7.10. Check the box at the top of Table B to show that you are not required to submit quantitative data for the organic toxic pollutants (Sections 2 through 5 of Table B), then skip to Item 7.12. Otherwise, answer "No" and continue to Item 7.11.

Item 7.11 and Sections 2 through 5 of Table B. Unless you qualify as a small business (see Item 7.10), you must provide quantitative data for all pollutants for which you marked "Testing Required" in Sections 2 through 5 of Table B. You must also provide quantitative data for all pollutants you marked as "Believed Present" in Sections 2 through 5 of Table B if you discharge those pollutants in concentrations of 10 ppb or greater, except for acrolein, acrylonitrile, 2,4-dinitrophenol, and 2-methyl-4,6-dinitrophenol. If you discharge any of the four latter pollutants in concentrations of 100 ppb or greater, you must report quantitative data. If you discharge the pollutants in Sections 2 through 5 of Table B less than these thresholds (i.e., <100 ppb for acrolein, acrylonitrile, 2,4-dinitrophenol, and 2-methyl-4,6-dinitrophenol and <10 ppb for all others), you must submit quantitative data *or* briefly describe the reasons the pollutant is in your discharge.

For pollutants in intake water, see the discussion under "General Instructions for Reporting, Sampling, and Analysis" on pages 2C-5 and 2C-6 for further information.

Once you have completed these tasks, answer "Yes" to Item 7.11.

Item 7.12 and Table C. For each outfall (including outfalls containing only noncontact cooling water or stormwater runoff), indicate whether you know or have reason to believe that any of the pollutants listed on Table C are present in your discharge. If so, mark the box in the "Believed Present" column for each applicable pollutant. If not, mark the box in the "Believed Absent" column for each applicable pollutant. Answer "Yes" to Item 7.12 once you have completed the required task for each outfall.

Item 7.13 and Table C. You are required to report quantitative data for any Table C pollutants that are directly limited in an applicable ELG or are indirectly limited in an applicable ELG through an expressed limitation on an indicator (e.g., use of total suspended solids (TSS) as an indicator to control the discharge of iron and aluminum). For all other pollutants that you marked as "Believed Present," you must either report quantitative data or briefly describe the reasons the pollutant is expected to be discharged.

For pollutants in intake water, see the discussion under "General Instructions for Reporting, Sampling, and Analysis" on pages 2C-5 and 2C-6 for further information.

Answer "Yes" to Item 7.13 when you have fully completed the tasks associated with Table C and Items 7.12 and 7.13 above.

Item 7.14 and Table D. For each outfall, indicate if you believe that any pollutant listed in Table D is "Believed Present" or "Believed Absent" in your facility's effluent. Check the boxes in the applicable columns on Table D next to each pollutant. For every pollutant believed present, you must briefly describe the reasons the pollutant is expected to be discharged and report any quantitative data you have for that pollutant. Note that you are not required to perform analytical tests for any of the Table D pollutants at this time. However, if you have prior test results, you must report them.

Item 7.15. Answer "Yes" to this Item when you have completed Table D.

Under 40 CFR 117.12(a)(2), certain discharges of hazardous substances (listed in Exhibit 2C-4 at the end of these instructions) may be exempted from the requirements of Section 311 of the CWA, which establishes reporting requirements, civil penalties, and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance can be exempted if the origin, source, and amount of the discharged substances are identified in the NPDES permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place.

Exemptions are allowed from the requirements of CWA Section 311. Applications for exemptions must set forth the following information:

1. The substance and the amount of each substance that may be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment to be provided for the discharge by:
 - a. An onsite treatment system separate from any treatment system treating your normal discharge;
 - b. A treatment system designed to treat your normal discharge and that is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
 - c. Any combination of the above.

See 40 CFR 117.12(a)(2) and (c) or contact your NPDES permitting authority for further information on exclusions from CWA Section 311.

Item 7.16. Indicate whether:

- Your facility uses or manufactures 2,4,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophene (HCP).
- You know or have reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) is or may be present in an effluent.

If yes, continue to Item 7.17. If no, skip to Section 8.

Item 7.17 and Table E. If you answered "Yes" to Item 7.16, you must report *qualitative* data, generated using a screening procedure not calibrated with analytical standards, for TCDD. Your screening analyses must be performed using gas chromatography with an electron capture detector. A TCDD standard for quantitation is not required. Describe the results of your screening analysis (e.g., "no measurable baseline deflection at the retention time of TCDD" or "a measurable peak within the tolerances of the retention time of TCDD.") on Table E. The NPDES permitting authority may require you to perform a quantitative analysis if you report a positive result.

Answer "Yes" to Item 7.17 when you have completed Table E.

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Tables A through E and Section 7 of Form 2C.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the EPA Identification Number, NPDES permit number, facility name, and applicable outfall number at the top of each page of the tables and any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls so long as the sheets contain all of the required information and are similar in format to Tables A through E. For example, you may be able to print a report in a compatible format from the data system used in your GC/MS analysis completed under Table B.

Table A requires you to report at least one analysis for each pollutant listed. Tables B through D require you to report analytical data in two ways. For some pollutants, you may be required to check the box in the "Testing Required" column and test and report the levels of the pollutants in your discharge whether or not you expect them to be present in your discharge. For all other pollutants, you must check the box in either the "Believed Present" or "Believed Absent" columns based on your best estimate and test for those you believe to be present (with some exceptions). Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, maintenance chemicals, intermediate and final products and byproducts, and any previous analyses known to you of your effluent or similar effluent. For example, if you manufacture pesticides, you should expect those pesticides to be present in contaminated stormwater runoff.

If you would expect a pollutant to be present solely because of its presence in your intake water, you must mark "Believed Present" but you are not required to analyze for that pollutant. Instead, mark an "X" in the long-term average value of the "Intake" column; optionally, you may instead provide intake data.

Reporting of Effluent Data

Report sampling results for all pollutants in Tables A through C as concentration *and* total mass, except for flow, temperature, pH, color, and fecal coliform organisms. If you are reporting quantitative data under Table D, report concentration only.

Flow, temperature, pH, color, and fecal coliform organisms must be reported as mgd, degrees Celsius (°C), standard units, color units, and most probable number per 100 milliliters (MPN/100 mL), respectively. Use the following abbreviations in the columns requiring "units" in Tables A through D.

| Concentration | Mass |
|--|---------------------------|
| ppm = parts per million | lbs = pounds |
| mg/L = milligrams per liter | ton = tons (English tons) |
| ppb = parts per billion | mg = milligrams |
| µg/L = micrograms per liter | g = grams |
| MPN = most probable number per 100 milliliters | kg = kilograms |
| | T = tonnes (metric tons) |

All reporting of values for metals must be in terms of "total recoverable metal," unless:

- An applicable, promulgated ELG specifies the limitation for the metal in dissolved, valent, or total form;
- All approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium); or
- The permitting authority has determined that in establishing case-by-case limitations it is necessary to express the limitations of the metal in dissolved, valent, or total form to carry out the provisions of the CWA.

Note that you are *not* required to complete the "Maximum Monthly Discharge" and the "Long-Term Average Daily Discharge" columns of Tables A through C; however, these fields should be completed if data are available.

If you measure only one daily value, complete the "Maximum Daily Discharge" columns of the tables and enter "1" in the "Number of Analyses" columns. The NPDES permitting authority may require additional analyses to further characterize your discharges.

For composite samples, the daily value is the total mass or average concentration found in a composite sample taken over the operating hours of the facility during a 24-hour period. For grab samples, the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of at least four grab samples taken over the operating hours of the facility during a 24-hour period.

If you measure more than one daily value for a pollutant and those values are representative of your wastestream, you must report them. You must describe your method of testing and data analysis.

When an applicant has two or more outfalls with substantially identical effluents, the NPDES permitting authority may allow the applicant to test only one outfall and report those quantitative data as applying to the substantially identical outfall. If the permitting authority grants your request, attach a separate sheet to the application form identifying the outfall tested and describing why the other outfall(s) are substantially identical.

Reporting of Intake Data

You are not required to report data under the "Intake" columns of Tables A through C unless you wish to demonstrate your eligibility for a "net" effluent limitation for one or more pollutants in Tables A through C (i.e., an effluent limitation adjusted by subtracting the average level of the pollutant(s) present in your intake water). NPDES regulations allow net limitations only in certain circumstances. To demonstrate your eligibility, under the "Intake" columns report the average of the results of analyses of your intake water and discuss the requirements for a net limitation with your NPDES permitting authority. If your water is treated before use, test the water after it has been treated.

General Instructions for Reporting, Sampling, and Analysis Continued

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact your NPDES permitting authority for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 1–1 of Form 1 for contact information. Any specific requirements in the applicable analytical methods—for example, sample containers, sample preservation, holding times, and the collection of duplicate samples—must be followed.

The time when you sample should be representative of your normal operation, to the extent feasible, with all processes that contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and enterococci (previously known as fecal streptococcus at 40 CFR 122.26(d)(2)(iii)(A)(3)), and volatile organic compounds.

For all other pollutants, a 24-hour composite sample, using a minimum of four grab samples, must be used unless specified otherwise at 40 CFR 136. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period greater than 24 hours.

For stormwater discharges, a minimum of one to four grab samples must be taken, depending on the duration of the discharge. One grab sample must be taken in the first hour (or less) of discharge, with one more grab sample (up to a minimum of four) taken in each succeeding hour of discharge for discharges lasting four hours or more.

Except for stormwater discharges, the NPDES permitting authority may waive composite sampling requirements for any outfall for which you demonstrate that use of an automatic sampler is infeasible and that the minimum of four grab samples will be representative of your discharge. Results of analyses of individual grab samples for any parameter may be averaged to obtain the daily average. Grab samples that are not required to be analyzed immediately may be composited in the laboratory, if the container, preservation, and holding time requirements are met and if sample integrity is not compromised during compositing. See Table II at 40 CFR 136.3 for further information.

A **grab sample** is an individual sample of at least 100 milliliters collected at a randomly chosen time over a period not exceeding 15 minutes.

A **composite sample** is a combination of at least eight sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over a 24-hour period. The composite must be flow proportional; either the time interval between each aliquot or the volume of each aliquot must be proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot.

Aliquots may be collected manually or automatically. For “GC/MS Fraction—Volatile Compounds” in Table B, aliquots must be combined in the laboratory immediately before analysis. Four (rather than eight) aliquots or grab samples should be collected for this fraction. These four samples should be collected during actual hours of discharge over a 24-hour period and need not be flow proportioned. Only one analysis is required.

Use of Historical Data

Existing data may be used, if available, in lieu of sampling conducted solely for the purposes of this application, provided that: all data requirements are met; sampling was performed, collected, and analyzed no more than 4.5 years prior to submission; all data are representative of the discharge; and all available representative data are considered in the values reported.

Analysis

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is “sufficiently sensitive” when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility’s discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.
- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of “sufficiently sensitive,” the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the NPDES permitting authority may determine that the method is not performing adequately and the NPDES permitting authority should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the NPDES permitting authority, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method’s precision, accuracy, or resolution, may be considered when assessing the performance of the method.

FORM 2C—INSTRUCTIONS CONTINUED

Section 8. Used or Manufactured Toxics

Item 8.1. Indicate if any pollutant listed in Table B is used or manufactured in your facility as an intermediate or final product or byproduct. If yes, continue to Item 8.2. If no, skip to Section 9.

Item 8.2. List the applicable toxic pollutants. Note that the NPDES permitting authority may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the permitting authority has adequate information to issue you a permit. You may *not* claim this information as confidential. Note that you do *not* need to distinguish between use or production of the pollutants or list amounts.

Section 9. Biological Toxicity Tests

Item 9.1. Indicate if 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 three years. If yes, continue to Item 9.2. If no, skip to Section 10.

Item 9.2. Identify the tests known to have been performed and the purposes of each. For each test, check "Yes" or "No" to indicate if you have submitted the test results to the NPDES permitting authority and the date the results were submitted. The NPDES permitting authority may ask you to provide additional details after reviewing your application.

Section 10. Contract Analyses

Item 10.1. Indicate if any of the analyses reported in Section 7 were performed by a contract laboratory or consulting firm. If yes, continue to Item 10.2. If no, skip to Section 11.

Item 10.2. Identify each laboratory or firm used in the table provided. For each, provide the name, address, and phone number of the laboratory or firm and the pollutants analyzed.

Section 11. Additional Information

Item 11.1. In addition to the information reported on the application form, the NPDES permitting authority may request additional information reasonably required to assess the discharges of the facility and to determine whether to issue an NPDES permit. The additional information may include additional quantitative data and bioassays to assess the relative toxicity of discharges to aquatic life and requirements to determine the cause of the toxicity. Indicate under Item 11.1 whether the NPDES permitting authority has requested additional information from you. If yes, continue to Item 11.2. If no, skip to Section 12.

Item 11.2. List the items requested and attach the required information to the application.

Section 12. Checklist and Certification Statement

Item 12.1. Review the checklist provided. In Column 1, mark the sections of Form 2C that you have completed and are submitting with your application. In Column 2, indicate for each section whether you are submitting attachments.

Item 12.2. The CWA provides for severe penalties for submitting false information on this application form. Section 309(c)(2) of the CWA provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both."

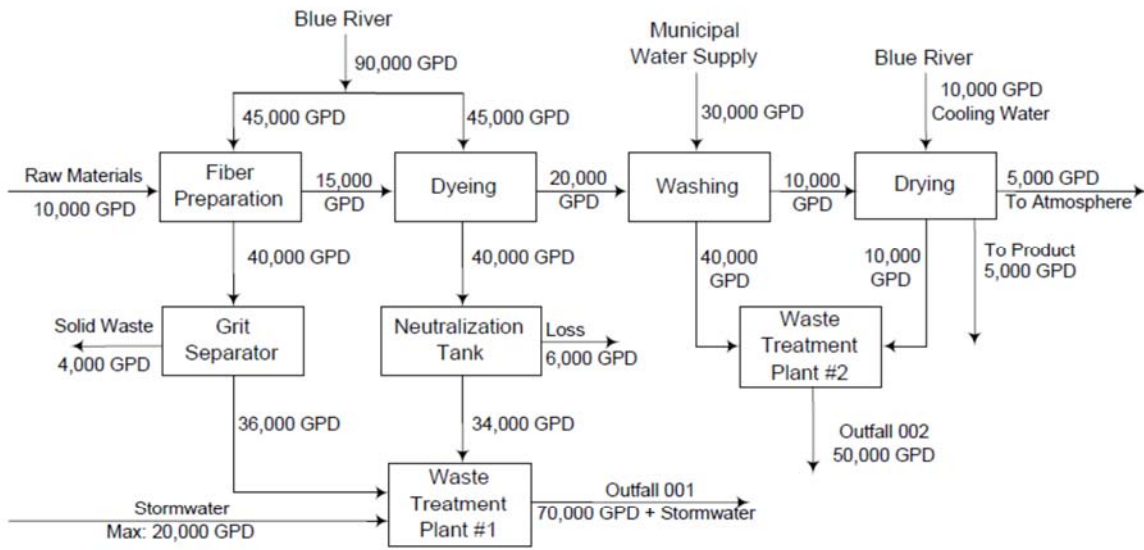
FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

**Submit your completed Form 1, Form 2C, and
all associated attachments
(and any other required NPDES application forms)
to your NPDES permitting authority.**

Exhibit 2C-1. Example Line Drawing



Schematic of Water Flow
Brown Mills, Inc.
City, County, State

DRY

Exhibit 2C-2. Codes for Treatment Units and Disposal of Wastes Not Discharged

1. PHYSICAL TREATMENT PROCESSES

| | | | |
|-----------|---------------------------------|-----------|--|
| 1-A | Ammonia stripping | 1-M | Grit removal |
| 1-B | Dialysis | 1-N | Microstraining |
| 1-C | Diatomaceous earth filtration | 1-O | Mixing |
| 1-D | Distillation | 1-P | Moving bed filters |
| 1-E | Electrodialysis | 1-Q | Multimedia filtration |
| 1-F | Evaporation | 1-R | Rapid sand filtration |
| 1-G | Flocculation | 1-S | Reverse osmosis (<i>hyperfiltration</i>) |
| 1-H | Flotation | 1-T | Screening |
| 1-I | Foam fractionation | 1-U | Sedimentation (<i>settling</i>) |
| 1-J | Freezing | 1-V | Slow sand filtration |
| 1-K | Gas-phase separation | 1-W | Solvent extraction |
| 1-L | Grinding (<i>comminutors</i>) | 1-X | Sorption |

2. CHEMICAL TREATMENT PROCESSES

| | | | |
|-----------|----------------------------------|-----------|-------------------------------|
| 2-A | Carbon adsorption | 2-G | Disinfection (<i>ozone</i>) |
| 2-B | Chemical oxidation | 2-H | Disinfection (<i>other</i>) |
| 2-C | Chemical precipitation | 2-I | Electrochemical treatment |
| 2-D | Coagulation | 2-J | Ion exchange |
| 2-E | Dechlorination | 2-K | Neutralization |
| 2-F | Disinfection (<i>chlorine</i>) | 2-L | Reduction |

3. BIOLOGICAL TREATMENT PROCESSES

| | | | |
|-----------|-------------------------------|-----------|-----------------------------------|
| 3-A | Activated sludge | 3-E | Pre-aeration |
| 3-B | Aerated lagoons | 3-F | Spray irrigation/land application |
| 3-C | Anaerobic treatment | 3-G | Stabilization ponds |
| 3-D | Nitrification-denitrification | 3-H | Trickling filtration |

4. WASTEWATER DISPOSAL PROCESSES

| | | | |
|-----------|----------------------------|-----------|-----------------------------------|
| 4-A | Discharge to surface water | 4-C | Reuse/recycle of treated effluent |
| 4-B | Ocean discharge to outfall | 4-D | Underground injection |

5. SLUDGE TREATMENT AND DISPOSAL PROCESSES

| | | | |
|-----------|-----------------------|-----------|---------------------|
| 5-A | Aerobic digestion | 5-M | Heat drying |
| 5-B | Anaerobic digestion | 5-N | Heat treatment |
| 5-C | Belt filtration | 5-O | Incineration |
| 5-D | Centrifugation | 5-P | Land application |
| 5-E | Chemical conditioning | 5-Q | Landfill |
| 5-F | Chlorine treatment | 5-R | Pressure filtration |
| 5-G | Composting | 5-S | Pyrolysis |
| 5-H | Drying beds | 5-T | Sludge lagoons |
| 5-I | Elutriation | 5-U | Vacuum filtration |
| 5-J | Flotation thickening | 5-V | Vibration |
| 5-K | Freezing | 5-W | Wet oxidation |
| 5-L | Gravity thickening | | |

Exhibit 2C-3. Testing Requirements for Organic Toxic Pollutants Industry Categories*

| INDUSTRY CATEGORY | GC/MS FRACTION† | | | Pesticide |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Volatile | Acid | Base/Neutral | |
| Adhesives and sealants..... | X | X | X | <input type="checkbox"/> |
| Aluminum forming..... | X | X | X | <input type="checkbox"/> |
| Auto and other laundries..... | X | X | X | X |
| Battery manufacturing..... | X | <input type="checkbox"/> | X | <input type="checkbox"/> |
| Coal mining..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coil coating..... | X | X | X | <input type="checkbox"/> |
| Copper forming..... | X | X | X | <input type="checkbox"/> |
| Electric and electronic compounds..... | X | X | X | X |
| Electroplating..... | X | X | X | <input type="checkbox"/> |
| Explosives manufacturing..... | <input type="checkbox"/> | X | X | <input type="checkbox"/> |
| Foundries..... | X | X | X | <input type="checkbox"/> |
| Gum and wood chemicals (all subparts except D and F)..... | X | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Gum and wood chemicals, Subpart D (tall oil rosin)..... | X | X | X | <input type="checkbox"/> |
| Gum and wood chemicals, Subpart F (rosin-based derivatives)..... | X | X | X | <input type="checkbox"/> |
| Inorganic chemicals manufacturing..... | X | X | X | <input type="checkbox"/> |
| Iron and steel manufacturing..... | X | X | X | <input type="checkbox"/> |
| Leather tanning and finishing..... | X | X | X | <input type="checkbox"/> |
| Mechanical products manufacturing..... | X | X | X | <input type="checkbox"/> |
| Nonferrous metals manufacturing..... | X | X | X | X |
| Ore mining, Subpart B (base and precious metals)..... | <input type="checkbox"/> | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Organic chemicals manufacturing..... | X | X | X | X |
| Paint and ink formulation..... | X | X | X | <input type="checkbox"/> |
| Pesticides..... | X | X | X | X |
| Petroleum refining..... | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmaceutical preparations..... | X | X | X | <input type="checkbox"/> |
| Photographic equipment and supplies..... | X | X | X | <input type="checkbox"/> |
| Plastic and synthetic materials manufacturing..... | X | X | X | X |
| Plastic processing..... | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Printing and publishing..... | X | X | X | X |
| Pulp and paperboard mills..... | X | X | X | X |
| Rubber processing..... | X | X | X | <input type="checkbox"/> |
| Soap and detergent manufacturing..... | X | X | X | <input type="checkbox"/> |
| Steam electric power plants..... | X | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Textile mills (except Subpart C, Greige Mills)..... | X | X | X | <input type="checkbox"/> |
| Timber products processing..... | X | X | X | X |

* See note at conclusion of 40 CFR 122, Appendix D (1983) for explanation of effect of suspensions on testing requirements for primary industry categories.

† The pollutants in each fraction are listed in Table B.

X = Testing is required.

= Testing is not required.


Exhibit 2C-4. Hazardous Substances

1. Acetaldehyde
2. Acetic acid
3. Acetic anhydride
4. Acetone cyanohydrin
5. Acetyl bromide
6. Acetyl chloride
7. Acrolein
8. Acrylonitrile
9. Adipic acid
10. Aldrin
11. Allyl alcohol
12. Allyl chloride
13. Aluminum sulfate
14. Ammonia
15. Ammonium acetate
16. Ammonium benzoate
17. Ammonium bicarbonate
18. Ammonium bichromate
19. Ammonium bifluoride
20. Ammonium bisulfite
21. Ammonium carbamate
22. Ammonium carbonate
23. Ammonium chloride
24. Ammonium chromate
25. Ammonium citrate
26. Ammonium fluoroborate
27. Ammonium fluoride
28. Ammonium hydroxide
29. Ammonium oxalate
30. Ammonium silicofluoride
31. Ammonium sulfamate
32. Ammonium sulfide
33. Ammonium sulfite
34. Ammonium tartrate
35. Ammonium thiocyanate
36. Ammonium thiosulfate
37. Amyl acetate
38. Aniline
39. Antimony pentachloride
40. Antimony potassium tartrate
41. Antimony tribromide
42. Antimony trichloride
43. Antimony trifluoride
44. Antimony trioxide
45. Arsenic disulfide
46. Arsenic pentoxide
47. Arsenic trichloride
48. Arsenic trioxide
49. Arsenic trisulfide
50. Barium cyanide
51. Benzene
52. Benzoic acid
53. Benzointrile
54. Benzoyl chloride
55. Benzyl chloride
56. Beryllium chloride
57. Beryllium fluoride
58. Beryllium nitrate
59. Butylacetate
60. n-butylphthalate
61. Butylamine
62. Butyric acid
63. Cadmium acetate
64. Cadmium bromide
65. Cadmium chloride
66. Calcium arsenate
67. Calcium arsenite
68. Calcium carbide
69. Calcium chromate
70. Calcium cyanide
71. Calcium dodecylbenzenesulfonate
72. Calcium hypochlorite
73. Captan
74. Carbaryl
75. Carbofuran
76. Carbon disulfide
77. Carbon tetrachloride
78. Chlordane
79. Chlorine
80. Chlorobenzene
81. Chloroform
82. Chloropyrifos
83. Chlorosulfonic acid
84. Chromic acetate
85. Chromic acid
86. Chromic sulfate
87. Chromous chloride
88. Cobaltous bromide
89. Cobaltous formate
90. Cobaltous sulfamate
91. Coumaphos
92. Cresol
93. Crotonaldehyde
94. Cupric acetate
95. Cupric acetoarsenite
96. Cupric chloride
97. Cupric nitrate
98. Cupric oxalate
99. Cupric sulfate
100. Cupric sulfate ammoniated
101. Cupric tartrate
102. Cyanogen chloride
103. Cyclohexane
104. 2,4-D acid (2,4-dichlorophenoxyacetic acid)
105. 2,4-D esters (2,4-dichlorophenoxyacetic acid esters)
106. DDT
107. Diazinon
108. Dicamba
109. Dichlobenil
110. Dichlone
111. Dichlorobenzene
112. Dichloropropane
113. Dichloropropene
114. Dichloropropene-dichloropropane mix
115. 2,2-dichloropropionic acid
116. Dichlorvos
117. Dieldrin
118. Diethylamine
119. Dimethylamine
120. Dinitrobenzene
121. Dinitrophenol
122. Dinitrotoluene
123. Diquat
124. Disulfoton
125. Diuron
126. Dodecylbenzenesulfonic acid
127. Endosulfan
128. Endrin
129. Epichlorohydrin
130. Ethion
131. Ethylbenzene
132. Ethylenediamine
133. Ethylene dibromide
134. Ethylene dichloride
135. Ethylene diaminetetracetic acid (EDTA)
136. Ferric ammonium citrate
137. Ferric ammonium oxalate
138. Ferric chloride
139. Ferric fluoride
140. Ferric nitrate
141. Ferric sulfate
142. Ferrous ammonium sulfate
143. Ferrous chloride
144. Ferrous sulfate
145. Formaldehyde
146. Formic acid
147. Fumaric acid
148. Furfural
149. Guthion
150. Heptachlor
151. Hexachlorocyclopentadiene
152. Hydrochloric acid
153. Hydrofluoric acid
154. Hydrogen cyanide
155. Hydrogen sulfide
156. Isoprene
157. Isopropanolamine dodecylbenzenesulfonate
158. Kelthane
159. Kepone
160. Lead acetate
161. Lead arsenate
162. Lead chloride
163. Lead fluoborate
164. Lead fluoride
165. Lead iodide
166. Lead nitrate
167. Lead stearate
168. Lead sulfate
169. Lead sulfide
170. Lead thiocyanate
171. Lindane
172. Lithium chromate
173. Malathion
174. Maleic acid
175. Maleic anhydride
176. Mercaptodimethur
177. Mercuric cyanide
178. Mercuric nitrate
179. Mercuric sulfate
180. Mercuric thiocyanate
181. Mercurous nitrate
182. Methoxychlor
183. Methyl mercaptan
184. Methyl methacrylate
185. Methyl parathion
186. Mevinphos
187. Mexacarbate
188. Monoethylamine
189. Monomethylamine
190. Naled
191. Naphthalene
192. Naphthenic acid
193. Nickel ammonium sulfate
194. Nickel chloride
195. Nickel hydroxide
196. Nickel nitrate
197. Nickel sulfate
198. Nitric acid
199. Nitrobenzene
200. Nitrogen dioxide
201. Nitrophenol
202. Nitrotoluene
203. Paraformaldehyde
204. Parathion
205. Pentachlorophenol
206. Phenol
207. Phosgene
208. Phosphoric acid
209. Phosphorus
210. Phosphorus oxychloride
211. Phosphorus pentasulfide
212. Phosphorus trichloride
213. Polychlorinated biphenyls (PCB)
214. Potassium arsenate
215. Potassium arsenite

Exhibit 2C-4. Hazardous Substances

- | | | |
|-------------------------------------|--|-----------------------------------|
| 216. Potassium bichromate | 245. Sodium phosphate (dibasic) | 271. Uranyl acetate |
| 217. Potassium chromate | 246. Sodium phosphate (tribasic) | 272. Uranyl nitrate |
| 218. Potassium cyanide | 247. Sodium selenite | 273. Vanadium pentoxide |
| 219. Potassium hydroxide | 248. Strontium chromate | 274. Vanadyl sulfate |
| 220. Potassium permanganate | 249. Strychnine | 275. Vinyl acetate |
| 221. Propargite | 250. Styrene | 276. Vinylidene chloride |
| 222. Propionic acid | 251. Sulfuric acid | 277. Xylene |
| 223. Propionic anhydride | 252. Sulfur monochloride | 278. Xylenol |
| 224. Propylene oxide | 253. 2,4,5-T acid (2,4,5-trichlorophenoxyacetic acid) | 279. Zinc acetate |
| 225. Pyrethrins | 254. 2,4,5-T amines (2,4,5-trichlorophenoxy acetic acid amines) | 280. Zinc ammonium chloride |
| 226. Quinoline | 255. 2,4,5-T esters (2,4,5-trichlorophenoxy acetic acid esters) | 281. Zinc borate |
| 227. Resorcinol | 256. 2,4,5-T salts (2,4,5-trichlorophenoxy acetic acid salts) | 282. Zinc bromide |
| 228. Selenium oxide | 257. 2,4,5-TP acid (2,4,5-trichlorophenoxy propanoic acid) | 283. Zinc carbonate |
| 229. Silver nitrate | 258. 2,4,5-TP acid esters (2,4,5-trichlorophenoxy propanoic acid esters) | 284. Zinc chloride |
| 230. Sodium | 259. TDE (tetrachlorodiphenyl ethane) | 285. Zinc cyanide |
| 231. Sodium arsenate | 260. Tetraethyl lead | 286. Zinc fluoride |
| 232. Sodium arsenite | 261. Tetraethyl pyrophosphate | 287. Zinc formate |
| 233. Sodium bichromate | 262. Thallium sulfate | 288. Zinc hydrosulfite |
| 234. Sodium bifluoride | 263. Toluene | 289. Zinc nitrate |
| 235. Sodium bisulfite | 264. Toxaphene | 290. Zinc phenolsulfonate |
| 236. Sodium chromate | 265. Trichlorofon | 291. Zinc phosphide |
| 237. Sodium cyanide | 266. Trichloroethylene | 292. Zinc silicofluoride |
| 238. Sodium dodecylbenzenesulfonate | 267. Trichlorophenol | 293. Zinc sulfate |
| 239. Sodium fluoride | 268. Triethanolamine dodecylbenzenesulfonate | 294. Zirconium nitrate |
| 240. Sodium hydrosulfide | 269. Triethylamine | 295. Zirconium potassium fluoride |
| 241. Sodium hydroxide | 270. Trimethylamine | 296. Zirconium sulfate |
| 242. Sodium hypochlorite | | 297. Zirconium tetrachloride |
| 243. Sodium methylate | | |
| 244. Sodium nitrite | | |

| | | | |
|---------------------------|---------------------|---------------|---|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> |
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| | | |
|---------------------|---|--|
| Form 2C NPDES |  | U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS |
|---------------------|---|--|

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

| | | | | | |
|-------------------------|-----|--|-----------------------------|-----------------|------------------|
| Outfall Location | 1.1 | Provide information on each of the facility's outfalls in the table below. | | | |
| | | Outfall Number | Receiving Water Name | Latitude | Longitude |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))

| | | |
|---------------------|-----|--|
| Line Drawing | 2.1 | Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------|-----|--|

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

| | | | | |
|------------------------------------|-----|---|-----------------------------|---|
| Average Flows and Treatment | 3.1 | For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary. | | |
| | | **Outfall Number** _____ | | |
| | | Operations Contributing to Flow | | |
| | | Operation | Average Flow | |
| | | | mgd | |
| | | | mgd | |
| | | | mgd | |
| | | | mgd | |
| | | Treatment Units | | |
| | | Description (include size, flow rate through each treatment unit, retention time, etc.) | Code from Table 2C-1 | Final Disposal of Solid or Liquid Wastes Other Than by Discharge |
| | | | | |
| | | | | |
| | | | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

| | | | | | |
|---|-------------------------|---|-------------------------|--|-----|
| Average Flows and Treatment Continued | 3.1 cont. | **Outfall Number** _____ | | | |
| | | Operations Contributing to Flow | | | |
| | | Operation | Average Flow | | |
| | | | | | mgd |
| | | | | | mgd |
| | | | | | mgd |
| | | | | | mgd |
| | | Treatment Units | | | |
| | | Description (include size, flow rate through each treatment unit, retention time, etc.) | Code from Table 2C-1 | Final Disposal of Solid or Liquid Wastes Other Than by Discharge | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | **Outfall Number** _____ | | | |
| | | Operations Contributing to Flow | | | |
| | | Operation | Average Flow | | |
| | | | | | mgd |
| | | | | | mgd |
| | | | | | mgd |
| | | | | | mgd |
| Treatment Units | | | | | |
| Description (include size, flow rate through each treatment unit, retention time, etc.) | Code from Table 2C-1 | Final Disposal of Solid or Liquid Wastes Other Than by Discharge | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---------------------|-----|--|
| System Users | 3.2 | Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 4. |
| | 3.3 | Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

| | | | | | | | | |
|---------------------------|-----|---|------------------|-------------------|---------------------|-------------------|---------------|----------|
| Intermittent Flows | 4.1 | Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5. | | | | | | |
| | 4.2 | Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary. | | | | | | |
| | | Outfall Number | Operation (list) | Frequency | | Flow Rate | | Duration |
| | | | | Average Days/Week | Average Months/Year | Long-Term Average | Maximum Daily | |
| | | | | days/week | months/year | mgd | mgd | days |
| | | | | days/week | months/year | mgd | mgd | days |
| | | | | days/week | months/year | mgd | mgd | days |
| | | | | days/week | months/year | mgd | mgd | days |
| | | | | days/week | months/year | mgd | mgd | days |
| | | | | days/week | months/year | mgd | mgd | days |

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

| | | | | | | |
|-------------------------------------|-----|--|---------------------------------|------------------|-----------------|---------------------|
| Applicable ELGs | 5.1 | Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6. | | | | |
| | 5.2 | Provide the following information on applicable ELGs. | | | | |
| | | ELG Category | ELG Subcategory | | | Regulatory Citation |
| | | | | | | |
| Production-Based Limitations | 5.3 | Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6. | | | | |
| | 5.4 | Provide an actual measure of daily production expressed in terms and units of applicable ELGs. | | | | |
| | | Outfall Number | Operation, Product, or Material | Quantity per Day | Unit of Measure | |
| | | | | | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

| | | | | | |
|----------------------------------|-----|--|---|------------------------|-------------------------|
| Upgrades and Improvements | 6.1 | Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 6.3. | | | |
| | 6.2 | Briefly identify each applicable project in the table below. | | | |
| | | Brief Identification and Description of Project | Affected Outfalls (list outfall number) | Source(s) of Discharge | Final Compliance Dates |
| | | | | | Required Projected |
| | 6.3 | Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? <i>(optional item)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | | | |

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

| | | | | | |
|--|---|--|---|---------------------------------------|------------------------------------|
| Effluent and Intake Characteristics | See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table. | | | | |
| | Table A. Conventional and Non-Conventional Pollutants | | | | |
| | 7.1 | Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3. | | | |
| | 7.2 | If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application. Outfall Number _____ Outfall Number _____ Outfall Number _____ | | | |
| | 7.3 | Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls. | | | |
| | Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants | | | | |
| | 7.4 | Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.) <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.8. | | | |
| | 7.5 | Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | 7.6 | List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3. | | | |
| | | Primary Industry Category | Required GC/MS Fraction(s) (Check applicable boxes.) | | |
| | | <input type="checkbox"/> Volatile | <input type="checkbox"/> Acid | <input type="checkbox"/> Base/Neutral | <input type="checkbox"/> Pesticide |
| | | <input type="checkbox"/> Volatile | <input type="checkbox"/> Acid | <input type="checkbox"/> Base/Neutral | <input type="checkbox"/> Pesticide |
| | | <input type="checkbox"/> Volatile | <input type="checkbox"/> Acid | <input type="checkbox"/> Base/Neutral | <input type="checkbox"/> Pesticide |

| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> | |
|---|--|--|---|--|
| Effluent and Intake Characteristics Continued | 7.7 | Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 7.8 | Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 7.9 | Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 7.10 | Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input type="checkbox"/> No | | |
| | 7.11 | Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Table C. Certain Conventional and Non-Conventional Pollutants | | | |
| | 7.12 | Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 7.13 | Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Table D. Certain Hazardous Substances and Asbestos | | | |
| | 7.14 | Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 7.15 | Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD) | | | |
| | 7.16 | Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input type="checkbox"/> No → SKIP to Section 8. | | |
| 7.17 | Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9)) | | | | |
| Used or Manufactured Toxics | 8.1 | Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9. | | |
| | 8.2 | List the pollutants below. | | |
| | 1. | 4. | 7. | |
| | 2. | 5. | 8. | |
| | 3. | 6. | 9. | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

| | | | | | |
|----------------------------------|-----|---|--|--|----------------|
| Biological Toxicity Tests | 9.1 | Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10. | | | |
| | 9.2 | Identify the tests and their purposes below. | | | |
| | | Test(s) | Purpose of Test(s) | Submitted to NPDES Permitting Authority? | Date Submitted |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

| | | | | | |
|--------------------------|-----------------------|--|---------------------|---------------------|---------------------|
| Contract Analyses | 10.1 | Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11. | | | |
| | 10.2 | Provide information for each contract laboratory or consulting firm below. | | | |
| | | | Laboratory Number 1 | Laboratory Number 2 | Laboratory Number 3 |
| | | Name of laboratory/firm | | | |
| | | Laboratory address | | | |
| | | Phone number | | | |
| | Pollutant(s) analyzed | | | | |

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

| | | | |
|-------------------------------|------|---|----|
| Additional Information | 11.1 | Has the NPDES permitting authority requested additional information? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 12. | |
| | 11.2 | List the information requested and attach it to this application. | |
| | | 1. | 4. |
| | | 2. | 5. |
| | 3. | 6. | |

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| EPA Identification Number | NPDES Permit Number | Facility Name |
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SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

| Checklist and Certification Statement | 12.1 | <p>In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: center;">Column 1</th> <th style="width: 55%; text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 1: Outfall Location</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 2: Line Drawing</td> <td style="padding: 5px;"><input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 3: Average Flows and Treatment</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 4: Intermittent Flows</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 5: Production</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 6: Improvements</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 7: Effluent and Intake Characteristics</td> <td style="padding: 5px;"> <input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments <input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ analytical results as an attachment </td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 8: Used or Manufactured Toxics</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 9: Biological Toxicity Tests</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 10: Contract Analyses</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 11: Additional Information</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 12: Checklist and Certification Statement</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table> | Column 1 | Column 2 | <input type="checkbox"/> Section 1: Outfall Location | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 2: Line Drawing | <input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments | <input type="checkbox"/> Section 3: Average Flows and Treatment | <input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works | <input type="checkbox"/> Section 4: Intermittent Flows | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 5: Production | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 6: Improvements | <input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans | <input type="checkbox"/> Section 7: Effluent and Intake Characteristics | <input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments <input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ analytical results as an attachment | <input type="checkbox"/> Section 8: Used or Manufactured Toxics | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 9: Biological Toxicity Tests | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 10: Contract Analyses | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 11: Additional Information | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 12: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments |
|--|---|---|----------------|-----------|--|---|--|---|---|--|--|---|--|---|--|--|---|---|---|---|---|---|--|---|---|---|--|---|
| | Column 1 | Column 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 1: Outfall Location | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 2: Line Drawing | <input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 3: Average Flows and Treatment | <input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 4: Intermittent Flows | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 5: Production | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 6: Improvements | <input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 7: Effluent and Intake Characteristics | <input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments <input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ analytical results as an attachment | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 8: Used or Manufactured Toxics | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 9: Biological Toxicity Tests | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 10: Contract Analyses | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 11: Additional Information | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Section 12: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12.2 | <p>Certification Statement</p> <p><i>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.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Name (print or type first and last name)</td> <td style="padding: 5px;">Official title</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td style="padding: 5px;">Date signed</td> </tr> </table> | Name (print or type first and last name) | Official title | Signature | Date signed | | | | | | | | | | | | | | | | | | | | | | | |
| Name (print or type first and last name) | Official title | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | Date signed | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE A. CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

| | Pollutant | Waiver Requested (if applicable) | Units (specify) | Effluent | | | | Intake (Optional) | |
|--------------------------|---|----------------------------------|-----------------|------------------------------------|--|--|--------------------|-------------------------|--------------------|
| | | | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long-Term Average Value | Number of Analyses |
| <input type="checkbox"/> | Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall. | | | | | | | | |
| 1. | Biochemical oxygen demand (BOD ₅) | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |
| 2. | Chemical oxygen demand (COD) | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |
| 3. | Total organic carbon (TOC) | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |
| 4. | Total suspended solids (TSS) | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |
| 5. | Ammonia (as N) | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |
| 6. | Flow | <input type="checkbox"/> | Rate | | | | | | |
| 7. | Temperature (winter) | <input type="checkbox"/> | °C | °C | | | | | |
| | Temperature (summer) | <input type="checkbox"/> | °C | °C | | | | | |
| 8. | pH (minimum) | <input type="checkbox"/> | Standard units | s.u. | | | | | |
| | pH (maximum) | <input type="checkbox"/> | Standard units | s.u. | | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | |
|---|---------------------|------------------------------------|--------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|
| | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses |

Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.

Section 1. Toxic Metals, Cyanide, and Total Phenols

| | | | | | | | | | | | |
|------|---------------------------------|--------------------------|--------------------------|--------------------------|---------------|--|--|--|--|--|--|
| 1.1 | Antimony, total (7440-36-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.2 | Arsenic, total (7440-38-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.3 | Beryllium, total (7440-41-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.4 | Cadmium, total (7440-43-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.5 | Chromium, total (7440-47-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.6 | Copper, total (7440-50-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.7 | Lead, total (7439-92-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.8 | Mercury, total (7439-97-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.9 | Nickel, total (7440-02-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.10 | Selenium, total (7782-49-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 1.11 | Silver, total (7440-22-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | | |
|--|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|--|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses | |
| 1.12 | Thallium, total (7440-28-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 1.13 | Zinc, total (7440-66-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 1.14 | Cyanide, total (57-12-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 1.15 | Phenols, total | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds) | | | | | | | | | | | | |
| 2.1 | Acrolein (107-02-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 2.2 | Acrylonitrile (107-13-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 2.3 | Benzene (71-43-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 2.4 | Bromoform (75-25-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 2.5 | Carbon tetrachloride (56-23-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 2.6 | Chlorobenzene (108-90-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 2.7 | Chlorodibromomethane (124-48-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 2.8 | Chloroethane (75-00-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | |
|------|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses |
| 2.9 | 2-chloroethylvinyl ether (110-75-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.10 | Chloroform (67-66-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.11 | Dichlorobromomethane (75-27-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.12 | 1,1-dichloroethane (75-34-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.13 | 1,2-dichloroethane (107-06-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.14 | 1,1-dichloroethylene (75-35-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.15 | 1,2-dichloropropane (78-87-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.16 | 1,3-dichloropropylene (542-75-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.17 | Ethylbenzene (100-41-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.18 | Methyl bromide (74-83-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.19 | Methyl chloride (74-87-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.20 | Methylene chloride (75-09-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.21 | 1,1,2,2- tetrachloroethane (79-34-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | |
|--|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses |
| | | | | | | | | | | | |
| 2.22 | Tetrachloroethylene (127-18-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.23 | Toluene (108-88-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.24 | 1,2-trans-dichloroethylene (156-60-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.25 | 1,1,1-trichloroethane (71-55-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.26 | 1,1,2-trichloroethane (79-00-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.27 | Trichloroethylene (79-01-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 2.28 | Vinyl chloride (75-01-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds) | | | | | | | | | | | |
| 3.1 | 2-chlorophenol (95-57-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 3.2 | 2,4-dichlorophenol (120-83-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 3.3 | 2,4-dimethylphenol (105-67-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 3.4 | 4,6-dinitro-o-cresol (534-52-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 3.5 | 2,4-dinitrophenol (51-28-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |

| | | | |
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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | | |
|---|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|--|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses | |
| 3.6 | 2-nitrophenol (88-75-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 3.7 | 4-nitrophenol (100-02-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 3.8 | p-chloro-m-cresol (59-50-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 3.9 | Pentachlorophenol (87-86-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 3.10 | Phenol (108-95-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 3.11 | 2,4,6-trichlorophenol (88-05-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds) | | | | | | | | | | | | |
| 4.1 | Acenaphthene (83-32-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 4.2 | Acenaphthylene (208-96-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 4.3 | Anthracene (120-12-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 4.4 | Benzidine (92-87-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 4.5 | Benzo (a) anthracene (56-55-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |
| 4.6 | Benzo (a) pyrene (50-32-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | |
|------|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses |
| 4.7 | 3,4-benzofluoranthene (205-99-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.8 | Benzo (ghi) perylene (191-24-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.9 | Benzo (k) fluoranthene (207-08-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.10 | Bis (2-chloroethoxy) methane (111-91-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.11 | Bis (2-chloroethyl) ether (111-44-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.12 | Bis (2-chloroisopropyl) ether (102-80-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.13 | Bis (2-ethylhexyl) phthalate (117-81-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.14 | 4-bromophenyl phenyl ether (101-55-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.15 | Butyl benzyl phthalate (85-68-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.16 | 2-chloronaphthalene (91-58-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.17 | 4-chlorophenyl phenyl ether (7005-72-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.18 | Chrysene (218-01-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.19 | Dibenzo (a,h) anthracene (53-70-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | |
|------|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses |
| | | | | | | | | | | | |
| 4.20 | 1,2-dichlorobenzene (95-50-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.21 | 1,3-dichlorobenzene (541-73-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.22 | 1,4-dichlorobenzene (106-46-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.23 | 3,3-dichlorobenzidine (91-94-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.24 | Diethyl phthalate (84-66-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.25 | Dimethyl phthalate (131-11-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.26 | Di-n-butyl phthalate (84-74-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.27 | 2,4-dinitrotoluene (121-14-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.28 | 2,6-dinitrotoluene (606-20-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.29 | Di-n-octyl phthalate (117-84-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.30 | 1,2-Diphenylhydrazine (as azobenzene) (122-66-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.31 | Fluoranthene (206-44-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.32 | Fluorene (86-73-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | |
|------|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses |
| | | | | | | | | | | | |
| 4.33 | Hexachlorobenzene (118-74-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.34 | Hexachlorobutadiene (87-68-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.35 | Hexachlorocyclopentadiene (77-47-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.36 | Hexachloroethane (67-72-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.37 | Indeno (1,2,3-cd) pyrene (193-39-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.38 | Isophorone (78-59-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.39 | Naphthalene (91-20-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.40 | Nitrobenzene (98-95-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.41 | N-nitrosodimethylamine (62-75-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.42 | N-nitrosodi-n-propylamine (621-64-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.43 | N-nitrosodiphenylamine (86-30-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.44 | Phenanthrene (85-01-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 4.45 | Pyrene (129-00-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | | |
|--|---|--------------------------|------------------------------------|--------------------------|-----------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|--|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses | |
| 4.46 | 1,2,4-trichlorobenzene (120-82-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides) | | | | | | | | | | | | |
| 5.1 | Aldrin (309-00-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.2 | α-BHC (319-84-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.3 | β-BHC (319-85-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.4 | γ-BHC (58-89-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.5 | δ-BHC (319-86-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.6 | Chlordane (57-74-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.7 | 4,4'-DDT (50-29-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.8 | 4,4'-DDE (72-55-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.9 | 4,4'-DDD (72-54-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.10 | Dieldrin (60-57-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |
| 5.11 | α-endosulfan (115-29-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration Mass | | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | |
|------|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses |
| | | | | | | | | | | | |
| 5.12 | β-endosulfan (115-29-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.13 | Endosulfan sulfate (1031-07-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.14 | Endrin (72-20-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.15 | Endrin aldehyde (7421-93-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.16 | Heptachlor (76-44-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.17 | Heptachlor epoxide (1024-57-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.18 | PCB-1242 (53469-21-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.19 | PCB-1254 (11097-69-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.20 | PCB-1221 (11104-28-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.21 | PCB-1232 (11141-16-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.22 | PCB-1248 (12672-29-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.23 | PCB-1260 (11096-82-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |
| 5.24 | PCB-1016 (12674-11-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | | Mass | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

| | Pollutant/Parameter (and CAS Number, if available) | Testing Required | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (optional) | | |
|------|---|--------------------------|------------------------------------|--------------------------|--------------------|---|---|--|--------------------------|-----------------------------------|--------------------------|--|
| | | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long- Term Average Value | Number of Analyses | |
| 5.25 | Toxaphene (8001-35-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | | |
| | | | | | Mass | | | | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
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TABLE C. CERTAIN CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

| | Pollutant | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (Optional) | |
|---|---|------------------------------------|--------------------------|--------------------|---------------------------------------|---|---|--------------------|-------------------------|--------------------|
| | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long-Term Average Value | Number of Analyses |
| <input type="checkbox"/> Check here if you believe all pollutants on Table C to be <i>present</i> in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for <i>each</i> pollutant. | | | | | | | | | | |
| <input type="checkbox"/> Check here if you believe all pollutants on Table C to be <i>absent</i> in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for <i>each</i> pollutant. | | | | | | | | | | |
| 1. | Bromide (24959-67-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 2. | Chlorine, total residual | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 3. | Color | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 4. | Fecal coliform | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 5. | Fluoride (16984-48-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 6. | Nitrate-nitrite | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 7. | Nitrogen, total organic (as N) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 8. | Oil and grease | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 9. | Phosphorus (as P), total (7723-14-0) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 10. | Sulfate (as SO ₄) (14808-79-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 11. | Sulfide (as S) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |

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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
|---------------------------|--------------|---------------|----------------|

TABLE C. CERTAIN CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

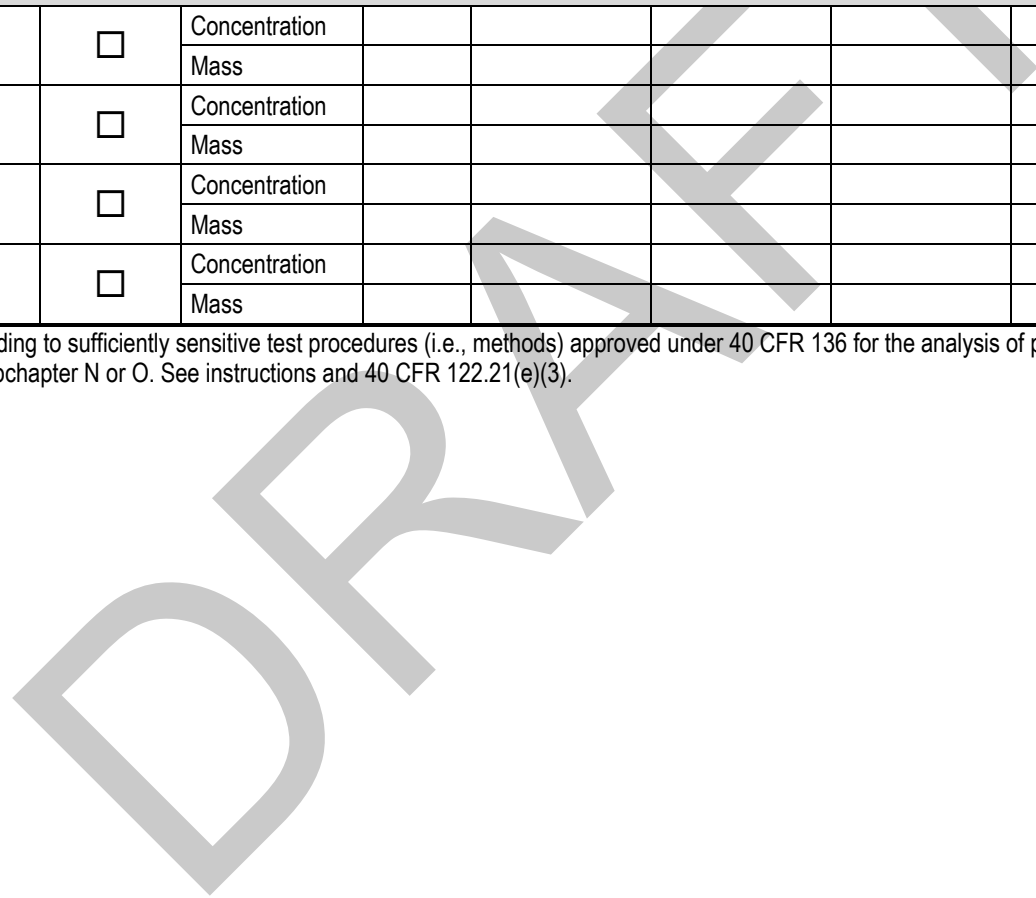
| | Pollutant | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (Optional) | |
|-----|---|------------------------------------|-------------------------------------|--------------------|---------------------------------------|---|---|--------------------|-------------------------|--------------------|
| | | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long-Term Average Value | Number of Analyses |
| 12. | Sulfite (as SO ₃) (14265-45-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 13. | Surfactants | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 14. | Aluminum, total (7429-90-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 15. | Barium, total (7440-39-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 16. | Boron, total (7440-42-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 17. | Cobalt, total (7440-48-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 18. | Iron, total (7439-89-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 19. | Magnesium, total (7439-95-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 20. | Molybdenum, total (7439-98-7) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 21. | Manganese, total (7439-96-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 22. | Tin, total (7440-31-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |
| 23. | Titanium, total (7440-32-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | | Mass | | | | | | |

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|---------------------------|--------------|---------------|----------------|
| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
|---------------------------|--------------|---------------|----------------|

TABLE C. CERTAIN CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

| Pollutant | Presence or Absence (check one) | | Units (specify) | Effluent | | | | Intake (Optional) | |
|--------------------------|------------------------------------|--------------------------|--------------------|---------------------------------------|---|---|--------------------|-------------------------|--------------------|
| | Believed Present | Believed Absent | | Maximum Daily Discharge (required) | Maximum Monthly Discharge (if available) | Long-Term Average Daily Discharge (if available) | Number of Analyses | Long-Term Average Value | Number of Analyses |
| 24. Radioactivity | | | | | | | | | |
| Alpha, total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |
| Beta, total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |
| Radium, total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |
| Radium 226, total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | |
| | | | Mass | | | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



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| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
|---------------------------|--------------|---------------|----------------|

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

| | Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|-----|------------------|------------------------------------|--------------------------|--|--|
| | | Believed Present | Believed Absent | | |
| 1. | Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. | Acetaldehyde | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. | Allyl alcohol | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. | Allyl chloride | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. | Amyl acetate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. | Aniline | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. | Benzonitrile | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. | Benzyl chloride | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9. | Butyl acetate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. | Butylamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11. | Captan | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. | Carbaryl | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. | Carbofuran | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14. | Carbon disulfide | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15. | Chlorpyrifos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16. | Coumaphos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17. | Cresol | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18. | Crotonaldehyde | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19. | Cyclohexane | <input type="checkbox"/> | <input type="checkbox"/> | | |

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|---------------------------|--------------|---------------|----------------|
| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
|---------------------------|--------------|---------------|----------------|

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

| | Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|-----|--|------------------------------------|--------------------------|--|--|
| | | Believed Present | Believed Absent | | |
| 20. | 2,4-D (2,4-dichlorophenoxyacetic acid) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21. | Diazinon | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22. | Dicamba | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23. | Dichlobenil | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24. | Dichlone | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25. | 2,2-dichloropropionic acid | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26. | Dichlorvos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27. | Diethyl amine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 28. | Dimethyl amine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 29. | Dinitrobenzene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 30. | Diquat | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 31. | Disulfoton | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 32. | Diuron | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 33. | Epichlorohydrin | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 34. | Ethion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 35. | Ethylene diamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 36. | Ethylene dibromide | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 37. | Formaldehyde | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 38. | Furfural | <input type="checkbox"/> | <input type="checkbox"/> | | |

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|---------------------------|--------------|---------------|----------------|
| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
|---------------------------|--------------|---------------|----------------|

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

| | Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|-----|---------------------|------------------------------------|--------------------------|--|--|
| | | Believed Present | Believed Absent | | |
| 39. | Guthion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 40. | Isoprene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 41. | Isopropanolamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 42. | Kelthane | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 43. | Kepone | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 44. | Malathion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 45. | Mercaptodimethur | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 46. | Methoxychlor | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 47. | Methyl mercaptan | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 48. | Methyl methacrylate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 49. | Methyl parathion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 50. | Mevinphos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 51. | Mexacarbate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 52. | Monoethyl amine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 53. | Monomethyl amine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 54. | Naled | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 55. | Naphthenic acid | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 56. | Nitrotoluene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 57. | Parathion | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | |
|---------------------------|--------------|---------------|----------------|
| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
|---------------------------|--------------|---------------|----------------|

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

| | Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|-----|--|-------------------------------------|-------------------------------------|--|--|
| | | Believed Present | Believed Absent | | |
| 58. | Phenolsulfonate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 59. | Phosgene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 60. | Propargite | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 61. | Propylene oxide | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 62. | Pyrethrins | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 63. | Quinoline | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 64. | Resorcinol | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 65. | Strontium | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 66. | Strychnine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 67. | Styrene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 68. | 2,4,5-T (2,4,5-trichlorophenoxyacetic acid) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 69. | TDE (tetrachlorodiphenyl ethane) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 70. | 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 71. | Trichlorofon | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 72. | Triethanolamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 73. | Triethylamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 74. | Trimethylamine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| 75. | Uranium | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 76. | Vanadium | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | |
|---------------------------|--------------|---------------|----------------|
| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
|---------------------------|--------------|---------------|----------------|

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

| | Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|-----|---------------|------------------------------------|--------------------------|--|--|
| | | Believed Present | Believed Absent | | |
| 77. | Vinyl acetate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 78. | Xylene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 79. | Xylenol | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 80. | Zirconium | <input type="checkbox"/> | <input type="checkbox"/> | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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|---------------------------|--------------|---------------|----------------|
| EPA Identification Number | NPDES Number | Facility Name | Outfall Number |
|---------------------------|--------------|---------------|----------------|

TABLE E. 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN (2,3,7,8-TCDD) (40 CFR 122.21(g)(7)(viii))

| Pollutant | TCDD Congeners Used or Manufactured | Presence or Absence (check one) | | Results of Screening Procedure |
|--------------|-------------------------------------|---------------------------------|--------------------------|--------------------------------|
| | | Believed Present | Believed Absent | |
| 2,3,7,8-TCDD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Water Permits Division



Application Form 2D

New Manufacturing, Commercial, Mining, and Silvicultural Operations That Have Not Yet Commenced Discharge of Process Wastewater

NPDES Permitting Program

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Note: Complete this form *and* Form 1 if your facility is a new manufacturing, commercial, mining, or silvicultural facility that has yet to commence discharge of process wastewater.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to complete Form 2D to average 32 hours for some minor facilities and 46 hours for some major facilities, with a weighted average for major and minor facilities of 33.2 hours per response. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

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FORM 2D—INSTRUCTIONS

General Instructions

Who Must Complete Form 2D?

You must complete Form 2D if you answered “Yes” to Item 1.2.3 on Form 1—that is, if you are a new manufacturing, commercial, mining, or silvicultural facility that has yet to commence discharge of process wastewater.

Where to File Your Completed Forms?

Submit your completed application package (Forms 1 and 2D) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1’s “General Instructions” to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2D (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2D. Note that NPDES permitting authorities will deny claims for treating any effluent data (estimated or actual) as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Federal Registry Service and facility name at the top of each page of Form 2D and any attachments. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of Form 1’s “General Instructions” for contact information. Additionally, for Tables A through E, provide the applicable outfall number at the top of each page.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Follow-up Requirements

Form 2D requires that you submit estimated data on your effluent. Note that no later than 24 months after you commence discharging from the proposed facility, you must complete and submit Section 7 of NPDES Application Form 2C. However, you need not complete those portions of Section 7 that require tests you have already performed under the discharge monitoring requirements of your NPDES permit. In addition, your NPDES permitting authority may waive the requirements of Form 2C, Section 7, if you make the demonstrations required under 40 CFR 122.22(g)(7)(i)(B) and 122.21(g)(9).

Definitions

The legal definitions of all key terms used in these instructions and Form 2D are in the “Glossary” at the end of the “General Instructions” in Form 1.

Line-by-Line Instructions

Section 1. Expected Outfall Location

Item 1.1. Identify each of the facility’s outfall structures by number. For each outfall, specify the latitude and longitude to the nearest 15 seconds and name of the receiving water. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary. The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Section 2. Expected Discharge Date

Item 2.1. Report the expected date the facility will commence discharging (month, day, and year).

Section 3. Average Flows and Treatment

Item 3.1. For each outfall, report the operations expected to contribute wastewater to the effluent and an estimated average flow from each. Briefly describe the planned wastewater treatment for each operation or list the applicable treatment code(s) from Exhibit 2D–1, located at the end of these instructions. Finally, for each operation, note the ultimate disposal of any solid or liquid wastes not expected to be discharged.

Section 4. Line Drawing

Item 4.1. Attach a line drawing showing the expected water flow through your facility, from intake to discharge. Indicate the sources of intake water (e.g., city, well, stream, other); all sources of wastewater contributing to the effluent, including process and production areas, sanitary flows, cooling water, and

FORM 2D—INSTRUCTIONS CONTINUED

stormwater runoff; and labeled treatment units. You may group similar operations into a single unit.

Construct a water balance on the line drawing by showing average flows (specify units) between intakes, operations, treatment units, and outfalls. Show all significant losses of water to products, the atmosphere, and discharge. You should use your best estimate. If you cannot determine a water balance for your activities (such as mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. An example of an acceptable line drawing is provided in Exhibit 2D–2 at the end of these instructions.

Section 5. Intermittent or Seasonal Flows

Item 5.1. Specify whether any of the expected discharges described in Sections 1 and 3 will be intermittent or seasonal. If yes, continue to Item 5.2. If no, skip to Section 6.

Item 5.2. List applicable outfalls that will have intermittent or seasonal flows. For each, indicate the operations that will contribute to the flow. For each operation, indicate the average days per week and average months per year the discharge will occur, the maximum daily flow rate, the maximum total volume, and the duration of the discharge in days. The estimated flow rate and volume should not include stormwater runoff, spillage, or leaks. A discharge is intermittent if it occurs with interruptions during the operating hours of the facility. Discharges caused by routine maintenance shutdowns, process changes, or other similar activities are not considered to be intermittent. A discharge is seasonal if it occurs only during certain parts of the year. The frequency is the average recurrence rate of the discharge (in days per week and months per year). The duration is the average value of the time duration during which the discharge occurs (in days).

The maximum daily flow rate is the highest daily value and should be reported in million gallons per day (mgd). Maximum total volume means the total volume of any one discharge within 24 hours and is measured in units such as gallons.

Section 6. Production

Item 6.1. Indicate whether any effluent limitation guidelines (ELGs) promulgated under Section 304 of the Clean Water Act (CWA) apply to your facility. All ELGs promulgated by EPA appear in the *Federal Register* and are published annually in 40 CFR Subchapter N. An ELG applies if you have any operations contributing process wastewater in any subcategory covered by New Source Performance Standards (NSPS). If you are unsure whether you are covered by a promulgated ELG, consult your NPDES permitting authority (see Exhibit 1–1 of Form 1’s “General Instructions”). You must check “Yes” if an applicable ELG has been promulgated, even if the ELG is being contested in court. If you believe that a promulgated ELG has been remanded for reconsideration by a court and does not apply to your operations, you may answer “No” to item 6.1 and skip to Section 7.

Item 6.2. Complete Item 6.2 by indicating the applicable ELG category, ELG subcategory, and corresponding regulatory citation. See the example below.

| Applicable ELGs | 6.2 | ELG Category | ELG Subcategory | Regulatory Citation |
|-----------------|-----|--------------|---|---------------------------------------|
| | | | Pulp, Paper, and Paperboard Point Source Category | Secondary Fiber Non-Deink Subcategory |

Item 6.3. Indicate whether the limitations in the applicable ELGs are expressed in terms of production (or other measure of operation). An ELG is expressed in terms of production (or another measure of operation) if the limitation is expressed as mass of pollutant per operational parameter (e.g., “pounds of biological oxygen demand per cubic foot of logs from which bark is removed,” or “pounds of total suspended solids per megawatt hour of electrical energy consumed by smelting furnace.”). An example of an ELG not expressed in terms of a measure of operation is one that limits the concentration of pollutants. If you answer “No” to this item, skip to Section 7.

Item 6.4. For each applicable outfall to which an applicable production-based ELG applies, list the estimated level of production (projection of actual production level, not design), for each of the first three years of operation. The estimated production level must be a long-term average estimate (e.g., average production on an annual basis). If production will vary depending on long-term shifts in operating schedule or capacity, you may report alternative production estimates, but you must provide the basis for such alternatives. If known, report quantities in units of measurements used in the applicable ELG. If an ELG specifies a method for estimating production, you must follow that method.

Section 7. Effluent Characteristics and Tables A through E

General Information. Section 7 requires you to report *estimated* flow data for the parameters and pollutants listed in Tables A through E, located at the end of Form 2D. You are *not* required to conduct actual sampling and analysis at this time. If, however, data from such analyses are available, you must report those data. Note that no later than 24 months after you begin discharging from the proposed facility, you must complete and submit quantitative data for the pollutants and parameters in Tables A through E. However, you need not report results for tests you have already performed and reported under the discharge monitoring requirements of your NPDES permit.

Complete a set of tables (Tables A through E) for each outfall at your facility. Be sure to note the EPA Identification Number, facility name, and outfall number at the top of each table page and any associated attachments.

Tables A through D require you to report estimated effluent data, with some exceptions, as discussed further below. Base your estimates on available in-house or contractors’ engineering reports or any other studies performed on the proposed facility. Table E requires you to report quantitative data for the pollutants listed, but only if it is already available.

Several tables require you to provide estimates for pollutants you believe will be present in your discharge or will be limited directly by an ELG or indirectly through promulgated limitations on an

FORM 2D—INSTRUCTIONS CONTINUED

indicator pollutant. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's raw materials, maintenance chemicals, intermediate and final products, byproducts, and any analyses of any pollutant (you are required to report it).

For those pollutants you believe will be present in the discharge, you are to provide the maximum daily and average daily concentration *and* total mass and the source of the information. Use the following codes to report your source information:

| Data Source | Code |
|--|----------------------------|
| Engineering report | 1 |
| Actual data from pilot plants | 1 |
| Estimates from other engineering reports | 2 |
| Data from other similar plants | 3 |
| Best professional estimates | 4 |
| Others | 5 and specify on the table |

You may report some or all of your estimates (or actual data when available) by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls, so long as the sheets contain all of the required information and are similar in format to Tables A through E.

Reporting of Intake Data

If you expect a pollutant to be present solely because of its presence in your intake water, you must mark "Yes" under the "Intake Water" column of Tables A through D. If you wish to obtain-credits for pollutants or parameters present in your intake water, insert a separate sheet with a short statement of why you believe you are eligible (see 40 CFR 122.45(g)).

Reporting of Effluent Data

Report all estimated pollutant or parameter levels as concentration *and* as total mass, with the exception of discharge flow, temperature, and pH.

Use the following abbreviations in the columns requiring "units" in Tables A through E.

| Concentration | Mass |
|--|---------------------------|
| ppm = parts per million | lbs = pounds |
| mg/L = milligrams per liter | ton = tons (English tons) |
| ppb = parts per billion | mg = milligrams |
| µg/L = micrograms per liter | g = grams |
| MPN = most probable number per 100 milliliters | kg = kilograms |
| | T = tonnes (metric tons) |

Conventional and Non-Conventional Parameters

Item 7.1 and Table A. All applicants are required to complete Table A for each outfall, including outfalls discharging only noncontact cooling water or nonprocess water *unless* a waiver has been received or requested from the NPDES permitting authority. For each parameter listed on Table A, indicate whether a waiver has been requested. If you have requested a

waiver for *all* pollutants for a given outfall, check the box indicating this at the top of Table A.

To request a waiver, submit a written request to the NPDES permitting authority in advance or with the permit application. The written request should specify the parameters that should be waived and for what outfall(s) and why. The NPDES permitting authority may waive Table A requirements upon a determination that less stringent reporting requirements are adequate to support issuance of an NPDES permit. Attach a copy of any waiver approval notice(s) received, if applicable, to this application.

Answer Item 7.1 by indicating if you are requesting a waiver for any of your outfalls. If yes, continue to Item 7.2. Otherwise, complete Table A by estimating your maximum daily and average daily discharge. Provide the source(s) of your information. Also on Table A, indicate whether you believe each of the parameters will be present in the facility's intake water. See "Reporting of Intake Data" above for further information. Skip to Item 7.3.

Item 7.2. Indicate the outfalls for which you have requested a waiver.

Item 7.3. Indicate if you have provided estimates or actual data for all Table A parameters for each of your outfalls for which a waiver has not been requested and attach the results to your application package.

Certain Conventional and Non-Conventional Pollutants

Items 7.4 through 7.6 and Table B. Complete one table for each outfall, including outfalls discharging only noncontact cooling water or nonprocess wastewater. Check the box at the top of Table B if you believe *all* pollutants listed will be absent in the discharge. If so, you do not need to complete Table B for the noted outfall. (You still need to complete Items 7.4 through 7.6.) Otherwise, for *each* pollutant listed in Table B, indicate whether you expect it will be present or absent in the discharge or whether the pollutant is limited directly by an ELG or indirectly through promulgated limitations or an indicator pollutant. (For example, total suspended solids is used as an indicator to control the discharge of iron and aluminum.) Next, provide an estimated maximum daily and average daily value, including the source of the information. If you have quantitative data available, report it. Also on Table B, indicate whether you believe the listed pollutants will be present in the facility's intake water. See "Reporting of Intake Data" above for further information. Answer "Yes" to Items 7.4 through 7.6 once you have completed the above tasks.

Toxic Metals, Total Cyanide, and Total Phenols

Items 7.7 and 7.8 and Table C. Complete one table for each outfall, including outfalls discharging only noncontact cooling water or nonprocess wastewater. Check the box at the top of Table C if you believe *all* pollutants listed will be absent in the discharge. If so, you do not need to complete Table C for the noted outfall (unless you have quantitative data available). You still need to respond to Items 7.7 and 7.8, however. Otherwise, indicate whether you believe each pollutant on Table C will be present or absent in your discharge for each applicable outfall. For those pollutants you

FORM 2D—INSTRUCTIONS CONTINUED

believe will be present, provide an estimated maximum daily and average daily value and source of the information. (Provide quantitative data if you have them available.) Also, on Table C, indicate whether you believe the pollutant is or will be present in your facility's intake water. See "Reporting of Intake Data" above for more information. Answer "Yes" to Items 7.7 and 7.8 when you have completed the above tasks.

Organic Toxic Pollutants
(Gas Chromatography/Mass Spectrometry or GC/MS Fractions)

Item 7.9. Applicants are exempt from the reporting requirements associated with Table D if they expect to have gross sales of less than \$100,000 per year for the next three years; also exempt are coal mines with expected average production of less than 100,000 tons of coal per year. If you believe you meet one of these criteria, answer "Yes" to Item 7.9, check the small business box at the top of Table D, and attach projected sales or production figures. Skip to Item 7.12.

The sales or production figures must be for the facility that will be the source of the discharge. The data should not be limited only to production or sales for the process or processes that will contribute to the discharge, unless those are the only processes at the facility.

For sales data, where intra-corporate transfers of goods and services will be involved, the transfer price per unit should approximate market process for those goods and services as closely as possible. If necessary, you may index your sales figures to the second quarter of 1980 to demonstrate your eligibility for a small business exemption. You may accomplish this by using the gross national product price deflator (second quarter of 1980 = 100). This index is available online from the U.S. Department of Commerce, Bureau of Economic Analysis at <http://bea.gov/national/pdf/SNTables.pdf>.

Item 7.10 and 7.11 and Table D. Complete one table for each outfall, including outfalls discharging only noncontact cooling water or nonprocess wastewater. Check the box at the top of Table D if you believe *all* pollutants listed will be absent in the discharge from the outfall. If so, you do not need to complete Table D for the noted outfall (unless you have quantitative data available). Otherwise, for *each* pollutant listed, indicate whether you believe it will be present or absent in the discharge. For those you believe will be present, provide an estimated maximum daily and average daily value and the source of the information. Also, on Table D, indicate whether you believe the pollutant is or will be present in your facility's intake water. See "Reporting of Intake Data" above for further information. Finally, answer "Yes" to Items 7.10 and 7.11 when you have completed the above tasks.

2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD)

Item 7.12. Answer whether the facility uses or manufactures one or more of the 2,3,7,8-TCDD congeners listed below or if you know or have reason to believe that TCDD is or may be present in effluent from any of your outfalls:

- 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) (CAS # 93-765).
- 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) (CAS # 93-72-1).
- 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) (CAS # 136-25-4).
- 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) (CAS # 299-84-3).
- 2,4,5-trichlorophenol (TCP) (CAS # 95-95-4).
- Hexachlorophene (HCP) (CAS # 70-30-4).

Certain Hazardous Substances and Asbestos

Table E. Complete Table E for each outfall. Check the box at the top of Table E if you believe *all* pollutants listed will be absent in the discharge. Otherwise, for *each* pollutant listed in Table E, indicate whether you believe it will be present or absent in the discharge. If you have quantitative estimates available for any of the pollutants listed, provide the maximum daily and average daily average value and the source of the information. Also, on Table E, if you believe the pollutant is or will be present in your facility's intake water, state so in the "Reason Pollutant Believed Present in Discharge" column.

Item 7.13. Indicate whether, for each of your outfalls, you have indicated whether you know or have reason to believe that any pollutants listed in Table E are discharged.

Item 7.14. Indicate whether, for each of your outfalls, you have completed and attached Table E to the application describing the reasons the applicable pollutants are expected to be discharged and providing quantitative data if available.

Under 40 CFR 117.12(a)(2), certain discharges of hazardous substances (listed in Exhibit 2D-3 at the end of these instructions) may be exempted from the requirements of Section 311 of the CWA, which establishes reporting requirements, civil penalties, and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance can be exempted if the origin, source, and amount of the discharged substances are identified in the NPDES permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place.

Exemptions are allowed from the requirements of CWA Section 311. Applications for exemptions must set forth the following information:

1. The substance and the amount of each substance that may be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment to be provided for the discharge by:
 - a. An onsite treatment system separate from any treatment system treating your normal discharge;
 - b. A treatment system designed to treat your normal discharge and that is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
 - c. Any combination of the above.

See 40 CFR 117.12(a)(2) and (c) or contact your NPDES permitting authority for further information on exclusions from CWA Section 311.

Intake Credits

Item 7.15. Answer whether you are seeking to obtain credits for any of the pollutants or parameters listed in Section 7 (Tables A through E) in your intake water for any of the facility's outfalls.

FORM 2D—INSTRUCTIONS CONTINUED

Section 8. Engineering Report

Item 8.1. Indicate if any technical evaluations have been conducted of your wastewater treatment, including engineering reports or pilot plant studies. If yes, continue to Item 8.2. If no, skip to Item 8.3.

Item 8.2. Attach the technical evaluation(s) you considered when responding to Item 8.1 and any related documentation, then answer "Yes" to Item 8.2. The NPDES permit writer will use this information to determine appropriate treatment methods and associated permit conditions and limits.

Item 8.3. Answer "Yes" if you are aware of any existing plant(s) that resemble your production processes, wastewater constituents, or wastewater treatment. If you are unaware of such plants, answer "No" and skip to Section 9.

Item 8.4. Provide the name and location of any existing plant(s) that resemble(s) your production facility. You do not need to conduct any studies to respond to this item.

Section 9. Other Information

Item 9.1. Indicate whether you have attached to the application any optional information that you would like considered as part of the application review process. These should be items beyond those you have already noted as being included in the package. Skip to Section 10 if you do not have further information to provide.

Item 9.2. List the additional materials attached and note why you think the NPDES permitting authority should consider them when reviewing your application and developing your permit.

Section 10. Checklist and Certification Statement

Item 10.1. Review the checklist provided. In column 1, mark the sections of Form 2D that you have completed and are submitting with your application. For each section, indicate in column 2 whether you are submitting attachments.

Item 10.2. The CWA provides for severe penalties for submitting false information on this application form. Section 309(c)(2) of the CWA provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both."

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

Submit your completed Form 1, Form 2D, and all associated attachments (and any other required NPDES application forms) to your NPDES permitting authority.

Exhibit 2D-1. Codes for Treatment Units and Disposal of Wastes Not Discharged

1. PHYSICAL TREATMENT PROCESSES

| | | | |
|----------|---------------------------------|----------|--|
| 1-A..... | Ammonia stripping | 1-M..... | Grit removal |
| 1-B..... | Dialysis | 1-N..... | Microstraining |
| 1-C..... | Diatomaceous earth filtration | 1-O..... | Mixing |
| 1-D..... | Distillation | 1-P..... | Moving bed filters |
| 1-E..... | Electrodialysis | 1-Q..... | Multimedia filtration |
| 1-F..... | Evaporation | 1-R..... | Rapid sand filtration |
| 1-G..... | Flocculation | 1-S..... | Reverse osmosis (<i>hyperfiltration</i>) |
| 1-H..... | Flotation | 1-T..... | Screening |
| 1-I..... | Foam fractionation | 1-U..... | Sedimentation (<i>settling</i>) |
| 1-J..... | Freezing | 1-V..... | Slow sand filtration |
| 1-K..... | Gas-phase separation | 1-W..... | Solvent extraction |
| 1-L..... | Grinding (<i>comminutors</i>) | 1-X..... | Sorption |

2. CHEMICAL TREATMENT PROCESSES

| | | | |
|----------|----------------------------------|----------|-------------------------------|
| 2-A..... | Carbon adsorption | 2-G..... | Disinfection (<i>ozone</i>) |
| 2-B..... | Chemical oxidation | 2-H..... | Disinfection (<i>other</i>) |
| 2-C..... | Chemical precipitation | 2-I..... | Electrochemical treatment |
| 2-D..... | Coagulation | 2-J..... | Ion exchange |
| 2-E..... | Dechlorination | 2-K..... | Neutralization |
| 2-F..... | Disinfection (<i>chlorine</i>) | 2-L..... | Reduction |

3. BIOLOGICAL TREATMENT PROCESSES

| | | | |
|----------|-------------------------------|----------|-----------------------------------|
| 3-A..... | Activated sludge | 3-E..... | Pre-aeration |
| 3-B..... | Aerated lagoons | 3-F..... | Spray irrigation/land application |
| 3-C..... | Anaerobic treatment | 3-G..... | Stabilization ponds |
| 3-D..... | Nitrification-denitrification | 3-H..... | Trickling filtration |

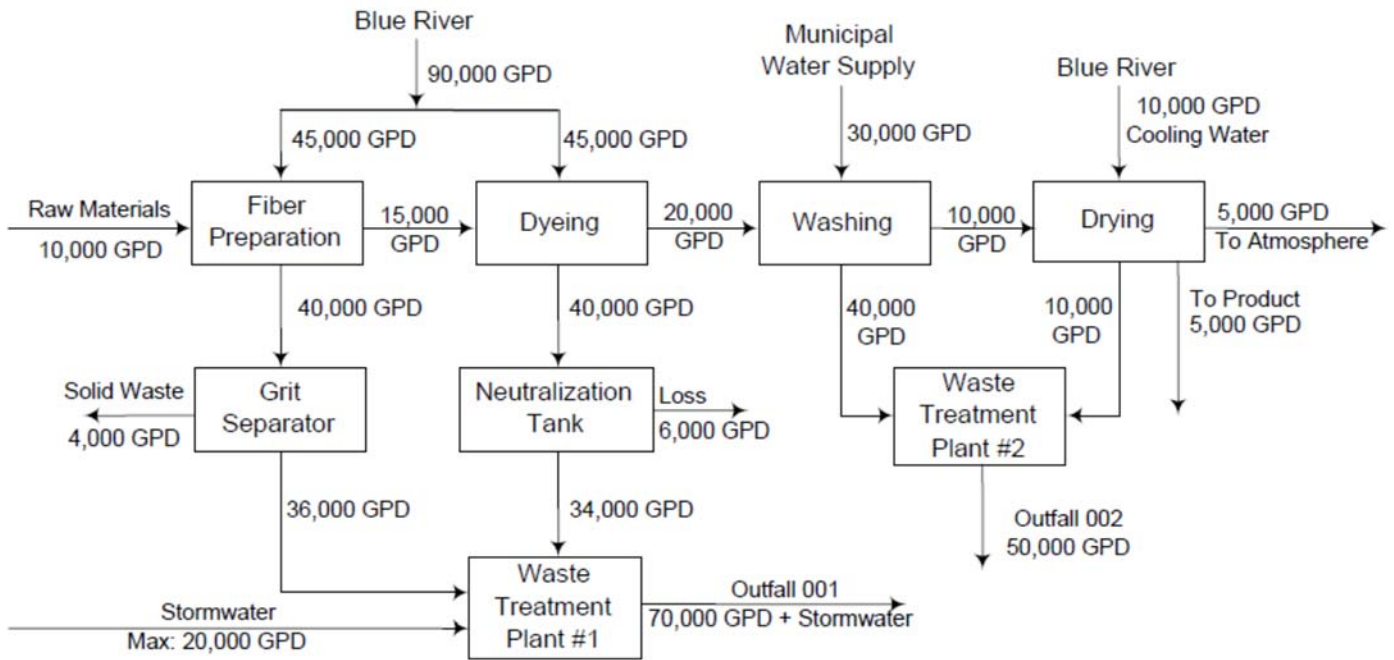
4. OTHER PROCESSES

| | | | |
|----------|---------------------------------|----------|-----------------------------------|
| 4-A..... | Discharge to surface water | 4-C..... | Reuse/recycle of treated effluent |
| 4-B..... | Ocean discharge through outfall | 4-D..... | Underground injection |

5. SLUDGE TREATMENT AND DISPOSAL PROCESSES

| | | | |
|----------|-----------------------|----------|---------------------|
| 5-A..... | Aerobic digestion | 5-M..... | Heat drying |
| 5-B..... | Anaerobic digestion | 5-N..... | Heat treatment |
| 5-C..... | Belt filtration | 5-O..... | Incineration |
| 5-D..... | Centrifugation | 5-P..... | Land application |
| 5-E..... | Chemical conditioning | 5-Q..... | Landfill |
| 5-F..... | Chlorine treatment | 5-R..... | Pressure filtration |
| 5-G..... | Composting | 5-S..... | Pyrolysis |
| 5-H..... | Drying beds | 5-T..... | Sludge lagoons |
| 5-I..... | Elutriation | 5-U..... | Vacuum filtration |
| 5-J..... | Flotation thickening | 5-V..... | Vibration |
| 5-K..... | Freezing | 5-W..... | Wet oxidation |
| 5-L..... | Gravity thickening | | |

Exhibit 2D-2. Example Line Drawing



Schematic of Water Flow
Brown Mills, Inc.
City, County, State

DR

Exhibit 2D–3. Hazardous Substances

1. Acetaldehyde
2. Acetic acid
3. Acetic anhydride
4. Acetone cyanohydrin
5. Acetyl bromide
6. Acetyl chloride
7. Acrolein
8. Acrylonitrile
9. Adipic acid
10. Aldrin
11. Allyl alcohol
12. Allyl chloride
13. Aluminum sulfate
14. Ammonia
15. Ammonium acetate
16. Ammonium benzoate
17. Ammonium bicarbonate
18. Ammonium bichromate
19. Ammonium bifluoride
20. Ammonium bisulfite
21. Ammonium carbamate
22. Ammonium carbonate
23. Ammonium chloride
24. Ammonium chromate
25. Ammonium citrate
26. Ammonium fluoroborate
27. Ammonium fluoride
28. Ammonium hydroxide
29. Ammonium oxalate
30. Ammonium silicofluoride
31. Ammonium sulfamate
32. Ammonium sulfide
33. Ammonium sulfite
34. Ammonium tartrate
35. Ammonium thiocyanate
36. Ammonium thiosulfate
37. Amyl acetate
38. Aniline
39. Antimony pentachloride
40. Antimony potassium tartrate
41. Antimony tribromide
42. Antimony trichloride
43. Antimony trifluoride
44. Antimony trioxide
45. Arsenic disulfide
46. Arsenic pentoxide
47. Arsenic trichloride
48. Arsenic trioxide
49. Arsenic trisulfide
50. Barium cyanide
51. Benzene
52. Benzoic acid
53. Benzointrile
54. Benzoyl chloride
55. Benzyl chloride
56. Beryllium chloride
57. Beryllium fluoride
58. Beryllium nitrate
59. Butylacetate
60. n-butylphthalate
61. Butylamine
62. Butyric acid
63. Cadmium acetate
64. Cadmium bromide
65. Cadmium chloride
66. Calcium arsenate
67. Calcium arsenite
68. Calcium carbide
69. Calcium chromate
70. Calcium cyanide
71. Calcium dodecylbenzenesulfonate
72. Calcium hypochlorite
73. Captan
74. Carbaryl
75. Carbofuran
76. Carbon disulfide
77. Carbon tetrachloride
78. Chlordane
79. Chlorine
80. Chlorobenzene
81. Chloroform
82. Chloropyrifos
83. Chlorosulfonic acid
84. Chromic acetate
85. Chromic acid
86. Chromic sulfate
87. Chromous chloride
88. Cobaltous bromide
89. Cobaltous formate
90. Cobaltous sulfamate
91. Coumaphos
92. Cresol
93. Crotonaldehyde
94. Cupric acetate
95. Cupric acetoarsenite
96. Cupric chloride
97. Cupric nitrate
98. Cupric oxalate
99. Cupric sulfate
100. Cupric sulfate ammoniated
101. Cupric tartrate
102. Cyanogen chloride
103. Cyclohexane
104. 2,4-D acid (2,4-dichlorophenoxyacetic acid)
105. 2,4-D esters (2,4-dichlorophenoxyacetic acid esters)
106. DDT
107. Diazinon
108. Dicamba
109. Dichlobenil
110. Dichlone
111. Dichlorobenzene
112. Dichloropropane
113. Dichloropropene
114. Dichloropropene-dichloropropane mix
115. 2,2-dichloropropionic acid
116. Dichlorvos
117. Dieldrin
118. Diethylamine
119. Dimethylamine
120. Dinitrobenzene
121. Dinitrophenol
122. Dinitrotoluene
123. Diquat
124. Disulfoton
125. Diuron
126. Dodecylbenzenesulfonic acid
127. Endosulfan
128. Endrin
129. Epichlorohydrin
130. Ethion
131. Ethylbenzene
132. Ethylenediamine
133. Ethylene dibromide
134. Ethylene dichloride
135. Ethylene diaminetetracetic acid (EDTA)
136. Ferric ammonium citrate
137. Ferric ammonium oxalate
138. Ferric chloride
139. Ferric fluoride
140. Ferric nitrate
141. Ferric sulfate
142. Ferrous ammonium sulfate
143. Ferrous chloride
144. Ferrous sulfate
145. Formaldehyde
146. Formic acid
147. Fumaric acid
148. Furfural
149. Guthion
150. Heptachlor
151. Hexachlorocyclopentadiene
152. Hydrochloric acid
153. Hydrofluoric acid
154. Hydrogen cyanide
155. Hydrogen sulfide
156. Isoprene
157. Isopropanolamine dodecylbenzenesulfonate
158. Kelthane
159. Kepone
160. Lead acetate
161. Lead arsenate
162. Lead chloride
163. Lead fluoborate
164. Lead fluorite
165. Lead iodide
166. Lead nitrate
167. Lead stearate
168. Lead sulfate
169. Lead sulfide
170. Lead thiocyanate
171. Lindane
172. Lithium chromate
173. Malathion
174. Maleic acid
175. Maleic anhydride
176. Mercaptodimethur
177. Mercuric cyanide
178. Mercuric nitrate
179. Mercuric sulfate
180. Mercuric thiocyanate
181. Mercurous nitrate
182. Methoxychlor
183. Methyl mercaptan
184. Methyl methacrylate
185. Methyl parathion
186. Mevinphos
187. Mexacarbate
188. Monoethylamine
189. Monomethylamine
190. Naled
191. Naphthalene
192. Naphthenic acid
193. Nickel ammonium sulfate
194. Nickel chloride
195. Nickel hydroxide
196. Nickel nitrate
197. Nickel sulfate
198. Nitric acid
199. Nitrobenzene
200. Nitrogen dioxide
201. Nitrophenol
202. Nitrotoluene
203. Paraformaldehyde
204. Parathion
205. Pentachlorophenol
206. Phenol
207. Phosgene
208. Phosphoric acid
209. Phosphorus
210. Phosphorus oxychloride
211. Phosphorus pentasulfide
212. Phosphorus trichloride
213. Polychlorinated biphenyls (PCB)
214. Potassium arsenate
215. Potassium arsenite


Exhibit 2D–3. Hazardous Substances

- | | | |
|-------------------------------------|--|-----------------------------------|
| 216. Potassium bichromate | 245. Sodium phosphate (dibasic) | 271. Uranyl acetate |
| 217. Potassium chromate | 246. Sodium phosphate (tribasic) | 272. Uranyl nitrate |
| 218. Potassium cyanide | 247. Sodium selenite | 273. Vanadium pentoxide |
| 219. Potassium hydroxide | 248. Strontium chromate | 274. Vanadyl sulfate |
| 220. Potassium permanganate | 249. Strychnine | 275. Vinyl acetate |
| 221. Propargite | 250. Styrene | 276. Vinylidene chloride |
| 222. Propionic acid | 251. Sulfuric acid | 277. Xylene |
| 223. Propionic anhydride | 252. Sulfur monochloride | 278. Xylenol |
| 224. Propylene oxide | 253. 2,4,5-T acid (2,4,5-trichlorophenoxyacetic acid) | 279. Zinc acetate |
| 225. Pyrethrins | 254. 2,4,5-T amines (2,4,5-trichlorophenoxy acetic acid amines) | 280. Zinc ammonium chloride |
| 226. Quinoline | 255. 2,4,5-T esters (2,4,5-trichlorophenoxy acetic acid esters) | 281. Zinc borate |
| 227. Resorcinol | 256. 2,4,5-T salts (2,4,5-trichlorophenoxy acetic acid salts) | 282. Zinc bromide |
| 228. Selenium oxide | 257. 2,4,5-TP acid (2,4,5-trichlorophenoxy propanoic acid) | 283. Zinc carbonate |
| 229. Silver nitrate | 258. 2,4,5-TP acid esters (2,4,5-trichlorophenoxy propanoic acid esters) | 284. Zinc chloride |
| 230. Sodium | 259. TDE (tetrachlorodiphenyl ethane) | 285. Zinc cyanide |
| 231. Sodium arsenate | 260. Tetraethyl lead | 286. Zinc fluoride |
| 232. Sodium arsenite | 261. Tetraethyl pyrophosphate | 287. Zinc formate |
| 233. Sodium bichromate | 262. Thallium sulfate | 288. Zinc hydrosulfite |
| 234. Sodium bifluoride | 263. Toluene | 289. Zinc nitrate |
| 235. Sodium bisulfite | 264. Toxaphene | 290. Zinc phenolsulfonate |
| 236. Sodium chromate | 265. Trichlorofon | 291. Zinc phosphide |
| 237. Sodium cyanide | 266. Trichloroethylene | 292. Zinc silicofluoride |
| 238. Sodium dodecylbenzenesulfonate | 267. Trichlorophenol | 293. Zinc sulfate |
| 239. Sodium fluoride | 268. Triethanolamine dodecylbenzenesulfonate | 294. Zirconium nitrate |
| 240. Sodium hydrosulfide | 269. Triethylamine | 295. Zirconium potassium fluoride |
| 241. Sodium hydroxide | 270. Trimethylamine | 296. Zirconium sulfate |
| 242. Sodium hypochlorite | | 297. Zirconium tetrachloride |
| 243. Sodium methylate | | |
| 244. Sodium nitrite | | |

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| | | | |
|---------------------------|---------------------|---------------|---|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> |
|---------------------------|---------------------|---------------|---|

| | | |
|---------------------|---|--|
| Form 2D NPDES |  | U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS THAT HAVE NOT YET COMMENCED DISCHARGE OF PROCESS WASTEWATER |
|---------------------|---|--|

SECTION 1. EXPECTED OUTFALL LOCATION (40 CFR 122.21(k)(1))

| | | | | | |
|------------------|-----|--|----------------------|----------|-----------|
| Outfall Location | 1.1 | Provide information on each of the facility's outfalls in the table below. | | | |
| | | Outfall Number | Receiving Water Name | Latitude | Longitude |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION 2. EXPECTED DISCHARGE DATE (40 CFR 122.21(k)(2))

| | | | | |
|-------------------------|-----|-------|-----|------|
| Expected Discharge Date | 2.1 | Month | Day | Year |
| | | | | |

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(k)(3)(i))

| | | | | |
|-----------------------------|--|---|--|--|
| Average Flows and Treatment | 3.1 | For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets as necessary. | | |
| | | **Outfall Number** _____ | | |
| | | Operations Contributing to Flow | | |
| | | Operation | Average Flow | |
| | | | mgd | |
| | | | mgd | |
| | | | mgd | |
| | | | mgd | |
| | | | mgd | |
| | | Treatment Units | | |
| | Description (include size, flow rate through each treatment unit, retention time, etc.) | Code from Exhibit 2D-1 | Final Disposal of Solid or Liquid Wastes Other Than by Discharge | |
| | | | | |
| | | | | |
| | | | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

SECTION 4. LINE DRAWING (40 CFR 122.21(k)(3)(ii))

| | | |
|--------------|-----|--|
| Line Drawing | 4.1 | Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2D-2 at end of instructions for example.) |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 5. INTERMITTENT OR SEASONAL FLOWS (40 CFR 122.21(k)(3)(iii))

| | | | | | | | | |
|--------------------------------|-----------------------|---|--------------------------|----------------------------|--------------------------------|--------------------------------|-----------------------------|-----------------|
| Intermittent or Seasonal Flows | 5.1 | Except for stormwater runoff, leaks, or spills, are any expected discharges described in Sections 1 and 3 intermittent or seasonal? | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6. | | | | | | |
| | 5.2 | Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary. | | | | | | |
| | | Outfall Number | Operations (list) | Frequency | | Rate and Volume | | Duration |
| | | | | Average Days/Week | Average Months/Year | Maximum Daily Discharge | Maximum Total Volume | |
| | | | | days/week | months/year | mgd | gallons | days |
| | | | | days/week | months/year | mgd | gallons | days |
| | | | | days/week | months/year | mgd | gallons | days |
| | | Outfall Number | Operations (list) | Frequency | | Rate and Volume | | Duration |
| | | | | Average Days/Week | Average Months/Year | Maximum Daily Discharge | Maximum Total Volume | |
| | | | | days/week | months/year | mgd | gallons | days |
| | | | | days/week | months/year | mgd | gallons | days |
| | | | | days/week | months/year | mgd | gallons | days |
| | Outfall Number | Operations (list) | Frequency | | Rate and Volume | | Duration | |
| | | | Average Days/Week | Average Months/Year | Maximum Daily Discharge | Maximum Total Volume | | |
| | | | days/week | months/year | mgd | gallons | days | |
| | | | days/week | months/year | mgd | gallons | days | |
| | | | days/week | months/year | mgd | gallons | days | |

SECTION 6. PRODUCTION (40 CFR 122.21(k)(4))

| | | | |
|------------|-----|---|------------------------|
| Production | 6.1 | Do any effluent limitation guidelines (ELGs) promulgated by EPA under CWA Section 304 apply to your facility? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7. | |
| | 6.2 | Provide the following information on applicable ELGs. | |
| | | ELG Category | ELG Subcategory |
| | | | |
| | | | |
| | | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

| | | | | | | |
|----------------------|--------|---|--------|---------------------------------|--|-----------------|
| Production Continued | 6.3 | Are the limitations in the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 7. | | | | |
| | 6.4 | Provide an expected measure of average daily production expressed in terms and units of applicable ELGs. | | | | |
| | | Expected Actual Average Daily Production for First Three Years | | | | |
| | | Outfall Number | Year | Operation, Product, or Material | Quantity per Day (note basis if applicable) | Unit of Measure |
| | | | Year 1 | | | |
| | | | Year 2 | | | |
| | | | Year 3 | | | |
| | | | Year 1 | | | |
| | | | Year 2 | | | |
| | | | Year 3 | | | |
| | | Year 1 | | | | |
| | Year 2 | | | | | |
| | Year 3 | | | | | |

SECTION 7. EFFLUENT CHARACTERISTICS (40 CFR 122.21(k)(5))

| | | | | |
|--------------------------|---|--|--|--|
| Effluent Characteristics | See the instructions to determine the parameters and pollutants you are required to monitor and, in turn, the tables you must complete. Note that not all applicants need to complete each table. | | | |
| | Table A. Conventional and Non-Conventional Parameters | | | |
| | 7.1 | Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A parameters for any of your outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3. | | |
| | 7.2 | If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application. Outfall number _____ Outfall number _____ Outfall number _____ | | |
| | 7.3 | Have you have provided estimates or actual data for all Table A parameters for each of your outfalls for which a waiver has not been requested and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all parameters at all outfalls. | | |
| | Table B. Certain Conventional and Non-Conventional Pollutants | | | |
| | 7.4 | Have you checked "Believed Present" for all pollutants listed in Table B that are limited directly or indirectly by an applicable ELG? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 7.5 | Have you checked "Believed Present" or "Believed Absent" for all remaining pollutants listed in Table B? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 7.6 | Have you provided estimated data for those Table B pollutants for which you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| | | |
|------------------------------------|--|---|
| Effluent Characteristics Continued | Table C. Toxic Metals, Total Cyanide, and Total Phenols | |
| | 7.7 | Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.8 | Have you completed Table C by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Table D. Organic Toxic Pollutants (GC/MS Fractions) | |
| | 7.9 | Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table D, then SKIP to Item 7.12. <input type="checkbox"/> No |
| | 7.10 | Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table D for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.11 | Have you completed Table D by providing estimated data for pollutants you indicated are "Believed Present," including the source of the information, for each applicable outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD) | |
| | 7.12 | Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the Instructions, or do you know or have reason to believe that TCDD is or may be present in effluent from any of your outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Table E. Certain Hazardous Substances and Asbestos | |
| | 7.13 | Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table E for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.14 | Have you completed Table E by reporting the reason the pollutants are expected to be present and available quantitative data for pollutants you indicated are "Believed Present" for each applicable outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Intake Credits, Tables A through E | |
| | 7.15 | Are you applying for net credits for the presence of any of the pollutants on Tables A through E for any of your outfalls? <input type="checkbox"/> Yes → Consult with your NPDES permitting authority. <input type="checkbox"/> No |
| | SECTION 8. ENGINEERING REPORT (40 CFR 122.21(k)(6)) | |
| Engineering Report | 8.1 | Do you have any technical evaluations of your wastewater treatment, including engineering reports or pilot plant studies? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 8.3. |
| | 8.2 | Have you provided the technical evaluation and all related documents to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 8.3 | Are you aware of any existing plant(s) that resemble production processes, wastewater constituents, or wastewater treatment at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9. |

| | | | |
|-------------------------------------|-----|--|----------------------------|
| Engineering Report Continued | 8.4 | Provide the name and location of the similar plants. | |
| | | Name of Similar Plants | Location of Similar Plants |
| | | | |
| | | | |
| | | | |

SECTION 9. OTHER INFORMATION (40 CFR 122.21(k)(7))

| | | |
|--------------------------|-----|---|
| Other Information | 9.1 | Have you attached any optional information that you would like considered as part of the application review process (i.e., material beyond that which you have already noted in the application as being attached)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10. |
| | 9.2 | List the additional items and briefly note why you have included them. |
| | | 1. |
| | | 2. |
| | | 3. |
| | | 4. |
| | 5. | |

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

| | | | |
|--|------|---|--|
| Checklist and Certification Statement | 10.1 | In Column 1 below, mark the sections of Form 2D that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or tables, or provide attachments. | |
| | | Column 1 | Column 2 |
| | | <input type="checkbox"/> Section 1: Expected Outfall Location | <input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls) |
| | | <input type="checkbox"/> Section 2: Expected Discharge Date | <input type="checkbox"/> w/ attachments |
| | | <input type="checkbox"/> Section 3: Average Flows and Treatment | <input type="checkbox"/> w/ attachments |
| | | <input type="checkbox"/> Section 4: Line Drawing | <input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments |
| | | <input type="checkbox"/> Section 5: Intermittent or Seasonal Flows | <input type="checkbox"/> w/ attachments |
| | | <input type="checkbox"/> Section 6: Production | <input type="checkbox"/> w/ attachments |
| | | <input type="checkbox"/> Section 7: Effluent Characteristics | <input type="checkbox"/> w/ Table A waiver request or approval <input type="checkbox"/> Table A <input type="checkbox"/> Table B <input type="checkbox"/> Table C <input type="checkbox"/> Table D <input type="checkbox"/> Table E <input type="checkbox"/> w/ other attachments |
| | | <input type="checkbox"/> Section 8: Engineering Report | <input type="checkbox"/> w/ technical evaluations and related attachments |
| | | <input type="checkbox"/> Section 9: Other Information | <input type="checkbox"/> w/ optional information |
| | | <input type="checkbox"/> Section 10: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments |

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Form Approved
 OMB No. <INSERT NO.>
 Form Expires <INSERT DATE>

| | | | |
|---|------|--|----------------|
| Checklist and Certification Statement Continued | 10.2 | Certification Statement <i>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.</i> | |
| | | Name (print or type first and last name) | Official title |
| | | Signature | Date signed |

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TABLE A. CONVENTIONAL AND NON-CONVENTIONAL PARAMETER ESTIMATES (40 CFR 122.21(k)(5)(i))¹

| Pollutant | Waiver Requested (if applicable) | Units | Effluent Data | | | Intake Water | |
|---|----------------------------------|----------------|------------------------------------|--|---|---|-----------------------------|
| | | | Maximum Daily Discharge (required) | Average Daily Discharge (if available) | Source of Information (use codes in instructions) | Believed Present? (check only one response per parameter) | |
| <input type="checkbox"/> Check here if you have applied to your NPDES authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall. | | | | | | | |
| 1. Biochemical oxygen demand (BOD ₅) | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | Mass | | | | | |
| 2. Chemical oxygen demand (COD) | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | Mass | | | | | |
| 3. Total organic carbon (TOC) | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | Mass | | | | | |
| 4. Total suspended solids (TSS) | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | Mass | | | | | |
| 5. Ammonia (as N) | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | Mass | | | | | |
| 6. Flow | <input type="checkbox"/> | Rate | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Temperature | <input type="checkbox"/> | °C | °C | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> | °C | °C | | | | |
| 8. pH | <input type="checkbox"/> | Standard units | s.u. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> | Standard units | s.u. | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE B. CERTAIN CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii))¹

| Pollutant | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.) | | | | |
|---|------------------------------------|--------------------------|--|---------------------------------------|---|--|--|
| | Believed Present | Believed Absent | Effluent | | | Intake Water | |
| | | | Units | Maximum Daily Discharge (required) | Average Daily Discharge (if available) | Source of Information (use codes in instructions) | Believed Present? (check only one response per item) |
| <input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table B for the noted outfall <i>unless</i> you have quantitative data available. | | | | | | | |
| 1. Bromide (24959-67-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 2. Chlorine, total residual | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 3. Color | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 4. Fecal coliform | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 5. Fluoride (16984-48-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 6. Nitrate-nitrite | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 7. Nitrogen, total organic (as N) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 8. Oil and grease | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 9. Phosphorus (as P), total (7723-14-0) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 10. Sulfate (as SO ₄) (14808-79-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |
| 11. Sulfide (as S) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Mass | | | | |

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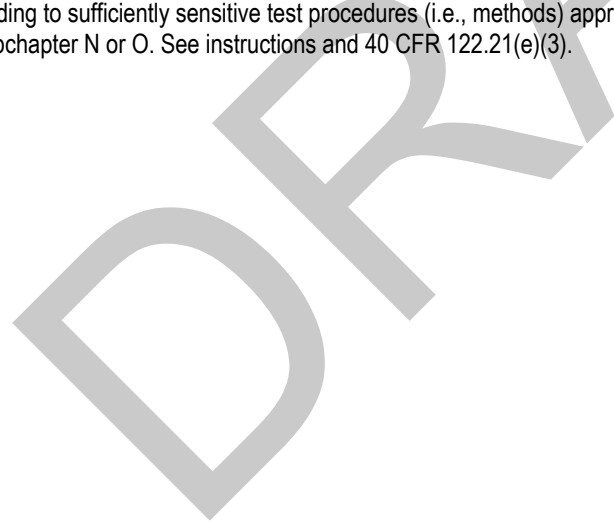
TABLE B. CERTAIN CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii))¹

| Pollutant | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.) | | | | | |
|-----------|---|------------------------------------|--------------------------|--|---------------------------------------|---|--|---|-----------------------------|
| | | Believed Present | Believed Absent | Effluent | | | Source of Information (use codes in instructions) | Intake Water | |
| | | | | Units | Maximum Daily Discharge (required) | Average Daily Discharge (if available) | | Believed Present? (check only one response per item) | |
| 12. | Sulfite (as SO ₃) (14265-45-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 13. | Surfactants | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 14. | Aluminum, total (7429-90-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 15. | Barium, total (7440-39-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 16. | Boron, total (7440-42-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 17. | Cobalt, total (7440-48-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 18. | Iron, total (7439-89-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 19. | Magnesium, total (7439-95-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 20. | Molybdenum, total (7439-98-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 21. | Manganese, total (7439-96-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 22. | Tin, total (7440-31-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | |

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| TABLE B. CERTAIN CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS (40 CFR 122.21(k)(5)(ii))¹ | | | | | | | | | | |
|--|--------------------------------|------------------------------------|--------------------------|--|---------------------------------------|---|--|---|--|--|
| Pollutant | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.) | | | | | | |
| | | Believed Present | Believed Absent | Effluent | | | | Intake Water | | |
| | | | | Units | Maximum Daily Discharge (required) | Average Daily Discharge (if available) | Source of Information (use codes in instructions) | Believed Present? (check only one response per item) | | |
| 23. | Titanium, total (7440-32-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 24. | Radioactivity | | | | | | | | | |
| 24.1 | Alpha, total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 24.2 | Beta, total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 24.3. | Radium, total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 24.4 | Radium 226, total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



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TABLE C. TOXIC METALS, TOTAL CYANIDE, AND TOTAL PHENOLS (40 CFR 122.21(k)(5)(iii)(A))¹

| Pollutant (CAS Number, if available) | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to be Present in Discharge (Provide both concentration and mass estimates for each pollutant.) | | | | | | | |
|---|------------------------------------|--------------------------|--|---------------------------------------|---|---|---|--|------------------------------|-----------------------------|
| | Believed Present | Believed Absent | Effluent | | | | Intake Water | | | |
| | | | Units | Maximum Daily Discharge (required) | Average Daily Discharge (if available) | Source of Information (Use codes in Instructions.) | Believed Present? (Check only one response per pollutant.) | | | |
| <input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table C for the noted outfall <i>unless</i> you have quantitative data available. | | | | | | | | | | |
| 1. Antimony, Total (7440-36-0) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 2. Arsenic, Total (7440-38-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 3. Beryllium, Total (7440-41-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 4. Cadmium, Total (7440-43-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 5. Chromium, Total (7440-47-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 6. Copper, Total (7440-50-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 7. Lead, Total (7439-92-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 8. Mercury, Total (7439-97-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 9. Nickel, Total (7440-02-0) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 10. Selenium, Total (7782-49-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 11. Silver, Total (7440-22-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 12. Thallium, Total (7440-28-0) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 13. Zinc, Total (7440-66-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 14. Cyanide, Total (57-12-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |
| 15. Phenols, Total | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Mass | | | | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See Instructions and 40 CFR 122.21(e)(3).

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TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | | |
|---|--|--------------------------|---|-------------------------|-------------------------|--|--|--|
| | Believed Present | Believed Absent | Units | Effluent | | | Intake Water | |
| | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) | |
| <input type="checkbox"/> Check here if all pollutants listed in Table D are expected to be absent from your facility's discharge. | | | | | | | | |
| <input type="checkbox"/> Check here if the facility believes it is exempt from Table D reporting requirements because it is a qualified small business. See the instructions for exemption criteria and for a list of materials you must attach to the application. | | | | | | | | |
| Note: If you check either of the above boxes, you do not need to complete Table D for the noted outfall <i>unless</i> you have quantitative data available. | | | | | | | | |
| 1. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds) | | | | | | | | |
| 1.1 | Acrolein (107-02-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.2 | Acrylonitrile (107-13-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.3 | Benzene (71-43-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.4 | Bromoform (75-25-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.5 | Carbon tetrachloride (56-23-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.6 | Chlorobenzene (108-90-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.7 | Chlorodibromomethane (124-48-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.8 | Chloroethane (75-00-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.9 | 2-chloroethylvinyl ether (110-75-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.10 | Chloroform (67-66-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 1.11 | Dichlorobromomethane (75-27-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | | |
|---|--|------------------------------------|--------------------------|---|-------------------------|-------------------------|--|--|--|
| | | Believed Present | Believed Absent | Units | Effluent | | | Intake Water | |
| | | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) | |
| 1.12 | 1,1-dichloroethane (75-34-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.13 | 1,2-dichloroethane (107-06-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.14 | 1,1-dichloroethylene (75-35-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.15 | 1,2-dichloropropane (78-87-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.16 | 1,3-dichloropropylene (542-75-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.17 | Ethylbenzene (100-41-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.18 | Methyl bromide (74-83-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.19 | Methyl chloride (74-87-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.20 | Methylene chloride (75-09-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.21 | 1,1,2,2-tetrachloroethane (79-34-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.22 | Tetrachloroethylene (127-18-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.23 | Toluene (108-88-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 1.24 | 1,2-trans-dichloroethylene (156-60-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | | | |
|--|------------------------------------|------------------------------------|--------------------------|---|-------------------------|-------------------------|--|--|------------------------------|-----------------------------|
| | | Believed Present | Believed Absent | Units | Effluent | | | Intake Water | | |
| | | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) | | |
| 1.25 | 1,1,1-trichloroethane (71-55-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 1.26 | 1,1,2-trichloroethane (79-00-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 1.27 | Trichloroethylene (79-01-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 1.28 | Vinyl chloride (75-01-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds) | | | | | | | | | | |
| 2.1 | 2-chlorophenol (95-57-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2.2 | 2,4-dichlorophenol (120-83-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2.3 | 2,4-dimethylphenol (105-67-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2.4 | 4,6-dinitro-o-cresol (534-52-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2.5 | 2,4-dinitrophenol (51-28-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2.6 | 2-nitrophenol (88-75-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2.7 | 4-nitrophenol (100-02-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2.8 | p-chloro-m-cresol (59-50-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |
| 2.9 | Pentachlorophenol (87-86-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | Mass | | | | | | |

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | | |
|---|--|------------------------------------|--------------------------|---|-------------------------|-------------------------|--|--|--|
| | | Believed Present | Believed Absent | Units | Effluent | | | Intake Water | |
| | | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) | |
| 2.10 | Phenol (108-95-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 2.11 | 2,4,6-trichlorophenol (88-05-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds) | | | | | | | | | |
| 3.1 | Acenaphthene (83-32-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.2 | Acenaphthylene (208-96-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.3 | Anthracene (120-12-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.4 | Benzidine (92-87-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.5 | Benzo (a) anthracene (56-55-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.6 | Benzo (a) pyrene (50-32-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.7 | 3,4-benzofluoranthene (205-99-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.8 | Benzo (ghi) perylene (191-24-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.9 | Benzo (k) fluoranthene (207-08-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.10 | Bis (2-chloroethoxy) methane (111-91-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.11 | Bis (2-chloroethyl) ether (111-44-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | | |
|---|---|------------------------------------|--------------------------|---|-------------------------|-------------------------|--|--|--|
| | | Believed Present | Believed Absent | Units | Effluent | | | Intake Water | |
| | | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) | |
| 3.12 | Bis (2-chloroisopropyl) ether (102-80-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.13 | Bis (2-ethylhexyl) phthalate (117-81-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.14 | 4-bromophenyl phenyl ether (101-55-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.15 | Butyl benzyl phthalate (85-68-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.16 | 2-chloronaphthalene (91-58-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.17 | 4-chlorophenyl phenyl ether (7005-72-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.18 | Chrysene (218-01-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.19 | Dibenzo (a,h) anthracene (53-70-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.20 | 1,2-dichlorobenzene (95-50-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.21 | 1,3-dichlorobenzene (541-73-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.22 | 1,4-dichlorobenzene (106-46-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.23 | 3,3-dichlorobenzidine (91-94-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.24 | Diethyl phthalate (84-66-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.25 | Dimethyl phthalate (131-11-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | | |
|---|---|------------------------------------|--------------------------|---|-------------------------|-------------------------|--|--|--|
| | | Believed Present | Believed Absent | Units | Effluent | | | Intake Water | |
| | | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) | |
| 3.26 | Di-n-butyl phthalate (84-74-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.27 | 2,4-dinitrotoluene (121-14-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.28 | 2,6-dinitrotoluene (606-20-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.29 | Di-n-octyl phthalate (117-84-0) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.30 | 1,2-diphenylhydrazine (as azobenzene) (122-66-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.31 | Fluoranthene (206-44-0) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.32 | Fluorene (86-73-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.33 | Hexachlorobenzene (118-74-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.34 | Hexachlorobutadiene (87-68-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.35 | Hexachlorocyclopentadiene (77-47-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.36 | Hexachloroethane (67-72-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.37 | Indeno (1,2,3-cd) pyrene (193-39-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.38 | Isophorone (78-59-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |
| 3.39 | Naphthalene (91-20-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | | |

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | | | |
|--|------------------------------------|--------------------------|---|-------------------------|-------------------------|--|--|--|--|
| | Believed Present | Believed Absent | Units | Effluent | | | Intake Water | | |
| | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) | | |
| 3.40 Nitrobenzene (98-95-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 3.41 N-nitrosodimethylamine (62-75-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 3.42 N-nitrosodi-n-propylamine (621-64-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 3.43 N-nitrosodiphenylamine (86-30-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 3.44 Phenanthrene (85-01-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 3.45 Pyrene (129-00-0) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 3.46 1,2,4-trichlorobenzene (120-82-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 4. Organic Toxic Pollutants (GC/MS Fraction—Pesticides) | | | | | | | | | |
| 4.1. Aldrin (309-00-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 4.2 α-BHC (319-84-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 4.3 β-BHC (319-85-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 4.4 γ-BHC (58-89-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 4.5 δ-BHC (319-86-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |
| 4.6 Chlordane (57-74-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Mass | | | | | | |

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | |
|---|-----------------------------------|------------------------------------|--------------------------|---|-------------------------|-------------------------|--|--|
| | | Believed Present | Believed Absent | Units | Effluent | | | Intake Water |
| | | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) |
| 4.7 | 4,4'-DDT (50-29-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.8 | 4,4'-DDE (72-55-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.9 | 4,4'-DDD (72-54-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.10 | Dieldrin (60-57-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.11 | α-endosulfan (115-29-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.12 | β-endosulfan (115-29-7) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.13 | Endosulfan sulfate (1031-07-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.14 | Endrin (72-20-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.15 | Endrin aldehyde (7421-93-4) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |

TABLE D. ORGANIC TOXIC POLLUTANTS (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) (40 CFR 122.21(k)(5)(iii)(B))¹

| Pollutant (CAS Number, if available) | | Presence or Absence (check one) | | Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant) | | | | |
|---|-----------------------------------|------------------------------------|--------------------------|---|-------------------------|-------------------------|--|--|
| | | Believed Present | Believed Absent | Units | Effluent | | | Intake Water |
| | | | | | Maximum Daily Discharge | Average Daily Discharge | Source of Information (use codes in instructions) | Believed Present? (check only one response per pollutant) |
| 4.16 | Heptachlor (76-44-8) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.17 | Heptachlor epoxide (1024-57-3) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.18 | PCB-1242 (53469-21-9) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.19 | PCB-1254 (11097-69-1) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.20 | PCB-1221 (11104-28-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.21 | PCB-1232 (11141-16-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.22 | PCB-1248 (12672-29-6) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.23 | PCB-1260 (11096-82-5) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.24 | PCB-1016 (12674-11-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |
| 4.25 | Toxaphene (8001-35-2) | <input type="checkbox"/> | <input type="checkbox"/> | Concentration | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Mass | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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|---------------------------|---------------|----------------|
| EPA Identification Number | Facility Name | Outfall Number |
|---------------------------|---------------|----------------|

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

| Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|---|------------------------------------|--------------------------|--|--|
| | Believed Present | Believed Absent | | |
| <input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table E for the noted outfall <i>unless</i> you have quantitative data available. | | | | |
| 1. Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. Acetaldehyde | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. Allyl alcohol | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Allyl chloride | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. Amyl acetate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Aniline | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. Benzonitrile | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. Benzyl chloride | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9. Butyl acetate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. Butylamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11. Captan | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. Carbaryl | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. Carbofuran | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14. Carbon disulfide | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15. Chlorpyrifos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16. Coumaphos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17. Cresol | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18. Crotonaldehyde | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | |
|---------------------------|---------------|----------------|
| EPA Identification Number | Facility Name | Outfall Number |
|---------------------------|---------------|----------------|

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

| Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|--|------------------------------------|--------------------------|--|--|
| | Believed Present | Believed Absent | | |
| 19. Cyclohexane | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20. 2,4-D (2,4-dichlorophenoxyacetic acid) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21. Diazinon | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22. Dicamba | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23. Dichlobenil | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24. Dichlone | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25. 2,2-dichloropropionic acid | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26. Dichlorvos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27. Diethyl amine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 28. Dimethyl amine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 29. Dinitrobenzene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 30. Diquat | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 31. Disulfoton | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 32. Diuron | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 33. Epichlorohydrin | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 34. Ethion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 35. Ethylene diamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 36. Ethylene dibromide | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 37. Formaldehyde | <input type="checkbox"/> | <input type="checkbox"/> | | |

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|---------------------------|---------------|----------------|
| EPA Identification Number | Facility Name | Outfall Number |
|---------------------------|---------------|----------------|

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

| Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|-------------------------|------------------------------------|--------------------------|--|--|
| | Believed Present | Believed Absent | | |
| 38. Furfural | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 39. Guthion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 40. Isoprene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 41. Isopropanolamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 42. Kelthane | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 43. Kepone | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 44. Malathion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 45. Mercaptodimethur | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 46. Methoxychlor | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 47. Methyl mercaptan | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 48. Methyl methacrylate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 49. Methyl parathion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 50. Mevinphos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 51. Mexacarbate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 52. Monoethyl amine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 53. Monomethyl amine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 54. Naled | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 55. Naphthenic acid | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 56. Nitrotoluene | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | |
|---------------------------|---------------|----------------|
| EPA Identification Number | Facility Name | Outfall Number |
|---------------------------|---------------|----------------|

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

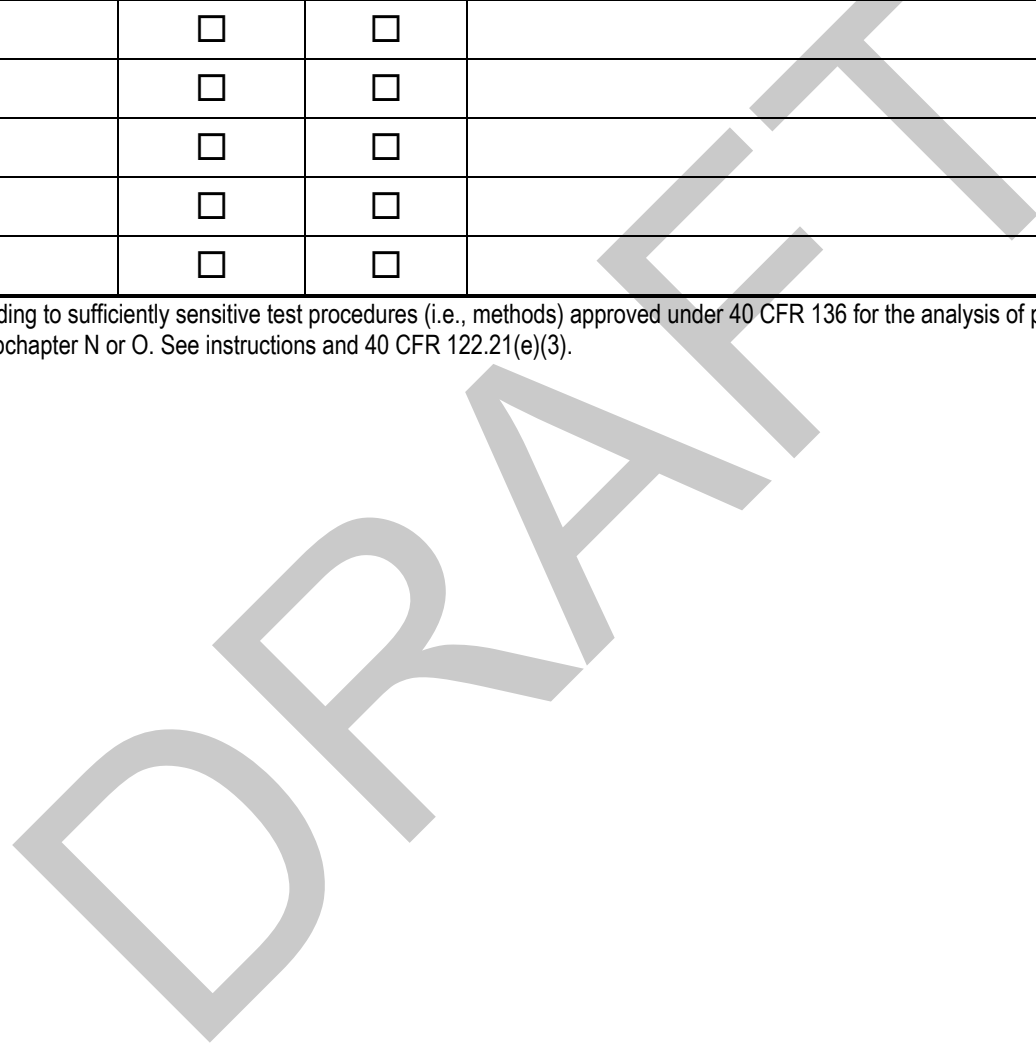
| Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|--|-------------------------------------|--------------------------|--|--|
| | Believed Present | Believed Absent | | |
| 57. Parathion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 58. Phenolsulfonate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 59. Phosgene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 60. Propargite | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 61. Propylene oxide | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 62. Pyrethrins | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 63. Quinoline | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 64. Resorcinol | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 65. Strontium | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 66. Strychnine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 67. Styrene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 68. 2,4,5-T (2,4,5-trichlorophenoxyacetic acid) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 69. TDE (tetrachlorodiphenyl ethane) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 70. 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid] | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 71. Trichlorofon | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 72. Triethanolamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 73. Triethylamine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 74. Trimethylamine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| 75. Uranium | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | |
|---------------------------|---------------|----------------|
| EPA Identification Number | Facility Name | Outfall Number |
|---------------------------|---------------|----------------|

TABLE E. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(k)(5)(v))¹

| Pollutant | Presence or Absence (check one) | | Reason Pollutant Believed Present in Discharge | Available Quantitative Data (specify units) |
|-------------------|------------------------------------|--------------------------|--|--|
| | Believed Present | Believed Absent | | |
| 76. Vanadium | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 77. Vinyl acetate | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 78. Xylene | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 79. Xylenol | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 80. Zirconium | <input type="checkbox"/> | <input type="checkbox"/> | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



Water Permits Division



Application Form 2E

Manufacturing, Commercial, Mining, and Silvicultural Facilities Which Discharge Only Nonprocess Wastewater

NPDES Permitting Program

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Note: Complete this form *and* Form 1 if your facility is a new or existing manufacturing, commercial, mining, and silvicultural facility that discharges only nonprocess wastewater.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect and complete Form 2E to be 14 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, Washington, DC 20503, marked “Attention: Desk Officer for EPA.”

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FORM 2E—INSTRUCTIONS

General Instructions

Who Must Complete Form 2E?

You must complete Form 2E if you answered “Yes” to Item 1.2.4 on Form 1—that is, if you are a new or existing facility (including manufacturing, commercial, mining, and silvicultural facilities) that discharges only nonprocess wastewater.

Where to File Your Completed Form

Submit your completed application package (Forms 1 and 2E) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1’s “General Instructions” to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2E (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2E. Note that NPDES permitting authorities will deny claims for treating any effluent data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Federal Registry Service, NPDES permit number, and facility name at the top of each page of Form 2E and any attachments. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of Form 1’s “General Instructions” for contact information.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to demonstrate that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in these instructions and Form 2E are in the “Glossary” at the end of the “General Instructions” in Form 1.

Follow-up Requirements for New Dischargers

Note that no later than 24 months after commencement of discharge from the proposed facility, you must complete and submit Section 4 of this form. At that time you must test and report *actual* rather than estimated data for the pollutants or parameters listed, unless waived by the NPDES permitting authority.

Line-by-Line Instructions

If you have multiple outfalls, you must submit a separate Form 2E for each (Sections 1, 3, and 4 only).

Section 1. Outfall Location

Item 1.1. Complete sections 1 through 6 for each outfall. Provide the latitude and longitude to the nearest 15 seconds for the outfall. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. If you need further guidance in responding to Item 1.1, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Section 2. Discharge Date

Item 2.1. Indicate whether you are a new or an existing discharger. If you are an existing discharger, skip to Section 3 after completing this item.

Item 2.2. Indicate the date on which the facility will or is estimated to commence discharge.

Section 3. Waste Types

Item 3.1. Indicate the general type(s) of wastes being discharged or to be discharged, depending on whether you are an existing or new discharger. If you mark the response “Other Nonprocess Wastewater,” specify the nature of your discharge.

Item 3.2. Indicate if the facility uses cooling water additives. If yes, continue. If no, skip to Section 4.

Item 3.3. List the cooling water additives being used (or to be used) and specify the composition of the additives, if such information is available to you. You can generally find composition information on product labels or from manufacturers’ data sheets.

Section 4. Effluent Characteristics

Items 4.1 to 4.8. These items require you to collect and report data for the parameters and pollutants listed in Section 4. The instructions are distinct for applicants with existing discharges versus applicants that are new.

Important note: Read the “General Instructions for Reporting, Sampling, and Analysis” on pages 2E-3 and 2E-4 before completing Section 4.

FORM 2E—INSTRUCTIONS CONTINUED

Item 4.1. Indicate whether you have completed monitoring for all parameters in the table under Item 4.2 and attached it to the application package. If you answer “No” because you have requested a waiver from your NPDES authority, skip to Section 5. If “Yes,” continue to Item 4.2.

Item 4.2. Provide the sampling data requested in the table per the “General Instructions for Reporting, Sampling, and Analysis” for biochemical oxygen demand (BOD), total suspended solids (TSS), oil and grease, ammonia (as N), flow, pH, and temperature (winter and summer).

Item 4.3. Answer whether you believe fecal coliform to be present in your discharge or whether sanitary waste is discharged (or will be discharged). If you answer “No,” skip to Item 4.5. Otherwise, continue to Item 4.4.

Item 4.4. Provide the sampling data requested in the table per the “General Instructions for Reporting, Sampling, and Analysis” for fecal coliform, *Escherichia coli* (*E. coli*), and enterococci.

Item 4.5. Indicate whether chlorine is used (or will be used). If no, skip to Item 4.7. Otherwise, continue to Item 4.6.

Item 4.6. Provide the sampling data requested in the table per the “General Instructions for Reporting, Sampling, and Analysis” for total residual chlorine.

Item 4.7. Answer whether non-contact cooling water is (or will be) discharged from your facility. If no, skip to Section 5. If yes, continue to Item 4.8.

Item 4.8. Provide the sampling data requested in the table per the “General Instructions for Reporting, Sampling, and Analysis” for chemical oxygen demand (COD), and total organic carbon (TOC).

Section 5. Flow

Item 5.1. Indicate whether any of the discharges that you described in Sections 1 and 3 (except for stormwater runoff, leaks, or spills) are intermittent or seasonal. If yes, continue to Item 5.2. If no, skip to Section 6.

Item 5.2. Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills) in gallons or million gallons per day (gpd or mgd), whichever is appropriate. The frequency of flow is the number of days or months per year there is an intermittent discharge. Duration is the number of days or hours per discharge. For new dischargers, report your best estimate.

Section 6. Treatment System

Item 6.1. Briefly describe any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied (or to be applied), such as grit removal, ammonia stripping, dialysis, etc.

Section 7. Other Information

Item 7.1. OPTIONAL ITEM. Report any additional information or data (such as sampling results) that you believe the NPDES permitting authority should consider when establishing permit

limitations. If you wish to demonstrate your eligibility for a “net” effluent limitation (i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water) add a short statement as to why you believe you are eligible. See also 40 CFR 122.45(g). You will be contacted by the NPDES permitting authority with further instructions.

Section 8. Checklist and Certification Statement

Item 8.1. Review the checklist provided on the application. In Column 1, mark the sections of Form 2E that you have completed and are submitting with your application. For each section in Column 2, indicate whether you are submitting attachments.

Item 8.2. The Clean Water Act (CWA) provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that “Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both.”

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

Submit your completed Form 1, Form 2E, and all associated attachments (and any other required NPDES application forms) to your NPDES permitting authority.

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Section 4 of Form 2E.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the EPA Identification Number, NPDES permit number, facility name, and applicable outfall number at the top of each page of any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Section 4 for each of your outfalls so long as the sheets contain all of the required information and are similar in format to Section 4.

Reporting of Effluent Data

Report pollutant levels for all pollutants in Section 4 as concentration *and* total mass, with the exception of flow, pH, and temperature. Total mass is the total weight of pollutants discharged over a day.

Flow, temperature, pH, and fecal coliform organisms must be reported as mgd, degrees Celsius (°C), standard units, and most probable number per 100 milliliters (MPN/100 mL), respectively. Use the following abbreviations in the columns requiring "units" in Section 4.

| Concentration | Mass |
|--|---------------------------|
| ppm = parts per million | lbs = pounds |
| mg/L = milligrams per liter | ton = tons (English tons) |
| ppb = parts per billion | mg = milligrams |
| µg/L = micrograms per liter | g = grams |
| MPN = most probable number per 100 milliliters | kg = kilograms |
| | T = tonnes (metric tons) |

Existing Dischargers

You must provide at least one analysis for each parameter or pollutant, including the following: BOD, TSS, oil and grease, ammonia (as N), fecal coliform including *E. coli* and enterococci (if believed present or if sanitary waste is or will be discharged), total residual chlorine (if chlorine is or will be used), COD, and TOC (if non-contact cooling water is or will be discharged), discharge flow, pH, and temperature (winter and summer).

You may report quantitative data that you have collected over the past 365 days if they are representative of your current operations. The data reported must include maximum daily discharge, average daily discharge, and number of analyses. Most existing facilities routinely monitor the pollutants and parameters listed in Section 4 as part of their existing NPDES permit requirements.

You must collect and analyze samples in accordance with 40 CFR 136. Grab samples must be used for analyses of pH, temperature, total residual chlorine, oil and grease, fecal coliform (including *E. coli*), and enterococci (previously known as fecal streptococcus) and volatile organic compounds. Twenty-four-hour composite samples must be used for all other pollutants, using at least four grab samples unless otherwise specified at 40 CFR 136. For a composite sample, only one analysis of the composite of aliquots is required.

If you have sampling and analysis questions, direct them to your NPDES permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under CWA Section 308.

New Dischargers

You must provide maximum daily and average daily discharge *estimates* for the parameters or pollutants listed in Section 4, unless specifically indicated on the form. Note that if you have the results of *actual* analyses for the listed parameters or pollutants, you are required to report those results rather than submit estimates.

Report or estimate all parameter or pollutant levels as concentration *and* as total mass, except for flow, pH, and temperature. Indicate the source of all estimates in the appropriate column in the Section 4 tables using the engineering study codes below. Note that you are required to conduct follow-up testing and reporting no later than two years once your facility commences discharge.

Engineering Report Codes

- Actual data from pilot plants 1
- Estimates from other engineering reports 2
- Data from other similar plants 3
- Best professional estimates 4
- Others *specify on the form*

Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available in-house or contractor engineering reports or any other studies performed on the proposed facility.

Pollutants Solely in Intake Water

If you expect a pollutant to be present solely because of its presence in your intake water, you must still provide an estimate or analytical result in Section 4; however, you should indicate in Section 7 in Item 7.1 that you believe the pollutant or parameter to be present only due to its presence in your source water. See the instructions under Item 7.1.

Testing Waivers

The NPDES permitting authority may waive the testing and reporting requirements for flow or any of the pollutants listed in Section 4 if you submit a written request for such a waiver before or with your application. Contact your NPDES permitting authority for more information.

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact your NPDES permitting authority for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 1-1 of Form 1 for contact information. Any specific requirements in the applicable analytical methods—for example, sample containers, sample preservation, holding times, and the collection of duplicate samples—must be followed.

General Instructions for Reporting, Sampling, and Analysis Continued

The time when you sample should be representative of your normal operation, to the extent feasible, with all processes that contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

Analysis

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is "sufficiently sensitive" when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility's discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.

- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of "sufficiently sensitive," the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the NPDES permitting authority may determine that the method is not performing adequately and the NPDES permitting authority should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the NPDES permitting authority, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method's precision, accuracy, or resolution, may be considered when assessing the performance of the method.

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| | | | | | | | | |
|--|---|--|---|--|--|--|--|---|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> | | | | | |
| Effluent Characteristics Continued | 4.3 | Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.5. | | | | | | |
| | 4.4 | Provide data as requested in the table below. ¹ (See instructions for specifics.) | | | | | | |
| | | Parameter or Pollutant | Number of Analyses <small>(if actual data reported)</small> | Maximum Daily Discharge <small>(specify units)</small> | | Average Daily Discharge <small>(specify units)</small> | | Source <small>(Use codes per Instructions.)</small> |
| | | | | Mass | Conc. | Mass | Conc. | |
| | | Fecal coliform | | | | | | |
| | <i>E. coli</i> | | | | | | | |
| | Enterococci | | | | | | | |
| | 4.5 | Is chlorine used (or will it be used)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7. | | | | | | |
| | 4.6 | Provide data as requested in the table below. ¹ (See instructions for specifics.) | | | | | | |
| | | Parameter or Pollutant | Number of Analyses <small>(if actual data reported)</small> | Maximum Daily Discharge <small>(specify units)</small> | | Average Daily Discharge <small>(specify units)</small> | | Source <small>(use codes per instructions)</small> |
| | | | Mass | Conc. | Mass | Conc. | | |
| Total Residual Chlorine | | | | | | | | |
| 4.7 | Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5. | | | | | | | |
| 4.8 | Provide data as requested in the table below. ¹ (See instructions for specifics.) | | | | | | | |
| | Parameter or Pollutant | Number of Analyses <small>(if actual data reported)</small> | Maximum Daily Discharge <small>(specify units)</small> | | Average Daily Discharge <small>(specify units)</small> | | Source <small>(use codes per instructions)</small> | |
| | | | Mass | Conc. | Mass | Conc. | | |
| Chemical oxygen demand (COD) | | | | | | | | |
| Total organic carbon (TOC) | | | | | | | | |
| SECTION 5. FLOW (40 CFR 122.21(h)(5)) | | | | | | | | |
| Flow | 5.1 | Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input type="checkbox"/> Yes → Complete this section. <input type="checkbox"/> No → SKIP to Section 6. | | | | | | |
| | 5.2 | Briefly describe the frequency and duration of flow. | | | | | | |
| SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6)) | | | | | | | | |
| Treatment System | 6.1 | Briefly describe any treatment system(s) used (or to be used). | | | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))

| | | |
|--------------------------|-----|---|
| Other Information | 7.1 | Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed. |
|--------------------------|-----|---|

SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

| | | | | | | | |
|--|----------------|---|---|--|----------------|-----------|-------------|
| Checklist and Certification Statement | 8.1 | In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments. | | | | | |
| | | Column 1 | Column 2 | | | | |
| | | <input type="checkbox"/> Section 1: Outfall Location | <input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls) | | | | |
| | | <input type="checkbox"/> Section 2: Discharge Date | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 3: Waste Types | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 4: Effluent Characteristics | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 5: Flow | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 6: Treatment System | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 7: Other Information | <input type="checkbox"/> w/ attachments | | | | |
| | | <input type="checkbox"/> Section 8: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments | | | | |
| | 8.2 | <p>Certification Statement</p> <p><i>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.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Name (print or type first and last name)</td> <td style="padding: 5px;">Official title</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td style="padding: 5px;">Date signed</td> </tr> </table> | | Name (print or type first and last name) | Official title | Signature | Date signed |
| Name (print or type first and last name) | Official title | | | | | | |
| Signature | Date signed | | | | | | |

Water Permits Division



Application Form 2F

Stormwater Discharges Associated with Industrial Activity

NPDES Permitting Program

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Note: Complete this form *and* Form 1 if you are a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity, excluding discharges from construction activity under 40 CFR 122.26(b)(14)(x) or (b)(15). If your discharge is composed of stormwater *and* non-stormwater, you must complete Forms 1 and 2F, *and* you must complete Form 2C, 2D, or 2E, as appropriate. See the “Instructions” inside for further details.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect and complete Form 2F to be 28.6 hours. The estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

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FORM 2F—INSTRUCTIONS

General Instructions

Who Must Complete Form 2F?

You must complete Form 2F if you answered “Yes” to Item 1.2.5 on Form 1—that is, you are a new or existing facility and your discharge is composed entirely of stormwater associated with industrial activity (excluding discharges from construction activity under 40 CFR 122.26(b)(14)(x) or (b)(15)) or composed of stormwater and non-stormwater and are seeking coverage under an *individual* National Pollutant Discharge Elimination System (NPDES) permit. Note that applicants in the latter category must also complete Forms 2C, 2D, or 2E, as applicable. See inset below.

Notes

- Form 2F must be completed by any operator of a facility that discharges stormwater associated with industrial activity or the operator of any stormwater discharger that EPA is evaluating for designation as a significant contributor of pollutants to waters of the United States, or as contributing to a violation of a water quality standard.
- For discharges composed entirely of stormwater, the operator must complete Form 2F in conjunction with Form 1.
- For discharges of stormwater combined with process wastewater, the operator must complete and submit Form 2F, Form 1, and Form 2C. Process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater.
- For discharges of stormwater combined with nonprocess wastewater, the operator must complete Form 2F, Form 1, and Form 2E. Nonprocess wastewater includes noncontact cooling water and sanitary wastes that are not regulated by effluent guidelines, except discharges by educational, medical, or commercial chemical laboratories.
- For new discharges of stormwater associated with industrial activity that will be combined with other new non-stormwater discharges, the operator must submit Form 2F, Form 1, and Form 2D.

Where to File Your Completed Form

Submit your completed application package (Forms 1 and 2F plus any other applicable forms) to your NPDES permitting authority. Consult Exhibit 1–1 of Form 1’s “General Instructions” to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2F (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2F. Note that NPDES permitting authorities will deny claims for treating any effluent data (estimated or actual) as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations in Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Federal Registry Service, NPDES permit number, and facility name at the top of each page of Form 2F and any attachments. If your facility is new (i.e., not yet constructed), write or type “New Facility” in the space provided for the EPA Identification Number an NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of Form 1’s “General Instructions” for contact information. Additionally, for Tables A through D, provide the applicable outfall number at the top of each page.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in these instructions and Form 2F are in the “Glossary” at the end of the “General Instructions” in Form 1.

FORM 2F—INSTRUCTIONS CONTINUED

Line-by-Line Instructions

Section 1. Outfall Location

Item 1.1. Identify each of the facility's outfalls by number. For each outfall, specify the latitude and longitude to the nearest 15 seconds and name of the receiving water. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). The location of each outfall (i.e., where the coordinates are collected) shall be the location where collected and concentrated stormwater flows are discharged from the facility such that the first receiving water body into which the discharge flows, either directly or through a separate storm sewer system, is a water of the United States. If you need further guidance in responding to Item 1.1, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Note: In EPA's stormwater permits, "outfalls" are referred to as "discharge points."

Note that space has been provided on the form for six outfalls. If you have more than this number, type your information on a separate sheet of paper in a format similar to that of the form. Make sure you note the EPA Identification Number, NPDES permit number, and facility name at the top of the page and indicate the specific item of the form to which you are responding—Item 1.1 in this case. In other sections of the form, you will be asked to provide information by outfall number (Sections 2, 4, 5, and 7).

Section 2. Improvements

Item 2.1. Indicate if you are required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application. The requirements include, but are not limited to, permit conditions, administrative enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. If yes, continue to Item 2.2. If no, skip to Section 3.

Item 2.2. Briefly identify and describe each applicable project (e.g., consent decree, enforcement order, or permit condition). For each condition, specify the affected outfall number(s), the source(s) of the discharge, the required final compliance date, and the projected final compliance date.

Item 2.3. OPTIONAL ITEM. Indicate if you have attached any sheets describing any additional water pollution control programs (or other environmental projects that could affect your discharges) that you may now have underway or planned. If you attach additional sheets, indicate in the attachment whether each program is actually underway or is planned, and indicate your actual or planned schedule for construction. Be sure to note your EPA Identification Number, NPDES permit number, and facility name at the top of any attached pages.

Section 3. Site Drainage Map

Item 3.1 Attach a site drainage map showing the topography of the facility. If a topographic map is unavailable, you may provide an outline of drainage areas served by the outfall(s) covered in the application. The site map must include the following information:

- Each of its drainage and discharge structures.
- The drainage area of each stormwater outfall.
- Paved areas and buildings within the drainage area of each stormwater outfall; each past or present area used for outdoor storage or disposal of significant materials; each existing structural control measure to reduce pollutants in stormwater runoff; materials loading and access areas; and areas where pesticides, herbicides, soil conditioners, and fertilizers are applied.
- Each hazardous waste treatment, storage, or disposal facility (including each area not required to have a Resource Conservation and Recovery Act permit and is used for accumulating hazardous waste for less than 90 days under 40 CFR 262.34).
- Each well where fluids from the facility are injected underground.
- Springs and other surface water bodies that receive stormwater discharges from the facility.

When you have completed and attached your site map to Form 2F, answer "Yes" to Item 3.1.

Section 4. Pollutant Sources

Item 4.1. List all outfalls discharging stormwater. Provide an estimate of the impervious surface area drained by the outfall. Specify units of measure. (Impervious surfaces are surfaces where stormwater runs off at rates significantly higher than background rates—e.g., predevelopment levels. They include paved areas, building roofs, parking lots, and roadways.)

Provide an estimate of the total surface area (impervious and pervious areas) drained by each outfall (within a mile radius of the facility). You may use the site map developed under Item 3.1 to estimate the total area drained by each outfall. For areas under 5 acres, consult your NPDES permitting authority to determine whether the area should be reported to the nearest tenth of an acre or nearest quarter of an acre.

Item 4.2. Provide a narrative description of the following:

- Significant materials that in three years prior to the submittal of this application have been treated, stored, or disposed of in a manner to allow exposure to stormwater.
- Method of treatment, storage, or disposal of such materials.
- Materials management practices employed, in the three years prior to the submittal of this application, to minimize contact by these materials with stormwater runoff.
- Materials loading and access areas.
- The location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

You should identify your significant materials by chemical name,

FORM 2F—INSTRUCTIONS CONTINUED

form (e.g., powder, liquid, etc.), and type of container or treatment unit. Indicate any materials treated, stored, or disposed of together. The term “significant materials” includes, but is not limited to: raw materials; fuels; materials such as solvents, detergents, and plastic pellets; finished materials such as metallic products; raw materials used in food processing or production; hazardous substances designated under Section 101(14) of the Comprehensive Environmental Response, Compensation, and Liability Act; any chemical the facility is required to report pursuant to Section 313 of Title III of the Superfund Amendments and Reauthorization Act; and fertilizers; pesticides; and waste products such as ashes, slag, and sludge that have the potential to be released with stormwater discharges.

Item 4.3. For each outfall, list the location and type of existing structural and non-structural control measure(s) to reduce pollutants in stormwater runoff. Structural controls include structures that enclose materials handling or storage areas; structures that cover materials; and berms, dikes, or diversion ditches around manufacturing, production, storage, or treatment units and retention ponds. Spill prevention plans, employee training, visual inspections, preventive maintenance, and housekeeping measures are examples of non-structural controls.

Describe the treatment, including the schedule and type of maintenance activities performed, and the ultimate disposal of any solid or fluid wastes other than by discharge. For each structural control identified, indicate the type of treatment the stormwater receives using the codes in Exhibit 2F–1, at the end of the instructions. For each non-structural control identified, indicate “Not Applicable” in the “Codes from Exhibit 2F–1” column.

Section 5. Non-Stormwater Discharges

Item 5.1. Provide a certification that all outfalls that should contain stormwater discharges associated with industrial activity have been tested or evaluated for the presence of non-stormwater discharges. Tests for such non-stormwater discharges can include smoke tests, fluorometric dye tests, analysis of accurate schematics, and others.

Item 5.2. Include a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test used to support the certification in Item 5.1. All non-stormwater discharges must be identified in a Form 2C, 2D, or 2E. See “Who Must Complete Form 2F?” above for more information.

Section 6. Significant Leaks or Spills

Item 6.1. Describe any significant leaks or spills of toxic or hazardous pollutants at the facility within the three years prior to the submittal of this application. Include the approximate date and location of the spill or leak and the type and amount of material released.

Section 7. Discharge Information

Item 7.1. Answer whether you are a new source or new discharge. Contact your NPDES permitting authority to determine if you are a new source or new discharge.

Tables A, B, C, and D

Items 7.2 to 7.17. These items require you to collect and report data in Tables A through D, at the end of Form 2F, for the parameters and pollutants listed in Exhibits 2F–2, 2F–3, and 2F–4 (at the end of the instructions). The instructions for completing Tables A through D are table-specific, as are the criteria for determining who should complete them.

Important note: Read the “General Instructions for Reporting, Sampling, and Analysis” below before completing Items 7.2 to 7.17.

Item 7.2 and Table A. All applicants must complete Table A. If the discharge is an existing discharge and your discharge is composed exclusively of stormwater (i.e., no process or nonprocess wastewater) then you only need to provide monitoring data for oil and grease, total phosphorus, total Kjeldahl nitrogen, and total nitrogen. Indicate “NA” for “not applicable” in the columns for all other parameters. Answer “Yes” to Item 7.2 once you have completed this task.

Item 7.3 and Table B. Indicate whether the facility is subject to an effluent limitations guideline (ELG) (see 40 CFR Subchapter N to determine which pollutants are limited in ELGs) or if the facility is subject to effluent limitations in an NPDES permit for its process wastewater or stormwater (if the facility is operating under an existing NPDES permit). If yes, continue to Item 7.4. If no, skip to Item 7.5.

Note: Stormwater discharges from certain industrial sources or activities have specific ELGs for which they must comply. These *stormwater-specific* ELGs include:

| Regulated Discharge | 40 CFR Section |
|---|--------------------------------|
| Discharges resulting from spraydown or intentional wetting of logs at wet deck storage areas | Part 429, Subpart I |
| Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished product, byproducts or waste products (SIC 2874) | Part 418, Subpart A |
| Runoff from asphalt emulsion facilities | Part 443, Subpart A |
| Runoff from material storage piles at cement manufacturing facilities | Part 411, Subpart C |
| Mine dewatering discharges at crushed stone, construction sand and gravel, or industrial sand mining facilities | Part 436, Subparts B, C, and D |
| Runoff from hazardous waste and non-hazardous waste landfills | Part 445, Subparts A and B |
| Runoff from coal storage piles at steam electric generating facilities | Part 423 |
| Runoff containing urea from airfield pavement deicing at existing and new primary airports with 1,000 or more annual non-propeller aircraft departures | Part 449 |

Item 7.4. In Table B, list all pollutants that are limited in an ELG to which the facility is subject and all pollutants listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit) and provide quantitative data for each pollutant (provide actual data for existing dischargers and estimated data for new sources and new dischargers). If a pollutant in Exhibits 2F–2 or 2F–3 is indirectly limited by an ELG through an indicator (e.g., use of total suspended solids as an indicator to control the discharge of iron and aluminum), you must provide data for the pollutant in Table B. Complete one table for each outfall. Answer “Yes” to Item 7.4 once you have completed this task.

FORM 2F—INSTRUCTIONS CONTINUED

Item 7.5 and Table C. Table C requires you to address the pollutants in Exhibits 2F–2, 2F–3, and 2F–4 for each outfall. Pollutants in each of these exhibits are addressed differently.

Indicate whether you know or have reason to believe any pollutants in Exhibit 2F–2 are present in the discharge. If yes, continue to Item 7.6. If no, skip to Item 7.7.

Item 7.6. For each outfall, list all pollutants in Exhibit 2F–2 that you know or have reason to believe are present in the discharge in Table C (except pollutants previously listed in Table B that are limited directly or indirectly by an ELG) and either report quantitative data or briefly describe the reasons the pollutant is expected to be discharged. Answer “Yes” to Item 7.6 once you have completed this task.

Item 7.7. This item asks if you qualify as a “small business.” If so, you are exempt from the reporting requirements for the organic toxic pollutants listed in Exhibit 2F–3.

You can qualify as a small business in two ways: (1) If your facility is a coal mine and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (such as a schedule of estimated total production under 30 CFR 795.14(c)) instead of conducting analyses for the organic toxic pollutants; (2) If your facility is not a coal mine and if your gross total annual sales for the most recent three years average less than \$100,000 per year (in second quarter 1980 dollars), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants. The production or sales data must be for the facility that is the source of the discharge. The data should not be limited to production or sales for the process or processes that contribute to the discharge, unless those are the only processes at your facility. For sales data, in situations involving intra-corporate transfer of goods and services, the transfer price per unit should approximate market prices for those goods and services as closely as possible. Sales figures for years after 1980 should be indexed to the second quarter of 1980 by using the gross national product price deflator (second quarter of 1980 = 100). This index is available online from the U.S. Department of Commerce, Bureau of Economic Analysis at <http://www.bea.gov/national/pdf/SNTables.pdf>.

If you qualify as a small business according to the criteria above, answer “Yes” to Item 7.7 and skip to Item 7.18. Otherwise, answer “No” and continue to Item 7.8.

Item 7.8. Indicate whether you know or have reason to believe any pollutants in Exhibit 2F–3 are present in the discharge. If yes, continue to Item 7.9. If no, skip to Item 7.10.

Item 7.9. For each outfall, list all pollutants in Exhibit 2F–3 that you know or have reason to believe are present in the discharge in Table C (except pollutants previously listed in Table B). Answer “Yes” to Item 7.9 once you have completed this task.

Item 7.10. Indicate whether you expect any of the pollutants from Exhibit 2F–3 to be discharged in concentrations of 10 parts per billion (ppb) or greater. If yes, continue to Item 7.11. If no, skip to Item 7.12.

Item 7.11. Provide quantitative data in Table C for those pollutants in Exhibit 2F–3 that you expect to be discharged in concentrations of 10 ppb or greater (provide actual data for existing dischargers and estimated data for new sources and new dischargers). Answer “Yes” to Item 7.11 once you have completed this task.

Item 7.12. Indicate whether you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater. If yes, continue to Item 7.13. If no, skip to Item 7.14.

Item 7.13. Provide quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater (provide actual data for existing dischargers and estimated data for new sources and new dischargers). Answer “Yes” to Item 7.13 once you have completed this task.

Item 7.14. For any pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the above four pollutants), either submit quantitative data or briefly describe the reasons the pollutant is expected to be discharged in Table C. Answer “Yes” to Item 7.14 once you have completed this task.

Item 7.15. Indicate whether you know or have reason to believe any pollutants in Exhibit 2F–4 are present in the discharge. If yes, continue to Item 7.16. If no, skip to Item 7.17.

Item 7.16. For each outfall, list any pollutant in Exhibit 2F–4 that you know or believe to be present in the discharge in Table C and explain why you believe it to be present. No analysis is required, but if you have analytical data, you must report it. Answer “Yes” to Item 7.16 once you have completed this task.

Note: Under 40 CFR 117.12(a)(2), certain discharges of hazardous substances (listed in Exhibit 2F-5) may be exempted from the requirements of CWA Section 311, which establishes reporting requirements, civil penalties, and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance can be exempted if the origin, source, and amount of the discharged substances are identified in the NPDES permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place. If you would like to apply for an exemption from the requirements of CWA Section 311, attach additional sheets of paper to your application, setting forth the following information:

1. The substance and the amount of each substance that might be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment to be provided for the discharge by:
 - a. An onsite treatment system separate from any treatment system treating your normal discharge;
 - b. A treatment system designed to treat your normal discharge and that is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
 - c. Any combination of the above.

See 40 CFR 117.12(a)(2) and (c) or contact your NPDES permitting authority for further information on exclusions from CWA Section 311.

Item 7.17 and Table D. Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow weighted composite sample in Table D. If sampling is conducted during more than one storm event, you only need to report the information

FORM 2F—INSTRUCTIONS CONTINUED

requested on Table D for the storm event(s) that resulted in any maximum pollutant concentration reported on Tables A through C.

Provide flow measurements or estimates of the flow rate, as well as the total amount of discharge for the storm event(s) sampled, the method of flow measurement, or estimation. Provide the data and duration of the storm event(s) sampled, rainfall measurements, or estimates of the storm event that generated the sampled runoff and the duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event. Answer "Yes" to Item 7.17 once you have completed this task.

Used or Manufactured Toxics

Item 7.18. Review Exhibits 2F–2 through 2F–4 and determine if you currently use or manufacture any of the pollutants listed as intermediate or final products or byproducts. If so, answer "Yes." You should also answer "Yes" if you know or have reason to believe that 2,3,7,8-tetrachloro-dibenzo-p-dioxin (TCDD) is discharged or if you use or manufacture 2,4,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl, 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophene (HCP). If your answer to Item 7.18 is "No," skip to Section 8.

Item 7.19. List all of the toxic pollutants identified under Item 7.18, including TCDD. Note that the NPDES permitting authority may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the NPDES permitting authority has adequate information to issue your permit. You may not claim any information submitted in response to Item 7.18 as confidential; however, you do not have to distinguish between use or production of the pollutants or list the amounts.

Section 8. Biological Toxicity Testing Data

Item 8.1. Answer whether you know of or have reason to believe that biological toxicity testing has been conducted of your wastewater treatment, including engineering reports or pilot plant studies. If no, skip to Section 9. Otherwise, continue.

Item 8.2. List any tests of which you are aware and their purposes.

Section 9. Contract Analysis Information

Item 9.1. Indicate if any of the analyses performed in Section 7 were performed by a contract laboratory or consulting firm. If no, skip to Section 10. If yes, continue to Item 9.2.

Item 9.2. Provide the name, address, phone number, and pollutants analyzed by the laboratory or consulting firm(s) in the spaces provided.

Section 10. Checklist and Certification Statement

Item 10.1. Review the checklist provided on the application. In Column 1, mark the sections of Form 2F that you have completed and are submitting with your application. For each section in Column 2, indicate whether you are submitting attachments.

Item 10.2. The Clean Water Act (CWA) provides for severe penalties for submitting false information on this application form. Section 309(c)(2) of the CWA provides that, "Any person who knowingly makes any false material statement, representation, or certification in any application, ...shall upon conviction be punished by a fine of not more than \$10,000 or by imprisonment for not more than six months or both."

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

Submit your completed Form 1, Form 2F, and all associated attachments (and any other required NPDES application forms) to your NPDES permitting authority.

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Tables A through C and Section 7 of Form 2F.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the EPA Identification Number, NPDES permit number, facility name, and applicable outfall number at the top of each table page and any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Tables A through C for each of your outfalls so long as the sheets contain all of the required information and are similar in format to Tables A through C. For example, you may be able to print a report in a compatible format from the data system used in your gas chromatography/mass spectrometry (GC/MS) analysis completed under Table B.

If you are an existing discharger, you are required to report *actual* quantitative data. See "Use of Historic Data" below for use of historic data. If you are a new source or discharge, you may supply *estimated* data along with the source of each estimate. If you have quantitative data available, however, you must provide it. Base estimates on available, in-house or contractor engineering reports, or any other studies performed on the proposed facility. Use the following codes to report your source information in the "Source of Information" column:

| Data Source | Code |
|--|----------------------------|
| Engineering reports | 1 |
| Actual data from pilot plants | 1 |
| Estimates from other engineering reports | 2 |
| Data from other similar plants | 3 |
| Best professional estimates | 4 |
| Others | 5 and specify on the table |

No later than 24 months after your facility commences to discharge, you must complete and submit sampling and analysis data for the pollutants and parameters in Tables A through C. However, you need not report results for tests you have already performed and reported under the discharge monitoring requirements of your NPDES permit.

Table A requires you to report at least one analysis for each pollutant listed. Tables B and C require you to report analytical data in two ways. For some pollutants addressed in Tables B and C, if you know or have reason to know that the pollutant is present in your discharge, you may be required to list the pollutant and test (sample and analyze) and report the levels of the pollutants in your discharge. For all other pollutants addressed in Tables B and C, you must list the pollutant if you know or have reason to know that the pollutant is present in the discharge, and either report quantitative data for the pollutant or briefly describe the reasons the pollutant is expected to be discharged. (See Items 7.2 through 7.17 of the instructions for completing Tables A through C.). Base your determination that a pollutant is/will be present in your discharge on your knowledge of the facility's raw materials, material management practices, maintenance chemicals, history of spills and releases, intermediate and final products and

byproducts, and any previous analyses known to you of your effluent or similar effluent.

Sampling

The collection of the samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater or stormwater discharges. You may contact your NPDES permitting authority for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 1-1 of Form 1 for contact information. Any specific requirements in the analytical methods—for example, sample containers, sample preservation, holding times, and the collection of duplicate samples—must be followed.

The time when you sample should be representative of your normal operation, to the extent feasible, with all processes that contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

Grab samples must be taken in the first 30 minutes of discharge (or as soon thereafter as practicable) for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*) and enterococci (previously known as fecal streptococcus at 40 CFR 122.26(d)(2)(iii)(A)(3)), and volatile organic compounds. You are not required to analyze a flow-weighted composite for these parameters.

For all other pollutants, both a grab sample collected during the first 30 minutes (or as soon thereafter as practicable) of the discharge and a flow-weighted composite sample must be analyzed. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period of greater than 24 hours.

All samples must be collected from the discharge resulting from a storm event that is greater than 0.1 inches and at least 72 hours from the previously measurable (greater than 0.1 inch rainfall) storm event. Where feasible, the variance in the duration of the event and the total rainfall of the event should not exceed 50 percent from the average or median rainfall event in that area.

A grab sample must be taken during the first 30 minutes of the discharge (or as soon thereafter as practicable), and a flow-weighted composite must be taken for the entire event or for the first three hours of the event.

Grab and composite samples are defined as follows:

Grab sample: An individual sample of at least 100 milliliters collected during the first 30 minutes (or as soon thereafter as practicable) of the discharge. This sample is to be analyzed separately from the composite sample.

Flow-weighted composite sample: A flow-weighted composite sample may be taken with a continuous sampler that proportions the amount of sample collected with the flow rate or as a combination of a minimum of three sample aliquots taken in each hour of discharge

General Instructions for Reporting, Sampling, and Analysis Continued

for the entire event or for the first three hours of the event, with each aliquot being at least 100 milliliters and collected with a minimum period of 15 minutes between aliquot collections. The composite must be flow proportional; the time interval between either each aliquot or the volume of each aliquot must be proportional to either the stream (effluent) flow at the time of sampling or the total stream (effluent) flow since the collection of the previous aliquot. Aliquots may be collected manually or automatically. Where GC/MS volatile organic analysis is required, aliquots must be combined in the laboratory immediately before analysis. Only one analysis for the composite sample is required.

Use of Historical Data

Existing data may be used, if available, in lieu of sampling conducted solely for the purposes of this application, provided it is representative of the present discharge and was collected within 3 years of the application due date. If you sample for a listed pollutant on a monthly or more frequent basis, summarize the data collected within one year of the application for the pollutant(s) at issue.

Among the factors that would cause the data to be unrepresentative are significant changes in production level; changes in raw materials, processes, or final products; and changes in stormwater treatment. The NPDES permitting authority may request additional information, including current quantitative data, if they determine it to be necessary to assess your discharges. The NPDES permitting authority may allow or establish appropriate site-specific sampling procedures or requirements including sampling locations, the season in which the sampling takes place, the minimum duration between the previous measurable storm event and the storm event sampled, the minimum or maximum level of precipitation required for an appropriate storm event, the form of precipitation sampled (snow melt or rainfall), protocols for collecting samples under 40 CFR 136, and additional time for submitting data on a case-by-case basis.

Reporting

Report sampling results for all pollutants in Tables A through C as concentration *and* mass, with the exception of flow, temperature, pH, color, and fecal coliform organisms.

Flow, temperature, pH, color, and fecal coliform organisms must be reported as million gallons per day (mgd), degrees Celsius (°C), standard units, color units, and most probable number per 100 milliliters (MPN/100 mL), respectively. Use the following abbreviations in the columns requiring “units” in Tables A through C.

| Concentration | Mass |
|--|---------------------------|
| ppm = parts per million | lbs = pounds |
| mg/L = milligrams per liter | ton = tons (English tons) |
| ppb = parts per billion | mg = milligrams |
| µg/L = micrograms per liter | g = grams |
| MPN = most probable number per 100 milliliters | kg = kilograms |
| | T = tonnes (metric tons) |

All reporting of values for metals must be in terms of “total recoverable metal” unless:

- An applicable, promulgated ELG specifies the limitation for the metal in dissolved, valent, or total form;
- All approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium); or
- The NPDES permitting authority has determined that in establishing case-by-case limitations it is necessary to express the limitations of the metal in dissolved, valent, or total form to carry out the provisions of the CWA.

If you measure only one grab sample and one flow-weighted composite sample for a given outfall, complete only the “Maximum Daily Discharge” columns in the tables and enter “1” in the “Number of Storm Events Sampled” column. The NPDES permitting authority may require you to conduct additional analyses to further characterize your discharges.

If you measure more than one value for a grab sample or a flow-weighted composite sample for a given outfall and those values are representative of your discharge, you must report them. You must describe your method of testing and analysis.

The “Average Daily Discharge” column on Tables A to C is *not* compulsory but should be filled out if data are available. To complete the “Average Daily Discharge” column, determine the average of all values within the last year and report the concentration and mass. Report the total number of storm events sampled under the “Number of Storm Events Sampled” column.

Substantially Identical Outfalls

If you have two or more substantially identical outfalls, you may request permission from your NPDES permitting authority to sample and analyze only one outfall and submit the results of the analysis for all substantially identical outfalls. If your request is granted, submit the following information on a separate sheet attached to the application form: the identity of the outfall you did test and an explanation of how it is substantially identical to the outfall(s) that you did not test.

Analysis

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is “sufficiently sensitive” when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility’s discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.

General Instructions for Reporting, Sampling, and Analysis Continued

- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O, for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of “sufficiently sensitive,” the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the NPDES permitting authority may determine that the method is not performing adequately and the NPDES permitting authority should

select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the NPDES permitting authority, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method’s precision, accuracy, or resolution, may be considered when assessing the performance of the method.

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Exhibit 2F-1. Codes for Treatment Units and Disposal of Wastes Not Discharged

1. PHYSICAL TREATMENT PROCESSES

| | | | |
|----------|---------------------------------|----------|--|
| 1-A..... | Ammonia stripping | 1-M..... | Grit removal |
| 1-B..... | Dialysis | 1-N..... | Microstraining |
| 1-C..... | Diatomaceous earth filtration | 1-O..... | Mixing |
| 1-D..... | Distillation | 1-P..... | Moving bed filters |
| 1-E..... | Electrodialysis | 1-Q..... | Multimedia filtration |
| 1-F..... | Evaporation | 1-R..... | Rapid sand filtration |
| 1-G..... | Flocculation | 1-S..... | Reverse osmosis (<i>hyperfiltration</i>) |
| 1-H..... | Flotation | 1-T..... | Screening |
| 1-I..... | Foam fractionation | 1-U..... | Sedimentation (<i>settling</i>) |
| 1-J..... | Freezing | 1-V..... | Slow sand filtration |
| 1-K..... | Gas-phase separation | 1-W..... | Solvent extraction |
| 1-L..... | Grinding (<i>comminutors</i>) | 1-X..... | Sorption |

2. CHEMICAL TREATMENT PROCESSES

| | | | |
|----------|----------------------------------|----------|-------------------------------|
| 2-A..... | Carbon adsorption | 2-G..... | Disinfection (<i>ozone</i>) |
| 2-B..... | Chemical oxidation | 2-H..... | Disinfection (<i>other</i>) |
| 2-C..... | Chemical precipitation | 2-I..... | Electrochemical treatment |
| 2-D..... | Coagulation | 2-J..... | Ion exchange |
| 2-E..... | Dechlorination | 2-K..... | Neutralization |
| 2-F..... | Disinfection (<i>chlorine</i>) | 2-L..... | Reduction |

3. BIOLOGICAL TREATMENT PROCESSES

| | | | |
|----------|-------------------------------|----------|-----------------------------------|
| 3-A..... | Activated sludge | 3-E..... | Pre-aeration |
| 3-B..... | Aerated lagoons | 3-F..... | Spray irrigation/land application |
| 3-C..... | Anaerobic treatment | 3-G..... | Stabilization ponds |
| 3-D..... | Nitrification-denitrification | 3-H..... | Trickling filtration |

4. WASTEWATER DISPOSAL PROCESSES

| | | | |
|----------|---------------------------------|----------|-----------------------------------|
| 4-A..... | Discharge to surface Water | 4-C..... | Reuse/recycle of treated effluent |
| 4-B..... | Ocean discharge through outfall | 4-D..... | Underground injection |

5. SLUDGE TREATMENT AND DISPOSAL PROCESSES

| | | | |
|----------|-----------------------|----------|---------------------|
| 5-A..... | Aerobic digestion | 5-M..... | Heat drying |
| 5-B..... | Anaerobic digestion | 5-N..... | Heat treatment |
| 5-C..... | Belt filtration | 5-O..... | Incineration |
| 5-D..... | Centrifugation | 5-P..... | Land application |
| 5-E..... | Chemical conditioning | 5-Q..... | Landfill |
| 5-F..... | Chlorine treatment | 5-R..... | Pressure filtration |
| 5-G..... | Composting | 5-S..... | Pyrolysis |
| 5-H..... | Drying beds | 5-T..... | Sludge lagoons |
| 5-I..... | Elutriation | 5-U..... | Vacuum filtration |
| 5-J..... | Flotation thickening | 5-V..... | Vibration |
| 5-K..... | Freezing | 5-W..... | Wet oxidation |
| 5-L..... | Gravity thickening | | |

Exhibit 2F-2. Conventional and Nonconventional Pollutants (40 CFR 122.21, Appendix D, Table IV)

Bromide
Chlorine, total residual
Color
Fecal coliform
Fluoride
Nitrate-nitrite
Nitrogen, total organic (as N)
Oil and grease
Phosphorus (as P), total
Radioactivity (as alpha, total; beta, total; radium, total; and radium 226, total)
Sulfate (as SO₄)
Sulfide (as S)
Sulfite (as SO₃)
Surfactants
Aluminum, total
Barium, total
Boron, total
Cobalt, total
Iron, total
Magnesium, total
Molybdenum, total
Manganese, total
Tin, total
Titanium, total

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Exhibit 2F-3. Toxic Pollutants (40 CFR 122.21, Appendix D, Tables II and III)

Toxic Pollutants and Total Phenol

| | | |
|------------------|-----------------|-----------------|
| Antimony, total | Copper, total | Silver, total |
| Arsenic, total | Lead, total | Thallium, total |
| Beryllium, total | Mercury, total | Zinc, total |
| Cadmium, total | Nickel, total | Cyanide, total |
| Chromium, total | Selenium, total | Phenols, total |

GC/MS Fraction—Volatile Compounds

| | | |
|--------------------------|-----------------------|----------------------------|
| Acrolein | Dichlorobromomethane | 1,1,2,2-tetrachloroethane |
| Acrylonitrile | 1,1-dichloroethane | Tetrachloroethylene |
| Benzene | 1,2-dichloroethane | Toluene |
| Bromoform | 1,1-dichloroethylene | 1,2-trans-dichloroethylene |
| Carbon tetrachloride | 1,2-dichloropropane | 1,1,1-trichloroethane |
| Chlorobenzene | 1,3-dichloropropylene | 1,1,2-trichloroethane |
| Chlorodibromomethane | Ethylbenzene | Trichloroethylene |
| Chloroethane | Methyl bromide | Vinyl chloride |
| 2-Chloroethylvinyl ether | Methyl chloride | |
| Chloroform | Methylene chloride | |

GC/MS Fraction—Acid Compounds

| | | |
|----------------------|-------------------|-----------------------|
| 2-chlorophenol | 2,4-dinitrophenol | Pentachlorophenol |
| 2,4-dichlorophenol | 2-nitrophenol | Phenol |
| 2,4-dimethylphenol | 4-nitrophenol | 2,4,6-trichlorophenol |
| 4,6-dinitro-o-cresol | P-chloro-m-cresol | |

GC/MS Fraction—Base/Neutral Compounds

| | | |
|-------------------------------|---------------------------------------|---------------------------|
| Acenaphthene | 4-chlorophenyl phenyl ether | Hexachlorobenzene |
| Acenaphthylene | Chrysene | Hexachlorobutadiene |
| Anthracene | Dibenzo (a,h) anthracene | Hexachlorocyclopentadiene |
| Benzidine | 1,2-dichlorobenzene | Hexachloroethane |
| Benzo (a) anthracene | 1,3-dichlorobenzene | Indeno (1,2,3-cd) pyrene |
| Benzo (a) pyrene | 1,4-dichlorobenzene | Isophorone |
| 3,4-benzofluoranthene | 3,3-dichlorobenzidine | Naphthalene |
| Benzo (ghi) perylene | Diethyl phthalate | Nitrobenzene |
| Benzo (k) fluoranthene | Dimethyl phthalate | N-nitrosodimethylamine |
| Bis (2-chloroethoxy) methane | Di-n-butyl phthalate | N-nitrosodi-n-propylamine |
| Bis (2-chloroethyl) ether | 2,4-dinitrotoluene | N-nitrosodiphenylamine |
| Bis (2-chloroisopropyl) ether | 2,6-dinitrotoluene | Phenanthrene |
| Bis (2-ethylhexyl) phthalate | Di-n-octyl phthalate | Pyrene |
| 4-bromophenyl phenyl ether | 1,2-diphenylhydrazine (as azobenzene) | 1,2,4-trichlorobenzene |
| Butyl benzyl phthalate | Fluoranthene | |
| 2-chloronaphthalene | Fluorene | |

GC/MS Fraction—Pesticides

| | | |
|-----------|--------------------|-----------|
| Aldrin | Dieldrin | PCB-1254 |
| α-BHC | α-endosulfan | PCB-1221 |
| β-BHC | β-endosulfan | PCB-1232 |
| γ-BHC | Endosulfan sulfate | PCB-1248 |
| δ-BHC | Endrin | PCB-1260 |
| Chlordane | Endrin aldehyde | PCB-1016 |
| 4,4'-DDT | Heptachlor | Toxaphene |
| 4,4'-DDE | Heptachlor epoxide | |
| 4,4'-DDD | PCB-1242 | |

Exhibit 2F-4. Certain Hazardous Substances and Asbestos (40 CFR 122.21, Appendix D, Table V)

| Toxic Pollutant | | |
|--|-----------------------------|--|
| Asbestos | | |
| | Hazardous Substances | |
| Acetaldehyde | Dinitrobenzene | Naphthenic acid |
| Allyl alcohol | Diquat | Nitrotoluene |
| Allyl chloride | Disulfoton | Parathion |
| Amyl acetate | Diuron | Phenolsulfonate |
| Aniline | Epichlorohydrin | Phosgene |
| Benzonitrile | Ethion | Propargite |
| Benzyl chloride | Ethylene diamine | Propylene oxide |
| Butyl acetate | Ethylene dibromide | Pyrethrins |
| Butylamine | Formaldehyde | Quinoline |
| Captan | Furfural | Resorcinol |
| Carbaryl | Guthion | Strontium |
| Carbofuran | Isoprene | Strychnine |
| Carbon disulfide | Isopropanolamine | Styrene |
| Chlorpyrifos | Kelthane | 2,4,5-T (2,4,5-trichlorophenoxyacetic acid) |
| Coumaphos | Kepone | TDE (tetrachlorodiphenyl ethane) |
| Cresol | Malathion | 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid] |
| Crotonaldehyde | Mercaptodimethur | Trichlorofon |
| Cyclohexane | Methoxychlor | Triethanolamine |
| 2,4-D (2,4-dichlorophenoxyacetic acid) | Methyl mercaptan | Triethylamine |
| Diazinon | Methyl methacrylate | Trimethylamine |
| Dicamba | Methyl parathion | Uranium |
| Dichlobenil | Mevinphos | Vanadium |
| Dichlone | Mexacarbate | Vinyl acetate |
| 2,2-dichloropropionic acid | Monoethyl amine | Xylene |
| Dichlorvos | Monomethyl amine | Xylenol |
| Diethyl amine | Naled | Zirconium |
| Dimethyl amine | | |

Exhibit 2F-5. Hazardous Substances

1. Acetaldehyde
2. Acetic acid
3. Acetic anhydride
4. Acetone cyanohydrin
5. Acetyl bromide
6. Acetyl chloride
7. Acrolein
8. Acrylonitrile
9. Adipic acid
10. Aldrin
11. Allyl alcohol
12. Allyl chloride
13. Aluminum sulfate
14. Ammonia
15. Ammonium acetate
16. Ammonium benzoate
17. Ammonium bicarbonate
18. Ammonium bichromate
19. Ammonium bifluoride
20. Ammonium bisulfite
21. Ammonium carbamate
22. Ammonium carbonate
23. Ammonium chloride
24. Ammonium chromate
25. Ammonium citrate
26. Ammonium fluoroborate
27. Ammonium fluoride
28. Ammonium hydroxide
29. Ammonium oxalate
30. Ammonium silicofluoride
31. Ammonium sulfamate
32. Ammonium sulfide
33. Ammonium sulfite
34. Ammonium tartrate
35. Ammonium thiocyanate
36. Ammonium thiosulfate
37. Amyl acetate
38. Aniline
39. Antimony pentachloride
40. Antimony potassium tartrate
41. Antimony tribromide
42. Antimony trichloride
43. Antimony trifluoride
44. Antimony trioxide
45. Arsenic disulfide
46. Arsenic pentoxide
47. Arsenic trichloride
48. Arsenic trioxide
49. Arsenic trisulfide
50. Barium cyanide
51. Benzene
52. Benzoic acid
53. Benzointrile
54. Benzoyl chloride
55. Benzyl chloride
56. Beryllium chloride
57. Beryllium fluoride
58. Beryllium nitrate
59. Butylacetate
60. n-butylphthalate
61. Butylamine
62. Butyric acid
63. Cadmium acetate
64. Cadmium bromide
65. Cadmium chloride
66. Calcium arsenate
67. Calcium arsenite
68. Calcium carbide
69. Calcium chromate
70. Calcium cyanide
71. Calcium dodecylbenzenesulfonate
72. Calcium hypochlorite
73. Captan
74. Carbaryl
75. Carbofuran
76. Carbon disulfide
77. Carbon tetrachloride
78. Chlordane
79. Chlorine
80. Chlorobenzene
81. Chloroform
82. Chloropyrifos
83. Chlorosulfonic acid
84. Chromic acetate
85. Chromic acid
86. Chromic sulfate
87. Chromous chloride
88. Cobaltous bromide
89. Cobaltous formate
90. Cobaltous sulfamate
91. Coumaphos
92. Cresol
93. Crotonaldehyde
94. Cupric acetate
95. Cupric acetoarsenite
96. Cupric chloride
97. Cupric nitrate
98. Cupric oxalate
99. Cupric sulfate
100. Cupric sulfate ammoniated
101. Cupric tartrate
102. Cyanogen chloride
103. Cyclohexane
104. 2,4-D acid (2,4-dichlorophenoxyacetic acid)
105. 2,4-D esters (2,4-dichlorophenoxyacetic acid esters)
106. DDT
107. Diazinon
108. Dicamba
109. Dichlobenil
110. Dichlone
111. Dichlorobenzene
112. Dichloropropane
113. Dichloropropene
114. Dichloropropene-dichloropropane mix
115. 2,2-dichloropropionic acid
116. Dichlorvos
117. Dieldrin
118. Diethylamine
119. Dimethylamine
120. Dinitrobenzene
121. Dinitrophenol
122. Dinitrotoluene
123. Diquat
124. Disulfoton
125. Diuron
126. Dodecylbenzenesulfonic acid
127. Endosulfan
128. Endrin
129. Epichlorohydrin
130. Ethion
131. Ethylbenzene
132. Ethylenediamine
133. Ethylene dibromide
134. Ethylene dichloride
135. Ethylene diaminetetracetic acid (EDTA)
136. Ferric ammonium citrate
137. Ferric ammonium oxalate
138. Ferric chloride
139. Ferric fluoride
140. Ferric nitrate
141. Ferric sulfate
142. Ferrous ammonium sulfate
143. Ferrous chloride
144. Ferrous sulfate
145. Formaldehyde
146. Formic acid
147. Fumaric acid
148. Furfural
149. Guthion
150. Heptachlor
151. Hexachlorocyclopentadiene
152. Hydrochloric acid
153. Hydrofluoric acid
154. Hydrogen cyanide
155. Hydrogen sulfide
156. Isoprene
157. Isopropanolamine dodecylbenzenesulfonate
158. Kelthane
159. Kepone
160. Lead acetate
161. Lead arsenate
162. Lead chloride
163. Lead fluoborate
164. Lead fluorite
165. Lead iodide
166. Lead nitrate
167. Lead stearate
168. Lead sulfate
169. Lead sulfide
170. Lead thiocyanate
171. Lindane
172. Lithium chromate
173. Malathion
174. Maleic acid
175. Maleic anhydride
176. Mercaptodimethur
177. Mercuric cyanide
178. Mercuric nitrate
179. Mercuric sulfate
180. Mercuric thiocyanate
181. Mercurous nitrate
182. Methoxychlor
183. Methyl mercaptan
184. Methyl methacrylate
185. Methyl parathion
186. Mevinphos
187. Mexacarbate
188. Monoethylamine
189. Monomethylamine
190. Naled
191. Naphthalene
192. Naphthenic acid
193. Nickel ammonium sulfate
194. Nickel chloride
195. Nickel hydroxide
196. Nickel nitrate
197. Nickel sulfate
198. Nitric acid
199. Nitrobenzene
200. Nitrogen dioxide
201. Nitrophenol
202. Nitrotoluene
203. Paraformaldehyde
204. Parathion
205. Pentachlorophenol
206. Phenol
207. Phosgene
208. Phosphoric acid
209. Phosphorus
210. Phosphorus oxychloride
211. Phosphorus pentasulfide
212. Phosphorus trichloride
213. Polychlorinated biphenyls (PCB)
214. Potassium arsenate
215. Potassium arsenite

Exhibit 2F-5. Hazardous Substances

- | | | |
|-------------------------------------|--|-----------------------------------|
| 216. Potassium bichromate | 245. Sodium phosphate (dibasic) | 271. Uranyl acetate |
| 217. Potassium chromate | 246. Sodium phosphate (tribasic) | 272. Uranyl nitrate |
| 218. Potassium cyanide | 247. Sodium selenite | 273. Vanadium pentoxide |
| 219. Potassium hydroxide | 248. Strontium chromate | 274. Vanadyl sulfate |
| 220. Potassium permanganate | 249. Strychnine | 275. Vinyl acetate |
| 221. Propargite | 250. Styrene | 276. Vinylidene chloride |
| 222. Propionic acid | 251. Sulfuric acid | 277. Xylene |
| 223. Propionic anhydride | 252. Sulfur monochloride | 278. Xylenol |
| 224. Propylene oxide | 253. 2,4,5-T acid (2,4,5-trichlorophenoxyacetic acid) | 279. Zinc acetate |
| 225. Pyrethrins | 254. 2,4,5-T amines (2,4,5-trichlorophenoxy acetic acid amines) | 280. Zinc ammonium chloride |
| 226. Quinoline | 255. 2,4,5-T esters (2,4,5-trichlorophenoxy acetic acid esters) | 281. Zinc borate |
| 227. Resorcinol | 256. 2,4,5-T salts (2,4,5-trichlorophenoxy acetic acid salts) | 282. Zinc bromide |
| 228. Selenium oxide | 257. 2,4,5-T acid (2,4,5-trichlorophenoxy propanoic acid) | 283. Zinc carbonate |
| 229. Silver nitrate | 258. 2,4,5-TP acid esters (2,4,5-trichlorophenoxy propanoic acid esters) | 284. Zinc chloride |
| 230. Sodium | 259. TDE (tetrachlorodiphenyl ethane) | 285. Zinc cyanide |
| 231. Sodium arsenate | 260. Tetraethyl lead | 286. Zinc fluoride |
| 232. Sodium arsenite | 261. Tetraethyl pyrophosphate | 287. Zinc formate |
| 233. Sodium bichromate | 262. Thallium sulfate | 288. Zinc hydrosulfite |
| 234. Sodium bifluoride | 263. Toluene | 289. Zinc nitrate |
| 235. Sodium bisulfite | 264. Toxaphene | 290. Zinc phenolsulfonate |
| 236. Sodium chromate | 265. Trichlorofon | 291. Zinc phosphide |
| 237. Sodium cyanide | 266. Trichloroethylene | 292. Zinc silicofluoride |
| 238. Sodium dodecylbenzenesulfonate | 267. Trichlorophenol | 293. Zinc sulfate |
| 239. Sodium fluoride | 268. Triethanolamine dodecylbenzenesulfonate | 294. Zirconium nitrate |
| 240. Sodium hydrosulfide | 269. Triethylamine | 295. Zirconium potassium fluoride |
| 241. Sodium hydroxide | 270. Trimethylamine | 296. Zirconium sulfate |
| 242. Sodium hypochlorite | | 297. Zirconium tetrachloride |
| 243. Sodium methylate | | |
| 244. Sodium nitrite | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

SECTION 5. NON-STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

| | | | | | |
|----------------------------------|-----|---|---|---------------------------|---|
| Non-Stormwater Discharges | 5.1 | <i>I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.</i> | | | |
| | | Name (print or type first and last name) | Official title | | |
| | | Signature | Date signed | | |
| | 5.2 | Provide the testing information requested in the table below. | | | |
| | | Outfall Number | Description of Testing Method Used | Date(s) of Testing | Onsite Drainage Points Directly Observed During Test |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

| | | |
|------------------------------------|-----|--|
| Significant Leaks or Spills | 6.1 | Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. |
|------------------------------------|-----|--|

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

| | | | |
|------------------------------|---|---|---|
| Discharge Information | See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table. | | |
| | 7.1 | Is this a new source or new discharge? | |
| | | <input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated data</i> . | <input type="checkbox"/> No → See instructions regarding submission of <i>actual data</i> . |
| | Tables A, B, C, and D | | |
| | 7.2 | Have you completed Table A for each outfall? | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| EPA Identification Number | NPDES Permit Number | Facility Name |
|--|---------------------|---|
| Discharge Information Continued | 7.3 | Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.5. |
| | 7.4 | Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.5 | Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7. |
| | 7.6 | Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.7 | Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input type="checkbox"/> No |
| | 7.8 | Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.10. |
| | 7.9 | Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.10 | Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.12. |
| | 7.11 | Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.12 | Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.14. |
| | 7.13 | Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.14 | Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.15 | Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.17. |
| | 7.16 | Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7.17 | Have you provided information for the storm event(s) sampled in Table D? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|---|------------------------------------|--|---|--|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> | |
| Discharge Information Continued | Used or Manufactured Toxics | | | |
| | 7.18 | Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 8. | | |
| | 7.19 | List the pollutants below, including TCDD if applicable. | | |
| | 1. | 4. | 7. | |
| 2. | 5. | 8. | | |
| 3. | 6. | 9. | | |
| SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11)) | | | | |
| Biological Toxicity Testing Data | 8.1 | 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 three years? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9. | | |
| | 8.2 | Identify the tests and their purposes below. | | |
| | | Test(s) | Purpose of Test(s) | Submitted to NPDES Permitting Authority? |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12)) | | | | |
| Contract Analysis Information | 9.1 | Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10. | | |
| | 9.2 | Provide information for each contract laboratory or consulting firm below. | | |
| | | Laboratory Number 1 | Laboratory Number 2 | Laboratory Number 3 |
| | | Name of laboratory/firm | | |
| | | Laboratory address | | |
| | | Phone number | | |
| | Pollutant(s) analyzed | | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

| Checklist and Certification Statement | 10.1 | <p>In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Column 1</th> <th style="text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 1</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 2</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 3</td> <td style="padding: 5px;"><input type="checkbox"/> w/ site drainage map</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 4</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 5</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 6</td> <td style="padding: 5px;"><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 7</td> <td style="padding: 5px;"> <input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D </td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 8</td> <td style="padding: 5px;"><input type="checkbox"/> w/attachments</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 9</td> <td style="padding: 5px;"><input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Section 10</td> <td style="padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table> | Column 1 | Column 2 | <input type="checkbox"/> Section 1 | <input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls) | <input type="checkbox"/> Section 2 | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 3 | <input type="checkbox"/> w/ site drainage map | <input type="checkbox"/> Section 4 | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 5 | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 6 | <input type="checkbox"/> w/ attachments | <input type="checkbox"/> Section 7 | <input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D | <input type="checkbox"/> Section 8 | <input type="checkbox"/> w/attachments | <input type="checkbox"/> Section 9 | <input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms) | <input type="checkbox"/> Section 10 | <input type="checkbox"/> |
|--|--|---|----------------|-----------|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|--|------------------------------------|--|------------------------------------|---|-------------------------------------|--------------------------|
| | Column 1 | Column 2 | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 1 | <input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls) | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 2 | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 3 | <input type="checkbox"/> w/ site drainage map | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 4 | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 5 | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 6 | <input type="checkbox"/> w/ attachments | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 7 | <input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 8 | <input type="checkbox"/> w/attachments | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 9 | <input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms) | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Section 10 | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| 10.2 | <p>Certification Statement</p> <p><i>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.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name (print or type first and last name)</td> <td style="padding: 5px;">Official title</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td style="padding: 5px;">Date signed</td> </tr> </table> | Name (print or type first and last name) | Official title | Signature | Date signed | | | | | | | | | | | | | | | | | | | |
| Name (print or type first and last name) | Official title | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | Date signed | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---------------------------|---------------------|---------------|----------------|
| EPA Identification Number | NPDES Permit Number | Facility Name | Outfall Number |
|---------------------------|---------------------|---------------|----------------|

Form Approved
OMB No. <INSERT NO.>
Form Expires <INSERT DATE>

TABLE A. CONVENTIONAL AND NON-CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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 and requirements.

| Pollutant or Parameter | | Maximum Daily Discharge <small>(specify units)</small> | | Average Daily Discharge <small>(specify units)</small> | | Number of Storm Events Sampled | Source of Information <small>(new source/new dischargers only; use codes in instructions)</small> |
|------------------------|---|---|----------------------------|---|----------------------------|-----------------------------------|---|
| | | Grab Sample Taken During First 30 Minutes | Flow-Weighted Composite | Grab Sample Taken During First 30 Minutes | Flow-Weighted Composite | | |
| 1. | Oil and grease | | | | | | |
| 2. | Biochemical oxygen demand (BOD ₅) | | | | | | |
| 3. | Chemical oxygen demand (COD) | | | | | | |
| 4. | Total suspended solids (TSS) | | | | | | |
| 5. | Total phosphorus | | | | | | |
| 6. | Total Kjeldahl nitrogen (TKN) | | | | | | |
| 7. | Total nitrogen (as N) | | | | | | |
| 8. | pH (minimum) | | | | | | |
| | pH (maximum) | | | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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|---------------------------|---------------------|---------------|----------------|
| EPA Identification Number | NPDES Permit Number | Facility name | Outfall Number |
|---------------------------|---------------------|---------------|----------------|

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

| Date of Storm Event | Duration of Storm Event (in hours) | Total Rainfall During Storm Event (in inches) | Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event | Maximum Flow Rate During Rain Event (in gpm or specify units) | Total Flow from Rain Event (in gallons or specify units) |
|---------------------|---------------------------------------|---|--|---|---|
| | | | | | |

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

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Water Permits Division



Application Form 2S

New and Existing Treatment Works Treating Domestic Sewage

NPDES Permitting Program

DRAFT

Note: Complete Form 2S if you are a new or existing treatment works treating domestic sewage.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect and complete Form 2S to be 8.7 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

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FORM 2S—GENERAL INSTRUCTIONS

Who Must Complete Form 2S?

A person must complete Form 2S to apply for a National Pollutant Discharge Elimination System (NPDES) permit covering sewage sludge (biosolids) use or disposal standards if they own or operate a treatment works treating domestic sewage (TWTDS). A person is an owner or operator of a TWTDS if the facility generates, changes the quality of, or provides final disposition of solids, practices for which are ultimately subject to Part 503 of Title 40 of the *Code of Federal Regulations* (CFR).¹

The TWTDS that are *required* to apply for NPDES permits include the following:

- All generators of sewage sludge that are regulated by 40 CFR 503 (i.e., it is applied to the land, placed on a surface disposal site, fired in a sewage sludge incinerator, or placed in a municipal solid waste landfill unit).
- Industrial facilities that *separately* treat domestic sewage and generate sewage sludge that are regulated by 40 CFR 503.
- All surface disposal site owners/operators.
- All sewage sludge incinerator owners/operators.
- Any person (e.g., individual, corporation, or government entity) who changes the quality of sewage sludge regulated by 40 CFR 503 (e.g., sewage sludge blenders or processors).²
- Any other person or facility designated by the NPDES permitting authority as a TWTDS.

TWTDSs and other persons that *may* be required to apply for an NPDES permit³ include the following:

- Sewage sludge land appliers, haulers, persons who store, or transporters who do not generate or do not change the quality of the sewage sludge.
- Landowners of property on which sewage sludge are applied.
- Domestic septage pumpers/haulers/treaters/appliers.
- Sewage sludge packagers/baggers that do not change the quality of the sewage sludge.

If any of the above TWTDS categories are owned and operated by different persons/entities, it is the operator's duty to obtain the NPDES permit.

Notes

¹The U.S. Environmental Protection Agency (EPA) developed regulations in 1993 as required by the Clean Water Act (CWA) Amendments of 1987 to protect public health and the environment from any reasonably anticipated adverse effects of pollutants that might be present in sewage sludge biosolids. The regulation, *The Standards for the Use or Disposal of Sewage Sludge* (40 CFR 503) was published in the *Federal Register* on February 19, 1993 (58 CFR 9248 to 9404) and became effective March 22, 1993. The regulations are often referred to as "the Part 503 rule" or "Part 503."

²If all the sewage sludge received by a sewage sludge blender or composter are of exceptional quality (EQ) per 40 CFR 503, then no permit will be required for the person who receives or processes the EQ sludge.

³The NPDES permitting authority may request permit applications from these facilities when necessary to protect public health and the environment from reasonably anticipated effects of pollutants that may be present in sewage sludge.

If you are a TWTDS and discharge wastewater to surface water, you must also complete NPDES application Form 2A.

40 CFR 503 defines "sewage sludge" as a solid, semi-solid, or liquid residue generated during the treatment of domestic sewage in a treatment works. Sewage sludge includes scum or solids removed in primary, secondary, or advanced wastewater treatment processes and any material derived from sewage sludge (e.g., a blended sewage sludge/fertilizer product) but does not include grit and screenings or ash generated by the firing of sewage sludge in an incinerator.

40 CFR 503 considers domestic septage as sewage sludge and sets separate requirements for domestic septage applied to agricultural land, forests, or reclamation sites. "Domestic septage" is defined as a liquid or solid material removed from a septic tank, cesspool, portable toilet, Type III marine sanitation device, or similar system that receives only domestic sewage. The 40 CFR 503 definition of domestic septage excludes grease-trap pumpings and commercial or industrial waste.

At the state level, either EPA or an approved state agency administers the NPDES permit program. If you are located in a jurisdiction in which an EPA regional office administers the NPDES permit program, you should use Form 2S. If you are located in a jurisdiction where a state administers the NPDES permit program, contact the state to determine the forms you should complete. States often develop their own application forms rather than use the federal forms. See <http://www.epa.gov/npdes/npdes-state-program-information> for a list of states that have approved NPDES permit programs and those that do not.

Exhibit 2S-1 (see end of this section) provides contact information for each of EPA's 10 regional offices. Since the exhibit's content is subject to change, consult EPA's website for the latest information: <http://www.epa.gov/aboutepa#regional>.

Where to File Your Completed Form

- If you are in a jurisdiction with an approved state sewage sludge NPDES permit program, file according to the instructions on the state forms.
- If you are in a jurisdiction where EPA is the sewage sludge NPDES permitting authority (i.e., the state is *not* a sewage-sludge-authorized state), mail the completed application forms to the EPA regional office that covers the state in which your facility is located (see Exhibit 2S-1).
- To determine where to send your completed Form 2S, visit <http://www.epa.gov/biosolids/forms/contact-us-about-biosolids>.

When to File Your Completed Form

A TWTDS with a currently effective NPDES permit must submit a permit application at the time of its next NPDES permit renewal application (i.e., at least 180 days before your present NPDES permit expires). Any other TWTDS must submit the information in Part 1 of Form 2S within one year after publication of a standard applicable to its sewage sludge or disposal practice(s). The

FORM 2S—GENERAL INSTRUCTIONS CONTINUED

NPDES permitting authority will determine when such TWTDS must submit a full permit application. The NPDES permitting authority may require permit applications from a TWTDS at any time if it determines that a permit is necessary to protect public health and the environment from any potential adverse effects that may occur from toxic pollutants in sewage sludge. Any TWTDS that commences operations after promulgation of an applicable “standard for sewage sludge use or disposal” must submit an application to the NPDES permitting authority at least 180 days prior to the date proposed for commencing operations.

Fees

EPA does not require applicants to pay a fee for applying for NPDES permits. However, states that administer the NPDES programs may charge fees. Consult with state officials for further information.

Public Availability of Submitted Information

EPA will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2S (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2S. Note that NPDES authorities will deny claims for treating any biosolids data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 40 of the CFR.

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Federal Registry Service, NPDES permit number, and facility name at the top of each page of Form 2S and any attachments. If your facility is new (i.e., not yet constructed), write or type “New Facility” in the space provided for the EPA Identification Number and NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 2S–1 for contact information.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.

If you have previously submitted information that answers a specific question to EPA or an approved state NPDES agency, you may either repeat the information in the space provided or attach a copy of the previous submission. Some items in the form require narrative explanations. If more space is necessary to answer a question, attach a separate sheet titled “Additional Information.” Provide your information on this attachment in a format that is consistent with the form.

Upon request of the NPDES permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Which Parts of the Form Apply?

Form 2S is presented in a modular format, enabling information collection to be tailored to your facility’s sewage sludge generation, treatment, use, or disposal practices. The form specifies which parts must be filled out for each type of applicant.

Part 1 requests a limited amount of information from “sludge-only” facilities (facilities without a currently effective NPDES permit) that are not directed by the permitting authority to submit a full permit application at this time. It is intended to allow the permitting authority to identify these facilities, track sewage sludge use and disposal, and establish priorities for permitting.

Part 2 is for any facility that is submitting a full NPDES permit application. See Exhibit 2S–2, at the end of these general instructions, to determine which sections of Part 2 cover your facility’s sewage sludge use or disposal practices.

Complete the “Preliminary Information” section on page 1 by indicating whether your facility has an effective NPDES permit or you have been directed by your NPDES permitting authority to submit a full Form 2S permit application. If yes, skip Part 1 and complete Part 2 of the application package (see the line-by-line instructions for Part 2). If no, complete only Part 1 of the application package.

Definitions

The legal definitions of all key terms used in the various NPDES application forms are included in the “Glossary” at the end of these instructions.

FORM 2S—GENERAL INSTRUCTIONS CONTINUED

Exhibit 2S-1. Addresses of EPA Regional Contacts and Covered States

| | |
|---|---|
| <p>REGION 1 U.S. Environmental Protection Agency, Region 1 5 Post Office Square, Suite 100, Boston, MA 02109-3912 Phone: (617) 918-1111; toll free: (888) 372-7341 Fax: (617) 918-0101 Website: http://www.epa.gov/aboutepa/epa-region-1-new-england Covered states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont</p> | <p>REGION 6 U.S. Environmental Protection Agency, Region 6 1445 Ross Avenue, Suite 1200, Dallas, TX 75202-2733 Phone: (214) 665-2200; toll free: (800) 887-6063 Fax: (214) 665-7113 Website: http://www.epa.gov/aboutepa/epa-region-6-south-central Covered states: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas</p> |
| <p>REGION 2 U.S. Environmental Protection Agency, Region 2 290 Broadway, New York, NY 10007-1866 Phone: (212) 637-3000; toll free: (877) 251-4575 Fax: (212) 637-3526 Website: http://www.epa.gov/aboutepa/epa-region-2 Covered states: New Jersey, New York, Virgin Islands, and Puerto Rico</p> | <p>REGION 7 U.S. Environmental Protection Agency, Region 7 11201 Renner Boulevard, Lenexa, KS 66219 Phone: (913) 551-7003; toll free: (800) 223-0425 Website: http://www.epa.gov/aboutepa/epa-region-7-midwest Covered states: Iowa, Kansas, Missouri, and Nebraska</p> |
| <p>REGION 3 U.S. Environmental Protection Agency, Region 3 1650 Arch Street, Philadelphia, PA 19103-2029 Phone: (215) 814-5000; toll free: (800) 438-2474 Fax: (215) 814-5103 Website: http://www.epa.gov/aboutepa/epa-region-3-mid-atlantic Covered states: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia</p> | <p>REGION 8 U.S. Environmental Protection Agency, Region 8 1595 Wynkoop Street, Denver, CO 80202-1129 Phone: (303) 312-6312; toll free: (800) 227-8917 Fax: (303) 312-6339 Website: http://www.epa.gov/aboutepa/epa-region-8-mountains-and-plains Covered states: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming</p> |
| <p>REGION 4 U.S. Environmental Protection Agency, Region 4 Sam Nunn Atlanta Federal Center 61 Forsyth Street, SW, Atlanta, GA 30303-8960 Phone: (404) 562-9900; toll free: (800) 241-1754 Fax: (404) 562-8174 Website: http://www.epa.gov/aboutepa/about-epa-region-4-southeast Covered states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee</p> | <p>REGION 9 U.S. Environmental Protection Agency, Region 9 75 Hawthorne Street, San Francisco, CA 94105 Phone: (415) 947-8000; toll free: (866) EPA-WEST Fax: (415) 947-3553 Website: http://www.epa.gov/aboutepa/epa-region-9-pacific-southwest Covered states: Arizona, California, Hawaii, Nevada, Guam, American Samoa, and Trust Territories</p> |
| <p>REGION 5 U.S. Environmental Protection Agency, Region 5 77 West Jackson Boulevard, Chicago, IL 60604-3507 Phone: (312) 353-2000; toll free: (800) 621-8431 Fax: (312) 353-4135 Website: http://www.epa.gov/aboutepa/epa-region-5 Covered states: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin</p> | <p>REGION 10 U.S. Environmental Protection Agency, Region 10 1200 Sixth Avenue, Suite 900, Seattle, WA 98101 Phone: (206) 553-1200; toll free: (800) 424-4372 Fax: (206) 553-2955 Website: http://www.epa.gov/aboutepa/epa-region-10-pacific-northwest Covered states: Alaska, Idaho, Oregon, and Washington</p> |

FORM 2S—GENERAL INSTRUCTIONS CONTINUED

Exhibit 2S-2. Part 2 Sections to Complete

| Activity(ies) Performed | Part 2 Sections to Complete | | | | |
|---|-----------------------------|---|--|------------------|--------------|
| | 1 | 2 | 3 | 4 | 5 |
| | GENERAL INFORMATION | GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE | LAND APPLICATION OF BULK SEWAGE SLUDGE | SURFACE DISPOSAL | INCINERATION |
| Generates sewage sludge or derives material from sewage sludge that: <ul style="list-style-type: none"> Meets ceiling concentrations in Table 1 of 40 CFR 503.13, pollutant concentrations in Table 3 of Section 503.13, Class A pathogen requirements in Section 503.32, and one of the eight vector attraction reduction options in 40 CFR 503.33(b)(1)–(8) Is sold or given away in bags or other containers for application to the land (and not already addressed in Item 2.4) Is shipped off site for treatment or blending Is placed on a surface disposal site Is fired in an incinerator Is sent to a municipal solid waste landfill | ✓ | ✓ | | | |
| Generates sewage sludge or derives material from sewage sludge that is applied to the land in bulk form | ✓ | ✓ | ✓ | | |
| Applies bulk sewage sludge to land or generates sewage sludge that is applied to the land by others | ✓ | | ✓ | | |
| Owns or operates a surface disposal site | ✓ | | | ✓ | |
| Owns or operates a sewage sludge incinerator | ✓ | | | | ✓ |

FORM 2S—PART 1 LINE-BY-LINE INSTRUCTIONS

Part 1—Limited Background Information

Complete Part 1 if your facility is a “sludge-only” facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).

Section 1. Facility Information

Item 1.1. Enter the facility’s official or legal name. Do not use a colloquial name. Provide the *mailing* address of the facility. Next, give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application.

Include a complete *location address* for the facility if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or “at intersection of Routes 425 and 22”).

Item 1.2. Indicate the legal status of the owner of the facility by marking the appropriate box. If the facility is a federal facility (i.e., owned by the U.S. government), check the box for “Public—federal.” If the facility is owned by a state government, check the box for “Public—state.” If the facility is owned by a county government, municipal (e.g., city or town) government, tribal government, school district, water district, or other local government entity, check the box for “Other public” and specify the type of government entity. If the facility is owned by a corporation or other private entity, check the box for “Private.” If the facility has mixed ownership (e.g., public/private) or is not owned by an entity previously listed, check the box for “Other” and specify the type of entity.

Section 2. Applicant Information

Item 2.1. Indicate if the applicant is different from the entity listed under Item 1.1. If yes, continue to Item 2.2. If no, skip to Item 2.3 (Part 1, Section 2).

Item 2.2. Enter the applicant’s name and mailing address. Provide the name (first and last), title, work telephone number, and email address of the contact person for the applicant.

Item 2.3. Indicate if the applicant is the facility’s owner, operator, or both.

Item 2.4. Specify whether the NPDES permitting authority should send correspondence to the facility or the applicant.

Section 3. Sewage Sludge Amount

Item 3.1. Provide the total dry metric tons of sewage sludge generated, treated, used (i.e., received from off site), and disposed over the last 365-day period.

Section 4. Pollutant Concentrations

Item 4.1. Provide the most recent sewage sludge monitoring data available on the quality of the sewage sludge, including for pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility’s expected use or

disposal practices. Provide the average monthly concentration in milligrams per kilogram (mg/kg) dry weight, analytical method, and detection level. If available, base data on three or more samples taken at least one month apart, no more than 4.5 years old. If providing the monitoring data in a separate attachment, check the box to indicate that this information has been attached to the application package.

Section 5. Treatment Provided at Your Facility

Item 5.1. In the “Use or Disposal Practice” column, check the sewage sludge use or disposal practice used at your facility. In the following columns, indicate the amount of sewage sludge used or disposed of, the pathogen class and reduction alternative, and the vector attraction reduction option associated with the practice. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal. Complete Item 5.1 for each sewage sludge use or disposal practice by attaching additional sheets, as necessary.

Item 5.2. For each use or disposal practice indicated in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens or vector attraction properties in sewage sludge. If you check “Other,” specify the treatment process(es) in the space provided or in a separate attachment.

Section 6. Sewage Sludge Sent to Other Facilities

Item 6.1. Indicate whether the sewage sludge meets ceiling concentrations in Table 1 of 40 CFR 503.13, pollutant concentrations in Table 3 of 40 CFR 53.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8). If yes, skip to Item 8.1 (Part 1, Section 8). If no, continue to Item 6.2.

Item 6.2. Indicate whether sewage sludge from your facility is provided to another facility for treatment, distribution or disposal. If yes, continue to Item 6.3. If no, skip to Item 7.1 (Part 1, Section 7).

Item 6.3. Enter the name and mailing address of the receiving facility. Provide the name (first and last), title, work telephone number, and email address of the contact person for the receiving facility.

Item 6.4. Indicate the activities provided by the receiving facility. If you check “Other,” provide a description in the space provided or in a separate attachment.

Section 7. Use and Disposal Sites

Complete Items 7.1 through 7.2 for each site on which sewage sludge from the facility is used or disposed of. Check the box to indicate that this information has been attached to the application package.

Item 7.1. Specify the site name or number and mailing address. Provide the name (first and last), title, work telephone number, and email address of the contact person for the use or disposal site.

FORM 2S—PART 1 LINE-BY-LINE INSTRUCTIONS CONTINUED

Include a complete location address for the site if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Item 7.2. Identify the type of use or disposal site (e.g., agricultural, surface disposal, reclamation, lawn or home garden, public contact, municipal solid waste landfill, forest, incineration). If you check "Other," provide a description in the space provided or in a separate attachment.

Section 8. Checklist and Certification Statement

Item 8.1. Review the checklist provided. In Column 1, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section that you have completed, indicate in Column 2 whether you are submitting attachments.

Item 8.2. The CWA provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END OF PART 1

**Submit your completed Part 1 of Form 2S
and all associated attachments
to your NPDES permitting authority.**

FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS

Part 2—Permit Application Information

Complete Part 2 if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See Exhibit 2S-2 at the end of the general instructions to determine the sections that you are required to complete.

Section 1. General Information

Facility Information

Item 1.1. Enter the facility's official or legal name. Do not use a colloquial name. Provide the *mailing address* of the facility. Next, give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application.

Include a complete *location address* for the facility if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Item 1.2. Indicate whether the facility is a Class I sludge management facility.

Item 1.3. Provide the facility design flow rate in million gallons per day (mgd).

Item 1.4. Provide the total population served by the facility. Enter the best estimate of the actual population served at the time of application for all areas served by the treatment works (municipalities and unincorporated service areas). If another treatment works discharges into this treatment works, provide on a separate attachment the name of the other treatment works and the actual population it serves. It is not necessary to list the communities served by the other treatment works.

Item 1.5. Indicate the ownership status of the owner of the facility by marking the appropriate box. If the facility is a federal facility (i.e., owned by the U.S. government), check the box for "Public—federal." If the facility is owned by a state government, check the box for "Public—State." If the facility is owned by a county government, municipal (e.g., city or town) government, tribal government, school district, water district, or other local government entity, check the box for "Other public" and specify the type of government entity. If the facility is owned by a corporation or other private entity, check the box for "Private." If the facility has mixed ownership (e.g., public/private) or is not owned by an entity previously listed, check the box for "Other" and specify the type of entity.

Applicant Information

Item 1.6. Indicate if the applicant is different from the entity listed under Item 1.1. If yes, continue to Item 1.7. If no, skip to Item 1.18 (Part 2, Section 1).

Item 1.7. Enter the applicant's name and mailing address. Provide the name (first and last), title, work telephone number, and email address of the contact person for the applicant.

Item 1.8. Indicate if the applicant is the facility's owner, operator, or both.

Item 1.9. Specify whether the NPDES permitting authority should send correspondence to the facility or the applicant.

Permit Information

Item 1.10. Provide the facility's NPDES permit number or check the box to indicate that you do not have an NPDES permit number but are otherwise required to submit Part 2 of Form 2S by your NPDES permitting authority.

Item 1.11. Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate the facility's sewage sludge management practices. If you check "Other," specify the permit or approval in the space provided. You may list permits or approvals and corresponding permit numbers in a separate attachment. If so, check the box to indicate that this information has been attached to the application package.

Indian Country

Item 1.12. Indicate whether any generation, treatment, storage, application to land, or disposal of sewage sludge from the facility occurs in Indian Country. If yes, continue to Item 1.13. If no, skip to Item 1.14 (Part 2, Section 1).

Item 1.13. In the space provided or in a separate attachment, describe the generation, treatment, storage, land application, or disposal of sewage sludge that occurs in Indian Country.

Topographic Map

Item 1.14. Provide a topographic map(s) of the area extending at least 1 mile beyond the property boundaries of the facility that clearly shows the following:

- The legal boundaries of the facility.
- All sewage sludge management facilities, including onsite treatment, storage, and disposal sites.
- Wells, springs, and other surface water bodies that are within ¼ mile of the property boundaries and listed in public records or otherwise known to applicant.

On the map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS).

You may develop your map by going to USGS's National Map website at <http://nationalmap.gov/>. (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map.

FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED

Note that you have completed your topographic map and attached it to the application.

Line Drawing

Item 1.15. Provide a line drawing and/or narrative description that identifies all sewage sludge practices that will be employed during the permit term, including all units used for collecting, dewatering, storing, or treating sewage sludge; the destination(s) of all liquids and solids leaving each such unit; and all processes used for pathogen reduction and vector attraction reduction. Answer “Yes” when a line drawing and/or narrative description containing all required information has been attached to the application.

Contractor Information

Item 1.16. Indicate whether contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility. If yes, continue to Item 1.17. If no, skip to Item 1.8 (Part 2, Section 1).

Item 1.17. Provide the company name, mailing address, contact name (first and last), telephone number, and email address for each contractor and describe the contractor’s responsibilities. The application form provides reporting space for three contractors. If your facility has more than three contractors, attach additional sheets as necessary.

Pollutant Concentrations

Item 1.18. Provide the most recent sewage sludge monitoring data available on the quality of the sewage sludge, including for pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility’s expected use or disposal practices. Provide the average monthly concentration in milligrams per kilogram (mg/kg) dry weight, analytical method, and detection level. If available, base data on three or more samples taken at least one month apart, no more than 4.5 years old. If providing the monitoring data in a separate attachment, check the box to indicate that this information has been attached to the application package.

Checklist and Certification Statement

Item 1.19. Review the checklist provided. In Column 1, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section that you have completed, indicate in Column 2 whether you are submitting attachments.

Item 1.20. The CWA provides for severe penalties for submitting false information on this application form. Section 309(c)(2) of the CWA provides that “Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both.”

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-

president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

Section 2. Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge

Complete this section if you are a “person who prepares sewage sludge.” This section pertains to any POTW or other TWTDS that generates sewage sludge, as well as to any facility that derives a material from sewage sludge (e.g., it composts sewage sludge or blends sewage sludge with another material). Simply distributing sewage sludge or placing it in a bag or other container for sale or give-away for application to the land is not considered “deriving a material” from sewage sludge (because it does not change sludge quality), and thus a facility that only distributes or bags a sewage sludge is not required to provide the information in this section.

Item 2.1. Answer “Yes” or “No” to indicate if the facility generates sewage sludge or derives a material from sewage sludge (e.g., it composts sewage sludge or blends sewage sludge with another material). If yes, continue to Item 2.2. If no, skip to Part 2, Section 3.

Amount Generated On Site

Item 2.2. Provide the total dry metric tons of sewage sludge generated at the facility over a 365-day period.

Amount Received from Offsite Facility

Item 2.3. Indicate whether the facility receives sewage sludge from another facility for treatment, use, or disposal. If yes, continue to Item 2.4. If no, skip to Item 2.7 (Part 2, Section 2).

Item 2.4. Indicate the total number of facilities from which your facility receives sewage sludge for treatment, use, or disposal.

Item 2.5. Complete Items 2.5 through 2.7 for each facility from which your facility receives sewage sludge for treatment, use or

FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED

disposal. Check the box to indicate that this information has been attached to the application package.

Enter the name and mailing address of the facility. Provide the name (first and last), title, work telephone number, and email address of the contact person for the facility. Provide a complete location address for the facility if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Item 2.6. Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option provided at the offsite facility. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal.

Item 2.7. Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties in sewage sludge. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

Treatment Provided at Your Facility

Item 2.8. In the "Use or Disposal Practice" column, check the sewage sludge use or disposal practice used at your facility. In the following columns, indicate the pathogen class and reduction alternative and the vector attraction reduction option associated with the practice. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal. Complete Item 2.8 for each sewage sludge use or disposal practice by attaching additional sheets, as necessary.

Item 2.9. For each use or disposal practice indicated in Item 2.8, identify the treatment process(es) used at your facility to reduce pathogens or vector attraction properties in sewage sludge. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

Item 2.10. Use the space provided to describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9. Check the box if your description has been attached to the application package.

Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8

Item 2.11. Indicate whether the sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.12, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is land applied. Sewage sludge meeting all of these criteria is often referred to as "exceptional quality (EQ)" and is exempt from the general requirements of 40 CFR 503.12 and the management practices of 40 CFR 503.14, and thus fewer permitting and permit application requirements typically pertain to facilities generating such sludge. For this reason, if you check "Yes" for Item 2.11, complete Items 2.12 and 2.13; then you may skip Items 2.14 through 2.16, Items 2.17 through 2.26, and Items 2.27 through 2.31 unless specifically required to complete any of them by the permitting authority. If you check "No," skip to Item 2.14 (Part 2, Section 2).

Item 2.12. Provide the total dry metric tons of sewage sludge, meeting the requirements specified in Item 2.11 that is applied to land per 365-day period.

Item 2.13. Indicate whether the subject sewage sludge is placed in a bag or other container and sold or given away for land application. Check the box indicating completion of Items 2.11 through 2.13 and skip to Item 2.32 (Part 2, Section 2).

Sale or Give-Away in a Bag or Other Container for Application to the Land

Item 2.14. Indicate whether the subject sewage sludge is placed in a bag or other container and sold or given away for land application. If yes, continue to Item 2.15. If no, skip to Item 2.17 (Part 2, Section 2).

Item 2.15. Provide the dry metric tons of sewage sludge placed in a bag or other container and sold or given away for land application per 365-day period.

Item 2.16. When sewage sludge is placed in a bag or other container for sale or give-away for application to the land, either a label must be affixed to the bag or other container, or an information sheet must be provided to the person receiving the sewage sludge. The information that must be on the label or information sheet is listed at 40 CFR 503.14(e). Attach copies of all labels or notices that accompany sewage sludge being sold or given away in a bag or other container for land application. Check the box to indicate that these copies have been attached to the application package.

Check the box indicating completion of Items 2.14 through 2.16 and skip to Item 2.32 (Part 2, Section 2).

Shipment Off Site for Treatment or Blending

Item 2.17. Indicate whether another facility provides treatment or blending of your facility's sewage sludge. (This does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) If yes, continue to Item 2.18. If no, skip to Item 2.32 (Part 2, Section 2).

Item 2.18. Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Complete Items 2.19 through 2.26 for each facility that provides treatment or

blending of your facility's sewage sludge. Check the box to indicate if this information has been attached to the application package.

Item 2.19. Enter the name and mailing address of the receiving facility. Provide the name (first and last), title, work telephone number, and email address of the contact person for the receiving facility. Include a complete location address for the facility if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Item 2.20. Provide the dry metric tons of sewage sludge provided to the receiving facility per 365-day period.

Item 2.21 Indicate whether the receiving facility provides any additional treatment to reduce pathogens in, or vector attraction properties of, the sewage sludge from your facility. If yes, continue to Item 2.22. If no, skip to Item 2.24 (Part 2, Section 2).

Item 2.22. Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal.

Item 2.23. Identify the treatment process(es) used at the receiving facility to reduce pathogens or vector attraction properties of sewage sludge from your facility. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

Item 2.24. Attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement under 40 CFR 503.12(g). Check the box to indicate that this information has been attached to the application package.

Item 2.25. Indicate whether the receiving facility places sewage sludge from your facility in a bag or other container to sell or give away for land application. If yes, continue to Item 2.26. If no, skip to Item 2.32 (Part 2, Section 2).

Item 2.26. When sewage sludge is placed in a bag or other container for sale or give-away for application to the land, either a label must be affixed to the bag or other container, or an information sheet must be provided to the person receiving the sewage sludge. The information that must be on the label or information sheet is listed at 40 CFR 503.14(e). Attach copies of all labels or notices that accompany sewage sludge being sold or given away in a bag or other container for land application. Check the box to indicate that this information has been attached to the application package.

Item 2.36. Enter the site name or number and mailing address of the surface disposal site you do not own or operate. Provide

the name (first and last), title, work telephone number, and email address of the contact person for the surface disposal site.

Item 2.37. Indicate whether the site contact is the owner and/or operator of the surface disposal site.

Item 2.38. Provide the total dry metric tons of sewage sludge from your facility placed on the surface disposal site per 365-day period.

Incineration

Item 2.39. Answer "Yes" or "No" to indicate if sewage sludge from your facility is fired in a sewage sludge incinerator. If yes, continue to Item 2.40. If no, skip to Item 2.46 (Part 2, Section 2).

Item 2.40. Provide the total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period.

Item 2.41. Answer "Yes" or "No" to indicate if you own or operate all sewage sludge incinerators to which you send sewage sludge for firing. If yes, skip to Item 2.46. If no, continue to Item 2.42 (Part 2, Section 2).

Item 2.42. Indicate the total number of sewage sludge incinerators used that you do not own or operate. Complete Items 2.43 through 2.45 for each sewage sludge incinerator used that you do not own or operate. Check the box to indicate that this information has been attached to the application package.

Item 2.43. Enter the name or number and mailing address of sewage sludge incinerator used that you do not own or operate. Provide the name (first and last), title, work telephone number, and email address of the contact person for the incinerator.

Include a complete location address for the incinerator if different from the mailing address. If the incinerator lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Item 2.44. Indicate whether the site contact is the owner and/or operator of the incinerator.

Item 2.45. Provide the total dry metric tons of sewage sludge from your facility fired in the sewage sludge incinerator per 365-day period.

Disposal in a Municipal Solid Waste Landfill

Item 2.46. Indicate whether sewage sludge from your facility is placed on a municipal solid waste landfill. If yes, continue to Item 2.47. If no, skip to Part 2, Section 3.

Item 2.47. Provide the total number of municipal solid waste landfills to which you send sewage sludge. Complete Items 2.48 through 2.52 for each landfill used. Check the box to indicate that this information has been attached to the application package.

Item 2.48. Enter the name and mailing address of the municipal solid waste landfill. Provide the name (first and last), title, work telephone number, and email address of the contact person for the landfill.

Include a complete location address for the landfill if different from the mailing address. If the landfill lacks a street name or route

FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED

number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or “at intersection of Routes 425 and 22”).

Item 2.49. Provide the total dry metric tons of sewage sludge from your facility placed in each municipal solid waste landfill per 365-day period.

Item 2.50. In the space provided or in a separate attachment, list the number and type of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.

Item 2.51. Attach information to determine whether the sewage sludge meets applicable requirements for disposal in a municipal solid waste landfill (e.g., results of paint filter liquids test and toxicity characteristic leaching procedure, or TCLP, test). Check the box to indicate that this information has been attached to the application package.

Item 2.54. Sewage sludge placed on a municipal solid waste landfill must meet requirements in 40 CFR 258 concerning the quality of materials placed on a landfill unit. Part 258 specifies minimum federal criteria for municipal solid waste landfills, including landfills that accept sewage sludge along with household waste. In contrast to 40 CFR 503, 40 CFR 258 controls sewage sludge placed in municipal solid waste landfills through a facility design and management practice approach. In 40 CFR 503, EPA has adopted the 40 CFR 258 criteria as the appropriate standard for sewage sludge disposed of with municipal waste. EPA concluded that if sewage sludge is disposed of in a municipal solid waste landfill complying with 40 CFR 258 criteria, public health and the environment are protected. Note that the POTW is legally responsible for knowing whether a municipal solid waste landfill is in compliance with 40 CFR 258 and may be liable if it sends sludge to a municipal solid waste landfill that is not in compliance with 40 CFR 258. Indicate whether the municipal solid waste landfill complies with applicable criteria set forth in 40 CFR 258.

Section 3. Land Application of Bulk Sewage Sludge

Complete this section if you completed Section B, Items 2.27 through 2.31. Unless the NPDES permitting authority specifically requires you to complete this section, you may skip this section for sewage sludge that is covered in any of the following portions of this application:

- Section B, Items 2.11 through 3.13. Such sewage sludges are exempt from the general requirements and management practices of 40 CFR 503 when they are land applied (unless the permitting authority requires otherwise), and thus the site information in Section C is not required for permitting.
- Section B, Items 2.17 through 2.26. Section C does not apply to a generator that sends sewage sludge to another facility for treatment or for blending, because the 40 CFR 503 requirements addressed by Section C will largely be the responsibility of the receiving facility.

Provide the information in this section for each land application site that has been identified at the time of permit application. In cases where the sewage sludge is applied to numerous sites with similar characteristics, you may combine the information for several sites under a single response (the name and address of each site must still be provided, however).

Item 3.1. Indicate whether your facility applies sewage sludge to land. If yes, continue to Item 3.2. If no, skip to Part 2, Section 4.

Item 3.2. Indicate if any of the following conditions apply:

- The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8).
- The sewage sludge is sold or given away in a bag or other container for application to the land.
- You provide the sewage sludge to another facility for treatment or blending.

If yes, skip to Part 2, Section 4. If no, continue to Item 3.3.

Item 3.3. Complete the remainder of Section 3 for each site on which sewage sludge is applied. Check the box to indicate if this information has been attached to the application package.

Identification of Land Application Site

Item 3.4. Enter the name or number and location address for the land application site. If the site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or “at intersection of Routes 425 and 22”).

Provide the latitude and longitude to the nearest second for the site and method of determination. The location of the land application site (i.e., where the coordinates are collected) shall be the approximate center of the area where the sewage sludge is directly released to the environment. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Item 3.5. Check the box to indicate that a topographic map (or other appropriate map if a topographic map is unavailable) showing the site location has been attached to the application. See Item 1.14 (Part 2, Section 1) for guidance on obtaining a topographic map.

Owner Information

Item 3.6. Indicate whether you are the owner of the land application site. If yes, skip to Item 3.8 (Part 2, Section 3). If no, continue to Item 3.7.

Item 3.7. Enter the name and mailing address of the owner of the land application site. Provide the name (first and last), title, work telephone number, and email address of the contact person for the owner.

Applier Information

Item 3.8. Indicate whether you are the person who applies, or is responsible for application of, sewage sludge to this land application site. If yes, skip to Item 3.10 (Part 2, Section 3). If no, continue to Item 3.9.

Item 3.9. Enter the name and mailing address of the applier. Provide the name (first and last), title, work telephone number, and email address of the contact person for the applier.

Site Type

Item 3.10. Identify the type of land application site (e.g., agricultural land, forest, reclamation site, public contact site, or other). If you check "Other," provide a description in the space provided or in a separate attachment.

Crop or Other Vegetation Grown on Site

Item 3.11. In the space provided or in a separate attachment, describe the type of crop or other vegetation that is grown on the site. If the crop or vegetation to be grown on the site is not yet known, or is likely to change in an unforeseeable manner during the life of the permit, you may so indicate instead of providing the type of crop or other vegetation.

Item 3.12. In the space provided or in a separate attachment, indicate the nitrogen requirement for the crop or other vegetation identified in Item 3.11. You can get information on the nitrogen content of vegetation grown on the site from local agricultural extension services, a local Farm Advisor's Office, or published sources.

Vector Attraction Reduction

Item 3.13. Indicate whether the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) are met when sewage sludge is applied to the land application site. If yes, continue to Item 3.14. If no, skip to Item 3.16 (Part 2, Section 3).

Item 3.14. Indicate which vector attraction option (Option 9, injection below land surface, or Option 10, incorporation into soil within 6 hours) is met when sewage sludge is applied to the land application site.

Item 3.15. In the space provided or in a separate attachment, describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge. Check the box to indicate that your description has been attached to the application package.

Cumulative Loadings and Remaining Allotments

Item 3.16. Indicate whether the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) at 40 CFR 503.13(b)(2). If yes, continue to Item 3.17. If no, skip to Part 2, Section 4.

Item 3.17. Indicate whether you have contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993. If yes, continue to Item 3.18. If no, because sewage sludge subject to CPLRs may not be applied to this site, skip to Part 2, Section 4.

Item 3.18. Provide your NPDES permitting authority's name, contact person, telephone number, and email address.

Item 3.19. Indicate, based on your inquiry, whether bulk sewage sludge subject to CPLRs has been applied to the site since July 20, 1993. If yes, continue to Item 3.20. If no, skip to Part 2, Section 4.

Item 3.20. Provide the name and mailing address for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. Give the name (first and last), title, work telephone number, and email address of the contact person for the facility that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993.

Section 4. Surface Disposal

Complete this section if you own or operate a surface disposal site and are required to submit a full permit application (i.e., Part 2 of Form 2S) at this time. A sewage sludge surface disposal site is, by definition, a TWTDS, and the owner/operator of the site is required to apply for a permit.

Item 4.1. Indicate whether you own or operate a surface disposal site. If yes, continue to Item 4.2. If no, skip to Part 2, Section 5.

Item 4.2. Complete the remainder of Section 4 for each active sewage sludge unit you own or operate. Check the box to indicate that this information has been attached to the application package.

Information on Active Sewage Sludge Units

Most requirements for surface disposal of sewage sludge under 40 CFR 503 pertain to individual active sewage sludge units at a surface disposal site. The information required in Items 4.3 through 4.15 may be developed on a unit-by-unit basis, or may be developed for the entire surface disposal site if all units are sufficiently similar.

Item 4.3. Enter the name or number and mailing address of the active sewage sludge unit. Provide the name (first and last), title, work telephone number, and email address of the contact person for the active sewage sludge unit.

Include a complete location address for the unit if different from the mailing address. If the unit lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Provide the latitude and longitude to the nearest second for the unit and method of determination. The location of the unit (i.e., where the coordinates are collected) shall be the approximate center of the area where the sewage sludge is directly released to the environment. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Item 4.4. Check the box to indicate that a topographic map (or other appropriate map if a topographic map is unavailable)

FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED

showing the site location has been attached to the application. See Item 1.14 (Part 2, Section 1) for guidance on obtaining a topographic map.

Item 4.5. Provide the total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period.

Item 4.6. Provide the total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit.

Item 4.7. Indicate whether the active sewage sludge unit has a liner with a maximum permeability of 10^{-7} centimeters per second (cm/sec). If yes, continue to Item 4.8. If no, skip to Item 4.9 (Part 2, Section 4).

Item 4.8. In the space provided or in a separate attachment, describe the liner. Check the box to indicate that a description has been attached to the application package.

Item 4.9. Indicate whether the active sewage sludge unit has a leachate collection system. If yes, continue to Item 4.10. If no, skip to Item 4.11 (Part 2, Section 4).

Item 4.10. In the space provided or in a separate attachment, describe the leachate collection system and the leachate disposal method. Also provide the numbers of any federal, state, or local permit(s) for leachate disposal. Check the box to indicate that this description has been attached to the application package.

Item 4.11. Indicate if the boundary of the active sewage sludge site is less than 150 meters from the property line of the surface disposal site. If yes, continue to Item 4.12. If no, skip to Item 4.13 (Part 2, Section 4).

Item 4.12. Provide the distance, in meters, between the active sewage sludge site boundary and the surface disposal site property line.

Item 4.13. Provide the remaining capacity of active sewage sludge in dry metric tons.

Item 4.14. List the anticipated closure date for the active sewage sludge unit, using the format MM/DD/YYYY, if known.

Item 4.15. Submit a copy of any closure plan that has been developed for this active sewage sludge unit. Check the box to indicate that you have attached a copy to the application package.

Sewage Sludge from Other Facilities

Item 4.16. Indicate whether sewage sludge is sent to this active sewage sludge unit from any facilities other than yours. If yes, continue to Item 4.17. If no, skip to Item 4.21 (Part 2, Section 4).

Item 4.17. Indicate the total number of facilities, other than yours, that send sewage sludge to this active sewage sludge unit. Complete Items 4.18 through 4.20 for each such facility.

Check the box to indicate that this information has been attached to the application package.

Item 4.18. Enter the name and mailing address of the facility that sends sewage sludge to this active sewage sludge unit.

Provide the name (first and last), title, work telephone number, and email address of the contact person for the facility.

Item 4.19. Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal.

Item 4.20. Identify the treatment process(es) used at the other facility to reduce pathogens or vector attraction properties of sewage sludge before leaving the other facility. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

Vector Attraction Reduction

Item 4.21. Indicate which, if any, vector attraction reduction option (Option 9, injection below land surface; Option 10, incorporation into soil within 6 hours; Option 11, covering active sewage sludge unit daily; or none) is met when sewage sludge is placed on this active sewage sludge unit.

Item 4.22. In the space provided or in a separate attachment, describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge. Check the box to indicate that this description has been attached to the application package.

Groundwater Monitoring

Placement of sewage sludge on an active sewage sludge unit must not contaminate an aquifer. Compliance must be demonstrated through either (1) the results of a groundwater monitoring program developed by a qualified groundwater scientist or (2) certification by a qualified groundwater scientist that contamination has not occurred. This section solicits existing groundwater monitoring data and other documentation to indicate the potential for contamination of an aquifer at the active sewage sludge unit, and the capability of the owner/operator of the surface disposal site to demonstrate that contamination has not occurred.

Item 4.23. Indicate whether groundwater monitoring is currently conducted at, or ground monitoring data is otherwise available for, this active sewage sludge unit. If yes, continue to Item 4.24. If no, skip to Item 4.26 (Part 2, Section 4).

Item 4.24. Provide a copy of available groundwater monitoring data. Check the box to indicate that the data have been attached to the application package.

Item 4.25. In the space provided or in a separate attachment, describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain the data.

Check the box to indicate that the descriptions have been attached to the application package.

Item 4.26. Indicate whether a groundwater monitoring program has

FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED

been prepared for this active sewage sludge unit. If yes, continue to Item 4.27. If no, skip to Item 4.28 (Part 2, Section 4).

Item 4.27. Submit a copy of the groundwater monitoring program that has been developed for this active sewage sludge unit. Check the box to indicate that this documentation has been attached to the application package.

Item 4.28. Indicate whether you have obtained certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated. If yes, continue to Item 4.29. If no, skip to Item 4.30 (Part 2, Section 4).

Item 4.29. Submit a copy of the certification indicating that the aquifer below the active sewage sludge unit has not been contaminated. Check the box to indicate that this certification has been attached to the application package.

Site-Specific Limits

After August 18, 1993, you are allowed to seek site-specific pollutant limits only for good cause, and must do so within 180 days of becoming aware that good cause exists. If you request site-specific pollutant limits with this permit application, you are required to submit information supporting the request, including a demonstration that existing values for site parameters specified by the permitting authority differ from the values for those parameters used to develop the pollutant limits in Table 1 of 40 CFR 503.23. You must also submit follow-up information at the request of the NPDES permitting authority. If the NPDES permitting authority determines that site-specific pollutant limits are appropriate, he or she may specify site-specific limits in the permit as long as the existing concentrations of the pollutants in the sewage sludge are not exceeded.

Item 4.30. Indicate whether you are seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit. If yes, continue to Item 4.31. If no, skip to Part 2, Section 5.

Item 4.31. Submit information to support the request for site-specific pollutant limits. Check the box to indicate that this information has been attached to the application package.

Section 5. Incineration

Complete this section if you own or operate a sewage sludge incinerator. A sewage sludge incinerator is, by definition, a treatment works treating domestic sewage, and the owner/operator of a sewage sludge incinerator is required to submit a full permit application.

Incinerator Information

Item 5.1. Indicate whether you fire sewage sludge in a sewage sludge incinerator. If yes, continue to Item 5.2. If no, skip to the end.

Item 5.2. Indicate the total number of incinerators used at your facility. Complete the remainder of Section 5 for each incinerator. Check the box to indicate that you have attached information for one or more incinerators.

Item 5.3. Enter the incinerator's name or number. Include a complete location address for the incinerator. If the incinerator lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Provide the latitude and longitude to the nearest second for the incinerator and method of determination. The location of the incinerator (i.e., where the coordinates are collected) shall be the approximate center of the area where the sewage sludge is directly released to the environment. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Amount Fired

Item 5.4. Provide the dry metric tons of sewage sludge fired in the sewage sludge incinerator per 365-day period.

Beryllium NESHAP

The firing of sewage sludge in a sewage sludge incinerator must not violate the National Emission Standard for Hazardous Air Pollutants (NESHAP) for beryllium as established in Subpart C of 40 CFR 61. The beryllium NESHAP only applies, however, to sewage sludge incinerators firing "beryllium-containing waste." The beryllium NESHAP is 10 grams of beryllium in the exit gas over a 24-hour period, unless the incinerator owner/operator has been approved to meet a 30-day average ambient concentration limit on beryllium in the vicinity of the sewage sludge incinerator of 0.01 µg/m³. Complete this section to demonstrate compliance with the beryllium NESHAP.

Item 5.5. Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such. Check the box to indicate that this material has been attached to the application package.

Item 5.6. Indicate whether the sewage sludge fired in the incinerator is beryllium-containing waste as defined at 40 CFR 61.31. If yes, continue to Item 5.7. If no, skip to Item 5.8 (Part 2, Section 5).

Item 5.7. Submit a complete report of the latest beryllium emission testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. Check the box to indicate that this documentation has been attached to the application package.

Mercury NESHAP

The firing of sewage sludge in a sewage sludge incinerator must not violate the NESHAP for mercury as established in Subpart E of 40 CFR 61. Complete this section to demonstrate compliance with the mercury NESHAP. Information on stack testing and sewage sludge sampling can be found at 40 CFR 61.53 and 61.54.

FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED

Item 5.8. Indicate whether compliance with the mercury NESHAP is being demonstrated via stack testing. If yes, continue to Item 5.9. If no, skip to Item 5.11 (Part 2, Section 5).

Item 5.9. Submit a complete report of stack testing *and* documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for mercury has been and will continue to be met. Check the box to indicate that this documentation has been attached to the application package.

Item 5.10. Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. Check the box to indicate that this information has been attached to the application package.

Item 5.11. Indicate whether you demonstrate compliance with the mercury NESHAP by performing sewage sludge sampling. If yes, continue to Item 5.12. If no, skip to Item 5.13 (Part 2, Section 5).

Item 5.12. Submit a complete report of sewage sludge sampling *and* documentation of ongoing incinerator operating parameters indicating that the incinerator has been meeting and will continue to meet the NESHAP emission rate limit for mercury. Check the box to indicate that this documentation has been attached to the application package.

Dispersion Factor

Item 5.13. Provide the dispersion factor in micrograms/cubic meter per gram/second.

Item 5.14. Specify the name and type of dispersion model.

Item 5.15. Submit a copy of the modeling results and supporting documentation. Check the box to indicate that the documentation has been attached to the application package.

Control Efficiency

Item 5.16. Provide the control efficiency, in hundredths, for arsenic, cadmium, chromium, lead, and nickel.

Item 5.17. Submit the results of performance testing and supporting documentation, including test dates. Check the box to indicate that this documentation has been attached to the application package.

Risk-specific Concentration for Chromium

Item 5.18. Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter.

Item 5.19. Indicate whether the RSC was determined using Table 2 at 40 CFR 503.43. If yes, continue to Item 5.20. If no, skip to Item 5.21 (Part 2, Section 5).

Item 5.20. Identify the incinerator used as the basis, as either fluidized bed with wet scrubber, other types with wet scrubber, fluidized bed with wet scrubber and wet electrostatic precipitator, or other types with wet scrubber and wet electrostatic precipitator.

Item 5.21. Indicate whether the RSC was determined using Table 2 at 40 CFR 503.43 (site-specific determination). If yes, continue to Item 5.22. If no, skip to Item 5.23 (Part 2, Section 5).

Item 5.22. Provide the decimal fraction of hexavalent chromium to total chromium concentration in the stack exit gas.

Item 5.23. Submit the results of incinerator stack testing for hexavalent and total chromium concentrations, including test dates. Check the box to indicate that these results have been attached to the application package, or check "Not applicable."

Incinerator Parameters

Item 5.24. Indicate whether you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator.

Item 5.25. Indicate whether you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator.

Item 5.26. Specify the type of sewage sludge incinerator used.

Item 5.27. Provide the incinerator stack height in meters.

Item 5.28. Indicate whether the value submitted in Item 5.27 is the actual stack height or creditable stack height.

Performance Test Operating Parameters

Item 5.29. Provide the maximum performance test combustion temperature.

Item 5.30. Provide the performance test sewage sludge feed rate, in dry metric tons/day.

Item 5.31. Indicate whether the value submitted in Item 5.30 is the average use rate or maximum design rate.

Item 5.32. Supply supporting documentation describing how the feed rate was calculated. Check the box to indicate that this documentation has been attached to the application package.

Item 5.33. Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator. Check the box to indicate that this information has been attached to the application package.

Monitoring Equipment

Item 5.34. Use the table provided or a separate attachment, to indicate the equipment in place to monitor total hydrocarbons or carbon monoxide, percent oxygen, percent moisture, combustion temperature, and any other parameters not listed.

Air Pollution Control Equipment

Item 5.35. List all air pollution control equipment used with this sewage sludge incinerator. Check the box to indicate that the list has been attached to the application package.

END OF PART 2

Submit your completed Part 2 of Form 2S
and all associated attachments
to your NPDES permitting authority.

FORM 2S—GLOSSARY

Note: This glossary includes terms used in the various NPDES application forms, including Form 2S. The definitions are from the NPDES regulations at 40 CFR 122.2 unless otherwise specified. If you have any questions concerning the meaning of any of these terms, contact your NPDES permitting authority.

ANIMAL FEEDING OPERATION (defined at § 122.23) means a lot or facility (other than an aquatic animal production facility) where the following conditions are met;

- Animals (other than aquatic animals) have been, are, or will be stabled or confined and fed or maintained for a total of 45 days or more in any 12-month period; and
- Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.

APPLICATION means the EPA standard national forms for applying for a permit, including any additions, revisions, or modifications to the forms; or forms approved by EPA for use in approved states, including any approved modifications or revisions.

APPROVED PROGRAM or **APPROVED STATE** means a State or interstate program which has been approved or authorized by EPA under part 123.

AQUACULTURE PROJECT (defined at § 122.25) means a defined managed water area which uses discharges of pollutants into that designated area for the maintenance or production of harvestable freshwater, estuarine, or marine plants or animals. **DESIGNATED PROJECT AREA** means the portions of the waters of the United States within which the permittee or permit applicant plans to confine the cultivated species, using a method or plan or operation (including, but not limited to, physical confinement) which, on the basis of reliable scientific evidence, is expected to ensure that specific individual organisms comprising an aquaculture crop will enjoy increased growth attributable to the discharge of pollutants, and be harvested within a defined geographic area.

AVERAGE MONTHLY DISCHARGE LIMITATION means the highest allowable average of daily discharges over a calendar month, calculated as the sum of all daily discharges measured during that month divided by the number of daily discharges measured during that month.

AVERAGE WEEKLY DISCHARGE LIMITATION means the highest allowable average of daily discharges over a calendar week, calculated as the sum of all daily discharges measured during a calendar week divided by the number of daily discharges measured during that week.

BEST MANAGEMENT PRACTICES (BMPs) means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. BMPs include treatment requirements, operation procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

BIOSOLIDS (*see sewage sludge*).

BYPASS (defined at § 122.41(m)) means the intentional diversion of waste streams from any portion of a treatment facility.

COMBINED SEWER OVERFLOW (CSO) means a discharge from a combined sewer system (CSS) at a point prior to the Publicly Owned Treatment Works (POTW) Treatment Plant (defined at § 403.3(r)).

COMBINED SEWER SYSTEM (CSS) means a wastewater collection system owned by a State or municipality (as defined by section 502(4) of the CWA) which conveys sanitary wastewaters (domestic, commercial and industrial wastewaters) and storm water through a single-pipe system to a Publicly Owned Treatment Works (POTW) Treatment Plant (as defined at § 403.3(r)).

CONCENTRATED ANIMAL FEEDING OPERATION (defined at § 122.23) means an animal feeding operation that is defined as a Large CAFO or as a Medium CAFO by the terms of (A) or (B) below, or that is designated as a CAFO in accordance with 40 CFR 122.23(c). Two or more AFOs under common ownership are considered to be a single AFO for the purposes of determining the number of animals at an operation, if they adjoin each other or if they use a common area or system for the disposal of wastes.

A. **LARGE CONCENTRATED ANIMAL FEEDING OPERATION (LARGE CAFO)** means an AFO that stables or confines as many as or more than the numbers of animals specified in any of the following categories:

1. 700 mature dairy cows, whether milked or dry;
2. 1,000 veal calves;
3. 1,000 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
4. 2,500 swine each weighing 55 pounds or more;
5. 10,000 swine each weighing less than 55 pounds;
6. 500 horses;
7. 10,000 sheep or lambs;

FORM 2S—GLOSSARY CONTINUED

8. 55,000 turkeys;
 9. 30,000 laying hens or broilers, if the AFO uses a liquid manure handling system;
 10. 125,000 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
 11. 82,000 laying hens, if the AFO uses other than a liquid manure handling system;
 12. 30,000 ducks (if the AFO uses other than a liquid manure handling system); or
 13. 5,000 ducks (if the AFO uses a liquid manure handling system).
- B. **MEDIUM CONCENTRATED ANIMAL FEEDING OPERATION (MEDIUM CAFO)** means any AFO with the type and number of animals that fall within any of the ranges listed below and which has been defined or designated as a CAFO. An AFO is defined as a Medium CAFO if:
1. The type and number of animals that it stables and confines falls within any of the following ranges:
 - a. 200 to 699 mature dairy cows, whether milked or dry;
 - b. 300 to 999 veal calves;
 - c. 300 to 999 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
 - d. 750 to 2,499 swine each weighing 55 pounds or more;
 - e. 3,000 to 9,999 swine each weighing less than 55 pounds;
 - f. 150 to 499 horses;
 - g. 3,000 to 9,999 sheep or lambs;
 - h. 16,500 to 54,999 turkeys;
 - i. 9,000 to 29,999 laying hens or broilers, if the AFO uses a liquid manure handling system;
 - j. 37,500 to 124,999 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
 - k. 25,000 to 81,999 laying hens, if the AFO uses other than a liquid manure handling system;
 - l. 10,000 to 29,999 ducks (if the AFO uses other than a liquid manure handling system); or
 - m. 1,500 to 4,999 ducks (if the AFO uses a liquid manure handling system); and
 2. Either one of the following conditions are met:
 - a. Pollutants are discharged into waters of the United States through a man-made ditch, flushing system, or other similar man-made device; or
 - b. Pollutants are discharged directly into waters of the United States which originate outside of and pass over, across, or through the facility or otherwise come into direct contact with animals confined in the operation.

CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY (defined at § 122.24) means a hatchery, fish farm, or other facility which contains, grows, or holds aquatic animals in either of the following categories, or which the Director designates as such on a case-by-case basis:

- A. Cold water fish species or other cold water aquatic animals including, but not limited to, the *Salmonidae* family of fish (e.g., trout and salmon) in ponds, raceways, or other similar structures which discharge at least 30 days per year but does not include:
 1. Facilities which produce less than 9,090 harvest weight kilograms (approximately 20,000 pounds) of aquatic animals per year; and
 2. Facilities which feed less than 2,272 kilograms (approximately 5,000 pounds) of food during the calendar month of maximum feeding.
- B. Warm water fish species or other warm water aquatic animals including, but not limited to, the *Ameiuridae*, *Cetrarchidae*, and *Cyprinidae* families of fish (e.g., respectively, catfish, sunfish, and minnows) in ponds, raceways, or other similar structures which discharge at least 30 days per year, but does not include:
 1. Closed ponds which discharge only during periods of excess runoff; or
 2. Facilities which produce less than 45,454 harvest weight kilograms (approximately 100,000 pounds) of aquatic animals per year.

CWA means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act or Federal Water Pollution Control Act Amendments of 1972) Public Law 92-500, as amended by Public Law 95-217, Public Law 95-576, Public Law 96-483 and Public Law 97-117, 33 U.S.C. 1251 *et seq.*

CWA AND REGULATIONS means the Clean Water Act (CWA) and applicable regulations promulgated thereunder. In the case of an approved State program, it includes State program requirements.

FORM 2S—GLOSSARY CONTINUED

DAILY DISCHARGE means the “discharge of a pollutant” measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the “daily discharge” is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the “daily discharge” is calculated as the average measurement of the pollutant over the day.

DIRECT DISCHARGE means the “discharge of a pollutant.”

DIRECTOR means the Regional Administrator or the State Director, as the context requires, or an authorized representative. When there is no “approved State program,” and there is an EPA administered program, “Director” means the Regional Administrator. When there is an approved State program, “Director” normally means the State Director. In some circumstances, however, EPA retains the authority to take certain actions even when there is an approved State program. (For example, when EPA has issued an NPDES permit prior to the approval of a State program, EPA may retain jurisdiction over that permit after program approval, see § 123.1.) In such cases, the term “Director” means the Regional Administrator and not the State Director.

DISCHARGE (OF A POLLUTANT) means:

- Any addition of any pollutant or combination of pollutants to waters of the United States from any point source; or
- Any addition of any pollutant or combination of pollutants to the waters of the contiguous zone or the ocean from any point source other than a vessel or other floating craft which is being used as a means of transportation.

This definition includes discharges into waters of the United States from: surface runoff which is collected or channelled by man; discharges through pipes, sewers, or other conveyances owned by a State, municipality, or other person which do not lead to a treatment works; and discharges through pipes, sewers, or other conveyances, leading into privately owned treatment works. This term does not include an addition of pollutants by any “indirect discharger”.

DISCHARGE MONITORING REPORT means the EPA uniform national form, including any subsequent additions, revisions, or modifications for the reporting of self-monitoring results by permittees. DMRs must be used by “approved States” as well as by EPA. EPA will supply DMRs to any approved State upon request. The EPA national forms may be modified to substitute the state agency name, address, logo, and other similar information, as appropriate, in place of EPA’s.

DRAFT PERMIT means a document prepared under § 124.6 indicating the Director’s tentative decision to issue or deny, modify, revoke and reissue, terminate, or reissue a “permit.” A notice of intent to terminate a permit, and a notice of intent to deny a permit, as discussed in § 124.5, are types of “draft permits.” A denial of a request for modification, revocation and reissuance, or termination, as discussed in § 124.5, is not a “draft permit.” A “proposed permit” is not a “draft permit.”

EFFLUENT LIMITATION means any restriction imposed by the Director on quantities, discharge rates, and concentrations of “pollutants” which are “discharged” from “point sources” into “waters of the United States,” the waters of the “contiguous zone,” or the ocean.

EFFLUENT LIMITATIONS GUIDELINES means a regulation published by the Administrator under section 304(b) of the CWA to adopt or revise “effluent limitations.”

ENVIRONMENTAL PROTECTION AGENCY (EPA) means the United States Environmental Protection Agency.

FACILITY or **ACTIVITY** means any NPDES “point source” or any other facility or activity (including land or appurtenances thereto) that is subject to regulation under the NPDES program.

GENERAL PERMIT means an NPDES “permit” issued under § 122.28 authorizing a category of discharges under the CWA within a geographical area.

HAZARDOUS SUBSTANCE means any substance designated under 40 CFR part 116 pursuant to section 311 of the CWA.

INDIAN COUNTRY (or INDAN LANDS) means:

- All land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and, including rights-of-way running through the reservation;
- All dependent Indian communities with the borders of the United States whether within the originally or subsequently acquired territory thereof, and whether within or without the limits of a state; and
- All Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through the same.

INDIAN TRIBE means any Indian Tribe, band, group, or community recognized by the Secretary of the Interior and exercising governmental authority over a Federal Indian reservation.

INDIRECT DISCHARGE means a nondomestic discharger introducing “pollutants” to a “publicly owned treatment works.”

FORM 2S—GLOSSARY CONTINUED

LARGE MUNICIPAL SEPARATE STORM SEWER SYSTEM (defined at § 122.26(b)(4)) means all municipal separate storm sewers that are either:

- (i) Located in an incorporated place with a population of 250,000 or more as determined by the 1990 Decennial Census by the Bureau of the Census (Appendix F of 40 CFR 122); or
- (ii) Located in the counties listed in appendix H of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or
- (iii) Owned or operated by a municipality other than those described in paragraphs (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraphs (i) or (ii). In making this determination the Director may consider the following factors:
 - (A) Physical interconnections between the municipal separate storm sewers;
 - (B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);
 - (C) The quantity and nature of pollutants discharged to waters of the United States;
 - (D) The nature of the receiving waters; and
 - (E) Other relevant factors; or
- (iv) The Director may, upon petition, designate as a large municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii).

LOG SORTING AND LOG STORAGE FACILITIES (defined at § 122.27) means facilities whose discharges result from the holding of unprocessed wood, for example, logs or roundwood with bark or after removal of bark held in self-contained bodies of water (mill ponds or log ponds) or stored on land where water is applied intentionally on the logs (wet decking). (See 40 CFR 429, subpart I, including the effluent limitations guidelines.)

MAJOR FACILITY means any NPDES “facility or activity” classified as such by the Regional Administrator, or, in the case of “approved State programs,” the Regional Administrator in conjunction with the State Director.

MAXIMUM DAILY DISCHARGE LIMITATION means the highest allowable “daily discharge.”

MEDIUM MUNICIPAL SEPARATE STORM SEWER SYSTEM (defined at § 122.26(b)(7)) means all municipal separate storm sewers that are either:

- (i) Located in an incorporated place with a population of 100,000 or more but less than 250,000, as determined by the 1990 Decennial Census by the Bureau of the Census (appendix G of 40 CFR 122); or
- (ii) Located in the counties listed in appendix I of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or
- (iii) Owned or operated by a municipality other than those described in paragraph (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraph (i) or (ii). In making this determination the Director may consider the following factors:
 - (A) Physical interconnections between the municipal separate storm sewers;
 - (B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);
 - (C) The quantity and nature of pollutants discharged to waters of the United States;
 - (D) The nature of the receiving waters; or
 - (E) Other relevant factors; or
- (iv) The Director may, upon petition, designate as a medium municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii) of this section.

FORM 2S—GLOSSARY CONTINUED

MUNICIPALITY means a city, town, borough, county, parish, district, association, or other public body created by or under State law and having jurisdiction over disposal of sewage, industrial wastes, or other wastes, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA.

MUNICIPAL SEPARATE STORM SEWER (defined at § 122.26(b)(8)) means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains):

- Owned or operated by a State, city, town, borough, county, parish, district, association, or other public body (created by or pursuant to State law) having jurisdiction over disposal of sewage, industrial wastes, stormwater, or other wastes, including special districts under State law such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA that discharges to waters of the United States.
- Designed or used for collecting or conveying stormwater.
- Which is not a combined sewer; and
- Which is not part of a POTW as defined at 40 CFR 122.2.

MUNICIPAL SLUDGE (*see sewage sludge*)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) means the national program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements, under sections 307, 402, 318, and 405 of the CWA. The term includes an “approved program.”

NEW DISCHARGER means any building, structure, facility, or installation:

- From which there is or may be a “discharge of pollutants;”
- That did not commence the “discharge of pollutants” at a particular “site” prior to August 13, 1979;
- Which is not a “new source;” and
- Which has never received a finally effective NPDES permit for discharges at that “site.”

This definition includes an “indirect discharger” which commences discharging into “waters of the United States” after August 13, 1979. It also means any existing mobile point source (other than an offshore or coastal oil and gas exploratory drilling rig or a coastal oil and gas developmental drilling rig) such as a seafood processing rig, seafood processing vessel, or aggregate plant, that begins discharging at a “site” for which it does not have a permit; and any offshore or coastal mobile oil and gas exploratory drilling rig or coastal mobile oil and gas developmental drilling rig that commences the discharge of pollutants after August 13, 1979, at a “site” under EPA’s permitting jurisdiction for which it is not covered by an individual or general permit and which is located in an area determined by the Regional Administrator in the issuance of a final permit to be an area of biological concern. In determining whether an area is an area of biological concern, the Regional Administrator shall consider the factors specified in 40 CFR 125.122(a)(1) through (10).

An offshore or coastal mobile exploratory drilling rig or coastal mobile developmental drilling rig will be considered a “new discharger” only for the duration of its discharge in an area of biological concern.

NEW SOURCE means any building, structure, facility, or installation from which there is or may be a “discharge of pollutants,” the construction of which commenced:

- After promulgation of standards of performance under section 306 of the CWA which are applicable to such source, or
- After proposal of standards of performance in accordance with section 306 of the CWA which are applicable to such source, but only if the standards are promulgated in accordance with section 306 within 120 days of their proposal.

OWNER OR OPERATOR means the owner or operator of any “facility or activity” subject to regulation under the NPDES program.

PERMIT means an authorization, license, or equivalent control document issued by EPA or an “approved State” to implement the requirements of this part and parts 123 and 124. “Permit” includes an NPDES “general permit” (§ 122.28). Permit does not include any permit which has not yet been the subject of final agency action, such as a “draft permit” or a “proposed permit.”

PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM PESTICIDE APPLICATION means the application of biological pesticides, and the application of chemical pesticides that leave a residue, from point sources to waters of the United States. In the context of this definition of pesticide discharges to waters of the United States from pesticide application, this does not include agricultural storm water discharges and return flows from irrigated agriculture, which are excluded by law (33 U.S.C. 1342(l); 33 U.S.C. 1362(14)).

PESTICIDE RESIDUE for the purpose of determining whether a NPDES permit is needed for discharges to waters of the United States from pesticide application, means that portion of a pesticide application that is discharged from a point source to waters of the United States and no longer provides pesticidal benefits. It also includes any degradates of the pesticide.

FORM 2S—GLOSSARY CONTINUED

POINT SOURCE means any discernible, confined, and discrete conveyance, including but not limited to, any pipe, ditch, channel, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, landfill leachate collection system, vessel or other floating craft from which pollutants are or may be discharged. This term does not include return flows from irrigated agriculture or agricultural stormwater runoff. (See § 122.3).

POLLUTANT means dredged spoil, solid waste, incinerator residue, filter backwash, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials (except those regulated under the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 *et seq.*)), heat, wrecked or discarded equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water. It does not mean:

- Sewage from vessels; or
- Water, gas, or other material which is injected into a well to facilitate production of oil or gas, or water derived in association with oil and gas production and disposed of in a well, if the well used either to facilitate production or for disposal purposes is approved by authority of the State in which the well is located, and if the State determines that the injection or disposal will not result in the degradation of ground or surface water resources. Note: Radioactive materials covered by the Atomic Energy Act are those encompassed in its definition of source, byproduct, or special nuclear materials. Examples of materials not covered include radium and accelerator-produced isotopes. See *Train v. Colorado Public Interest Research Group, Inc.*, 426 U.S. 1 (1976).

PRIMARY INDUSTRY CATEGORY means any industry category listed in the NRDC settlement agreement (*Natural Resources Defense Council et al. v. Train*, 8 E.R.C. 2120 (D.D.C. 1976), modified 12 E.R.C. 1833 (D.D.C. 1979)); also listed in appendix A of part 122.

PRIVATELY OWNED TREATMENT WORKS means any device or system which is (1) used to treat wastes from any facility whose operator is not the operator of the treatment works and (2) not a "POTW."

PROCESS WASTEWATER means any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product.

PROPOSED PERMIT means a state NPDES "permit" prepared after the close of the public comment period (and, when applicable, any public hearing and administrative appeals) which is sent to EPA for review before final issuance by the State. A "proposed permit" is not a "draft permit."

PUBLICLY OWNED TREATMENT WORKS or POTW (defined at § 403.3) means a treatment works as defined by CWA Section 212, which is owned by a state or municipality (as defined by CWA Section 502(4)). This definition includes any devices or systems used in the storage, treatment, recycling, and reclamation) of municipal sewage or industrial wastes of a liquid nature. This definition also includes sewers, pipes, and other conveyances only if they convey wastewater to a POTW. The term also means the municipality as defined in CWA Section 502(4), which has jurisdiction over the indirect discharges to and the discharges from such a treatment works.

REGIONAL ADMINISTRATOR means the Regional Administrator of the appropriate Regional Office of the Environmental Protection Agency or the authorized representative of the Regional Administrator.

ROCK CRUSHING AND GRAVEL WASHING FACILITIES (defined at § 122.27) means facilities which process crushed and broken stone, gravel, and riprap (See 40 CFR 436, subpart B, including the effluent limitations guidelines).

SCHEDULE OF COMPLIANCE means a schedule of remedial measures included in a "permit", including an enforceable sequence of interim requirements (for example, actions, operations, or milestone events) leading to compliance with the CWA and regulations.

SECONDARY INDUSTRY CATEGORY means any industry category which is not a primary industry category.

SEWAGE FROM VESSELS means human body wastes and the wastes from toilets and other receptacles intended to receive or retain body wastes that are discharged from vessels and regulated under section 312 of the CWA, except that with respect to commercial vessels on the Great Lakes this term includes graywater. For the purposes of this definition, "graywater" means galley, bath, and shower water.

SEWAGE SLUDGE means any solid, semi-solid, or liquid residue removed during the treatment of municipal waste water or domestic sewage. Sewage sludge includes, but is not limited to, solids removed during primary, secondary, or advanced waste water treatment, scum, septage, portable toilet pumpings, type III marine sanitation device pumpings (33 CFR 159), and sewage sludge products. Sewage sludge does not include grit or screenings, or ash generated during the incineration of sewage sludge.

SILVICULTURAL POINT SOURCE (defined at § 122.27) means any discernible, confined, and discrete conveyance related to rock crushing, gravel washing, log sorting, or log storage facilities which are operated in connection with silvicultural activities and from which pollutants are discharged into waters of the United States. This term does not include non-point source silvicultural activities such as nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations, surface drainage, or road construction and maintenance from which there is natural runoff. However, some of these activities (such as stream crossing for roads) may involve point source discharges of dredged or fill material which may require a CWA Section 404 permit (see 33 CFR 209.120 and part 233).

FORM 2S—GLOSSARY CONTINUED

SITE means the land or water area where any “facility or activity” is physically located or conducted, including adjacent land used in connection with the facility or activity.

SLUDGE-ONLY FACILITY means any “treatment works treating domestic sewage” whose methods of sewage sludge use or disposal are subject to regulations promulgated pursuant to section 405(d) of the CWA and is required to obtain a permit under § 122.1(b)(2).

STANDARDS FOR SEWAGE SLUDGE USE OR DISPOSAL means the regulations promulgated pursuant to section 405(d) of the CWA which govern minimum requirements for sludge quality, management practices, and monitoring and reporting applicable to sewage sludge or the use or disposal of sewage sludge by any person.

STATE means any of the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, or an Indian Tribe as defined in these regulations which meets the requirements of § 123.31 of this chapter.

STATE DIRECTOR means the chief administrative officer of any State or interstate agency operating an “approved program,” or the delegated representative of the State Director. If responsibility is divided among two or more State or interstate agencies, “State Director” means the chief administrative officer of the State or interstate agency authorized to perform the particular procedure or function to which reference is made.

STORMWATER (or **STORM WATER**) (defined at § 122.26(b)(13)) means stormwater runoff, snow melt runoff, and surface runoff and drainage.

STORMWATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY (defined at § 122.26(b)(14)) means the discharge from any conveyance that is used for collecting and conveying stormwater and that is directly related to manufacturing, processing or raw materials storage areas at an industrial plant. The term does not include discharges from facilities or activities excluded from the NPDES program under this part 122. For the categories of industries identified in this section, the term includes, but is not limited to, stormwater discharges from industrial plant yards; immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility; material handling sites; refuse sites; sites used for the application or disposal of process waste waters (as defined at 40 CFR 401); sites used for the storage and maintenance of material handling equipment; sites used for residual treatment, storage, or disposal; shipping and receiving areas; manufacturing buildings; storage areas (including tank farms) for raw materials, and intermediate and final products; and areas where industrial activity has taken place in the past and significant materials remain and are exposed to stormwater. For the purposes of this paragraph, material handling activities include storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, by-product or waste product. The term excludes areas located on plant lands separate from the plant's industrial activities, such as office buildings and accompanying parking lots as long as the drainage from the excluded areas is not mixed with stormwater drained from the above described areas. Industrial facilities (including industrial facilities that are federally, State, or municipally owned or operated that meet the description of the facilities listed in paragraphs 1 through 14 below) include those facilities designated under the provisions of 40 CFR 122.26(a)(1)(v). The following categories of facilities are considered to be engaging in “industrial activity” for purposes of 40 CFR 122.26(b)(14):

1. Facilities subject to stormwater effluent limitations guidelines, new source performance standards, or toxic pollutant effluent standards under 40 CFR Subchapter N (except facilities with toxic pollutant effluent standards which are exempted under paragraph 11 below);
2. Facilities classified as Standard Industrial Classification 24, Industry Group 241 that are rock crushing, gravel washing, log sorting, or log storage facilities operated in connection with silvicultural activities defined in 40 CFR 122.27(b)(2)–(3) and Industry Groups 242 through 249; 26 (except 265 and 267), 28 (except 283), 29, 311, 32 (except 323), 33, 3441, 373; (not included are all other types of silvicultural facilities);
3. Facilities classified as Standard Industrial Classifications 10 through 14 (mineral industry) including active or inactive mining operations (except for areas of coal mining operations no longer meeting the definition of a reclamation area under 40 CFR 434.11(1) because the performance bond issued to the facility by the appropriate SMCRA authority has been released, or except for areas of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990) and oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge stormwater contaminated by contact with or that has come into contact with, any overburden, raw material, intermediate products, finished products, byproducts or waste products located on the site of such operations; (inactive mining operations are mining sites that are not being actively mined, but which have an identifiable owner/operator; inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined materials, nor sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim);
4. Hazardous waste treatment, storage, or disposal facilities, including those that are operating under interim status or a permit under subtitle C of RCRA;
5. Landfills, land application sites, and open dumps that receive or have received any industrial wastes (waste that is received from any of the facilities described under this subsection) including those that are subject to regulation under subtitle D of RCRA;
6. Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093;

FORM 2S—GLOSSARY CONTINUED

7. Steam electric power generating facilities, including coal handling sites;
8. Transportation facilities classified as Standard Industrial Classifications 40, 41, 42 (except 4221–25), 43, 44, 45, and 5171 which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility that are either involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication), equipment cleaning operations, airport deicing operations, or which are otherwise identified under paragraphs 1–7 or 9–11 are associated with industrial activity;
9. Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge that are located within the confines of the facility, with a design flow of 1.0 mgd or more, or required to have an approved pretreatment program under 40 CFR 403. Not included are farm lands, domestic gardens or lands used for sludge management where sludge is beneficially reused and which are not physically located in the confines of the facility, or areas that are in compliance with section 405 of the CWA;
10. Construction activity including clearing, grading and excavation, except operations that result in the disturbance of less than five acres of total land area. Construction activity also includes the disturbance of less than five acres of total land area that is a part of a larger common plan of development or sale if the larger common plan will ultimately disturb five acres or more;
11. Facilities under Standard Industrial Classifications 20, 21, 22, 23, 2434, 25, 265, 267, 27, 283, 285, 30, 31 (except 311), 323, 34 (except 3441), 35, 36, 37 (except 373), 38, 39, and 4221–25.

TOXIC POLLUTANT means any pollutant listed as toxic under section 307(a)(1) or, in the case of “sludge use or disposal practices,” any pollutant identified in regulations implementing section 405(d) of the CWA.

TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS) means a POTW or any other sewage sludge or waste water treatment devices or systems, regardless of ownership (including federal facilities), used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated for the disposal of sewage sludge. This definition does not include septic tanks or similar devices. For purposes of this definition, “domestic sewage” includes waste and waste water from humans or household operations that are discharged to or otherwise enter a treatment works. In States where there is no approved State sludge management program under section 405(f) of the CWA, the Regional Administrator may designate any person subject to the standards for sewage sludge use and disposal in 40 CFR 503 as a “treatment works treating domestic sewage,” where he or she finds that there is a potential for adverse effects on public health and the environment from poor sludge quality or poor sludge handling, use or disposal practices, or where he or she finds that such designation is necessary to ensure that such person is in compliance with 40 CFR 503.


UPSET (defined at § 122.41(n)) means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

VARIANCE means any mechanism or provision under section 301 or 316 of the CWA or under 40 CFR 125, or in the applicable “effluent limitations guidelines” which allows modification to or waiver of the generally applicable effluent limitation requirements or time deadlines of the CWA. This includes provisions which allow the establishment of alternative limitations based on fundamentally different factors or on sections 301(c), 301(g), 301(h), 301(i), or 316(a) of the CWA.

WATERS OF THE UNITED STATES as defined at § 122.2.

WHOLE EFFLUENT TOXICITY (WET) means the aggregate toxic effect of an effluent measured directly by a toxicity test.

| | | | |
|---------------------------|---------------------|---------------|---|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> |
|---------------------------|---------------------|---------------|---|

| | | |
|---------------------|---|---|
| Form 2S NPDES |  | U.S. Environmental Protection Agency Application for NPDES Permit for Sewage Sludge Management NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE |
|---------------------|---|---|

PRELIMINARY INFORMATION

Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?

Yes → Complete Part 2 of application package (begins p. 7). No → Complete Part 1 of application package (below).

PART 1 LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))

Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).

PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))

| | | | | | | |
|---|-----|---|-------|---|---------------|--|
| Facility Information | 1.1 | Facility name | | | | |
| | | Mailing address (street or P.O. box) | | | | |
| | | City or town | | State | ZIP code | |
| | | Contact name (first and last) | Title | Phone number | Email address | |
| | | Location address (street, route number, or other specific identifier) | | | | <input type="checkbox"/> Same as mailing address |
| | | City or town | | State | ZIP code | |
| | 1.2 | Ownership Status | | | | |
| <input type="checkbox"/> Public—federal | | <input type="checkbox"/> Public—state | | <input type="checkbox"/> Other public (specify) _____ | | |
| <input type="checkbox"/> Private | | <input type="checkbox"/> Other (specify) _____ | | | | |

PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))

| | | | | | | |
|------------------------------|---|---|------------------------------------|--------------|---|--|
| Applicant Information | 2.1 | Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2). | | | | |
| | 2.2 | Applicant name | | | | |
| | | Applicant address (street or P.O. box) | | | | |
| | | City or town | | State | ZIP code | |
| | | Contact name (first and last) | Title | Phone number | Email address | |
| 2.3 | Is the applicant the facility's owner, operator, or both? (Check only one response.) | | | | | |
| | <input type="checkbox"/> Owner | | <input type="checkbox"/> Operator | | <input type="checkbox"/> Both | |
| 2.4 | To which entity should the NPDES permitting authority send correspondence? (Check only one response.) | | | | | |
| | <input type="checkbox"/> Facility | | <input type="checkbox"/> Applicant | | <input type="checkbox"/> Facility and applicant (they are one and the same) | |

PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))

| | | | | | | |
|-----------------------------|-----|---|--|--|------------------------------------|--|
| Sewage Sludge Amount | 3.1 | Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of: | | | | |
| | | Practice | | | Dry Metric Tons per 365-Day Period | |
| | | Amount generated at the facility | | | | |
| | | Amount treated at the facility | | | | |
| | | Amount used (i.e., received from off site) at the facility | | | | |
| | | Amount disposed of at the facility | | | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

PART 1, SECTION 4. POLLUTANT CONCENTRATIONS (40 CFR 122.21(c)(2)(ii)(E))

| Pollutant Concentrations | 4.1 | Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than 4.5 years old. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|---|-------------------|-------------------------------------|-------------------|---------------------------------|---------|--|--|--|---------|--|--|--|----------|--|--|--|--------|--|--|--|------|--|--|--|---------|--|--|--|------------|--|--|--|--------|--|--|--|----------|--|--|--|------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|
| | | <input type="checkbox"/> Check here if you have provided a separate attachment with this information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:30%;">Pollutant</th> <th style="width:20%;">Concentration (mg/kg dry weight)</th> <th style="width:30%;">Analytical Method</th> <th style="width:20%;">Detection Level for Analysis</th> </tr> </thead> <tbody> <tr><td>Arsenic</td><td></td><td></td><td></td></tr> <tr><td>Cadmium</td><td></td><td></td><td></td></tr> <tr><td>Chromium</td><td></td><td></td><td></td></tr> <tr><td>Copper</td><td></td><td></td><td></td></tr> <tr><td>Lead</td><td></td><td></td><td></td></tr> <tr><td>Mercury</td><td></td><td></td><td></td></tr> <tr><td>Molybdenum</td><td></td><td></td><td></td></tr> <tr><td>Nickel</td><td></td><td></td><td></td></tr> <tr><td>Selenium</td><td></td><td></td><td></td></tr> <tr><td>Zinc</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> <tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr> </tbody> </table> | Pollutant | Concentration (mg/kg dry weight) | Analytical Method | Detection Level for Analysis | Arsenic | | | | Cadmium | | | | Chromium | | | | Copper | | | | Lead | | | | Mercury | | | | Molybdenum | | | | Nickel | | | | Selenium | | | | Zinc | | | | Other (specify) _____ | | | | Other (specify) _____ | | | | Other (specify) _____ | | | | Other (specify) _____ | | | | Other (specify) _____ | | | | Other (specify) _____ | | | | Other (specify) _____ | | | | Other (specify) _____ | | | |
| | Pollutant | Concentration (mg/kg dry weight) | Analytical Method | Detection Level for Analysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Arsenic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cadmium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Chromium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Copper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lead | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mercury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Molybdenum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nickel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Selenium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zinc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))

| | | | | | |
|---|---|---|-------------|--|---------------|
| Use and Disposal Sites | Provide the following information for each site on which sewage sludge from this facility is used or disposed of. | | | | |
| | <input type="checkbox"/> Check here if you have provided separate attachments with this information. | | | | |
| | 7.1 | Site name or number | | | |
| | | Mailing address (street or P.O. box) | | | |
| | | City or town | State | ZIP code | |
| | | Contact name (first and last) | Title | Phone number | Email address |
| | | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address | |
| | | City or town | State | ZIP code | |
| | | County | County code | <input type="checkbox"/> Not available | |
| | 7.2 | Site type (check all that apply) | | | |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Lawn or home garden | <input type="checkbox"/> Forest | | | |
| <input type="checkbox"/> Surface disposal | <input type="checkbox"/> Public contact | <input type="checkbox"/> Incineration | | | |
| <input type="checkbox"/> Reclamation | <input type="checkbox"/> Municipal solid waste landfill | <input type="checkbox"/> Other (describe) | | | |

PART 1, SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

| | | | |
|---------------------------------------|--------------------------|--|---|
| Checklist and Certification Statement | 8.1 | In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments. | |
| | | Column 1 | Column 2 |
| | <input type="checkbox"/> | Section 1: Facility Information | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> | Section 2: Applicant Information | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> | Section 3: Sewage Sludge Amount | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> | Section 4: Pollutant Concentrations | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> | Section 5: Treatment Provided at Your Facility | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> | Section 6: Sewage Sludge Sent to Other Facilities | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> | Section 7: Use and Disposal Sites | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> | Section 8: Checklist and Certification Statement | |

| | | | | |
|---|--|--|----------------|--------------|
| EPA Identification Number | NPDES Permit Number | Facility Name | | |
| Checklist and Certification Statement Continued | 8.2 | Certification Statement <i>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.</i> | | |
| | Name (print or type first and last name) | | Official title | Phone number |
| | Signature | | | Date signed |
| | | | | |

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

DRAFT

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DRAFT

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

PART 2 PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))

Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit. Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.

PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))

| | | | | | |
|---------------------|---|--|--|---|--|
| General Information | All Part 2 applicants must complete this section. | | | | |
| | Facility Information | | | | |
| | 1.1 | Facility name | | | |
| | | Mailing address (street or P.O. box) | | | |
| | | City or town | State | ZIP code | Phone number |
| | | Contact name (first and last) | Title | Email address | |
| | | Location address (street, route number, or other specific identifier) | | | <input type="checkbox"/> Same as mailing address |
| | | City or town | State | ZIP code | |
| | 1.2 | Is this facility a Class I sludge management facility? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | 1.3 | Facility Design Flow Rate | million gallons per day (mgd) | | |
| | 1.4 | Total Population Served | | | |
| | 1.5 | Ownership Status | | | |
| | | <input type="checkbox"/> Public—federal | <input type="checkbox"/> Public—state | <input type="checkbox"/> Other public (specify) _____ | |
| | | <input type="checkbox"/> Private | <input type="checkbox"/> Other (specify) _____ | | |
| | Applicant Information | | | | |
| 1.6 | Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1). | | | | |
| 1.7 | Applicant name | | | | |
| | Applicant mailing address (street or P.O. box) | | | | |
| | City or town | State | ZIP code | | |
| | Contact name (first and last) | Title | Phone number | Email address | |
| 1.8 | Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Both | | | | |
| 1.9 | To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same) | | | | |

General Information Continued

Permit Information

| | | |
|------|--|----------------------------|
| 1.10 | Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S. | NPDES Permit Number |
|------|--|----------------------------|

| | |
|------|---|
| 1.11 | Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below. <input type="checkbox"/> Check here if you have provided a separate attachment with this information. |
|------|---|

Existing Environment Permits (check all that apply and print or type the corresponding permit number for each)

| | | |
|--|--|--|
| <input type="checkbox"/> RCRA (hazardous wastes) | <input type="checkbox"/> Nonattainment program (CAA) | <input type="checkbox"/> NESHAPs (CAA) |
| <input type="checkbox"/> PSD (air emissions) | <input type="checkbox"/> Dredge or fill (CWA Section 404) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Ocean dumping (MPSA) | <input type="checkbox"/> UIC (underground injection of fluids) | |

Indian Country

| | |
|------|--|
| 1.12 | Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below. |
|------|--|

| | |
|------|--|
| 1.13 | Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs. |
|------|--|

Topographic Map

| | |
|------|---|
| 1.14 | Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------|---|

Line Drawing

| | |
|------|---|
| 1.15 | Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------|---|

Contractor Information

| | |
|------|---|
| 1.16 | Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below. |
|------|---|

| | |
|------|--|
| 1.17 | Provide the following information for each contractor. <input type="checkbox"/> Check here if you have attached additional sheets to the application package. |
|------|--|

| | Contractor 1 | Contractor 2 | Contractor 3 |
|--------------------------------------|--------------|--------------|--------------|
| Contractor company name | | | |
| Mailing address (street or P.O. box) | | | |
| City, state, and ZIP code | | | |
| Contact name (first and last) | | | |
| Telephone number | | | |
| Email address | | | |

| | | | | |
|------|-------|--------------------------------|--------------|--------------|
| 1.17 | | Contractor 1 | Contractor 2 | Contractor 3 |
| | cont. | Responsibilities of contractor | | |

Pollutant Concentrations

Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.

Check here if you have attached additional sheets to the application package.

| | | | | |
|------|------------------|--|--------------------------|------------------------|
| 1.18 | Pollutant | Average Monthly Concentration (mg/kg dry weight) | Analytical Method | Detection Level |
| | Arsenic | | | |
| | Cadmium | | | |
| | Chromium | | | |
| | Copper | | | |
| | Lead | | | |
| | Mercury | | | |
| | Molybdenum | | | |
| | Nickel | | | |
| | Selenium | | | |
| | Zinc | | | |

Checklist and Certification Statement

| | | |
|------|---|---|
| 1.19 | In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions. | |
| | Column 1 | Column 2 |
| | <input type="checkbox"/> Section 1 (General Information) | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge) | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge) | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> Section 4 (Surface Disposal) | <input type="checkbox"/> w/ attachments |
| | <input type="checkbox"/> Section 5 (Incineration) | <input type="checkbox"/> w/ attachments |

| | | |
|------------------|--|----------------|
| 1.20 | Certification Statement | |
| | <i>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.</i> | |
| | Name (print or type first and last name) | Official title |
| | Signature | Date signed |
| Telephone number | | |

Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.

General Information Continued

PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge

| | | | |
|--|---|---|--|
| 2.1 | Does your facility generate sewage sludge or derive a material from sewage sludge? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | → SKIP to Part 2, Section 3. |
| Amount Generated Onsite | | | |
| 2.2 | Total dry metric tons per 365-day period generated at your facility: | | |
| Amount Received from Off Site Facility | | | |
| 2.3 | Does your facility receive sewage sludge from another facility for treatment use or disposal? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | → SKIP to Item 2.7 (Part 2, Section 2) below. |
| 2.4 | Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal: | | |
| Provide the following information for each of the facilities from which you receive sewage sludge. | | | |
| <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | | |
| 2.5 | Name of facility | | |
| | Mailing address (street or P.O. box) | | |
| | City or town | State | ZIP code |
| | Contact name (first and last) | Title | Phone number Email address |
| | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address |
| | City or town | State | ZIP code |
| | County | County code | <input type="checkbox"/> Not available |
| 2.6 | Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option provided at the offsite facility. | | |
| | Amount (dry metric tons) | Pathogen Class and Reduction Alternative | Vector Attraction Reduction Option |
| | | <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11 |
| 2.7 | Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.) | | |
| | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____ | |

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

| Treatment Provided at Your Facility | | |
|--|--|---|
| 2.8 | For each sewage sludge use or disposal practice, indicate the applicable pathogen class and reduction alternative and the applicable vector attraction reduction option provided at your facility. Attach additional pages, as necessary. | |
| | Use or Disposal Practice (check one) | Pathogen Class and Reduction Alternative |
| | <input type="checkbox"/> Land application of bulk sewage <input type="checkbox"/> Land application of biosolids (bulk) <input type="checkbox"/> Land application of biosolids (bags) <input type="checkbox"/> Surface disposal in a landfill <input type="checkbox"/> Other surface disposal <input type="checkbox"/> Incineration | <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment |
| | Vector Attraction Reduction Option | |
| | <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11 | |
| 2.9 | Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.) | |
| | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction |
| 2.10 | Describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9 (Part 2, Section 2) above. <input type="checkbox"/> Check here if you have attached the description to the application package. | |
| Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8 | | |
| 2.11 | Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is it land applied? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.14 (Part 2, Section 2) below. | |
| 2.12 | Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land: | |
| 2.13 | Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Check here once you have completed Items 2.11 to 2.13, then → SKIP to Item 2.32 (Part 2, Section 2) below. | | |

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

| Sale or Give-Away in a Bag or Other Container for Application to the Land | | | |
|--|---|--|--|
| 2.14 | Do you place sewage sludge in a bag or other container for sale or give-away for land application? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below. | | |
| 2.15 | Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: | | |
| 2.16 | Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package. | | |
| <input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32. | | | |
| Shipment Off Site for Treatment or Blending | | | |
| 2.17 | Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below. | | |
| 2.18 | Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | |
| 2.19 | Name of receiving facility | | |
| | Mailing address (street or P.O. box) | | |
| | City or town | State | ZIP code |
| | Contact name (first and last) | Title | Phone number |
| | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address |
| | City or town | State | ZIP code |
| 2.20 | Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: | | |
| 2.21 | Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below. | | |
| 2.22 | Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility. | | |
| | Pathogen Class and Reduction Alternative | Vector Attraction Reduction Option | |
| | <input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11 | |

| | | | | |
|---|---|--|---|--|
| EPA Identification Number | NPDES Permit Number | Facility Name | Form Approved OMB No. <INSERT NO.> Form Expires <INSERT DATE> | |
| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued | 2.23 | Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.) <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery <input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____ | | |
| | 2.24 | Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g). <input type="checkbox"/> Check here to indicate that you have attached material. | | |
| | 2.25 | Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below. | | |
| | 2.26 | Attach a copy of all labels or notices that accompany the product being sold or given away. <input type="checkbox"/> Check here to indicate that you have attached material. | | |
| | <input type="checkbox"/> Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then → SKIP to Item 2.32 (Part 2, Section 2) below. | | | |
| | Land Application of Bulk Sewage Sludge | | | |
| | 2.27 | Is sewage sludge from your facility applied to the land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below. | | |
| | 2.28 | Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: | | |
| | 2.29 | Did you identify all land application sites in Part 2, Section 3 of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No → Submit a copy of the land application plan with your application. | | |
| | 2.30 | Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below. | | |
| | 2.31 | Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification. <input type="checkbox"/> Check here if you have attached the explanation to the application package. <input type="checkbox"/> Check here if you have attached the notification to the application package. | | |
| | Surface Disposal | | | |
| | 2.32 | Is sewage sludge from your facility placed on a surface disposal site? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.39 (Part 2, Section 2) below. | | |
| | 2.33 | Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: | | |
| 2.34 | Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? <input type="checkbox"/> Yes → SKIP to Item 2.39 (Part 2, Section 2) below. <input type="checkbox"/> No | | | |
| 2.35 | Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | | |

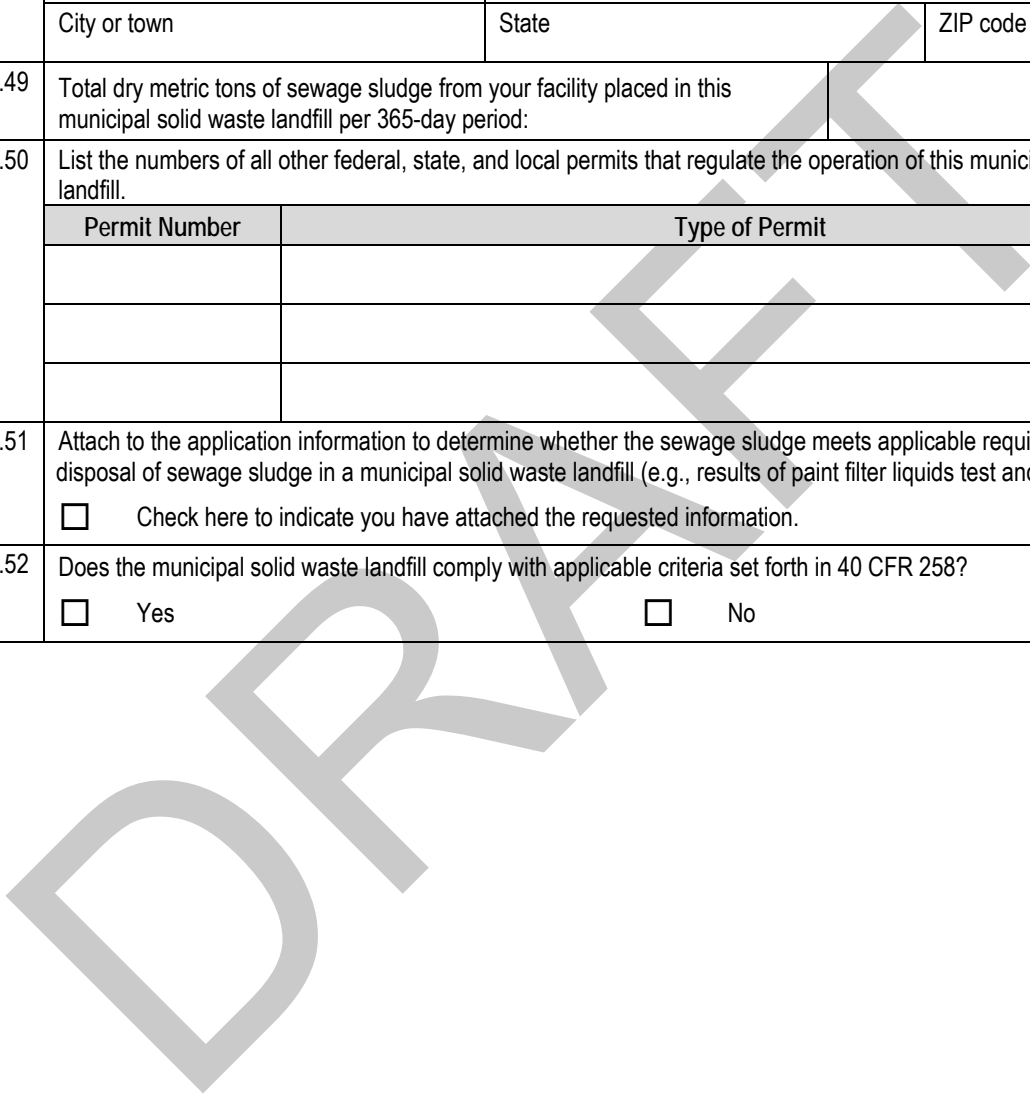
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

| | | | | | |
|--|--|--|--------------|---------------|---------------|
| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued | 2.36 | Site name or number of surface disposal site you do not own or operate | | | |
| | | Mailing address (street or P.O. box) | | | |
| | | City or Town | | State | ZIP Code |
| | | Contact Name (first and last) | Title | Phone Number | Email Address |
| | 2.37 | Site Contact (Check all that apply.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator | | | |
| | 2.38 | Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: | | | |
| | Incineration | | | | |
| | 2.39 | Is sewage sludge from your facility fired in a sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.46 (Part 2, Section 2) below. | | | |
| | 2.40 | Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: | | | |
| | 2.41 | Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? <input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) below. <input type="checkbox"/> No | | | |
| | 2.42 | Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | | |
| | 2.43 | Incinerator name or number | | | |
| | | Mailing address (street or P.O. box) | | | |
| | | City or town | | State | ZIP code |
| Contact name (first and last) | | Title | Phone number | Email address | |
| Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address | | | | | |
| City or town | | State | ZIP code | | |
| 2.44 | Contact (check all that apply) <input type="checkbox"/> Incinerator owner <input type="checkbox"/> Incinerator operator | | | | |
| 2.45 | Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: | | | | |
| Disposal in a Municipal Solid Waste Landfill | | | | | |
| 2.46 | Is sewage sludge from your facility placed on a municipal solid waste landfill? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3. | | | | |
| 2.47 | Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package. | | | | |

| | | |
|---------------------------|----------------------|---------------|
| EPA Identification Number | NPDDES Permit Number | Facility Name |
|---------------------------|----------------------|---------------|

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 OMB No. <INSERT NO.>
 Form Expires <INSERT DATE>

| | | | | | |
|--|--|---|----------------|--------------|--|
| Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued | 2.48 | Name of landfill | | | |
| | | Mailing address (street or P.O. box) | | | |
| | | City or town | State | ZIP code | |
| | | Contact name (first and last) | Title | Phone number | Email address |
| | | Location address (street, route number, or other specific identifier) | | | <input type="checkbox"/> Same as mailing address |
| | | County | County code | | <input type="checkbox"/> Not available |
| | | City or town | State | ZIP code | |
| | 2.49 | Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period: | | | |
| | 2.50 | List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill. | | | |
| | | Permit Number | Type of Permit | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2.51 | Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information. | | | | |
| 2.52 | Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |



PART 2, SECTION 3—LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))

Land Application of Bulk Sewage Sludge

| | | | |
|---|--|-------------|--|
| 3.1 | Does your facility apply sewage sludge to land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4. | | |
| 3.2 | Do any of the following conditions apply? <ul style="list-style-type: none"> The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8); The sewage sludge is sold or given away in a bag or other container for application to the land; or You provide the sewage sludge to another facility for treatment or blending. <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <input type="checkbox"/> No | | |
| 3.3 | Complete Section 3 for every site on which the sewage sludge is applied. <input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites. | | |
| Identification of Land Application Site | | | |
| 3.4 | Site name or number | | |
| | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address |
| | County | County code | <input type="checkbox"/> Not available |
| | City or town | State | ZIP code |
| Latitude/Longitude of Land Application Site (see instructions) | | | |
| | Latitude | | Longitude |
| Method of Determination | | | |
| | <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____ | | |
| 3.5 | Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate you have attached a topographic map for this site. | | |
| Owner Information | | | |
| 3.6 | Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <input type="checkbox"/> No | | |
| 3.7 | Owner name | | |
| | Mailing address (street or P.O. box) | | |
| | City or town | State | ZIP code |
| | Contact name (first and last) | Title | Phone number Email address |
| Applier Information | | | |
| 3.8 | Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <input type="checkbox"/> No | | |
| 3.9 | Applier's name | | |
| | Mailing address (street or P.O. box) | | |
| | City or town | State | ZIP code |
| | Contact name (first and last) | Title | Phone number Email address |

| | | |
|---------------------------|---------------------|---------------|
| EPA Identification Number | NPDES Permit Number | Facility Name |
|---------------------------|---------------------|---------------|

| | | | |
|--|---|---|---|
| Land Application of Bulk Sewage Sludge Continued | Site Type | | |
| | 3.10 | Type of land application: <input type="checkbox"/> Agricultural land <input type="checkbox"/> Reclamation site <input type="checkbox"/> Other (describe) | <input type="checkbox"/> Forest <input type="checkbox"/> Public contact site |
| | Crop or Other Vegetation Grown on Site | | |
| | 3.11 | What type of crop or other vegetation is grown on this site? | |
| | 3.12 | What is the nitrogen requirement for this crop or vegetation? | |
| | Vector Attraction Reduction | | |
| | 3.13 | Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site? <input type="checkbox"/> Yes | <input type="checkbox"/> No → SKIP to Item 3.16 (Part 2, Section 3) below. |
| | 3.14 | Indicate which vector attraction reduction option is met. (Check only one response.) <input type="checkbox"/> Option 9 (injection below land surface) <input type="checkbox"/> Option 10 (incorporation into soil within 6 hours) | |
| | 3.15 | Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge. <input type="checkbox"/> Check here if you have attached your description to the application package. | |
| | Cumulative Loadings and Remaining Allotments | | |
| | 3.16 | Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4. | |
| | 3.17 | Have you contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? <input type="checkbox"/> Yes <input type="checkbox"/> No → Sewage sludge subject to CPLRs may not be applied to this site. SKIP to Part 2, Section 4. | |
| | 3.18 | Provide the following information about your NPDES permitting authority: | |
| | | NPDES permitting authority name | |
| | | Contact person | |
| | Telephone number | | |
| | Email address | | |
| 3.19 | Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 4. | | |
| 3.20 | Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary. <input type="checkbox"/> Check here to indicate that additional pages are attached. | | |
| | Facility name | | |
| | Mailing address (street or P.O. box) | | |
| | City or town | State ZIP code | |
| | Contact name (first and last) | Title Phone number Email address | |

PART 2, SECTION 4—SURFACE DISPOSAL (40 CFR 122.21(q)(10))

| | | | | |
|---|--|---|-------------|--|
| Surface Disposal | 4.1 | Do you own or operate a surface disposal site? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 5. | | |
| | 4.2 | Complete all items in Section 4 for each active sewage sludge unit that you own or operate. <input type="checkbox"/> Check here to indicate that you have attached material to the application package for one or more active sewage sludge units. | | |
| | Information on Active Sewage Sludge Units | | | |
| | 4.3 | Unit name or number | | |
| | | Mailing address (street or P.O. box) | | |
| | | City or town | State | ZIP code |
| | | Contact name (first and last) | Title | Phone number Email address |
| | | Location address (street, route number, or other specific identifier) | | <input type="checkbox"/> Same as mailing address |
| | | County | County code | <input type="checkbox"/> Not available |
| | | City or town | State | ZIP code |
| Latitude/Longitude of Active Sewage Sludge Unit (see instructions) | | | | |
| | Latitude | | Longitude | |
| | Method of Determination | | | |
| | <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____ | | | |
| 4.4 | Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate that you have completed and attached a topographic map. | | | |
| 4.5 | Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: | | | |
| 4.6 | Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: | | | |
| 4.7 | Does the active sewage sludge unit have a liner with a maximum permeability of 1×10^{-7} centimeters per second (cm/sec)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9 (Part 2, Section 4) below. | | | |
| 4.8 | Describe the liner. <input type="checkbox"/> Check here to indicate that you have attached a description to the application package. | | | |
| 4.9 | Does the active sewage sludge unit have a leachate collection system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.11 (Part 2, Section 4) below. | | | |
| 4.10 | Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal. <input type="checkbox"/> Check here to indicate that you have attached the description to the application package. | | | |

Surface Disposal Continued

| 4.11 | Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------------------------------|---|---|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|---|------------------------------------|--|------------------------------------|--|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No → SKIP to Item 4.13 (Part 2, Section 4) below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.12 | Provide the actual distance in meters: | meters | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.13 | Remaining capacity of active sewage sludge unit in dry metric tons: | dry metric tons | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.14 | Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.15 | Attach a copy of any closure plan that has been developed for this active sewage sludge unit. <input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sewage Sludge from Other Facilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.16 | Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No → SKIP to Item 4.21 (Part 2, Section 4) below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.17 | Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.) <input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.18 | Facility name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing address (street or P.O. box) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City or town | State | ZIP code | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contact name (first and last) | Title | Phone number Email address | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.19 | Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Pathogen Class and Reduction Alternative</th> <th>Vector Attraction Reduction Option</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Not applicable</td> <td><input type="checkbox"/> Not applicable</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 1</td> <td><input type="checkbox"/> Option 1</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 2</td> <td><input type="checkbox"/> Option 2</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 3</td> <td><input type="checkbox"/> Option 3</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 4</td> <td><input type="checkbox"/> Option 4</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 5</td> <td><input type="checkbox"/> Option 5</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 6</td> <td><input type="checkbox"/> Option 6</td> </tr> <tr> <td><input type="checkbox"/> Class B, Alternative 1</td> <td><input type="checkbox"/> Option 7</td> </tr> <tr> <td><input type="checkbox"/> Class B, Alternative 2</td> <td><input type="checkbox"/> Option 8</td> </tr> <tr> <td><input type="checkbox"/> Class B, Alternative 3</td> <td><input type="checkbox"/> Option 9</td> </tr> <tr> <td><input type="checkbox"/> Class B, Alternative 4</td> <td><input type="checkbox"/> Option 10</td> </tr> <tr> <td><input type="checkbox"/> Domestic septage, pH adjustment</td> <td><input type="checkbox"/> Option 11</td> </tr> </tbody> </table> | Pathogen Class and Reduction Alternative | Vector Attraction Reduction Option | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Class A, Alternative 1 | <input type="checkbox"/> Option 1 | <input type="checkbox"/> Class A, Alternative 2 | <input type="checkbox"/> Option 2 | <input type="checkbox"/> Class A, Alternative 3 | <input type="checkbox"/> Option 3 | <input type="checkbox"/> Class A, Alternative 4 | <input type="checkbox"/> Option 4 | <input type="checkbox"/> Class A, Alternative 5 | <input type="checkbox"/> Option 5 | <input type="checkbox"/> Class A, Alternative 6 | <input type="checkbox"/> Option 6 | <input type="checkbox"/> Class B, Alternative 1 | <input type="checkbox"/> Option 7 | <input type="checkbox"/> Class B, Alternative 2 | <input type="checkbox"/> Option 8 | <input type="checkbox"/> Class B, Alternative 3 | <input type="checkbox"/> Option 9 | <input type="checkbox"/> Class B, Alternative 4 | <input type="checkbox"/> Option 10 | <input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Option 11 | |
| Pathogen Class and Reduction Alternative | Vector Attraction Reduction Option | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class A, Alternative 1 | <input type="checkbox"/> Option 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class A, Alternative 2 | <input type="checkbox"/> Option 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class A, Alternative 3 | <input type="checkbox"/> Option 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class A, Alternative 4 | <input type="checkbox"/> Option 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class A, Alternative 5 | <input type="checkbox"/> Option 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class A, Alternative 6 | <input type="checkbox"/> Option 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class B, Alternative 1 | <input type="checkbox"/> Option 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class B, Alternative 2 | <input type="checkbox"/> Option 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class B, Alternative 3 | <input type="checkbox"/> Option 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Class B, Alternative 4 | <input type="checkbox"/> Option 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Domestic septage, pH adjustment | <input type="checkbox"/> Option 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.20 | Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery | <input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |

PART 2, SECTION 5—INCINERATION (40 CFR 122.21(q)(11))

Incineration

| Incinerator Information | |
|-------------------------|--|
| 5.1 | Do you fire sewage sludge in a sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to END. |
| 5.2 | Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.) <input type="checkbox"/> Check here to indicate that you have attached information for one or more incinerators. |
| 5.3 | Incinerator name or number |
| | Location address (street, route number, or other specific identifier) |
| | County <input type="checkbox"/> Not available |
| | County code |
| | City or town |
| | State |
| | ZIP code |
| | Latitude/Longitude of Incinerator (see instructions) |
| | Latitude |
| | Longitude |
| | Method of Determination |
| | <input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____ |
| Amount Fired | |
| 5.4 | Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: |
| Beryllium NESHAP | |
| 5.5 | Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such. <input type="checkbox"/> Check here to indicate that you have attached this material to the application package. |
| 5.6 | Is the sewage sludge fired in this incinerator “beryllium-containing waste” as defined at 40 CFR 61.31? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8 (Part 2, Section 5) below. |
| 5.7 | Submit with this application a complete report of the latest beryllium emission rate testing <i>and</i> documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. <input type="checkbox"/> Check here to indicate that you have attached this information. |
| Mercury NESHAP | |
| 5.8 | Is compliance with the mercury NESHAP being demonstrated via stack testing? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.11 (Part 2, Section 5) below. |
| 5.9 | Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information. |
| 5.10 | Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. <input type="checkbox"/> Check here to indicate that you have attached this information. |
| 5.11 | Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.13 (Part 2, Section 5) below. |
| 5.12 | Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information. |

Incineration Continued

| Dispersion Factor | | | | | | | | | | | | | |
|--|---|-----------|-----------------------------------|---------|--|---------|--|----------|--|------|--|--------|--|
| 5.13 | Dispersion factor in micrograms/cubic meter per gram/second: | | | | | | | | | | | | |
| 5.14 | Name and type of dispersion model: | | | | | | | | | | | | |
| 5.15 | Submit a copy of the modeling results and supporting documentation. <input type="checkbox"/> Check here to indicate that you have attached this information. | | | | | | | | | | | | |
| Control Efficiency | | | | | | | | | | | | | |
| 5.16 | Provide the control efficiency, in hundredths, for each of the pollutants listed below. | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Pollutant</th> <th>Control Efficiency, in Hundredths</th> </tr> </thead> <tbody> <tr> <td>Arsenic</td> <td></td> </tr> <tr> <td>Cadmium</td> <td></td> </tr> <tr> <td>Chromium</td> <td></td> </tr> <tr> <td>Lead</td> <td></td> </tr> <tr> <td>Nickel</td> <td></td> </tr> </tbody> </table> | Pollutant | Control Efficiency, in Hundredths | Arsenic | | Cadmium | | Chromium | | Lead | | Nickel | |
| Pollutant | Control Efficiency, in Hundredths | | | | | | | | | | | | |
| Arsenic | | | | | | | | | | | | | |
| Cadmium | | | | | | | | | | | | | |
| Chromium | | | | | | | | | | | | | |
| Lead | | | | | | | | | | | | | |
| Nickel | | | | | | | | | | | | | |
| 5.17 | Attach a copy of the results or performance testing and supporting documentation (including testing dates). <input type="checkbox"/> Check here to indicate that you have attached this information. | | | | | | | | | | | | |
| Risk-Specific Concentration for Chromium | | | | | | | | | | | | | |
| 5.18 | Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter: | | | | | | | | | | | | |
| 5.19 | Was the RSC determined via Table 2 in 40 CFR 503.43? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below. | | | | | | | | | | | | |
| 5.20 | Identify the type of incinerator used as the basis. <input type="checkbox"/> Fluidized bed with wet scrubber <input type="checkbox"/> Other types with wet scrubber <input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator <input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator | | | | | | | | | | | | |
| 5.21 | Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below. | | | | | | | | | | | | |
| 5.22 | Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: | | | | | | | | | | | | |
| 5.23 | Attach the results of incinerator stack tests for hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application. <input type="checkbox"/> Check here to indicate that you have attached this information. <input type="checkbox"/> Not applicable | | | | | | | | | | | | |
| Incinerator Parameters | | | | | | | | | | | | | |
| 5.24 | Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| 5.25 | Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| 5.26 | Indicate the type of sewage sludge incinerator. | | | | | | | | | | | | |
| 5.27 | Incinerator stack height in meters: | | | | | | | | | | | | |
| 5.28 | Indicate whether the value submitted in Item 5.27 is (check only one response): <input type="checkbox"/> Actual stack height <input type="checkbox"/> Creditable stack height | | | | | | | | | | | | |

