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50-439 Bellefonte Nuclear Plant, Unit 2, Tennessee Valley Au 05000439
AUTH.NAME AUTHOR AFFILIATION
EL-ASHRY,M.T. Tennessee Valley Authority
RECIP.NAME RECIPIENT AFFILIATION
WARR,J.W. Alabama, State of

SUBJECT: Forwards application for reissuance of NPDES Permit AL0024635.Preliminary draft permit will be submitted by 810220.Oversize maps encl.

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	ENV ENG BR	09	1	1	HYD/GEO BR		1	1
	HYDRO-GEO BR		1	1	I&E	07	2	2
	NRC PDR	02	1	1	OELD		1	0
	RAD ASSESSMT BR		1	1	REG FILE	01	1	1
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JAN 26 1981

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TENNESSEE VALLEY AUTHORITY
NORRIS, TENNESSEE 37828

JAN 20 1981

Mr. James W. Warr
Water Improvement Commission
State of Alabama
State Office Building
Montgomery, Alabama 36130

Dear Mr. Warr:

BELLEFONTE NUCLEAR PLANT - NPDES PERMIT NO. AL0024635 - CONSOLIDATED PERMIT APPLICATION

In response to your August 19, 1980, letter concerning the above subject, enclosed is TVA's updated application for the reissuance of NPDES Permit No. AL0024635. Included are two completed sets of EPA Forms 3510-1 and 3510-2C. These forms contain pertinent information transferred from TVA's earlier permit applications (June 14, 1979, October 9, 1979, and April 2, 1980), along with the additional analysis information required under the May 19, 1980, consolidated permits program regulations. In accordance with verbal approval given by J. P. Martin of your staff to D. S. Walsh on January 12, 1981, we have not submitted monitoring data for Outfall Number 005, Intake Trash Sluice, since the discharge consists of raw river water only from the intake screen and strainer backwash during normal operating conditions. Please note that the flow diagram shows a flow of 36,000 gallons per day of building drainage also discharges through the trash sluice. However, the flow value is based upon sump pump capacities and will not occur on a routine basis.

Also note that identical monitoring data has been submitted for Outfall Numbers 006 and 007. Samples were collected for Outfall 006 which consists of yard drainage conveyed through a ditch which runs along the road leading to the intake pumping station. Samples were not collected for Outfall 007 since it consists of yard drainage conveyed through a ditch which runs along the opposite side of the same road and is essentially identical in characteristics and flow. This information is supplied to you in accordance with Application Form 2C instructions. Verbal permission for the request to sample Outfall 006 ONLY was given by Mr. Martin to Mr. Walsh on January 13, 1981.

As previously requested (April 2, 1980), this application should be considered for alternative thermal limitations under Section 316(a) of the Clean Water Act.

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8101220384

A

Mr. James W. Warr

JAN 20 1981

In reference to Mr. Martin's October 9, 1980, letter requesting that TVA provide you with a preliminary draft permit, we now anticipate completion and submittal of our draft by February 20, 1981.

If you have any questions or require further information, please contact D. S. Walsh or G. R. Steiner at (615) 755-3173.

Sincerely,

Mohamed T. El-Ashry, Ph.D.
Director of Environmental Quality

Enclosure (2)
cc (Enclosure):

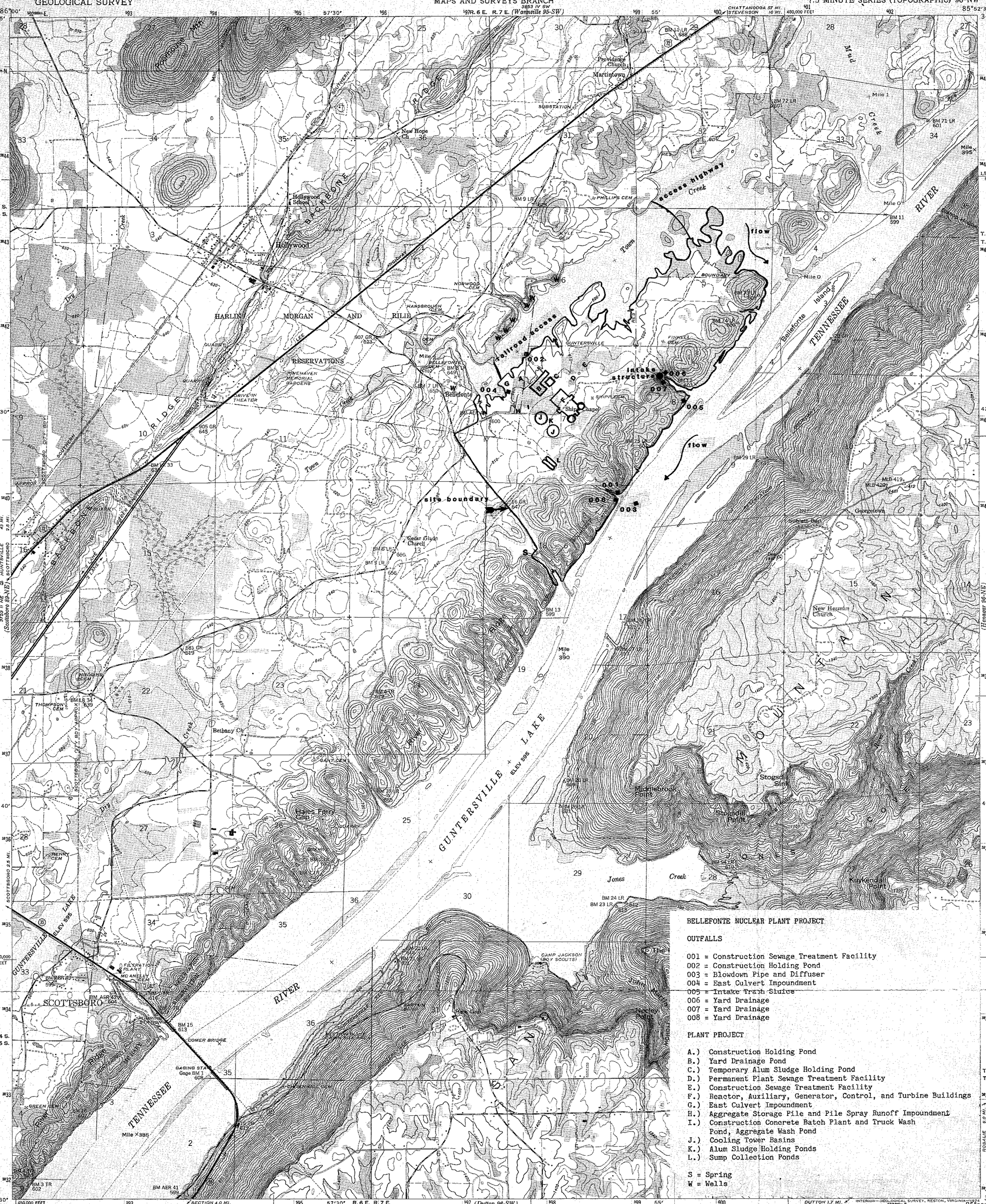
Mr. Harold R. Denton, Director
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
7920 Norfolk Avenue
Washington, DC 20555

Mr. Sanford W. Harvey, Jr., Director
Enforcement Division
U.S. Environmental Protection Agency
Region IV
345 Courtland Street NE.
Atlanta, Georgia 30308

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

UNITED STATES
TENNESSEE VALLEY AUTHORITY
MAPS AND SURVEYS BRANCH

HOLLYWOOD QUADRANGLE
ALABAMA-JACKSON CO.
7.5 MINUTE SERIES (TOPOGRAPHIC) 96-NW



BELLEFONTE NUCLEAR PLANT PROJECT

OUTFALLS

001 = Construction Sewage Treatment Facility
002 = Construction Holding Pond
003 = Blowdown Pipe and Diffuser
004 = East Culvert Impoundment
005 = Intake Trash Sluice
006 = Yard Drainage
007 = Yard Drainage
008 = Yard Drainage

PLANT PROJECT

A.) Construction Holding Pond
B.) Yard Drainage Pond
C.) Temporary Alum Sludge Holding Pond
D.) Permanent Plant Sewage Treatment Facility
E.) Construction Sewage Treatment Facility
F.) Reactor, Auxiliary, Generator, Control, and Turbine Buildings
G.) East Culvert Impoundment
H.) Aggregate Storage Pile and Pile Spray Runoff Impoundment
I.) Construction Concrete Batch Plant and Truck Wash Pond, Aggregate Wash Pond
J.) Cooling Tower Basins
K.) Alum Sludge Holding Ponds
L.) Sump Collection Ponds

S = Spring
W = Wells

Mapped and edited by Tennessee Valley Authority
Published by the Geological Survey

Control by USC&GS, USGS, and TVA

Topography by USGS and TVA by photogrammetric methods.
Map field checked by TVA, 1947

Polyconic projection. 1927 North American datum
10,000 foot grid based on Alabama (East) rectangular coordinate system
1000 meter Universal Transverse Mercator Grid ticks, Zone 16, shown in blue

Revisions shown in purple and recompilation of woodland areas compiled by the Tennessee Valley Authority from aerial photographs taken 1970. This information not field checked

Fine purple dashed lines indicate selected fence and field lines visible on aerial photography. This information is unchecked

UTM GRID AND 1970 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

CONTOUR INTERVAL 20 FEET
DASHED LINES REPRESENT HALF-INTERVAL CONTOURS
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS

FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
AND BY U.S. TENNESSEE VALLEY AUTHORITY, CHATTANOOGA, TENN. 37401 OR KNOXVILLE, TENN. 37902
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

QUADRANGLE LOCATION

ROAD CLASSIFICATION

Heavy-duty
Medium-duty
Light-duty
Poor motor road
Wagon and jeep track
Foot trail
U. S. Route
State Route

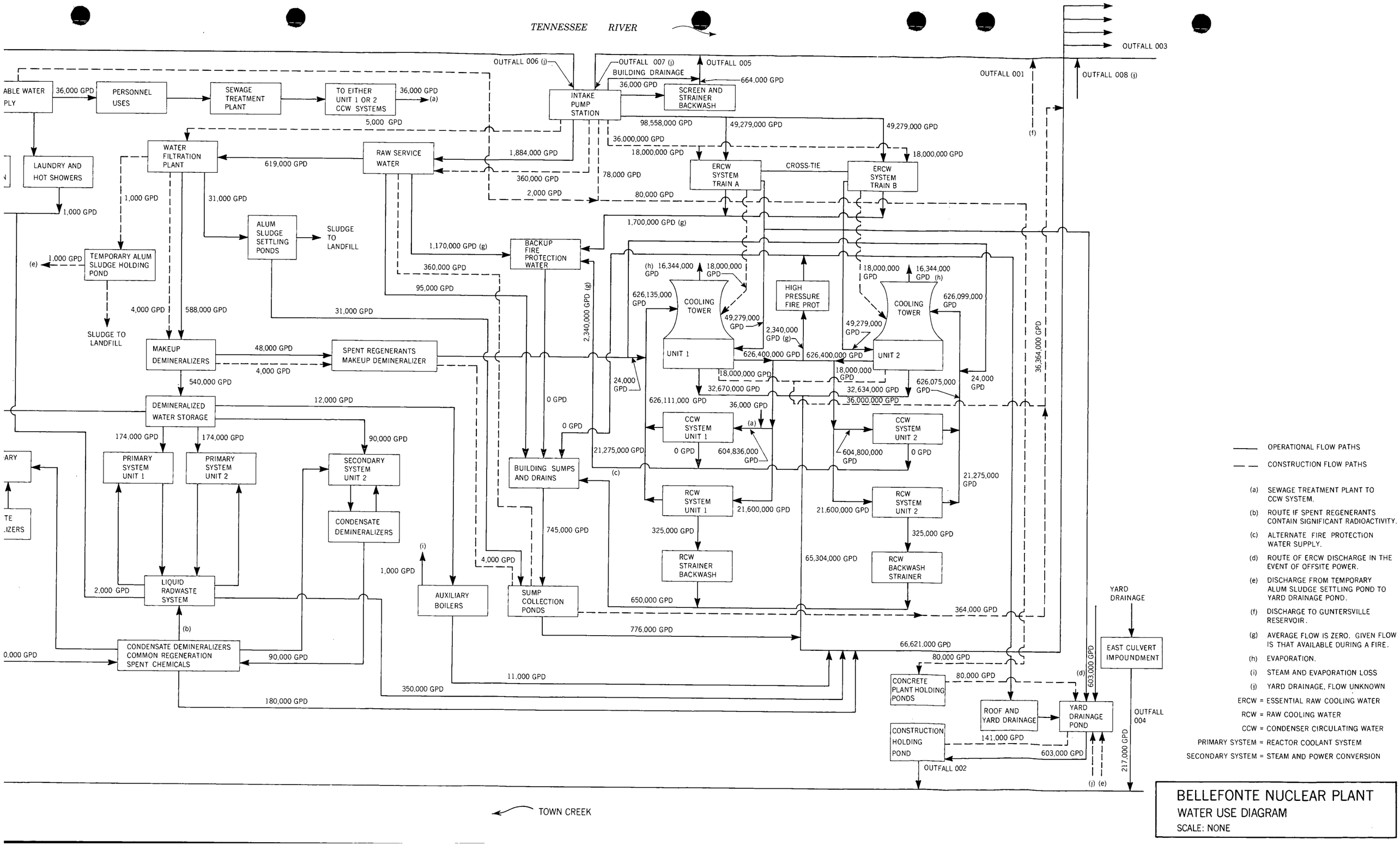
In developed areas, only through roads are classified

HOLLYWOOD, ALA.
N3437.5-W8552.5/7.5

1947

PHOTOREVISED 1970
AMS 3853 III NW-SERIES V844

1940-058
TVA
1:24000
Tennessee River
Flow-->
003
008
001
005
BELLEFONTE NUCLEAR PLANT PROJECT
006
007
Intake Pump Station
Sump Collection Ponds
Cooling Tower Basin
Alum Sludge Holding Ponds
Cooling Tower Basin
Reactor, Auxiliary, Generator, Control, and Turbine Buildings
Permanent Plant Sewage Treatment Facility
Construction Concrete Batch Plant and Truck Wash Pond, Aggregate Wash Pond
Construction Sewage Treatment Facility
Temporary Alum Sludge Holding Pond
Aggregate Storage Pile and Pile Spray Runoff Impoundment
Yard Drainage Pond
East Culvert Impoundment
Construction Holding Pond
004
Access Highway
002
<-- Flow
Town Creek
Railroad Access
OUTFALLS
001 = Construction Sewage Treatment Facility
002 = Construction Holding Pond
003 = Blowdown Pipe and Diffuser
004 = East Culvert Impoundment
005 = Intake Trash Sluice
006 = Yard Drainage
007 = Yard Drainage
008 = Yard Drainage


TENNESSEE RIVER
OUTFALL 003
OUTFALL 006 (j)
OUTFALL 007 (j)
BUILDING DRAINAGE
OUTFALL 005
664,000 GPD
OUTFALL 001
OUTFALL 008 (j)
ABLE WATER PLY
36,000 GPD
PERSONNEL USES
SEWAGE TREATMENT PLANT
TO EITHER UNIT 1 OR 2 CCW SYSTEMS
36,000 GPD
(a)
5,000 GPD
INTAKE PUMP STATION
36,000 GPD
SCREEN AND STRAINER BACKWASH
98,558,000 GPD
49,279,000 GPD
49,279,000 GPD
36,000,000 GPD
18,000,000 GPD
18,000,000 GPD
(f)
LAUNDRY AND HOT SHOWERS
WATER FILTRATION PLANT
619,000 GPD
RAW SERVICE WATER
1,884,000 GPD
360,000 GPD
78,000 GPD
ERCW SYSTEM TRAIN A
CROSS-TIE
ERCW SYSTEM TRAIN B
2,000 GPD
80,000 GPD
1,000 GPD
1,000 GPD
31,000 GPD
ALUM SLUDGE SETTLING PONDS
SLUDGE TO LANDFILL
1,700,000 GPD (g)
1,170,000 GPD (g)
BACKUP FIRE PROTECTION WATER
1,000 GPD
(e)
TEMPORARY ALUM SLUDGE HOLDING POND
360,000 GPD
95,000 GPD
(h) 16,344,000 GPD
18,000,000 GPD
18,000,000 GPD
16,344,000 GPD (h)
626,135,000 GPD
COOLING TOWER
HIGH PRESSURE FIRE PROT
COOLING TOWER
626,099,000 GPD
4,000 GPD
588,000 GPD
31,000 GPD
2,340,000 GPD (g)
49,279,000 GPD
2,340,000 GPD (g)
49,279,000 GPD
SLUDGE TO LANDFILL
MAKEUP DEMINERALIZERS
48,000 GPD
SPENT REGENERANTS MAKEUP DEMINERALIZER
4,000 GPD
UNIT 1
626,400,000 GPD
626,400,000 GPD
UNIT 2
36,364,000 GPD
540,000 GPD
18,000,000 GPD
18,000,000 GPD
24,000 GPD
32,670,000 GPD
32,634,000 GPD
626,075,000 GPD
24,000 GPD
DEMINERALIZED WATER STORAGE
12,000 GPD
0 GPD
626,111,000 GPD
36,000 GPD
36,000,000 GPD
0 GPD
CCW SYSTEM UNIT 1
(a)
CCW SYSTEM UNIT 2
174,000 GPD
174,000 GPD
90,000 GPD
21,275,000 GPD
0 GPD
604,836,000 GPD
604,800,000 GPD
0 GPD
PRIMARY SYSTEM UNIT 1
PRIMARY SYSTEM UNIT 2
SECONDARY SYSTEM UNIT 2
BUILDING SUMPS AND DRAINS
(c)
21,275,000 GPD
RCW SYSTEM UNIT 1
21,600,000 GPD
21,600,000 GPD
RCW SYSTEM UNIT 2
CONDENSATE DEMINERALIZERS
745,000 GPD
325,000 GPD
325,000 GPD
(i)
4,000 GPD
RCW STRAINER BACKWASH
65,304,000 GPD
RCW BACKWASH STRAINER
1,000 GPD
2,000 GPD
LIQUID RADWASTE SYSTEM
AUXILIARY BOILERS
SUMP COLLECTION PONDS
650,000 GPD
364,000 GPD
YARD DRAINAGE
(b)
776,000 GPD
66,621,000 GPD
EAST CULVERT IMPOUNDMENT
0,000 GPD
CONDENSATE DEMINERALIZERS COMMON REGENERATION SPENT CHEMICALS
90,000 GPD
80,000 GPD
11,000 GPD
80,000 GPD
(d)
603,000 GPD
CONCRETE PLANT HOLDING PONDS
350,000 GPD
180,000 GPD
ROOF AND YARD DRAINAGE
YARD DRAINAGE POND
OUTFALL 004
CONSTRUCTION HOLDING POND
141,000 GPD
603,000 GPD
217,000 GPD
OUTFALL 002
(j) (e)
TOWN CREEK
OPERATIONAL FLOW PATHS
CONSTRUCTION FLOW PATHS
(a) SEWAGE TREATMENT PLANT TO CCW SYSTEM.
(b) ROUTE IF SPENT REGENERANTS CONTAIN SIGNIFICANT RADIOACTIVITY.
(c) ALTERNATE FIRE PROTECTION WATER SUPPLY.
(d) ROUTE OF ERCW DISCHARGE IN THE EVENT OF OFFSITE POWER.
(e) DISCHARGE FROM TEMPORARY ALUM SLUDGE SETTLING POND TO YARD DRAINAGE POND.
(f) DISCHARGE TO GUNTERSVILLE RESERVOIR.
(g) AVERAGE FLOW IS ZERO. GIVEN FLOW IS THAT AVAILABLE DURING A FIRE.
(h) EVAPORATION.
(i) STEAM AND EVAPORATION LOSS
(j) YARD DRAINAGE, FLOW UNKNOWN
ERCW = ESSENTIAL RAW COOLING WATER
RCW = RAW COOLING WATER
CCW = CONDENSER CIRCULATING WATER
PRIMARY SYSTEM = REACTOR COOLANT SYSTEM
SECONDARY SYSTEM = STEAM AND POWER CONVERSION
BELLEFONTE NUCLEAR PLANT
WATER USE DIAGRAM
SCALE: NONE

Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

EPA I.D. NUMBER: F A L 5 6 4 0 0 9 0 0 0 2 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

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

III. NAME OF FACILITY

1 SKIP B E L L E F O N T E N U C L E A R P L A N T

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: 2 E L - A S H R Y M O H A M E D D I R E C T O R E O S

B. PHONE *(area code & no.)*: 6 1 5 6 3 2 6 4 5 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 2 1 5 N A T U R A L R E S O U R C E S B L D G.

B. CITY OR TOWN: 4 N O R R I S

C. STATE: T N

D. ZIP CODE: 3 7 8 2 8

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 7 miles N.E. of Scottsboro Ala.

B. COUNTY NAME: J A C K S O N

C. CITY OR TOWN: 6 H O L L Y W O O D

D. STATE: A L

E. ZIP CODE: 3 5 7 5 2

F. COUNTY CODE *(if known)*:

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
4911 (specify) ELECTRIC POWER GENERATION	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: TENNESSEE VALLEY AUTHORITY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC *(other than federal or state)*, O = OTHER *(specify)*: F (specify)

D. PHONE *(area code & no.)*: A 615 632 6450

E. STREET OR P.O. BOX: 215 NATURAL RESOURCES BLDG.

F. CITY OR TOWN: NORRIS

G. STATE: TN

H. ZIP CODE: 37828

IX. INDIAN LAND
Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: N AL0024635	D. PSD *(Air Emissions from Proposed Sources)*: P
B. UIC *(Underground Injection of Fluids)*: U	E. OTHER *(specify)*: 9 (specify)
C. RCRA *(Hazardous Wastes)*: R AL5640090002	E. OTHER *(specify)*: 9 (specify)

XI. MAP

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

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

Production of electrical power by thermonuclear fission and associated operations.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Mohamed T. El-Ashry, Ph.D. Director of Environmental Quality	Mohamed T. El-Ashry	1/20/81

COMMENTS FOR OFFICIAL USE ONLY

C

☆U.S. GOVERNMENT PRINTING OFFICE: 1980—323-829/6355

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1) AL5640090002

Form Approved OMB No. 158-R0173

FORM 2C NPDES

EPA

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

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
001	34	42	00	85	55	15	Tennessee River
002	34	43	00	85	56	00	Town Creek
003	34	42	00	85	55	15	Tennessee River
004	34	42	30	85	56	15	Town Creek
005	34	42	30	85	54	45	Tennessee River
006	34	42	45	85	54	45	Tennessee River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Construction Domestic	59,000 GPD	Three extended aeration	1	L
	Sewage		package sewage treatment	1	T
			plants in parallel; 1-30,000	X	X
			gpd, 2-15,000 gpd, with flow	3	A
			equalization and combined	1	U
			effluent chlorination.	5	A
			Waste sludge periodically	2	F
			disposed of in Scottsboro,		
			Alabama Sewage Treatment		
			Facility		
002	Construction Holding Pond				
	Effluent which receives				
	flow from the following:				
	1. Construction rainfall	60,000 GPD	Permanent yard drainage	1	U
	runoff	(Based upon	pond with capacity of 40.1	X	X
		annual aver-	acre-feet with oil skimming		
		age precipi-	which discharges to a 18.4		
		tation)	acre-feet construction		
			holding pond with oil skimming		
	2. Yard drainage	603,000 GPD	Yard drainage pond and con-	1	U
		(Based on an-	struction holding pond	X	X
		nual aver. prec.)			

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

CONTINUED FROM THE FRONT

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

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

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

III. MAXIMUM 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 *(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 maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

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

IV. IMPROVEMENTS

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

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

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUE ON PAGE 3

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
AL5640090002

Form Approved OMB No. 158-R0173

FORM 2C NPDES

EPA

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

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
007	34	42	45	85	54	45	Tennessee River
008	34	42	00	85	54	15	Tennessee River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
002 cont.	3. Concrete mixing plant wastes	80,000 GPD	2.2 acre-feet plant and truck washwater settling pond with oil skimming and 1.4 acre-feet aggregate washwater settling pond with oil skimming with a combined discharge to yard drainage pond; settling impoundment for aggregate pile spray runoff which discharges to yard drainage pond. Accumulated solids are disposed of in an on-site landfill	1 X 5	U X Q
	4. Temporary water treatment plant (alum sludge) wastes	1,000 GPD	2.75 acre-feet alum sludge holding pond which discharges to yard drainage pond. Sludge will be disposed of in an approved disposal site	1 5	U Q

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

CONTINUED FROM THE FRONT

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

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

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

III. MAXIMUM 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 *(to 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 maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

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

IV. IMPROVEMENTS

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

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

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUE ON PAGE 3

EPA I.D. NUMBER (copy from Item 1 of Form 1)
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FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
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EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
003	Diffuser discharge which		Mixing by submerged	1	O
	receives flow from the		multiport diffusers		
	following:				
	1. Essential Raw	36,000,000 GPD	Dechlorination (when neces-	2	E
	Cooling Water System		sary)		
	test flows				
	2. Raw service water	364,000 GPD	Neutralization of demineral-	2	K
	system test flows and		izer wastes, two 2.3 acre-	1	U
	construction phase		feet sump collection	X	X
	makeup demineralizer		settling ponds with oil		
	spent regenerant		skimming		
	discharge				
	3. Cooling tower blowdown	65,304,000 GPD	Dechlorination (when	2	E
	during plant operation		necessary)		
	which includes				
	recirculated:				
	a. Makeup demineralizer	48,000 GPD	Neutralization, partial	2	K
	spent regenerants		evaporation	1	F
	b. Operational sewage	36,000 GPD	Three 12,000 GPD septic tank-	X	X
	treatment plant		sand filter sewage treatment	1	L
	effluent		plants in parallel with flow	1	U
			equalization and combined	3	C

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

CONTINUED FROM THE FRONT

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

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

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

III. MAXIMUM 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 *(to 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 maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

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

IV. IMPROVEMENTS

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

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

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUE ON PAGE 3

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FORM 2C NPDES

EPA

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

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)

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.

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1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
003 cont.			effluent chlorination	1	V
			followed by partial evapo-	2	F
			ration	1	F
				5	B
	4. Auxiliary boiler	11,000 GPD	None		
	blowdown				
	5. Condensate demineral-	180,000 GPD	Neutralization, Diatomaceous	2	K
	izer spent regenerants		earth filtration	1	C
	6. Sump collection ponds		Sedimentation with oil	1	U
	discharge which re-		skimming	X	X
	ceives flow from the				
	following:				
	a. Building sumps and	745,000 GPD	Oil skimming on part of dis-	X	X
	drains		charge		
	b. Alum sludge settling	31,000 GPD	Two 0.5 acre-feet alum sludge	1	U
	ponds		settling ponds. Sludge will	5	Q
			be disposed of in an approved		
			disposal site		
	7. Liquid radwaste	350,000 GPD	Evaporation, and ion exchange.	1	F
	system		Sludge is disposed of as low	2	J
			level radioactive waste		

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

CONTINUED FROM THE FRONT

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

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

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

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a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	

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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)*

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

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

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FORM 2C NPDES

EPA

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EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
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	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	

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.

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1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
004	Yard drainage	217,000 GPD	East culvert impoundment	1	U
		(Based upon	with capacity of 2.9 acre-		
		annual average	feet		
		precipitation)			
005	Intake trash sluice which				
	receives flow from the				
	following:				
	1. Intake screen and	664,000 GPD	None		
	strainer backwash				
	2. Building drainage	36,000 GPD	Oil skimming on part of the	X	X
			drainage		
006	Yard drainage	Unknown	Rock and/or straw bale check	X	X
			dams providing filtration	1	U
			and/or sedimentation		
007	Yard drainage	Unknown	Rock and/or straw bale check	X	X
			dams providing filtration	1	U
			and/or sedimentation		
008	Yard drainage	Unknown	Rock and/or straw bale check	X	X
			dams providing filtration	1	U
			and/or sedimentation		

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

CONTINUED FROM THE FRONT

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

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

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

III. MAXIMUM 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 *(to 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 maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

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

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)*

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

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

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V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

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

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you do or expect that you will over the next 5 years use or manufacture as an intermediate or final product or byproduct?

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

N/A

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ YES (complete Item VI-C below) ☒ NO (go to Section VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.

N/A

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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

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

N/A

VIII. CONTRACT ANALYSIS INFORMATION

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

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

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*
Compu/Chem Mead Technology Laboratories	Post Office Box 12652 Research Triangle Park North Carolina, 27709	(919)549-8264 (800)334-8525	Part C - (IV.-3IV) (1A.-11A.), (1B.-46B.).

IX. CERTIFICATION

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 individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
Mohamed T. El-Ashry Ph.D. Director of Environmental Quality	(615) 632-6450
C. SIGNATURE Mohamed T. El-Ashry	D. DATE SIGNED 1/20/81

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

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

OUTFALL NO. 001

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (2) (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (3) (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	6.4	3	29	16	13.3	7	1-12	mg/1	lbs/day			
b. Chemical Oxygen Demand *(COD)*	140	64					1	mg/1	lbs/day			
c. Total Organic Carbon *(TOC)*	35	16					1	mg/1	lbs/day			
d. Total Suspended Solids *(TSS)*	51	23	57	31	30	15	1-18	mg/1	lbs/day			
e. Ammonia *(as N)*	50	23					1	mg/1	lbs/day			
f. Flow	VALUE 0.055		VALUE 0.066		VALUE 0.059		1-204	MGD		VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)* (1)	VALUE 17		VALUE		VALUE		1	°C		VALUE		
i. pH (1)	MINIMUM 7.4	MAXIMUM	MINIMUM 6.6	MAXIMUM 7.4			1-215	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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual (1)	X		4	2					1	mg/1	lbs/day			
c. Color	X		70						1	PCU				
d. Fecal Coliform (1)	X		<10						1	N/100ML				
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*	X		0.12	0.006					1	mg/1	lbs/day			

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X" a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		52	24					1	mg/1	lbs/day			
h. Oil and Grease (1)	X		<5						1	mg/1				
i. Phosphorus (as P), Total (7723-14-0)	X		8	4					1	mg/1	lbs/day			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X		29	13					1	mg/1	lbs/day			
l. Sulfide (as S)	X		0.08	0.04					1	mg/1	lbs/day			
m. Sulfite (as SO_3) (14265-45-3)	X		<2						1	mg/1				
n. Surfactants	X		0.15	0.07					1	mg/1	lbs/day			
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	001

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for **ALL** toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non—process 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7550-50-8)			X												
7M. Lead, Total (7439-97-6)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5) (1)			X												
15M. Phenols, Total (1)		X		11	0.005					1	µg/l	lbs/day			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item I of Form 1)	OUTFALL NUMBER
AL5640090002	001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2) (4)			X	34	0.02					1	µg/l	lbs/day			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)		X		<10						1	µg/l				
24V. Tetrachloroethylene (127-18-4)		X		<10						1	µg/l				
25V. Toluene (108-88-3) (5)			X	49	0.02					1	µg/l	lbs/day			
26V. 1,2-Trans-Dichloroethylene (156-60-5)		X		<10						1	µg/l				
27V. 1,1,1-Trichloroethane (71-55-6)		X		<10						1	µg/l				
28V. 1,1,2-Trichloroethane (79-00-5)		X		<10						1	µg/l				
29V. Trichloroethylene (79-01-6)		X		<10						1	µg/l				
30V. Trichlorofluoromethane (75-69-4)		X		<10						1	µg/l				
31V. Vinyl Chloride (75-01-4)			X	<10						1	µg/l				
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)		X		<25						1	µg/l				
2A. 2,4-Dichlorophenol (120-83-2)		X		<25						1	µg/l				
3A. 2,4-Dimethylphenol (105-67-9)			X	<25						1	µg/l				
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	<250						1	µg/l				
5A. 2,4-Dinitrophenol (51-28-5)			X	<250						1	µg/l				
6A. 2-Nitrophenol (88-75-5)			X	< 25						1	µg/l				
7A. 4-Nitrophenol (100-02-7)			X	<25						1	µg/l				
8A. P-Chloro-M-Cresol (59-50-7)		X		<25						1	µg/l				
9A. Pentachlorophenol (87-86-5)		X		<25						1	µg/l				
10A. Phenol (108-95-2)			X	<25						1	µg/l				
11A. 2,4,6-Trichlorophenol (88-06-2)		X		<25						1	µg/l				

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK X: a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	<10						1	µg/l				
2B. Acenaphtylene (208-96-8)			X	<10						1	µg/l				
3B. Anthracene (120-12-7)			X	<10						1	µg/l				
4B. Benzidine (92-87-5)			X	<10						1	µg/l				
5B. Benzo *(a)* Anthracene (56-55-3)			X	<10						1	µg/l				
6B. Benzo *(a)* Pyrene (50-32-8)			X	<10						1	µg/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	<10						1	µg/l				
8B. Benzo *(ghi)* Perylene (191-24-2)			X	<25						1	µg/l				
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	<10						1	µg/l				
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)		X		<10						1	µg/l				
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)		X		<10						1	µg/l				
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)		X		<10						1	µg/l				
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	2,800	1					1	µg/l	lbs/day			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	<10						1	µg/l				
15B. Butyl Benzyl Phthalate (85-68-7)			X	<10						1	µg/l				
16B. 2-Chloro-naphthalene (91-58-7)		X		<10						1	µg/l				
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)		X		<10						1	µg/l				
18B. Chrysene (218-01-9)			X	<10						1	µg/l				
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	<25						1	µg/l				
20B. 1,2-Dichloro-benzene (95-50-1)		X		<10						1	µg/l				
21B. 1,3-Dichloro-benzene (541-73-1)		X		<10						1	µg/l				

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CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)		X		<10						1	µg/l				
23B. 3,3'-Dichlorobenzidine (91-94-1)		X		<10						1	µg/l				
24B. Diethyl Phthalate (84-66-2)			X	<10						1	µg/l				
25B. Dimethyl Phthalate (131-11-3)			X	<10						1	µg/l				
26B. Di-N-Butyl Phthalate (84-74-2)			X	<10						1	µg/l				
27B. 2,4-Dinitrotoluene (121-14-2)			X	<10						1	µg/l				
28B. 2,6-Dinitrotoluene (606-20-2)			X	<10						1	µg/l				
29B. Di-N-Octyl Phthelate (117-84-0)			X	10	0.005					1	µg/l	lbs/day			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	<10						1	µg/l				
31B. Fluoranthene (206-44-0)			X	<10						1	µg/l				
32B. Fluorene (86-73-7)			X	<10						1	µg/l				
33B. Hexachlorobenzene (118-71-1)		X		<10						1	µg/l				
34B. Hexachlorobutadiene (87-68-3)		X		<10						1	µg/l				
35B. Hexachlorocyclopentadiene (77-47-4)		X		<10						1	µg/l				
36B. Hexachloroethane (67-72-1)		X		<10						1	µg/l				
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	<25						1	µg/l				
38B. Isophorone (78-59-1)			X	<10						1	µg/l				
39B. Naphthelene (91-20-3)			X	<10						1	µg/l				
40B. Nitrobenzene (98-95-3)			X	<10						1	µg/l				
41B. N-Nitrosodimethylamine (62-75-9)			X	<10						1	µg/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	<10						1	µg/l				

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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CONTINUED FROM PAGE V-3

EPA I.D. NUMBER (copy from Item I of Form 1): AL5640090002 OUTFALL NUMBER: 001

Form Approved OMB No. 158-R0173

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

U.S. GOVERNMENT PRINTING OFFICE: 1980—323-831/6356

DISCHARGE SERIAL NUMBER 001

(1) Part V.A - 1.h. and i. -- Maximum daily value is from one grab sample and not from four per 24-hours.

(2) Part V.A - 2.b. and c. -- Values are from grab sample data from Discharge Monitoring Reports (DMR's).

(3) Part V.A - 2.d. -- Two numbers are reported in some cases; the first for maximum daily and the second for long term average.

(4) Part V.C - 1. (22V.), (13B) -- Identified in EPA report "Priority Pollutant Methodology Quality Assurance Review" by Kleopfer, Dias, and Fairless as problem priority pollutants since frequently found in blanks and samples because of laboratory contamination.

(5) Part V.C - 1. (25V.), (29B.) -- Source of toluene is unknown; source of Di - N - Octyl Phthalate assumed to be same as (4), above.

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1): AL5640090002 OUTFALL NUMBER: 008

Form Approved OMB No. 158-R0173

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

U.S. GOVERNMENT PRINTING OFFICE: 1980—323-831/6356

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1) AL5640090002 OUTFALL NUMBER 008

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK X a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-71-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TEST INCLUDED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo *(a)* Anthracene (56-55-3)			X												
6B. Benzo *(a)* Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo *(ghi)* Perylene (191-24-2)			X												
9B. Benzo *(k)* Fluoranthene (207-08-9)			X												
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X												
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X												
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)			X												
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

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CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1) AL5640090002 | OUTFALL NUMBER 008

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK X a. BELIEVED PRESENT	b. BELIEVED ABSENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethyl phenol (105-67-9)			X												
4A. 4,6-Dinitro O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4 Nitrophenol (100-02-7)			X												
8A. P-Chloro M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87 86 5)			X												
10A. Phenol (108 95 2)			X												
11A. 2,4,6-Trichlorophenol (88 06-2)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-5

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	008

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non—process 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7550-50-8)		X		<10.0						1	µg/1				
7M. Lead, Total (7439-97-6)		X		2.0	0.0006					1	µg/1	lbs/day			
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		20.0	0.006					1	µg/1	lbs/day			
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764 01 6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. PRESENT	b. ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		0.21	0.06					1	mg/l	lbs/day			
h. Oil and Grease	X		<5.0						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)	X		0.12	0.04					1	mg/l	lbs/day			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X		62.0	19.0					1	mg/l	lbs/day			
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants	X		<0.1						1	mg/l				
o. Aluminum, Total (7429-90-5)	X		700	0.2					1	µg/l	lbs/day			
p. Berium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		680	0.2					1	µg/l	lbs/day			
t. Magnesium, Total (7439-95-4)	X		8.3	2.0					1	mg/l	lbs/day			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

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

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: AL5640090002

Form Approved OMB No. 158-R0173

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

OUTFALL NO: 008

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	2.1	0.6					1	mg/l	lbs/day			
b. Chemical Oxygen Demand *(COD)*	11	3.0					1	mg/l	lbs/day			
c. Total Organic Carbon *(TOC)*	3.6	1.0					1	mg/l	lbs/day			
d. Total Suspended Solids *(TSS)*	4.0	1.0					1	mg/l	lbs/day			
e. Ammonia *(as N)*	0.35	0.1					1	mg/l	lbs/day			
f. Flow (1)	VALUE 0.036		VALUE		VALUE		1	mgd		VALUE		
g. Temperature *(winter)*	VALUE 11.0		VALUE		VALUE		1	°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.1	MAXIMUM 7.5	MINIMUM	MAXIMUM			1	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X		14						1	PCU				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*	X		1.5	0.5					1	mg/l	lbs/day			

(1) Estimated Flow

CONTINUED FROM PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1): AL5640090002

OUTFALL NUMBER: 007

Form Approved OMB No. 158-R0173

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

U.S. GOVERNMENT PRINTING OFFICE: 1980—323-831/6356

CONTINUED FROM THE FRONT

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

 CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item I of Form 1): AL5640090002 | OUTFALL NUMBER: 007

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-71-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo *(a)* Anthracene (56-55-3)			X												
6B. Benzo *(a)* Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo *(ghi)* Perylene (191-24-2)			X												
9B. Benzo *(k)* Fluoranthene (207-08-9)			X												
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X												
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X												
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)			X												
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1): AL5640090002 | OUTFALL NUMBER: 007

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-5

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	007

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non-process 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7550-50-8)		X		<10						1	µg/l				
7M. Lead, Total (7439-97-6)		X		<1.0						1	µg/l				
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		10	0.003					1	µg/l	lbs/day			
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		0.14	0.04					1	mg/l	lbs/day			
h. Oil and Grease	X		<5.0						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)	X		0.07	0.02					1	mg/l	lbs/day			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X		110	33					1	mg/l	lbs/day			
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants	X		<0.1						1	mg/l				
o. Aluminum, Total (7429-90-5)	X		<200						1	µg/l				
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		450	0.14						µg/l	lbs/day			
t. Magnesium, Total (7439-95-4)	X		10	3						mg/l	lbs/day			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

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

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: AL5640090002

Form Approved OMB No. 158-R0173

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

OUTFALL NO: 007

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	1.4	0.4					1	mg/1	lbs/day			
b. Chemical Oxygen Demand *(COD)*	11	3.0					1	mg/1	lbs/day			
c. Total Organic Carbon *(TOC)*	3.9	1.0					1	mg/1	lbs/day			
d. Total Suspended Solids *(TSS)*	5.0	1.0					1	mg/1	lbs/day			
e. Ammonia *(as N)*	<0.01						1	mg/1				
f. Flow (1)	VALUE 0.036		VALUE		VALUE		1	mgd		VALUE		
g. Temperature *(winter)*	VALUE 10.6		VALUE		VALUE		1	°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.0	MAXIMUM 8.1	MINIMUM	MAXIMUM			1	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X		10						1	PCU				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*	X		0.30	0.09					1	mg/1	lbs/day			

CONTINUE ON REVERSE

(1) Estimated Flow

CONTINUED FROM PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1): AL5640090002

OUTFALL NUMBER: 006

Form Approved OMB No. 158-R0173

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

U.S. GOVERNMENT PRINTING OFFICE: 1980—323-831/6356

CONTINUED FROM THE FRONT

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

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CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	006

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-71-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-76-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo *(a)* Anthracene (56-55-3)			X												
6B. Benzo *(a)* Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo *(ghi)* Perylene (191-24-2)			X												
9B. Benzo *(k)* Fluoranthene (207-08-9)			X												
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X												
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X												
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)			X												
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item I of Form 1)	OUTFALL NUMBER
AL5640090002	006

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-5

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	006

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non–process 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7550-50-8)		X		<10						1	µg/1				
7M. Lead, Total (7439-97-6)		X		<1.0						1	µg/1				
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		10	0.003					1	µg/1	lbs/day			
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		0.14	0.04					1	mg/1	lbs/day			
h. Oil and Grease	X		<5.0						1	mg/1				
i. Phosphorus (as P), Total (7723-14-0)	X		0.07	0.02					1	mg/1	lbs/day			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X		110	33.					1	mg/1	lbs/day			
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants	X		<0.1						1	mg/1				
o. Aluminum, Total (7429-90-5)	X		<200						1	µg/1				
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		450	0.14					1	µg/1	lbs/day			
t. Magnesium, Total (7439-95-4)	X		10	3					1	mg/1	lbs/day			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

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

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: AL5640090002

Form Approved OMB No. 158-R0173

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

OUTFALL NO. 006

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	1.4	0.4					1	mg/1	lbs/day			
b. Chemical Oxygen Demand *(COD)*	11	3.0					1	mg/1	lbs/day			
c. Total Organic Carbon *(TOC)*	3.9	1.0					1	mg/1	lbs/day			
d. Total Suspended Solids *(TSS)*	5.0	1.0					1	mg/1	lbs/day			
e. Ammonia *(as N)*	<0.01						1	mg/1				
f. Flow (1)	VALUE 0.036		VALUE		VALUE		1	mgd		VALUE		
g. Temperature *(winter)*	VALUE 10.6		VALUE		VALUE		1	°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.0	MAXIMUM 8.1	MINIMUM	MAXIMUM			1	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X		10						1	PCU				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*	X		0.30	0.09					1	mg/1	lbs/day			

CONTINUE ON REVERSE

(1) Estimated Flow

DISCHARGE SERIAL NUMBER 004

(1) Part V.A. - 2.b. and c. -- Values are from grab sample data from Discharge Monitoring Reports (DMR's).

(2) Part V.A. - 2.d. -- Two numbers are reported in some cases; the first for maximum daily and the second for long term average.

CONTINUED FROM PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	004

Form Approved OMB No. 158-R0173

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

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CONTINUED FROM THE FRONT

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

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CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item I of Form I)	OUTFALL NUMBER
AL5640090002	004

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-71-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo *(a)* Anthracene (56-55-3)			X												
6B. Benzo *(a)* Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo *(ghi)* Perylene (191-24-2)			X												
9B. Benzo *(k)* Fluoranthene (207-08-9)			X												
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X												
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X												
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)			X												
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phanyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

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CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	004

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-5

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	004

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non-process 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7550-50-8)		X		30.0	0.09					1	µg/l	lbs/day			
7M. Lead, Total (7439-97-6)		X		4.0	0.01					1	µg/l	lbs/day			
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		90.0	0.28					1	µg/l	lbs/day			
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		0.21	0.66					1	mg/l	lbs/day			
h. Oil and Grease	X		<5.0						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)	X		0.17	0.54					1	mg/l	lbs/day			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X		90.0	280					1	mg/l	lbs/day			
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants	X		<0.1						1	mg/l				
o. Aluminum, Total (7429-90-5)	X		4,500	14					1	µg/l	lbs/day			
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440 42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		2,900	9					1	µg/l	lbs/day			
t. Magnesium, Total (7439-95-4)	X		7.6	24					1	mg/l	lbs/day			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

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

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: AL5640090002

Form Approved OMB No. 158-R0173

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

OUTFALL NO: 004

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES (2)	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	3.2	10					1	mg/1	lbs/day			
b. Chemical Oxygen Demand *(COD)*	29	92					1	mg/1	lbs/day			
c. Total Organic Carbon *(TOC)*	5.0	16					1	mg/1	lbs/day			
d. Total Suspended Solids *(TSS)*	51	161	221	1080	62	240	1-14	mg/1	lbs/day			
e. Ammonia *(as N)*	0.01	0.03					1	mg/1	lbs/day			
f. Flow	VALUE 0.379		VALUE 0.585		VALUE 0.112		1-23	mgd		VALUE		
g. Temperature *(winter)*	VALUE 9.8		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.2	MAXIMUM 8.0	MINIMUM 7.1	MAXIMUM 8.7			1-14	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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X		28						1	PCU				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*	X		0.55	2.0					1	mg/1	lbs/day			

CONTINUE ON REVERSE

DISCHARGE SERIAL NUMBER 003

(1) Part V.A. - 1.f. -- All values based upon pump capacities; maximum 30-day and long term average values recorded during system testing and startup.

(2) Part V.A - 1.h. and i. -- Maximum daily value is from one grab sample and not from four per 24-hours.

(3) Part V.A - 2.b. and c., and Part V.B - 3.b. and c. -- Values are from grab sample analyses data from Discharge Monitoring Reports (DMR's).

(4) Part V.A - 2.d., and Part V.B - 3.d. -- Two numbers are reported in some cases; the first for maximum daily and the second for long term average.

(5) Part V.C - 1. (13B.) -- Identified in EPA report "Priority Pollutant Methodology Quality Assurance Review" by Kleopfer, Dias, and Fairless as problem priority pollutants since frequently found in blanks and samples because of laboratory contamination.

(6) Part V.C - 1. (29B) -- Source of Di - N - Octyl Phthalate assumed to be same as (5), above.

CONTINUED FROM PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1) AL5640090002 OUTFALL NUMBER 003

Form Approved OMB No. 158-R0173

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

U.S. GOVERNMENT PRINTING OFFICE: 1980—323-831/6356

CONTINUED FROM THE FRONT

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

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CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item I of Form I)	OUTFALL NUMBER
AL5640090002	003

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)	X			<10						1	µg/l				
23B. 3,3'-Dichlorobenzidine (91-94-1)	X			<10						1	µg/l				
24B. Diethyl Phthalate (84-66-2)	X			<10						1	µg/l				
25B. Dimethyl Phthalate (131-11-3)	X			<10						1	µg/l				
26B. Di-N-Butyl Phthalate (84-74-2)	X			<10						1	µg/l				
27B. 2,4-Dinitrotoluene (121-14-2)	X			<10						1	µg/l				
28B. 2,6-Dinitrotoluene (606-20-2)	X			<10						1	µg/l				
29B. Di-N-Octyl Phthalate (117-84-0) (6)	X			22	3					1	µg/l	lbs/day			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)	X			<10						1	µg/l				
31B. Fluoranthene (206-44-0)	X			<10						1	µg/l				
32B. Fluorene (86-73-7)	X			<10						1	µg/l				
33B. Hexachlorobenzene (118-71-1)	X			<10						1	µg/l				
34B. Hexachlorobutadiene (87-68-3)	X			<10						1	µg/l				
35B. Hexachlorocyclopentadiene (77-47-4)	X			<10						1	µg/l				
36B. Hexachloroethane (67-72-1)	X			<10						1	µg/l				
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)	X			<25						1	µg/l				
38B. Isophorone (78-59-1)	X			<10						1	µg/l				
39B. Naphthalene (91-20-3)	X			<10						1	µg/l				
40B. Nitrobenzene (98-95-3)	X			<10						1	µg/l				
41B. N-Nitrosodimethylamine (62-75-9)	X			<10						1	µg/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X									1	µg/l				

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)	X			<10						1	µg/l				
2B. Acenaphtylene (208-96-8)	X			<10						1	µg/l				
3B. Anthracene (120-12-7)	X			<10						1	µg/l				
4B. Benzidine (92-87-5)	X			<10						1	µg/l				
5B. Benzo *(a)* Anthracene (56-55-3)	X			<10						1	µg/l				
6B. Benzo *(a)* Pyrene (50-32-8)	X			<10						1	µg/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			<10						1	µg/l				
8B. Benzo *(ghi)* Perylene (191-24-2)	X			<10						1	µg/l				
9B. Benzo *(k)* Fluoranthene (207-08-9)	X			<10						1	µg/l				
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)	X			<10						1	µg/l				
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)	X			<10						1	µg/l				
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)	X			<10						1	µg/l				
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)	X			2700	330					1	µg/l	lbs/day			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)	X			<10						1	µg/l				
15B. Butyl Benzyl Phthalate (85-68-7)	X			<10						1	µg/l				
16B. 2-Chloro-naphthalene (91-58-7)	X			<10						1	µg/l				
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	X			<10						1	µg/l				
18B. Chrysene (218-01-9)	X			<10						1	µg/l				
19B. Dibenzo *(a,h)* Anthracene (53-70-3)	X			<10						1	µg/l				
20B. 1,2-Dichloro-benzene (95-50-1)	X			<10						1	µg/l				
21B. 1,3-Dichloro-benzene (541-73-1)	X			<10						1	µg/l				

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	003

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)	X			<10						1	µg/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			<10						1	µg/l				
24V. Tetrachloroethylene (127-18-4)	X			<10						1	µg/l				
25V. Toluene (108-88-3)	X			<10						1	µg/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			<10						1	µg/l				
27V. 1,1,1-Trichloroethane (71-55-6)	X			<10						1	µg/l				
28V. 1,1,2-Trichloroethane (79-00-5)	X			<10						1	µg/l				
29V. Trichloroethylene (79-01-6)	X			<10						1	µg/l				
30V. Trichlorofluoromethane (75-69-4)	X			<10						1	µg/l				
31V. Vinyl Chloride (75-01-4)	X			<10						1	µg/l				
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			<25						1	µg/l				
2A. 2,4-Dichlorophenol (120-83-2)	X			<25						1	µg/l				
3A. 2,4-Dimethylphenol (105-67-9)	X			<25						1	µg/l				
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			<250						1	µg/l				
5A. 2,4-Dinitrophenol (51-28-5)	X			<250						1	µg/l				
6A. 2-Nitrophenol (88-75-5)	X			<25						1	µg/l				
7A. 4-Nitrophenol (100-02-7)	X			<25						1	µg/l				
8A. P-Chloro-M-Cresol (59-50-7)	X			<25						1	µg/l				
9A. Pentachlorophenol (87-86-5)	X			<25						1	µg/l				
10A. Phenol (108-95-2)	X			<25						1	µg/l				
11A. 2,4,6-Trichlorophenol (88-06-2)	X			<25						1	µg/l				

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-5

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	003

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non-process 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			<2						1	µg/l				
2M. Arsenic, Total (7440-38-2)	X			7	0.86					1	µg/l	lbs/day			
3M. Beryllium, Total, 7440-41-7)	X			<10						1	µg/l				
4M. Cadmium, Total (7440-43-9)	X			<0.1						1	µg/l				
5M. Chromium, Total (7440-47-3)	X			<1						1	µg/l				
6M. Copper, Total (7550-50-8)	X			<10						1	µg/l				
7M. Lead, Total (7439-97-6)	X			5	0.61					1	µg/l	lbs/day			
8M. Mercury, Total (7439-97-6)	X			<0.2						1	µg/l				
9M. Nickel, Total (7440-02-0)	X			<50						1	µg/l				
10M. Selenium, Total (7782-49-2)	X			<1						1	µg/l				
11M. Silver, Total (7440-22-4)	X			<10						1	µg/l				
12M. Thallium, Total (7440-28-0)	X			<0.05						1	mg/l				
13M. Zinc, Total (7440-66-6)	X			20	2					1	µg/l	lbs/day			
14M. Cyanide, Total (57-12-5) (2)	X			<0.02						1	mg/l				
15M. Phenols, Total (2)	X			<1						1	µg/l				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		0.35	43					1	mg/l	lbs/day			
h. Oil and Greese (2)	X		<5						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	6					1	mg/l	lbs/day			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X		66	8100					1	mg/l	lbs/day			
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants	X		<0.1						1	mg/l				
o. Aluminum, Total (7429-90-5)	X		500	60					1	µg/l	lbs/day			
p. Barium, Total (7440-39-3)														
q. Boron, Total (7440-42-8)														
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		810	100					1	µg/l	lbs/day			
t. Magnesium, Total (7439-95-4)	X		5.2	640					1	mg/l	lbs/day			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)	X		40	5					1	µg/l	lbs/day			
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

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

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: AL5640090002

Form Approved OMB No. 158-R0173

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

OUTFALL NO. 003

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (3) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (3) (1) CONCENTRATION	(2) MASS	(4) d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	3.2	390					1	mg/l	lbs/day			
b. Chemical Oxygen Demand *(COD)*	15	1850					1	mg/l	lbs/day			
c. Total Organic Carbon *(TOC)*	2.1	260					1	mg/l	lbs/day			
d. Total Suspended Solids *(TSS)*	8	980					1	mg/l	lbs/day			
e. Ammonia *(as N)*	<0.01						1	mg/l				
f. Flow (1)	VALUE 14.7		VALUE 2.95		VALUE 1.06		1-33	MGD		VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)* (2)	VALUE 18.5		VALUE		VALUE		1	°C		VALUE		
i. pH (2)	MINIMUM	MAXIMUM 7.2	MINIMUM 6.9	MAXIMUM 8.0			1-25	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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (3) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (3) (1) CONCENTRATION	(2) MASS	(4) d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual (2)	X		0.05	6	<0.08	<4	<0.02	<0.85	1-28	mg/l	lbs/day			
c. Color	X		4						1	PCU				
d. Fecal Coliform (2)		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*	X		0.29	35					1	mg/l	lbs/day			

CONTINUE ON REVERSE

DISCHARGE SERIAL NUMBER 002

(1) Part V.A - 1.h. and i. -- Maximum daily value is from one grab sample and not from four per 24-hours.

(2) Part V.A - 2.b. and c. -- Values are from grab sample data from Discharge Monitoring Reports (DMR's).

(3) Part V.A - 2.d. -- Two numbers are reported in some cases; the first for maximum daily and the second for long term average.

CONTINUED FROM PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1): AL5640090002 OUTFALL NUMBER: 002

Form Approved OMB No. 158-R0173

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

U.S. GOVERNMENT PRINTING OFFICE: 1980—323-831/6356

CONTINUED FROM THE FRONT

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

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	002

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-71-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo *(a)* Anthracene (56-55-3)			X												
6B. Benzo *(a)* Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo *(ghi)* Perylene (191-24-2)			X												
9B. Benzo *(k)* Fluoranthene (207-08-9)			X												
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X												
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X												
12B. Bis *(2-Chloro-isopropyl)* Ether (39638-32-9)			X												
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phanyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1): AL5640090002 | OUTFALL NUMBER: 002

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AL5640090002	002

CONTINUED FROM PAGE 3 OF FORM 2-C

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PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non—process 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)		X		<2						1	µg/l				
2M. Arsenic, Total (7440-38-2)		X		<4						1	µg/l				
3M. Beryllium, Total, 7440-41-7)		X		<10						1	µg/l				
4M. Cadmium, Total (7440-43-9)		X		0.2	0.0002					1	µg/l	lbs/day			
5M. Chromium, Total (7440-47-3)		X		<1						1	µg/l				
6M. Copper, Total (7550-50-8)		X		30	0.04					1	µg/l	lbs/day			
7M. Lead, Total (7439-97-6)		X		11	0.01					1	µg/l	lbs/day			
8M. Mercury, Total (7439-97-6)		X		<0.2						1	µg/l				
9M. Nickel, Total (7440-02-0)		X		<50						1	µg/l				
10M. Selenium, Total (7782-49-2)		X		<1						1	µg/l				
11M. Silver, Total (7440-22-4)		X		<10						1	µg/l				
12M. Thallium, Total (7440-28-0)		X		<50						1	µg/l				
13M. Zinc, Total (7440-66-6)		X		10	0.01					1	µg/l	lbs/day			
14M. Cyanide, Total (57-12-5) (1)		X		<0.02						1	µg/l				
15M. Phenols, Total (1)		X		<1						1	µg/l				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		0.30	0.35					1	mg/l	lbs/day			
h. Oil and Greese (1)	X		<5						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	0.06					1	mg/l	lbs/day			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X		69	80					1	mg/l	lbs/day			
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants	X		<0.1						1	mg/l				
o. Aluminum, Total (7429-90-5)	X		1200	1					1	µg/l	lbs/day			
p. Barium, Total (7440-39-3)	X		900	1					1	µg/l	lbs/day			
q. Boron, Total (7440-42-8)	X		80	0.09					1	µg/l	lbs/day			
r. Cobalt, Total (7440-48-4)	X		<1						1	µg/l				
s. Iron, Total (7439-89-6)	X		550	0.64					1	µg/l	lbs/day			
t. Magnesium, Total (7439-95-4)	X		8.0	9					1	mg/l	lbs/day			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)	X		60	0.07					1	µg/l	lbs/day			
w. Tin, Total (7440-31-5)	X		<1000						1	µg/l				
x. Titanium, Total (7440-32-6)	X		<1000						1	µg/l				

CONTINUE ON PAGE V-3

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

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: AL5640090002

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

OUTFALL NO. 002

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (2) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (2) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES (3)	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	4.0	5					1	mg/1	lbs/day			
b. Chemical Oxygen Demand *(COD)*	13	15					1	mg/1	lbs/day			
c. Total Organic Carbon *(TOC)*	4.2	5					1	mg/1	lbs/day			
d. Total Suspended Solids *(TSS)*	20	25	66	690	31	210	1-33	mg/1	lbs/day			
e. Ammonia *(as N)*	<0.01						1	mg/1	lbs/day			
f. Flow	VALUE 0.14		VALUE 1.243		VALUE 0.365		1-30	MGD		VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)* (1)	VALUE 17.8		VALUE		VALUE		1	°C		VALUE		
i. pH (1)	MINIMUM 7.4	MAXIMUM	MINIMUM 6.7	MAXIMUM 8.8			1-30	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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK "X" a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual (1)		X												
c. Color	X		9						1	PCU				
d. Fecal Coliform (1)		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*	X		0.02	0.02					1	mg/1	lbs/day			

CONTINUE ON REVERSE