

L. W. Pearce  
Vice President, Nuclear

440-280-5382

July 31, 2006  
PY-CEI/OEPA-0458L

Mr. Michael W. Stevens  
Division of Surface Water  
Northeast District Office  
Ohio Environmental Protection Agency  
2110 East Aurora Road  
Twinsburg, Ohio 44087-1967

Re: Perry Nuclear Plant - Permit No. 31B00016\*GD NPDES Permit Renewal Application

Dear Mr. Stevens:

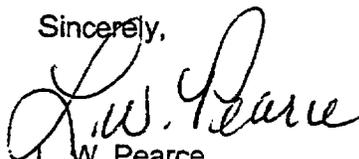
FirstEnergy Nuclear Operations Company requests to renew the National Pollutant Discharge Elimination System (NPDES) Permit No. 31B00016\*GD for the Perry Nuclear Power Plant. Enclosed are the completed Form 1, Form 2C and Form 2F. These forms are being submitted 180 days prior to expiration of the existing permit in accordance with OAC -3745-33-04. Also enclosed, is a check for \$200.00 for payment of the application fee. The enclosed form hard copies were generated from SWIMware.

The following are additional items pertinent to the application and/or permit renewal.

- The plant is planning to install a Reverse Osmosis (RO) unit for the treatment of the incoming water. It is anticipated that this will not result in a significant change in the discharge to outfall 004. In fact, this will greatly reduce the amount of chemicals necessary for cleaning the intake water before its use in the boiler and turbines. The water use diagram has been updated to reflect the pathway for the RO system water. The RO system discharge from the Industrial Lagoon is expected to be less than 50,000 gallons per day.
- As requested in a permit modification sent to the OEPA on February 3, 2006 the plant needs to be able to chlorinate more frequently to control zebra mussels and Microbiological Induced Corrosion (MIC). The plant already has a dechlorination system in place to meet the lower chlorination limit for those systems needing more than 2 hours of chlorination. As noted in the permit modification request the plant intends to use this option sparingly, but needs this ability on occasion.

If you have any question, please contact Mr. Scott Brown at (330) 384-4643 or by e-mail at [browns@firstenergycorp.com](mailto:browns@firstenergycorp.com).

Sincerely,



L. W. Pearce  
Vice President - Nuclear

SFB/emr  
Enclosures

IE25

**LABEL ITEMS**

**I. EPA I.D. NUMBER**

**III. FACILITY NAME** Perry Nuclear Power Plant

**V. FACILITY MAILING ADDRESS** 10 Center Road Perry OH 44081

**VI. FACILITY LOCATION** 10 Center Road Perry OH 44081 Lake

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

**II. POLLUTANT CHARACTERISTICS**

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

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/>			B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/>		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input checked="" type="checkbox"/>			D. Is this a proposed facility (other than those described A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/>		
E. Is this a facility which does not discharge process wastewater? (FORM 2E)	<input type="checkbox"/>			F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)	<input checked="" type="checkbox"/>		
S. This space is reserved for FORM 2S	<input type="checkbox"/>						

**III. NAME OF FACILITY**

Perry Nuclear Power Plant

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, title) E.M. Ryan Nuclear Specialist B. PHONE (area code & no.) (440) 280-5536

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX 10 Center Road B. CITY OR TOWN Perry C. STATE OH D. ZIP CODE 44081

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 10 Center Road B. COUNTY NAME Lake C. CITY OR TOWN Perry D. STATE OH E. ZIP CODE 44081 F. COUNTY CODE (if known) 43

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
(specify)	4911 Electric Generation	(specify)	
C. THIRD		D. FOURTH	
(specify)		(specify)	

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner? <input type="radio"/> Yes <input checked="" type="radio"/> No
FirstEnergy Nuclear Operating Company			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P	(800) 633-4766

E. STREET OR P.O. BOX			
76 South Main Street			
F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Akron	OH	44308	Is this facility located on Indian lands? <input type="radio"/> Yes <input checked="" type="radio"/> No

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to surface water)		D. PSD (Air emissions from proposed sources)	
3IB00016			
B. UIC (Underground injection of fluids)		E. OTHER (specify)	
		(specify)	
C. RCRA (Hazardous waste)		F. OTHER (specify)	
OHD025673518		(specify)	

XI. MAP	
<p>Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	

XII. NATURE OF BUSINESS (provide a brief description)	
Generation, transmission, and distribution of electricity for sale.	

XIII. CERTIFICATION (see instructions)		
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>		
NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
L.W. Pearce V.P., Nuclear, Perry		8/1/06
COMMENTS FOR OFFICIAL USE ONLY		

**I. OUTFALL LOCATION**

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

A. OUTFALL NUMBER	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
004	41	48	33	81	8	54	Lake Erie
601	41	48	0	81	8	45	Lake Erie
602	41	49	15	81	8	30	Lake Erie
800	41	48	15	81	8	30	Intake - Lake Erie

**II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES**

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

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

1. OUTFALL NO.	2. OPERATION(S) CONTRIBUTING FLOW			3. TREATMENT	
	a. OPERATION	b. AVERAGE FLOW	UNITS	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
004	Plant Discharge	88	mgd	Ion Exchange Chlorine Treatment Moving Bed Filters Coagulation Dechlorination	2-J 5-F 1-P 2-D 2-E
601	Regenerant Neutralization	20000	gpd	Netralization	2-K
602	Chemical Cleaning Lagoon (discharges once per year)	190	gpd	Sedimentation (Settling)	1-U

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

Yes  No

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DULCIFICATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
004	Radwaste Discharge (to 004)	1	11	0.04	0.07			
601	Regenerate Neutralization	1	12	0.02	0.21			
602	Chemical Cleaning Lagoon	0	0	0.02	0.35			

**III. PRODUCTION**

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

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

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

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

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

**IV. IMPROVEMENTS**

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

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

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

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

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

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

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

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

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

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

**VII. BIOLOGICAL TOXICITY TESTING DATA**

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

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

**VIII. CONTRACT ANALYSIS INFORMATION**

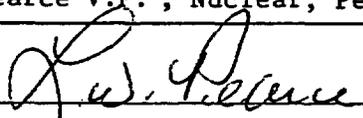
Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

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

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)
EA GROUP	7118 Industrial Park Blvd.	(440) 951-3514
	Mentor OH	44060-5314

**IX. CERTIFICATION**

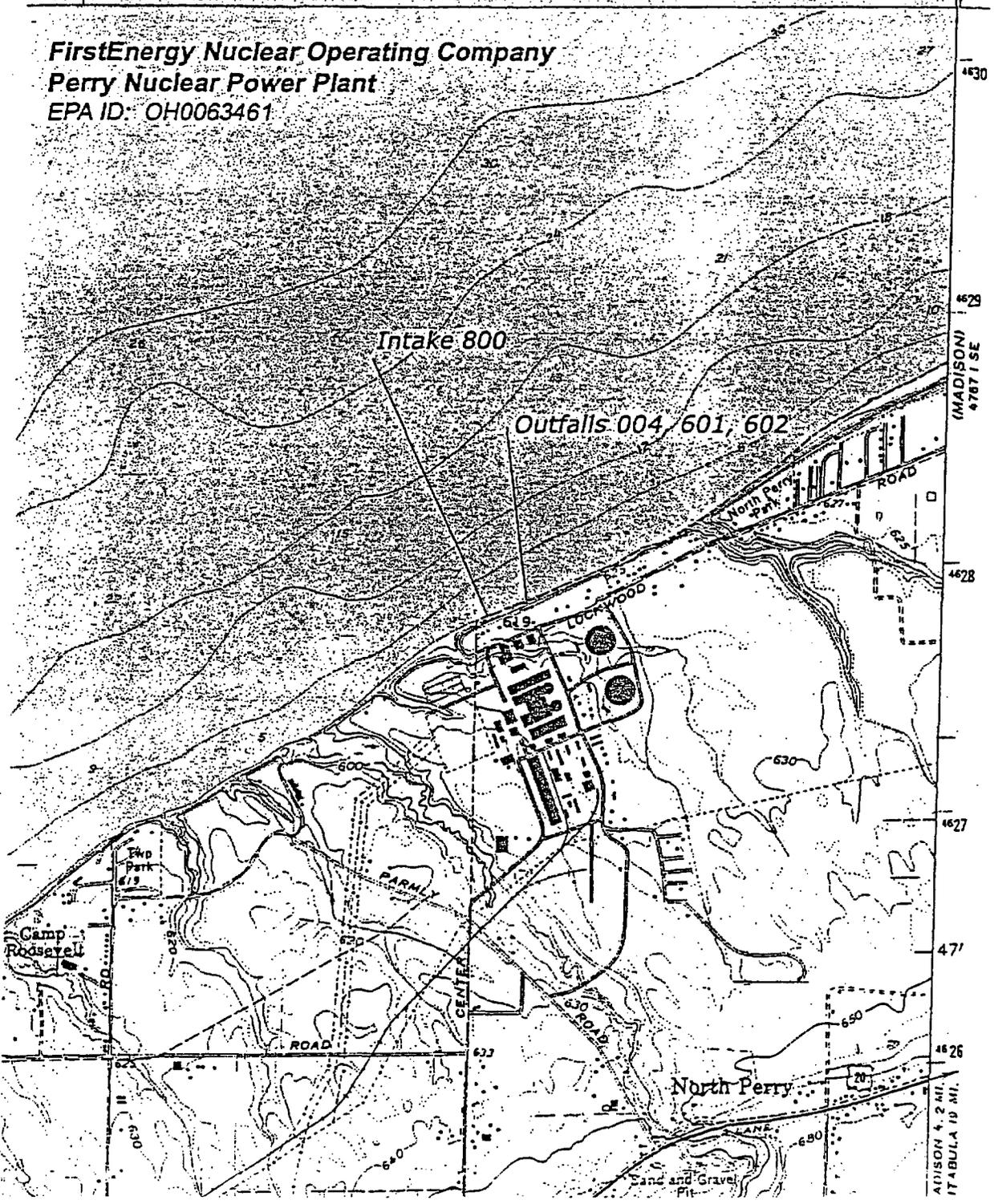
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print) L.W. Pearce V.P. , Nuclear, Perry	B. PHONE NO. (area code & no.)
C. SIGNATURE 	D. DATE SIGNED 8/1/06

PERRY QUADRANGLE  
OHIO-LAKE CO.  
7.5 MINUTE SERIES (TOPOGRAPHIC)

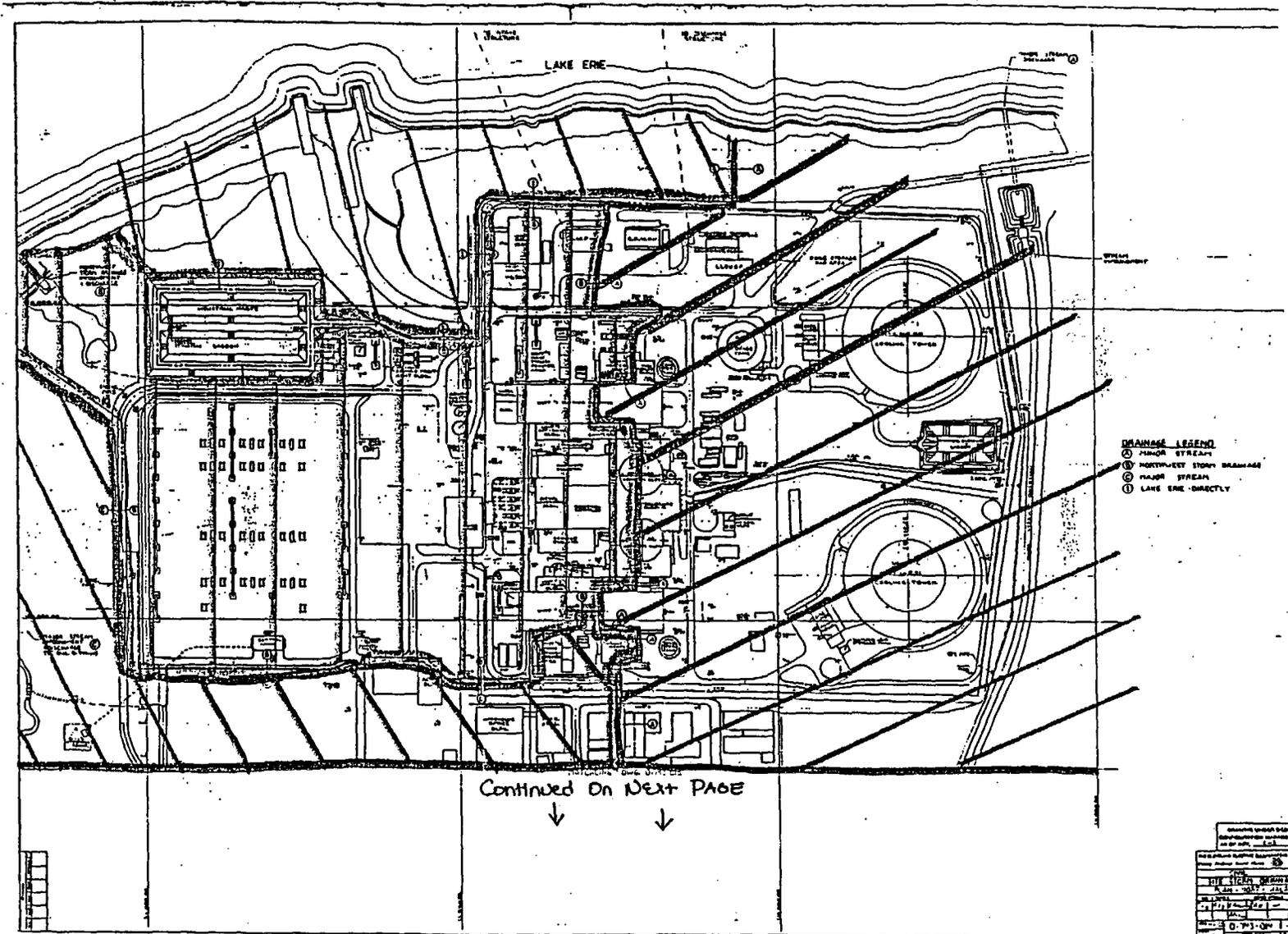
36 10' 487 488 2 370 000 FEET 489 81°07'30"

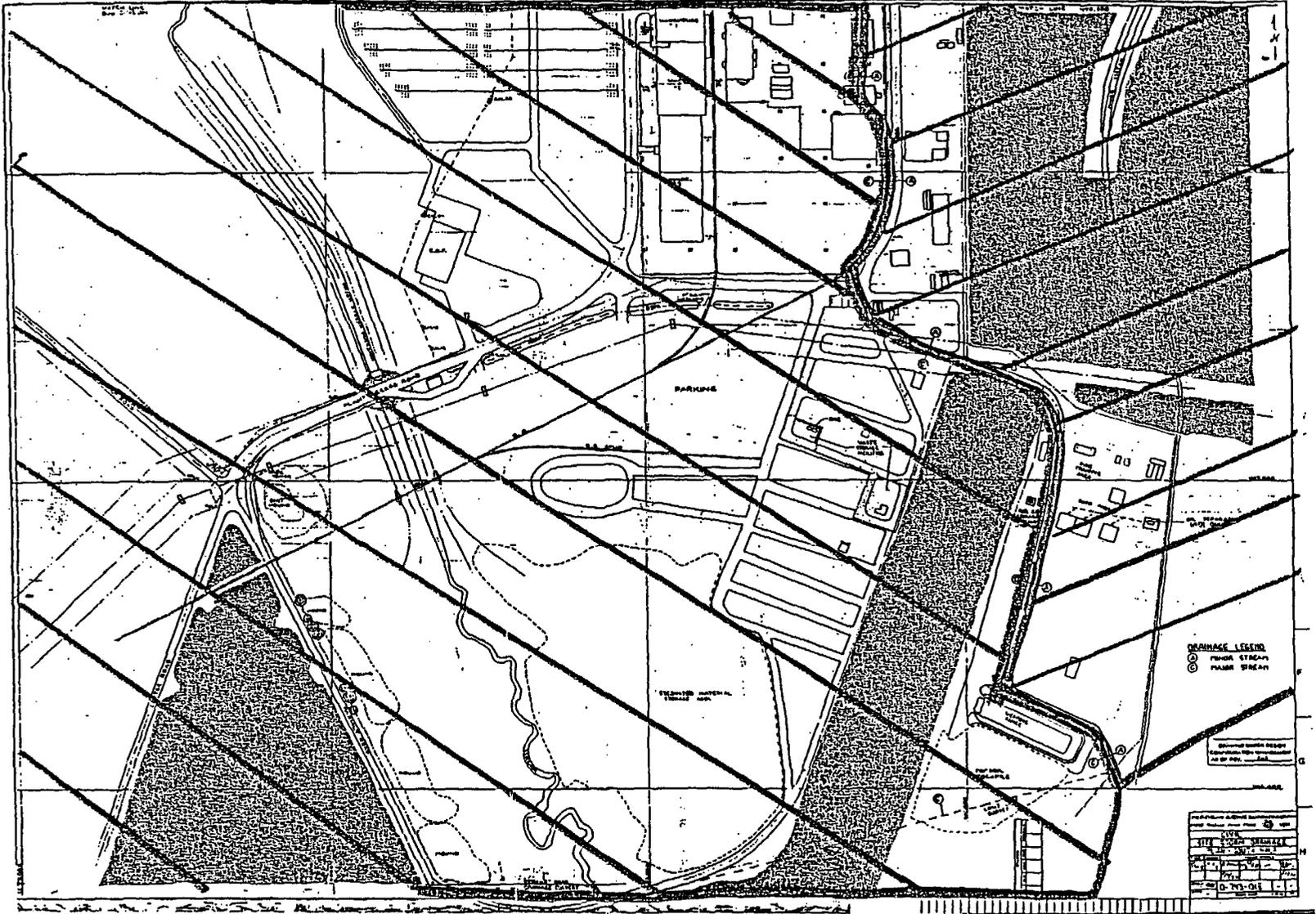
FirstEnergy Nuclear Operating Company  
Perry Nuclear Power Plant  
EPA ID: OH0063461





-  S.W. Outfall 005
-  S.W. Outfall 006
-  S.W. Outfall 007
-  Lake Erie (direct)





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

OUTFALL  
004

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

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		d. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	<3	--					1	mg/l	kg/day			
Chemical Oxygen Demand (COD)	<20	--					1	mg/l	kg/day			
Total Organic Carbon (TOC)	5.5	1797					1	mg/l	kg/day			
Total Suspended Solids (TSS)	16	5228					1	mg/l	kg/day			
Ammonia (as N)	<0.1	--					1	mg/l	kg/day			
Flow	82.3						1	mgd	kg/day			
Temperature (Winter)								°C				
Temperature (Summer)	16.9						4	°C				
pH	8.6 min	8.7 max					4	Standard Units				

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

1 POLLUTANT	2. PRESENT ?	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		d. NO. OF ANAL
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
Bromide	<input type="checkbox"/>	<0.05	--					1	mg/l	kg/day			
Chlorine, Total Residual	<input type="checkbox"/>	<0.05	--					4	mg/l	kg/day			
Color	<input checked="" type="checkbox"/>	5	--					1	APHA	kg/day			
Fecal Coliform	<input checked="" type="checkbox"/>	152.75	--					4	per 100 ml	kg/day			
Fluoride	<input checked="" type="checkbox"/>	0.21	68.61					1	mg/l	kg/day			
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	2.12	692.67					1	mg/l	kg/day			
Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<0.20	--					1	mg/l	kg/day			
Oil and Grease	<input type="checkbox"/>	<5	--					4	mg/l	kg/day			
Phosphorus (as P), Total	<input checked="" type="checkbox"/>	0.15	49.01					1	mg/l	kg/day			
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day			
Sulfate (as SO4)	<input checked="" type="checkbox"/>	45.4	14833.6					1	mg/l	kg/day			
Sulfide (as S)	<input type="checkbox"/>	<1.0	--					1	mg/l	kg/day			
Sulfite (as SO3)	<input type="checkbox"/>	<2.0	--					1	mg/l	kg/day			
Surfactants	<input type="checkbox"/>	<0.005	--					1	mg/l	kg/day			
Aluminum, Total	<input checked="" type="checkbox"/>	555	173					1	ug/l	kg/day			
Barium, Total	<input checked="" type="checkbox"/>	27	8					1	ug/l	kg/day			
Boron, Total	<input type="checkbox"/>	<50	--					1	ug/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NC ANAL
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
Cobalt, Total	<input checked="" type="checkbox"/>	5	2					1	ug/l	kg/day			
Iron, Total	<input checked="" type="checkbox"/>	504	157					1	ug/l	kg/day			
Magnesium, Total	<input checked="" type="checkbox"/>	15860	4947					1	ug/l	kg/day			
Molybdenum, Total	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Manganese, Total	<input type="checkbox"/>	<4	--					1	ug/l	kg/day			
Tin, Total	<input type="checkbox"/>	<80	--					1	ug/l	kg/day			
Titanium, Total	<input checked="" type="checkbox"/>	11	3					1	ug/l	kg/day			

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

1 POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NC ANAL
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
<b>Metals, Cyanides, and Total Phenols</b>													
Antimony, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Arsenic, Total	<input checked="" type="checkbox"/>	24	7					1	ug/l	kg/day			
Beryllium, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Cadmium, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Chromium, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Copper, Total	<input checked="" type="checkbox"/>	9	3					1	ug/l	kg/day			
Lead, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Mercury, Total	<input type="checkbox"/>	<0.2	--					1	ug/l	kg/day			
Nickel, Total	<input type="checkbox"/>	<5	--					1	ug/l	kg/day			
Selenium, Total	<input type="checkbox"/>	<8	--					1	ug/l	kg/day			
Silver, Total	<input type="checkbox"/>	<1	--					1	ug/l	kg/day			
Thallium, Total	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Zinc, Total	<input type="checkbox"/>	43	13					1	ug/l	kg/day			
Cyanide, Total	<input type="checkbox"/>	<0.005	--					4	mg/l	kg/day			
Phenols, Total	<input type="checkbox"/>	<5.0	--					4	ug/l	kg/day			
<b>Dioxin</b>													
2,3,7,8 Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
<b>GC/MS Fraction - Volatile Compounds</b>													
Acrolein	<input type="checkbox"/>	<25	--					1	ug/l	kg/day			
Acrylonitrile	<input type="checkbox"/>	<25	--					1	ug/l	kg/day			
Benzene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day			
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bromoform	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS		4. INTAKE		d. NC ANAL
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		(specify if blank)		a. LONG TERM AVERAGE VALUE		
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	
<b>GC/MS Fraction - Volatile Compounds</b>												
Carbon Tetrachloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chlorobenzene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chlorobromomethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
2-Chloroethylvinyl Ether	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chloroform	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Ethylbenzene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methyl Bromide	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methyl Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methylene Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Toluene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Trichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
<b>GC/MS Fraction - Acid Compounds</b>												
2-Chlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4-Dimethylphenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
4,6-Dinitro-Cresol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
7-Chloro-M-Cresol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
Phenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
<b>GC/MS Fraction - Base/Neutral Compounds</b>												
Acephenanthrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS <i>(specify if blank)</i>		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NO. ANALY.
		(1)	(2)	(1)	(2)	(1)	(2)		(1)	(2)			
		CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		CONCENTRATION	MASS	CONCENTRATION	MASS	
GC/MS Fraction - Base/Neutral Compounds													
Acenaphylenes	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benztidine	<input type="checkbox"/>	<50	--					1	ug/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzo(a)fluoranthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Bis (2-Ethylhexyl) Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Chrysene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,2-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,3-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>	<20	--					1	ug/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Di-N-Butyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>	<50	--					1	ug/l	kg/day			
Fluoranthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Fluorene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Hexachloroethane	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Isophorone	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Naphthalene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Nitrobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
N-Nitrosodimethylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS <i>(specify if blank)</i>		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NO. ANALY
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS Fraction - Base/Neutral Compounds</b>													
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
N-Nitrosodiphenylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Phenanthrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,2,4-Trichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
<b>GC/MS Fraction - Pesticides</b>													
Aldrin	<input type="checkbox"/>								mg/l	kg/day			
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day			
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day			
Gamma BHC	<input type="checkbox"/>								mg/l	kg/day			
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day			
Chlordane	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day			
Dieldrin	<input type="checkbox"/>								mg/l	kg/day			
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day			
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day			
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day			
Endrin	<input type="checkbox"/>								mg/l	kg/day			
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day			
Heptachlor	<input type="checkbox"/>								mg/l	kg/day			
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day			
PCB-1242	<input type="checkbox"/>								mg/l	kg/day			
PCB-1254	<input type="checkbox"/>								mg/l	kg/day			
PCB-1221	<input type="checkbox"/>								mg/l	kg/day			
PCB-1232	<input type="checkbox"/>								mg/l	kg/day			
PCB-1248	<input type="checkbox"/>								mg/l	kg/day			
PCB-1260	<input type="checkbox"/>								mg/l	kg/day			
PCB-1016	<input type="checkbox"/>								mg/l	kg/day			
Toxaphene	<input type="checkbox"/>								mg/l	kg/day			

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

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

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		d. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	<3	--					1	mg/l	kg/day			
Chemical Oxygen Demand (COD)	<20	--					1	mg/l	kg/day			
Total Organic Carbon (TOC)	9.4	0.5					1	mg/l	kg/day			
Total Suspended Solids (TSS)	15	1					1	mg/l	kg/day			
Ammonia (as N)	<0.1	--					1	mg/l	kg/day			
Flow	0.0154						1	mgd	kg/day			
Temperature (Winter)								°C				
Temperature (Summer)	17.9						4	°C				
pH	7.7 min	7.8 max					4	Standard Units				

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

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		d. NO ANAL'
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Bromide	<input type="checkbox"/>	<0.05	--					1	mg/l	kg/day			
Chlorine, Total Residual	<input type="checkbox"/>	<0.05	--					4	mg/l	kg/day			
Color	<input checked="" type="checkbox"/>	5	--					1	APHA	kg/day			
Fecal Coliform	<input checked="" type="checkbox"/>	10	--					4	per 100 ml	kg/day			
Fluoride	<input checked="" type="checkbox"/>	1.97	0.11					1	mg/l	kg/day			
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	5.17	0.30					1	mg/l	kg/day			
Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	1.1	0.06					1	mg/l	kg/day			
Oil and Grease	<input type="checkbox"/>	<5.0	--					4	mg/l	kg/day			
Phosphorus (as P), Total	<input checked="" type="checkbox"/>	1.23	0.07					1	mg/l	kg/day			
Radioactivity (1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity (2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity (3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity (4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day			
Sulfate (as SO4)	<input checked="" type="checkbox"/>	4405	257					1	mg/l	kg/day			
Sulfide (as S)	<input type="checkbox"/>	<1.0	--					1	mg/l	kg/day			
Sulfite (as SO3)	<input type="checkbox"/>	<2.0	--					1	mg/l	kg/day			
Surfactants	<input type="checkbox"/>	<0.005	--					1	mg/l	kg/day			
Aluminum, Total	<input checked="" type="checkbox"/>	75	0.004					1	ug/l	kg/day			
Barium, Total	<input checked="" type="checkbox"/>	44	0.003					1	ug/l	kg/day			
Boron, Total	<input checked="" type="checkbox"/>	150	0.009					1	ug/l	kg/day			

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. ANALY
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
Cobalt, Total	<input type="checkbox"/>	<2.0	- -					1	ug/l	kg/day			
Iron, Total	<input checked="" type="checkbox"/>	216	0.01					1	ug/l	kg/day			
Magnesium, Total	<input checked="" type="checkbox"/>	70650	4.0					1	ug/l	kg/day			
Molybdenum, Total	<input checked="" type="checkbox"/>	14	0.0008					1	ug/l	kg/day			
Manganese, Total	<input type="checkbox"/>	<4.0	- -					1	ug/l	kg/day			
Fin, Total	<input type="checkbox"/>	<80	- -					1	ug/l	kg/day			
Titanium, Total	<input checked="" type="checkbox"/>	2	0.0001					1	ug/l	kg/day			

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

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. ANALY
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
<b>Metals, Cyanides, and Total Phenols</b>													
Antimony, Total	<input checked="" type="checkbox"/>	7	0.0004					1	ug/l	kg/day			
Arsenic, Total	<input checked="" type="checkbox"/>	24	.0014					1	ug/l	kg/day			
Beryllium, Total	<input type="checkbox"/>	<2.0	- -					1	ug/l	kg/day			
Cadmium, Total	<input type="checkbox"/>	<2.0	- -					1	ug/l	kg/day			
Chromium, Total	<input type="checkbox"/>	<2.0	- -					1	ug/l	kg/day			
Copper, Total	<input checked="" type="checkbox"/>	4	0.0002					1	ug/l	kg/day			
Lead, Total	<input type="checkbox"/>	<2	- -					1	ug/l	kg/day			
Mercury, Total	<input type="checkbox"/>	<0.2	- -					1	ug/l	kg/day			
Nickel, Total	<input checked="" type="checkbox"/>	23	0.001					1	ug/l	kg/day			
Selenium, Total	<input type="checkbox"/>	<8.0	- -					1	ug/l	kg/day			
Silver, Total	<input checked="" type="checkbox"/>	2	0.0001					1	ug/l	kg/day			
Thallium, Total	<input type="checkbox"/>	<10	- -					1	ug/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	305	0.018					1	ug/l	kg/day			
Cyanide, Total	<input type="checkbox"/>	<0.005	- -					4	mg/l	kg/day			
Phenols, Total	<input checked="" type="checkbox"/>	5.0	0.0003					4	ug/l	kg/day			
<b>Dioxin</b>													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
<b>GC/MS Fraction - Volatile Compounds</b>													
Acrolein	<input type="checkbox"/>	<25	- -					1	ug/l	kg/day			
Acrylonitrile	<input type="checkbox"/>	<25	- -					1	ug/l	kg/day			
Benzene	<input type="checkbox"/>	<5.0	- -					1	ug/l	kg/day			
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bromoforn	<input type="checkbox"/>	<5.0	- -					1	ug/l	kg/day			

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		d. NO. ANALY
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE			
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		
<b>GC/MS Fraction - Volatile Compounds</b>												
Carbon Tetrachloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chlorobenzene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
2-Chloroethyl Vinyl Ether	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chloroform	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Ethylbenzene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methyl Bromide	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methyl Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methylene Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Toluene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Trichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
<b>GC/MS Fraction - Acid Compounds</b>												
2-Chlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4-Dimethylphenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
4,6-Dinitro-O-Cresol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
P-Chloro-M-Cresol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
Phenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
<b>GC/MS Fraction - Base/Neutral Compounds</b>												
Acenaphthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. ANALY:
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
GC/MS Fraction - Base/Neutral Compounds													
Acenaphylene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzidine	<input type="checkbox"/>	<50	--					1	ug/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzofluoranthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Bis (2-Ethylhexyl) Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Chrysene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,2-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,3-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>	<20	--					1	ug/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Di-N-Butyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>	<50	--					1	ug/l	kg/day			
Fluoranthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Fluorene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Hexachlorobutadiene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Hexachlorothane	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Isophthalone	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Naphthalene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Nitrobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
N-Nitrosodimethylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS <i>(specify if blank)</i>		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NO. ANALY
		(1)	(2)	(1)	(2)	(1)	(2)		(1)	(2)			
		CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		CONCENTRATION	MASS	CONCENTRATION	MASS	
GC/MS Fraction - Base/Neutral Compounds													
N-Nitrosodi-N Propylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
N-Nitrosodiphenylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Phenanthrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
1,2,4-Trichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
GC/MS Fraction - Pesticides													
Aldrin	<input type="checkbox"/>								mg/l	kg/day			
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day			
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day			
Gamma BHC	<input type="checkbox"/>								mg/l	kg/day			
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day			
Chlordane	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day			
Dieldrin	<input type="checkbox"/>								mg/l	kg/day			
Alpha-Endosulfar.	<input type="checkbox"/>								mg/l	kg/day			
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day			
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day			
Endrin	<input type="checkbox"/>								mg/l	kg/day			
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day			
Heptachlor	<input type="checkbox"/>								mg/l	kg/day			
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day			
PCB-1242	<input type="checkbox"/>								mg/l	kg/day			
PCB-1254	<input type="checkbox"/>								mg/l	kg/day			
PCB-1221	<input type="checkbox"/>								mg/l	kg/day			
PCB-1232	<input type="checkbox"/>								mg/l	kg/day			
PCB-1248	<input type="checkbox"/>								mg/l	kg/day			
PCB-1260	<input type="checkbox"/>								mg/l	kg/day			
PCB-1016	<input type="checkbox"/>								mg/l	kg/day			
Toxaphene	<input type="checkbox"/>								mg/l	kg/day			

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

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	<3.0	--					1	mg/l	kg/day			
Chemical Oxygen Demand (COD)	<20	--					1	mg/l	kg/day			
Total Organic Carbon (TOC)	8	1					1	mg/l	kg/day			
Total Suspended Solids (TSS)	<4.0	--					1	mg/l	kg/day			
Ammonia (as N)	<0.1	--					1	mg/l	kg/day			
Flow	0.02						1	mgd	kg/day			
Temperature (Winter)								°C				
Temperature (Summer)	15.6						1	°C				
pH	8						1	Standard Units				

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

1. POLLUTANT	2. PRESENT?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Bromide	<input type="checkbox"/>	<0.05	--					1	mg/l	kg/day			
Chlorine, Total Residual	<input type="checkbox"/>	<0.05						1	mg/l	kg/day			
Color	<input checked="" type="checkbox"/>	20						1	APHA	kg/day			
Fecal Coliform	<input checked="" type="checkbox"/>	87	7					1	per 100 ml	kg/day			
Fluoride	<input checked="" type="checkbox"/>	0.31	0.02					1	mg/l	kg/day			
Nitrate-Nitrite (as N)	<input checked="" type="checkbox"/>	0.09	0.07					1	mg/l	kg/day			
Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	5.6	0.4					1	mg/l	kg/day			
Oil and Grease	<input type="checkbox"/>	<5.0	--					1	mg/l	kg/day			
Phosphorus (as P), Total	<input type="checkbox"/>	<0.05	--					1	mg/l	kg/day			
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day			
Sulfate (as SO4)	<input checked="" type="checkbox"/>	22.4	1.7					1	mg/l	kg/day			
Sulfide (as S)	<input type="checkbox"/>	<1.0	--					1	mg/l	kg/day			
Sulfite (as SO3)	<input type="checkbox"/>	<2.0	--					1	mg/l	kg/day			
Surfactants	<input type="checkbox"/>	0.014	0.001					1	mg/l	kg/day			
Aluminum, Total	<input checked="" type="checkbox"/>	31	0.002					1	ug/l	kg/day			
Barium, Total	<input checked="" type="checkbox"/>	34	0.003					1	ug/l	kg/day			
Boron, Total	<input checked="" type="checkbox"/>	63	0.005					1	ug/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NC ANAL.
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
Cobalt, Total	<input type="checkbox"/>	<2.0	--					1	ug/l	kg/day			
Iron, Total	<input checked="" type="checkbox"/>	193	0.01					1	ug/l	kg/day			
Magnesium, Total	<input checked="" type="checkbox"/>	16070	1.2					1	ug/l	kg/day			
Molybdenum, Total	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Manganese, Total	<input type="checkbox"/>	<4	--					1	ug/l	kg/day			
Tin, Total	<input type="checkbox"/>	<80	--					1	ug/l	kg/day			
Titanium, Total	<input checked="" type="checkbox"/>	2	0.0002					1	ug/l	kg/day			

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

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NC ANAL.
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
<b>Metals, Cyanides, and Total Phenols</b>													
Antimony, Total	<input checked="" type="checkbox"/>	3	0.0002					1	ug/l	kg/day			
Arsenic, Total	<input checked="" type="checkbox"/>	21	0.002					1	ug/l	kg/day			
Beryllium, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Cadmium, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Chromium, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Copper, Total	<input checked="" type="checkbox"/>	3	0.0002					1	ug/l	kg/day			
Lead, Total	<input type="checkbox"/>	<2	--					1	ug/l	kg/day			
Mercury, Total	<input type="checkbox"/>	<0.2	--					1	ug/l	kg/day			
Nickel, Total	<input type="checkbox"/>	<5	--					1	ug/l	kg/day			
Selenium, Total	<input type="checkbox"/>	<8	--					1	ug/l	kg/day			
Silver, Total	<input type="checkbox"/>	<1	--					1	ug/l	kg/day			
Thallium, Total	<input type="checkbox"/>	<10	--					1	ug/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	38	0.003					1	ug/l	kg/day			
Cyanide, Total	<input type="checkbox"/>	<0.005	--					1	mg/l	kg/day			
Phenols, Total	<input type="checkbox"/>	<5	--					1	ug/l	kg/day			
<b>Dioxin</b>													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
<b>GC/MS Fraction - Volatile Compounds</b>													
Acrolein	<input type="checkbox"/>	<25	--					1	ug/l	kg/day			
Acrylonitrile	<input type="checkbox"/>	<25	--					1	ug/l	kg/day			
Benzene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day			
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bromoform	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day			

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		d. NC ANAL.
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE			
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		
<b>GC/MS Fraction - Volatile Compounds</b>												
Carbon Tetrachloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chlorobenzene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
2-Chloroethyl Vinyl Ether	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Chloroform	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Dichlorodibromomethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Ethylbenzene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methyl Bromide	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methyl Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Methylene Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Toluene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Trichloroethylene	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>	<5.0	--					1	ug/l	kg/day		
<b>GC/MS Fraction - Acid Compounds</b>												
2-Chlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4-Dimethylphenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
4,6-Dinitro-C-Cresol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
p-Chloro-m-Cresol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
Phenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
<b>GC/MS Fraction - Base/Neutral Compounds</b>												
Acenaphthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS <i>(specify if blank)</i>		4. INTAKE		d. NC ANAL
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE			
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		
GC/MS Fraction - Base/Neutral Compounds												
Acenaphthylene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Benzidine	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
Benzo (a) Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Benzo (a) Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Benzo(a)anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Benzo (ghi) Perylene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Benzo (k) Fluoranthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Bis (2-Ethylhexyl) Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
4-Bromophenyl Phenyl	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Butyl Benzyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2-Chloronaphthalene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Chrysenes	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Dibenzo (a,h) Anthracene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
1,2-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
1,3-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
1,4-Dichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
3,3-Dichlorobenzidine	<input type="checkbox"/>	<20	--					1	ug/l	kg/day		
Diethyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Dimethyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Di-N-Butyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,4-Dinitrotoluene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
2,6-Dinitrotoluene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Di-N-Octyl Phthalate	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>	<50	--					1	ug/l	kg/day		
Fluoranthene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Fluorene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Hexachlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Hexachlorobutadiene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Hexachlorocyclopentadiene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Hexachloroethane	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Isophthalene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Naphthalene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Nitrobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
N-Nitrosodimethylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS <i>(specify if blank)</i>		4. INTAKE		d. NC ANAL
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE			
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		
<b>GC/MS Fraction - Base/Neutral Compounds</b>												
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
N-Nitrosodiphenylamine	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Phenanthrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
Pyrene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
1,2,4-Trichlorobenzene	<input type="checkbox"/>	<10	--					1	ug/l	kg/day		
<b>GC/MS Fraction - Pesticides</b>												
Aldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day		
Beta BHC	<input type="checkbox"/>								mg/l	kg/day		
Gamma-BHC	<input type="checkbox"/>								mg/l	kg/day		
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Chlordane	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDDE	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day		
Dieldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day		
Endrin	<input type="checkbox"/>								mg/l	kg/day		
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day		
PCB-1242	<input type="checkbox"/>								mg/l	kg/day		
PCB-1254	<input type="checkbox"/>								mg/l	kg/day		
PCB-1221	<input type="checkbox"/>								mg/l	kg/day		
PCB-1232	<input type="checkbox"/>								mg/l	kg/day		
PCB-1248	<input type="checkbox"/>								mg/l	kg/day		
PCB-1260	<input type="checkbox"/>								mg/l	kg/day		
PCB-1016	<input type="checkbox"/>								mg/l	kg/day		
Toxaphene	<input type="checkbox"/>								mg/l	kg/day		

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

OUTFALL I  
800

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

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES	
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		
Biochemical Oxygen Demand (BOD)	<3						1	mg/l	kg/day		
Chemical Oxygen Demand (COD)	<20						1	mg/l	kg/day		
Total Organic Carbon (TOC)	3.8						1	mg/l	kg/day		
Total Suspended Solids (TSS)	6						1	mg/l	kg/day		
Ammonia (as N)	<0.1						1	mg/l	kg/day		
Flow								mgd	kg/day		
Temperature (Winter)								°C			
Temperature (Summer)	12.8						4	°C			
pH	8.1 min	8.2 max					4	Standard Units			

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

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		d. NO. OF ANALYSES
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Bromide	<input type="checkbox"/>	<0.05						1	mg/l	kg/day		
Chlorine, Total Residual	<input type="checkbox"/>	<0.05						4	mg/l	kg/day		
Color	<input checked="" type="checkbox"/>	5						1	APHA	kg/day		
Fecal Coliform	<input checked="" type="checkbox"/>	26						4	per 100 ml	kg/day		
Fluoride	<input checked="" type="checkbox"/>	0.29						1	mg/l	kg/day		
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	1.4						1	mg/l	kg/day		
Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	0.22						1	mg/l	kg/day		
Oil and Grease	<input type="checkbox"/>	<5						4	mg/l	kg/day		
Phosphorus (as P), Total	<input type="checkbox"/>	<0.05						1	mg/l	kg/day		
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day		
Sulfate (as SO4)	<input checked="" type="checkbox"/>	28.8						1	mg/l	kg/day		
Sulfide (as S)	<input type="checkbox"/>	<1.0						1	mg/l	kg/day		
Sulfite (as SO3)	<input type="checkbox"/>	<2						1	mg/l	kg/day		
Surfactants	<input type="checkbox"/>	<0.005						1	mg/l	kg/day		
Aluminum, Total	<input checked="" type="checkbox"/>	222						1	ug/l	kg/day		
Barium, Total	<input checked="" type="checkbox"/>	16						1	ug/l	kg/day		
Boron, Total	<input type="checkbox"/>	<50						1	ug/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE		d. NO ANAL.	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		
Cobalt, Total	<input type="checkbox"/>	<2					1	ug/l	kg/day			
Iron, Total	<input checked="" type="checkbox"/>	291					1	ug/l	kg/day			
Magnesium, Total	<input checked="" type="checkbox"/>	10520					1	ug/l	kg/day			
Molybdenum, Total	<input type="checkbox"/>	<10					1	ug/l	kg/day			
Manganese, Total	<input type="checkbox"/>	<4					1	ug/l	kg/day			
Tin, Total	<input type="checkbox"/>	<80					1	ug/l	kg/day			
Titanium, Total	<input type="checkbox"/>	5					1	ug/l	kg/day			

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

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE		d. NO ANAL.	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		
<b>Metals, Cyanides, and Total Phenols</b>												
Antimony, Total	<input checked="" type="checkbox"/>	5					1	ug/l	kg/day			
Arsenic, Total	<input checked="" type="checkbox"/>	16					1	ug/l	kg/day			
Beryllium, Total	<input type="checkbox"/>	<2					1	ug/l	kg/day			
Cadmium, Total	<input type="checkbox"/>	<2					1	ug/l	kg/day			
Chromium, Total	<input type="checkbox"/>	<2					1	ug/l	kg/day			
Copper, Total	<input checked="" type="checkbox"/>	3					1	ug/l	kg/day			
Lead, Total	<input type="checkbox"/>	<2					1	ug/l	kg/day			
Mercury, Total	<input type="checkbox"/>	<0.2					1	ug/l	kg/day			
Nickel, Total	<input type="checkbox"/>	<5					1	ug/l	kg/day			
Selenium, Total	<input type="checkbox"/>	<8					1	ug/l	kg/day			
Silver, Total	<input checked="" type="checkbox"/>	1					1	ug/l	kg/day			
Thallium, Total	<input type="checkbox"/>	<10					1	ug/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	34					1	ug/l	kg/day			
Cyanide, Total	<input type="checkbox"/>	<0.005					4	mg/l	kg/day			
Phenols, Total	<input type="checkbox"/>	<5.0					4	ug/l	kg/day			
<b>Dioxin</b>												
2,3,7,8 Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>							mg/l	kg/day			
<b>GC/MS Fraction - Volatile Compounds</b>												
Acrolein	<input type="checkbox"/>	<25					1	ug/l	kg/day			
Acrylonitrile	<input type="checkbox"/>	<25					1	ug/l	kg/day			
Benzene	<input type="checkbox"/>	<5.0					1	ug/l	kg/day			
Bis (Chloromethyl) Ether	<input type="checkbox"/>							mg/l	kg/day			
Bromoform	<input type="checkbox"/>	<5.0					1	ug/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NC ANAL.
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
GC/MS Fraction - Volatile Compounds													
Carbon Tetrachloride	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Chlorobenzene	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Chlorodibromomethane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Chloroethane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
2-Chloroethylvinyl Ether	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Chloroform	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Dichlorobromomethane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day			
1,1-Dichloroethane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
1,2-Dichloroethane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
1,1-Dichloroethylene	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
1,2-Dichloropropane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
1,3-Dichloropropylene	<input type="checkbox"/>	<10						1	ug/l	kg/day			
Ethylbenzene	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Methyl Bromide	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Methyl Chloride	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Methylene Chloride	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Tetrachloroethylene	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Toluene	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
1,2-Transdichloroethylene	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
1,1,1-Trichloroethane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
1,1,2-Trichloroethane	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Trichloroethylene	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day			
Vinyl Chloride	<input type="checkbox"/>	<5.0						1	ug/l	kg/day			
GC/MS Fraction - Acid Compounds													
2-Chlorophenol	<input type="checkbox"/>	<10						1	ug/l	kg/day			
2,4-Dichlorophenol	<input type="checkbox"/>	<10						1	ug/l	kg/day			
2,4-Dimethylphenol	<input type="checkbox"/>	<10						1	ug/l	kg/day			
4,6-Dinitro-O-Cresol	<input type="checkbox"/>	<50						1	ug/l	kg/day			
2,4-Dinitrophenol	<input type="checkbox"/>	<50						1	ug/l	kg/day			
2-Nitrophenol	<input type="checkbox"/>	<10						1	ug/l	kg/day			
4-Nitrophenol	<input type="checkbox"/>	<50						1	ug/l	kg/day			
p-Chloro-m-Cresol	<input type="checkbox"/>	<10						1	ug/l	kg/day			
Pentachlorophenol	<input type="checkbox"/>	<50						1	ug/l	kg/day			
Phenol	<input type="checkbox"/>	<10						1	ug/l	kg/day			
2,4,6-Trichlorophenol	<input type="checkbox"/>	<10						1	ug/l	kg/day			
GC/MS Fraction - Base/Neutral Compounds													
Acenaphthene	<input type="checkbox"/>	<10						1	ug/l	kg/day			

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NC ANAL
		(1)	(2)	(1)	(2)	(1)	(2)		(1)	(2)			
		CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		CONCENTRATION	MASS			
GC/MS Fraction - Base/Neutral Compounds													
Acenaphtylene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Anthracene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Benzidine	<input type="checkbox"/>	<50					1	ug/l	kg/day				
Benzo (a) Anthracene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Benzo (a) Pyrene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Benzofluoranthene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Benzo (ghi) Perylene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Benzo (k) Fluoranthene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Bis (2-Ethylhexyl) Phthalate	<input type="checkbox"/>	<10					1	ug/l	kg/day				
4-Bromophenyl Phenyl	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Butyl Benzyl Phthalate	<input type="checkbox"/>	<10					1	ug/l	kg/day				
2-Chloronaphthalene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Chrysene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Dibenzo (a,h) Anthracene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
1,2-Dichlorobenzene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
1,3-Dichlorobenzene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
1,4-Dichlorobenzene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
3,3-Dichlorobenzidine	<input type="checkbox"/>	<20					1	ug/l	kg/day				
Diethyl Phthalate	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Dimethyl Phthalate	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Di-N-Butyl Phthalate	<input type="checkbox"/>	<10					1	ug/l	kg/day				
2,4-Dinitrotoluene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
2,6-Dinitrotoluene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Di-N-Octyl Phthalate	<input type="checkbox"/>	<10					1	ug/l	kg/day				
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>	<50					1	ug/l	kg/day				
Fluoranthene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Fluorene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Hexachlorobenzene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Hexachlorobutadiene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Hexachlorocyclopentadiene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Hexachloroethane	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Isophorone	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Naphthalene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
Nitrobenzene	<input type="checkbox"/>	<10					1	ug/l	kg/day				
N-Nitrosodimethylamine	<input type="checkbox"/>	<10					1	ug/l	kg/day				

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		<i>(specify if blank)</i>		a. LONG TERM AVERAGE VALUE		d. NO ANAL
		(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	
		CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS	
<b>GC/MS Fraction - Base/Neutral Compounds</b>												
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>	<10						1	ug/l	kg/day		
N-Nitrosodiphenylamine	<input type="checkbox"/>	<10						1	ug/l	kg/day		
Phenanthrene	<input type="checkbox"/>	<10						1	ug/l	kg/day		
Pyrene	<input type="checkbox"/>	<10						1	ug/l	kg/day		
1,2,4-Trichlorobenzene	<input type="checkbox"/>	<10						1	ug/l	kg/day		
<b>GC/MS Fraction - Pesticides</b>												
Aldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day		
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Gamma-BHC	<input type="checkbox"/>								mg/l	kg/day		
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Chlordane	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day		
Dieldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day		
Endrin	<input type="checkbox"/>								mg/l	kg/day		
Endrin Aklalyle	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day		
PCB-1242	<input type="checkbox"/>								mg/l	kg/day		
PCB-1254	<input type="checkbox"/>								mg/l	kg/day		
PCB-1221	<input type="checkbox"/>								mg/l	kg/day		
PCB-1232	<input type="checkbox"/>								mg/l	kg/day		
PCB-1248	<input type="checkbox"/>								mg/l	kg/day		
PCB-1260	<input type="checkbox"/>								mg/l	kg/day		
PCB-1016	<input type="checkbox"/>								mg/l	kg/day		
Toxaphene	<input type="checkbox"/>								mg/l	kg/day		

FORM  
**2F**  
NPDES



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

**I. Outfall Location**

OUTFALL NUMBER	LATITUDE			LONGITUDE			RECEIVING WATER
	DEG.	MIN.	SEC.	DEG.	MIN.	SEC.	
005	41	47	58	81	9	17	Lake Erie
006	41	48	5	81	9	5	Lake Erie
007	41	48	21	81	8	29	Lake Erie

**II. Improvements**

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

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

**III. Site Drainage Map**

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

**IV. Narrative Description of Pollutant Sources**

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

OUTFALL	IMPERVIOUS SURFACE AREA <i>(provide units)</i>	TOTAL AREA DRAINED <i>(provide units)</i>
005	1,817,915 sqft	0.6 sqmi
006	661,365 sqft	0.07 sqmi
007	761,915 sqft	0.76 sqmi

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

No significant materials are stored in a manner that would allow exposure to stormwater. Storage is either indoors or in water tight containers if outdoors. The plant Spill Prevention Control and Countermeasure Plan, and Chemical Control Program procedures are the primary site directives for control of significant materials. Materials loading and access is either indoors or, if outdoors, done only with materials in water tight containers. Herbicides are applied by spot application each year to gravel yard areas and landscape beds. No soil conditioners or fertilizers are applied.

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

OUTFALL	TREATMENT DESCRIPTION	TREATMENT CODE
005	Impoundment structures with concrete barriers	1-U - Sedimentation (Settling)
006	Imp structures, concrete barriers, dikes, skimmer plates	1-U - Sedimentation (Settling)
007	Imp structures, concrete barriers, dikes, skimmer plates	1-U - Sedimentation (Settling)

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are being identified in either an accompanying Form 2C or Form 2E application for the outfall.

Joseph Oelbracht  
Supervisor, Nuclear Chemistry Service:

7/27/06

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

Drawings of drainage systems were reviewed for the presence of non-stormwater discharges.

### VI. Significant Leaks or Spills

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

None Known.

### VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.

Tables VII-A, VII-B, VII-C are included on separate sheets numbered VII-1 and VII-2.

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

Date of Storm Event	Duration (in minutes)	Total rainfall during storm event (in inches)	Number of hours between beginning of storm measured and end of previous measureable rain event	Maximum flow rate during rain event (in gallons/minute)	Total flow from rain event (in gallons)
04/21/2006	60	0.21	120	005 3569	214169
04/21/2006	60	0.21	120	006 1299	77940
04/21/2006	60	0.21	120	007 1496	89761

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

Rational Calculation Method

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

Yes (list all such pollutants below)

No (go to Section IX)

### VIII. Biological Toxicity Testing Data

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

Yes (list all such pollutants below)

No (go to Section IX)

### IX. Contract Analysis Information

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

Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

No (go to section X)

### X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE <i>(type or print)</i> L.W. Pearce V.P., Nuclear, Perry	B. PHONE NO. <i>(area code &amp; no.)</i> (440) 280-5382
C. SIGNATURE <i>L.W. Pearce</i>	D. DATE SIGNED 8/1/06

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BOD)		20 mg/l	kg/day	mg/l	kg/day	1	
Chemical Oxygen Demand (COD)		89 mg/l	kg/day	mg/l	kg/day	1	
Total Suspended Solids (TSS)		89 mg/l	kg/day	mg/l	kg/day	1	
pH		7.7				1	
Nitrate-Nitrite (as N)		2.01 mg/l	kg/day	mg/l	kg/day	1	
Oil and Grease		<5 mg/l	kg/day	mg/l	kg/day	1	
Phosphorus (as P), Total	7723-14-0	0.13 mg/l	kg/day	mg/l	kg/day	1	
Nitrogen, Total Kjeldahl		2.8 mg/l	kg/day	mg/l	kg/day	1	

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Copper		13 ug/l	kg/day	mg/l	kg/day	1	
Iron		3.9 mg/l	kg/day	mg/l	kg/day	1	

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BOD)		<3 mg/l	kg/day	mg/l	kg/day	1	
Chemical Oxygen Demand (COD)		<20 mg/l	kg/day	mg/l	kg/day	1	
Total Suspended Solids (TSS)		<4 mg/l	kg/day	mg/l	kg/day	1	
pH		7.62				1	
Nitrate-Nitrite (as N)		2.08 mg/l	kg/day	mg/l	kg/day	1	
Oil and Grease		<5 mg/l	kg/day	mg/l	kg/day	1	
Phosphorus (as P), Total	7723-14-0	0.63 mg/l	kg/day	mg/l	kg/day	1	
Nitrogen, Total Kjeldahl		1.1 mg/l	kg/day	mg/l	kg/day	1	

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Copper		8 ug/l	kg/day	mg/l	kg/day	1	
Iron		0.12 mg/l	kg/day	mg/l	kg/day	1	

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BOD)		12 mg/l	kg/day	mg/l	kg/day	1	
Chemical Oxygen Demand (COD)		48 mg/l	kg/day	mg/l	kg/day	1	
Total Suspended Solids (TSS)		75 mg/l	kg/day	mg/l	kg/day	1	
pH		7.9				1	
Nitrate-Nitrite (as N)		0.49 mg/l	kg/day	mg/l	kg/day	1	
Oil and Grease		<5 mg/l	kg/day	mg/l	kg/day	1	
Phosphorus (as P), Total	7723-14-0	0.22 mg/l	kg/day	mg/l	kg/day	1	
Nitrogen, Total Kjeldahl		1.7 mg/l	kg/day	mg/l	kg/day	1	

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Copper		5 ug/l	kg/day	mg/l	kg/day	1	
Iron		1.01 mg/l	kg/day	mg/l	kg/day	1	

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.



c. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

3. Are you requesting a waiver as outlined by OAC 3745-1-05(D)(2-7) of the Antidegradation rule?

Yes  No

If you wish to pursue one of the waivers, please identify the waiver and submit the necessary information to support the request. Depending on the waiver requested, the information required under question C.4 is still required to complete the application.

4. For all projects that do not qualify for an exclusion a report must be submitted evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report. If a waiver is requested, this section is still required.

a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection treatment facilities, including long range plans for sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational on the effected water resource.

c. Provide a brief description below of all treatment/disposal alternatives evaluated for this application. (If additional space is needed please attach to the end of this addendum).

Preferred Design alternative:

Non-degradation alternative(s):

Minimal degradation alternative(s):

Mitigative technique/measure(s):

At a minimum, the following information must be included in the report for each alternative evaluated.

d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.

e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.

f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance expenses that would lead to increased degradation.

g. Describe any impacts to human health and the overall quality and value of the water resource.

h. Describe and provide an estimate of the important social and economic benefit to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.

i. Describe environmental benefits to be realized through this proposed degradation.

j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.

k. Describe the environmental benefits lost as a result of this project. Include the impact on the aquatic life, wildlife, threatened or endangered species.

l. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

m. Provide any other information that may be useful in evaluating this application.

D. Discharge Information

1. For treatment/disposal systems constructed pursuant to a previously issued Ohio EPA PTI, provide the following information:

PTI Number: \_\_\_\_\_

PTI Issuance date: \_\_\_\_\_

Initial Date of Discharge: \_\_\_\_\_

2. Has the appropriate NPDES permit application form been submitted including representative effluent data?

Yes  No

If no, submit the information as applicable under a OR b as follows:

a. For entities discharging process wastewater attach a completed 2C Form.

b. For entities discharging wastewater of domestic origin attach the results of at least one chemical analysis of the wastestream for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of wastewaters being discharged.

E. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete.

This section must be signed by the same responsible person who signed accompanying permit application or certification as per 40 CFR 122.22

Signature *[Handwritten Signature]*

Date 8/1/06



FIRSTENERGY CORP.

0654190

VOID IF NOT CASHED WITHIN 90 DAYS

50-937

213

Check No. 0654190

CHECK DATE

AMOUNT

07 21 2006

\*\*\*\*\*200.00

PAY TO THE ORDER OF TREASURER STATE OF OHIO OHIO EPA NE DISTRICT OFFICE 2110 EAST AURORA ROAD TWINSBURG, OH 44087

EXACTLY \*\*\*\*\*200 DOLLARS 00 CENTS

James F. Pearson

Treasurer FirstEnergy Corp.

JPMorgan Chase Bank, Syracuse, NY 13206

⑈0654190⑈ ⑆021309379⑆ 601864788⑈

VENDOR NO. 0140017645 DOC NO. 2000177695

PO NO	INVOICE / RCPT #	DATE	DOCUMENT #	VENDOR INV AMT	DISCOUNT	NET AMOUNT
	APP.NO.OH0063461	07/18/2006	1902081816	200.00	0.00	200.00
Perry Nuclear Plant NPDES Renewal App. Fee						

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