FENOC
FirstEnergy Nuclear Operating Company

Perry Nuclear Power Plant
10 Center Road
Perry, Ohio 44081

Mark B. Bezilla
Vice President

440-280-5382
Fax: 440-280-8029

June 23, 2011
L-11-210

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

SUBJECT:
Perry Nuclear Power Plant (PNPP)
NPDES Permit Renewal Application - Permit No. 3IB00016*ID

Enclosed are completed Form 1, Form 2C, and Form 2F applications for the FirstEnergy Nuclear Operating Company, PNPP National Pollutant Discharge Elimination System (NPDES) Permit renewal. These forms are submitted 180 days prior to expiration of the existing permit in accordance with OAC 3745-33-04. Also enclosed is a check for $200.00 for payment of the application fee.

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

- There is no data for Outfall 601 because there was no discharge.
- There is no data for Outfall 602 because there was no discharge and the facility does not plan on any future discharges from this outfall. Therefore, PNPP requests this internal outfall be removed from the permit.

If you have any questions or require additional information, please contact Mr. Scott Brown, Senior Engineer, at 330-384-4643 or e-mail browns@firstenergycorp.com.

Sincerely,

Enclosures

cc: NRC Region III
NRC Resident Inspector
NRR Project Manager
NRC Document Control Desk (Docket No. 50-440)

C001
NRR

Please type. Do not complete by hand.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting)

I. EPA I.D. NUMBER

3IB00016*ID

LABEL ITEMS
I. EPA I.D. NUMBER
III. FACILITY NAME
V. FACILITY MAILING ADDRESS
VI. FACILITY LOCATION

Ohio EPA does not provide labels. Enter this information in items I, III, V and VI.

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

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.?** (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.?** (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.?** (FORM 2D)		X	
E. Is this a facility which does not discharge process **wastewater?** (FORM 2E)		X		F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)	X		
G. Do you generate **sewage sludge** that is ultimately regulated by Part 503? Do you generate **sewage sludge** that is sent to another **facility** for treatment or blending? Do you process or derive material from **sewage sludge** that is disposed in a manner subject to Part 503? (FORM 2S)		X					

III. NAME OF FACILITY

Perry Nuclear Power Plant

IV. FACILITY CONTACT

A. NAME & TTILE *(last, first, title)*	B. PHONE *(area code & no.)*
Killing, Randall,_Supervisor, Nuclear Chemistry Operations	(440) 280 – 7370

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

10 Center Road

B. CITY OR TOWN	C. STATE	D. ZIP CODE	
Perry	OH	44081	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

10 Center Road

B. COUNTY NAME

Lake County

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
Perry	OH	44081	43

Click to clear all entered information (on both pages of this form) CLEAR

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

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

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
FirstEnergy Nuclear Operating Company (FENOC)	☐ Yes ☒ No

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*			D. PHONE *(area code & no.)*
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC *(other than federal or state)* O = OTHER *(specify)*	P	*(specify)* (330) 384 - 5100

E. STREET OR P.O. BOX			
76 South Main Street			
F. CITY OR TOWN	**G. STATE**	**H. ZIP CODE**	**IX. INDIAN LAND**
Akron	OH	44308	Is this facility located on Indian lands? ☐ Yes ☒ No

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to surface water)*	D. PSD *(Air emissions from proposed sources)*	
OH0063461		
B. UIC *(Underground injection of fluids)*	E. OTHER *(specify)*	
		(specify)
C. RCRA *(Hazardous waste)*	F. OTHER *(specify)*	
OHD025673518		*(specify)*

XI. MAP

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

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

Generation, transmission and distribution of electricity for sale.

XIII. CERTIFICATION *(see instructions)*

I certify under penatly of law that I have personally examined and am famimliar 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 belive 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
Mark B. Bezilla, Site V.P., PY Nuclear		6/23/11

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): 3IB00016*ID

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

FORM 2C NPDES

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

I. OUTFALL LOCATION

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

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

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (*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	Plant Discharge	79.3 MGD	Ion Exchange	2-J	
			Chlorine Treatment	5-F	
			Moving Bed Filters	1-P	
			Dechlorination	2-E	
601	Regenerant Neutralization	20000 gpd	Neutralization	2-K	

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

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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 a. DAYS PER WEEK (*specify average*)	3. FREQUENCY b. MONTHS PER YEAR (*specify average*)	4. FLOW A. FLOW RATE (*in mgd*) 1. LONG TERM AVERAGE	4. FLOW A. FLOW RATE (*in mgd*) 2. MAXIMUM DAILY	4. FLOW B. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW B. TOTAL VOLUME (*specify with units*) 2. MAXIMUM DAILY	4. FLOW C. DURATION (*in days*)
004	Radwaste discharge	1	11	0.04	0.07			
601	Regenerate neutralization	0	0	0.02	0.21			

III. PRODUCTION

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

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

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

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

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

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

IV. IMPROVEMENTS

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

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

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

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
3IB00016*ID

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

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

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

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

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VII. BIOLOGICAL TOXICITY TESTING DATA

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

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

VIII. CONTRACT ANALYSIS INFORMATION

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

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

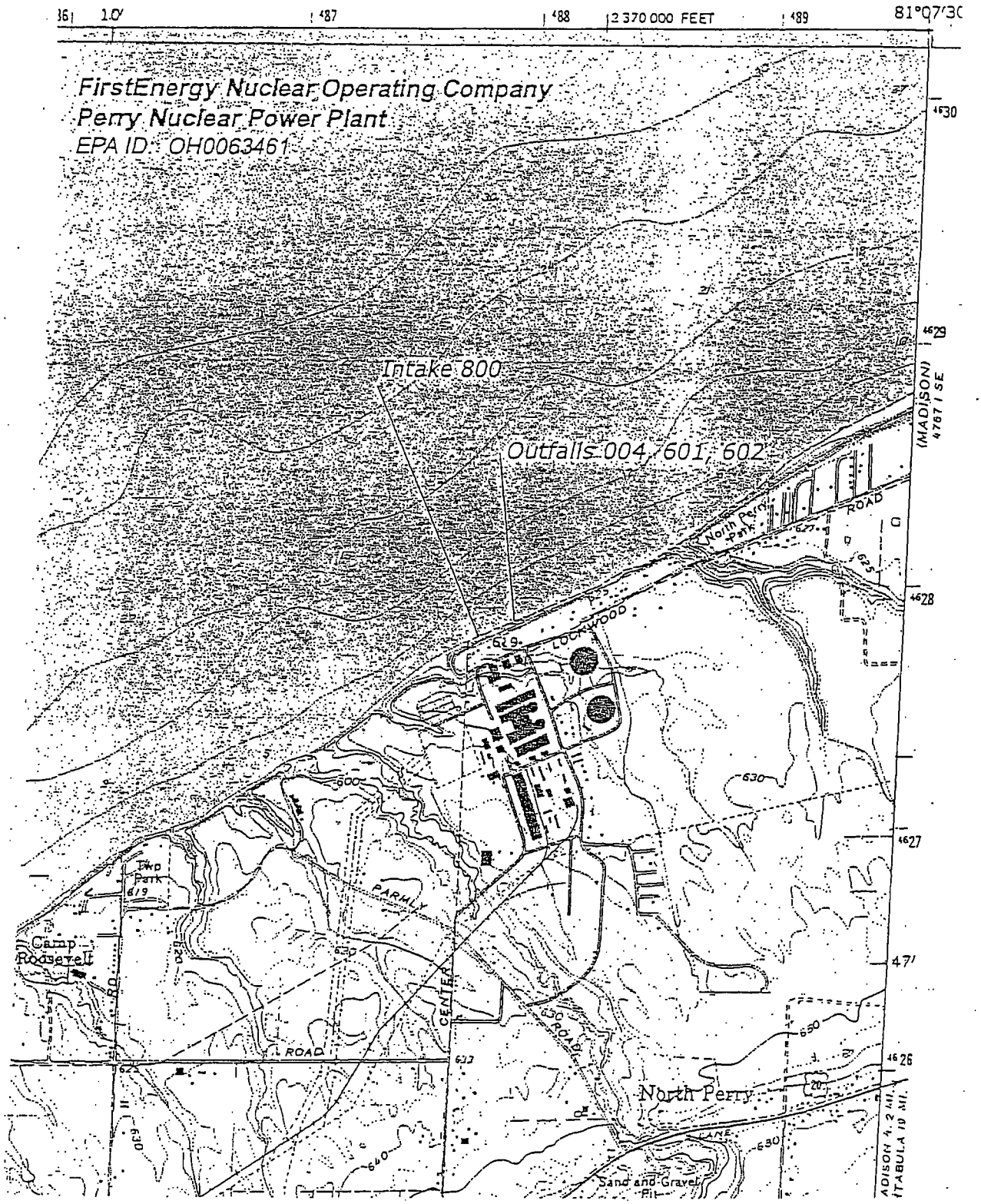
A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
EA Group	7118 Industrial Park Blvd Mentor, Ohio 44060-5314	440-951-3514	Cyanide, Phenols, Fecal Coliform, Color, BOD, TKN, MBAS (Surfactants), TON, Ammonia, Sulfides, Base/Neutral Acids, Organics
Precision Analytical, Inc.	4450 Johnston Parkway Unit B Cleveland, Ohio 44128	216-663-0656	Fecal Coliform

IX. CERTIFICATION

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

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
Mark B. Bezilla, V.P., FY Nuclear	(440) 280-5382
C. SIGNATURE	D. DATE SIGNED
	6/23/11

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

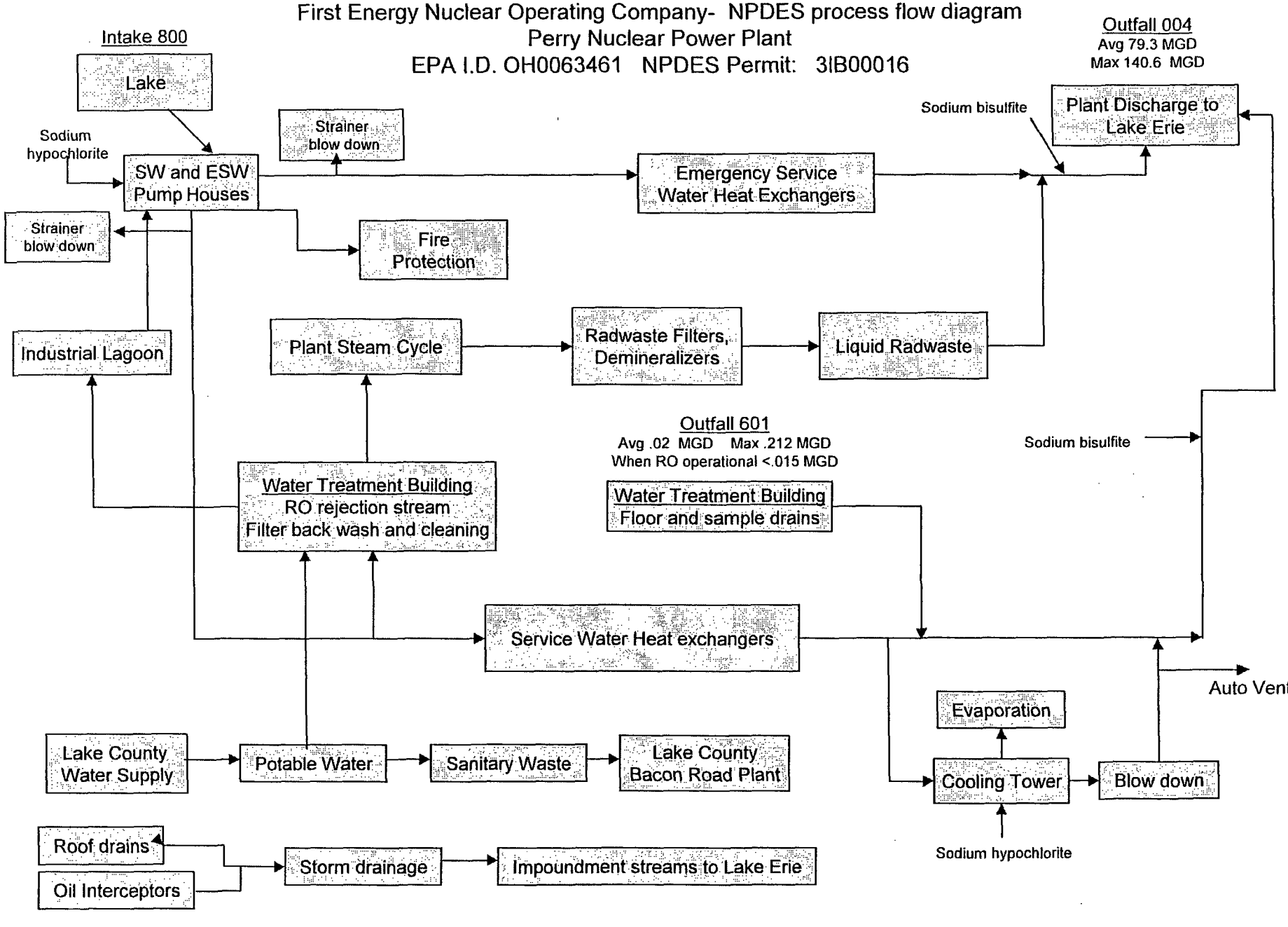


Form 2C- Part II, A- Water Flow Diagram

First Energy Nuclear Operating Company- NPDES process flow diagram

Perry Nuclear Power Plant

EPA I.D. OH0063461 NPDES Permit: 3IB00016

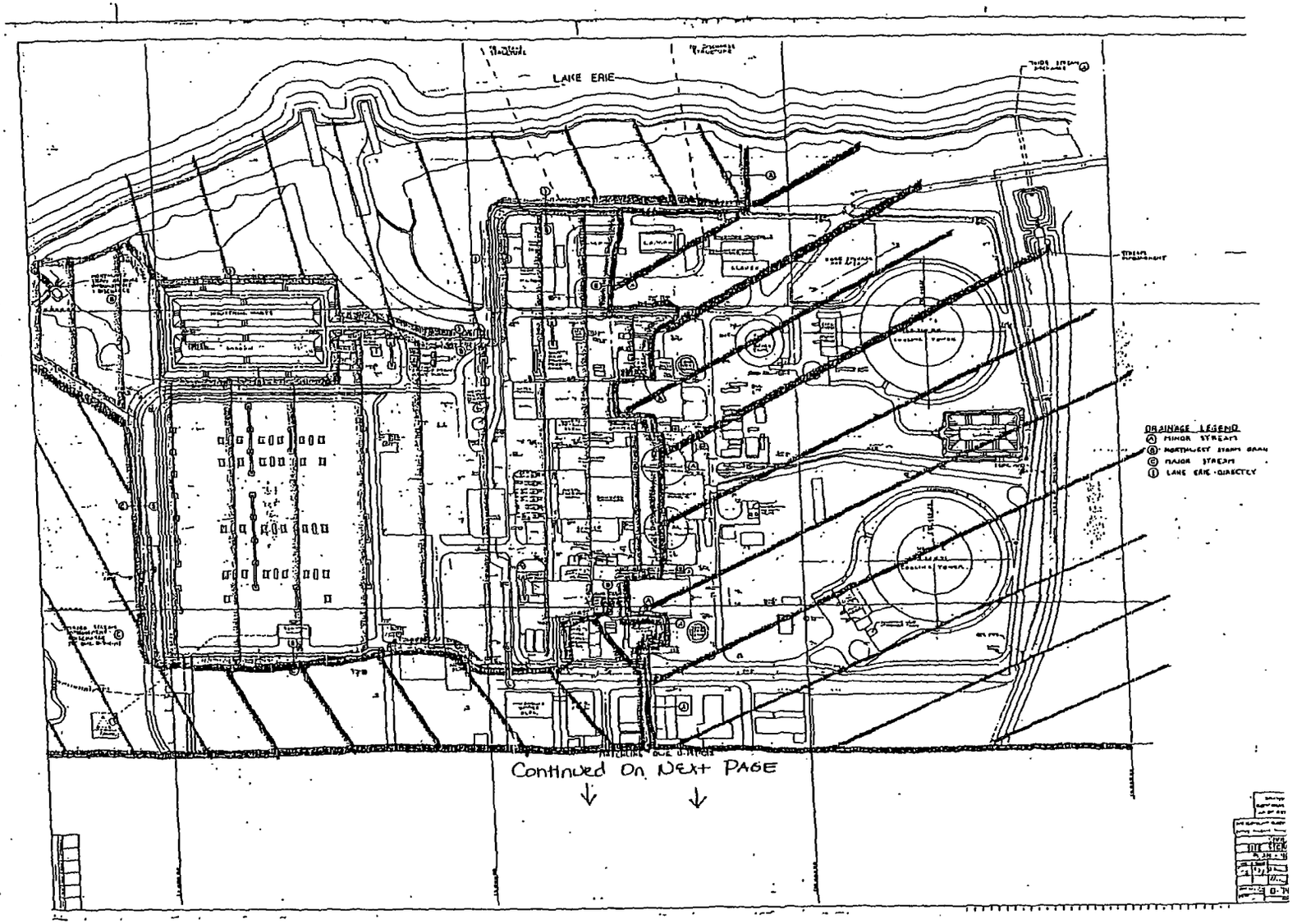


S.W. Outfall 005

S.W. Outfall 006

S.W. Outfall 007

Lake Erie (direct)



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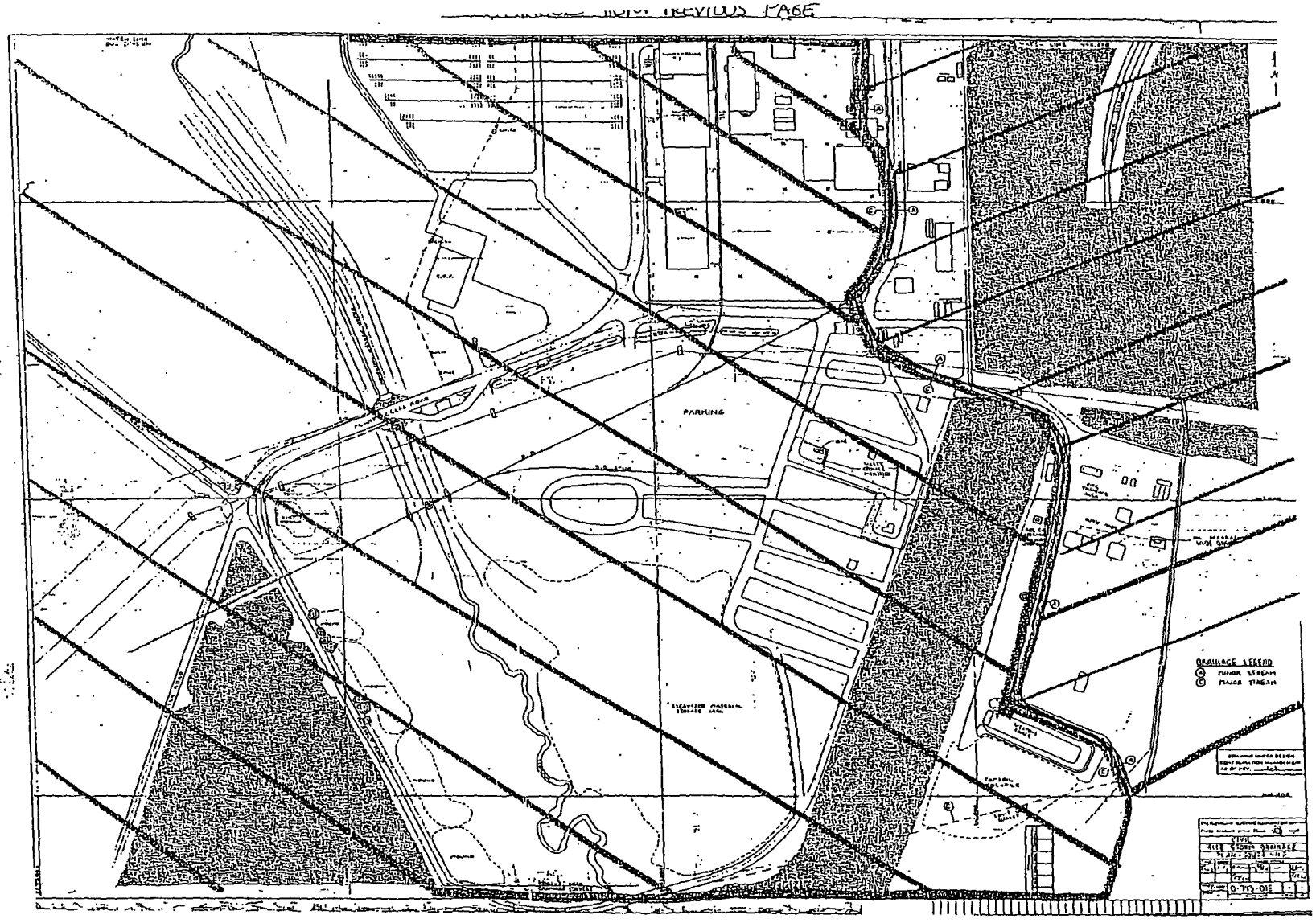

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): 3IB00016*ID

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 (*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	3. UNITS (*specify if blank*) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	<3	--					1	mg/l	kg/day			
b. Chemical Oxygen Demand (*COD*)	9.5	8360.4					1	mg/l	kg/day			
c. Total Organic Carbon (*TOC*)	<0.16	--					1	mg/l	kg/day			
d. Total Suspended Solids (*TSS*)	4	3533					1	mg/l	kg/day			
e. Ammonia (*as N*)	0.1	521.09					1	mg/l	kg/day			
f. Flow	VALUE 105.9		VALUE		VALUE		24	mgd	kg/day	VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE 27.7		VALUE		VALUE		4	°C		VALUE		
i. pH	MINIMUM 7.3	MAXIMUM 7.4	MINIMUM	MAXIMUM			4	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See 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 (*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	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		12.2	10775.1					1	mg/l	kg/dy			
b. Chlorine, Total Residual		X	<0.05	--					4	mg/l	kg/dy			
c. Color	X		1	--					1	Units	kg/dy			
d. Fecal Coliform		X	<1.0	--					4	per100mL	kg/dy			
e. Fluoride (16984-48-8)	X		0.13	115.70					1	mg/l	kg/dy			
f. Nitrate-Nitrite (*as N*)	X		0.125	110.4					1	mg/l	kg/dy			

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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	
g. Nitrogen, Total Organic (*as N*)		X	<0.2	--					1	mg/l	kg/dy			
h. Oil and Grease		X	<5	--					4	mg/l	kg/dy			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	42.39					1	mg/l	kg/dy			
j. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium, Total														
(4) Radium 226, Total														
k. Sulfate (*as SO_4*) (14808-79-8)	X		30.2	26672.8					1	mg/l	kg/dy			
l. Sulfide (*as S*)		X	<0.10	--					1	mg/l	kg/dy			
m. Sulfite (*as SO_3*) (14265-45-3)		X	<15	--					1	mg/l	kg/dy			
n. Surfactants	X		0.025	22.08					1	mg/l	kg/dy			
o. Aluminum, Total (7429-90-5)	X		54	47.7					1	ug/l	kg/dy			
p. Barium, Total (7440-39-3)	X		30	26.5					1	ug/l	kg/dy			
q. Boron, Total (7440-42-8)	X		30	26.5					1	ug/l	kg/dy	X		
r. Cobalt, Total (7440-48-4)		X	<0.53	--					1	ug/l	kg/dy			
s. Iron, Total (7439-89-6)	X		72	63.6					1	ug/l	kg/dy			
t. Magnesium, Total (7439-95-4)	X		11500	10157					1	ug/l	kg/dy			
u. Molybdenum, Total (7439-98-7)		X	<1	--					1	ug/l	kg/dy			
v. Manganese, Total (7439-96-5)	X		3.9	3.4					1	ug/l	kg/dy	X		
w. Tin, Total (7440-31-5)		X	<2.9	--					1	ug/l	kg/dy			
x. Titanium, Total (7440-32-6)		X	<0.1	--					1	ug/l	kg/dy			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
3IB00016*ID	004

CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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	<3.1	--					1	ug/l	kg/dy			
2M. Arsenic, Total (7440-38-2)			X	<4.6	--					1	ug/l	kg/dy			
3M. Beryllium, Total (7440-41-7)			X	<0.095	--					1	ug/l	kg/dy			
4M. Cadmium, Total (7440-43-9)			X	<0.3	--					1	ug/l	kg/dy			
5M. Chromium, Total (7440-47-3)			X	<0.22	--					1	ug/l	kg/dy			
6M. Copper, Total (7440-50-8)		X		6.1	5.4					1	ug/l	kg/dy			
7M. Lead, Total (7439-92-1)			X	<2.4	--					1	ug/l	kg/dy			
8M. Mercury, Total (7439-97-6)		X		0.09	0.1					1	ug/l	kg/dy	X		
9M. Nickel, Total (7440-02-0)		X		1.92	1.7					1	ug/l	kg/dy	X		
10M. Selenium, Total (7782-49-2)		X		18.2	16.1					1	ug/l	kg/dy			
11M. Silver, Total (7440-22-4)			X	<0.64	--					1	ug/l	kg/dy			
12M. Thallium, Total (7440-28-0)		X		11.1	9.8					1	ug/l	kg/dy			
13M. Zinc, Total (7440-66-6)		X		3	2.6					1	ug/l	kg/dy			
14M. Cyanide, Total (57-12-5)			X	<0.005	--					4	mg/l	kg/dy			
15M. Phenols, Total			X	<5	--					4	ug/l	kg/dy			
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)				DESCRIBE RESULTS											

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. Accrolein (107-02-8)			X	<25	--					1	ug/l	kg/day			
2V. Acrylonitrile (107-13-1)			X	<25	--					1	ug/l	kg/day			
3V. Benzene (71-43-2)			X	<5	--					1	ug/l	kg/day			
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X	<5	--					1	ug/l	kg/day			
5V. Bromoform (75-25-2)			X	<5	--					1	ug/l	kg/day			
6V. Carbon Tetrachloride (56-23-5)			X	<5	--					1	ug/l	kg/day			
7V. Chlorobenzene (108-90-7)			X	<5	--					1	ug/l	kg/day			
8V. Chlorodibromomethane (124-48-1)			X	<5	--					1	ug/l	kg/day			
9V. Chloroethane (75-00-3)			X	<5	--					1	ug/l	kg/day			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X	<5	--					1	ug/l	kg/day			
11V. Chloroform (67-66-3)			X	<5	--					1	ug/l	kg/day			
12V. Dichlorobromomethane (75-27-4)			X	<5	--					1	ug/l	kg/day			
13V. Dichlorodifluoromethane (75-71-8)			X	<5	--					1	ug/l	kg/day			
14V. 1,1-Dichloroethane (75-34-3)			X	<5	--					1	ug/l	kg/day			
15V. 1,2-Dichloroethane (107-06-2)			X	<5	--					1	ug/l	kg/day			
16V. 1,1-Dichloroethylene (75-35-4)			X	<5	--					1	ug/l	kg/day			
17V. 1,2-Dichloropropane (78-87-5)			X	<5	--					1	ug/l	kg/day			
18V. 1,3-Dichloropropylene (542-75-6)			X	<5	--					1	ug/l	kg/day			
19V. Ethylbenzene (100-41-4)			X	<5	--					1	ug/l	kg/day			
20V. Methyl Bromide (74-83-9)			X	<5	--					1	ug/l	kg/day			
21V. Methyl Chloride (74-87-3)			X	<5	--					1	ug/l	kg/day			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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	<5	--					1	ug/l	kg/day			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	<5	--					1	ug/l	kg/day			
24V. Tetrachloroethylene (127-18-4)			X	<5	--					1	ug/l	kg/day			
25V. Toluene (108-88-3)			X	<5	--					1	ug/l	kg/day			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	<5	--					1	ug/l	kg/day			
27V. 1,1,1-Trichloroethane (71-55-6)			X	<5	--					1	ug/l	kg/day			
28V. 1,1,2-Trichloroethane (79-00-5)			X	<5	--					1	ug/l	kg/day			
29V Trichloroethylene (79-01-6)			X	<5	--					1	ug/l	kg/day			
30V. Trichlorofluoromethane (75-69-4)			X	<5	--					1	ug/l	kg/day			
31V. Vinyl Chloride (75-01-4)			X	<2	--					1	ug/l	kg/day			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	<10	--					1	ug/l	kg/day			
2A. 2,4-Dichlorophenol (120-83-2)			X	<10	--					1	ug/l	kg/day			
3A. 2,4-Dimethylphenol (105-67-9)			X	<10	--					1	ug/l	kg/day			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	<50	--					1	ug/l	kg/day			
5A. 2,4-Dinitrophenol (51-28-5)			X	<50	--					1	ug/l	kg/day			
6A. 2-Nitrophenol (88-75-5)			X	<10	--					1	ug/l	kg/day			
7A. 4-Nitrophenol (100-02-7)			X	<50	--					1	ug/l	kg/day			
8A. P-Chloro-M-Cresol (59-50-7)			X	<10	--					1	ug/l	kg/day			
9A. Pentachlorophenol (87-86-5)			X	<50	--					1	ug/l	kg/day			
10A. Phenol (108-95-2)			X	<10	--					1	ug/l	kg/day			
11A. 2,4,6-Trichlorophenol (88-05-2)			X	<10	--					1	ug/l	kg/day			

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	ug/l	kg/day			
2B. Acenaphtylene (208-96-8)			X	<10	--					1	ug/l	kg/day			
3B. Anthracene (120-12-7)			X	<10	--					1	ug/l	kg/day			
4B. Benzidine (92-87-5)			X	<50	--					1	ug/l	kg/day			
5B. Benzo (*a*) Anthracene (56-55-3)			X	<10	--					1	ug/l	kg/day			
6B. Benzo (*a*) Pyrene (50-32-8)			X	<10	--					1	ug/l	kg/day			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	<10	--					1	ug/l	kg/day			
8B. Benzo (*ghi*) Perylene (191-24-2)			X	<10	--					1	ug/l	kg/day			
9B. Benzo (*k*) Fluoranthene (207-08-9)			X	<10	--					1	ug/l	kg/day			
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X	<10	--					1	ug/l	kg/day			
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X	<10	--					1	ug/l	kg/day			
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X	<10	--					1	ug/l	kg/day			
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X	<10	--					1	ug/l	kg/day			
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X	<10	--					1	ug/l	kg/day			
15B. Butyl Benzyl Phthalate (85-68-7)			X	<10	--					1	ug/l	kg/day			
16B. 2-Chloro-naphthalene (91-58-7)			X	<10	--					1	ug/l	kg/day			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	<10	--					1	ug/l	kg/day			
18B. Chrysene (218-01-9)			X	<10	--					1	ug/l	kg/day			
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X	<10	--					1	ug/l	kg/day			
20B. 1,2-Dichloro-benzene (95-50-1)			X	<10	--					1	ug/l	kg/day			
21B. 1,3-Di-chloro-benzene (541-73-1)			X	<10	--					1	ug/l	kg/day			

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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	ug/l	kg/day			
23B. 3,3-Dichlorobenzidine (91-94-1)			X	<20	--					1	ug/l	kg/day			
24B. Diethyl Phthalate (84-66-2)			X	<10	--					1	ug/l	kg/day			
25B. Dimethyl Phthalate (131 -11-3)			X	<10	--					1	ug/l	kg/day			
26B. Di-N-Butyl Phthalate (84-74-2)			X	<10	--					1	ug/l	kg/day			
27B. 2,4-Dinitrotoluene (121-14-2)			X	<10	--					1	ug/l	kg/day			
28B. 2,6-Dinitrotoluene (606-20-2)			X	<10	--					1	ug/l	kg/day			
29B. Di-N-Octyl Phthalate (117-84-0)			X	<10	--					1	ug/l	kg/day			
30B. 1,2-Diphenylhydrazine (*as Azobenzene*) (122-66-7)			X	<50	--					1	ug/l	kg/day			
31B. Fluoranthene (206-44-0)			X	<10	--					1	ug/l	kg/day			
32B. Fluorene (86-73-7)			X	<10	--					1	ug/l	kg/day			
33B. Hexachlorobenzene (118-74-1)			X	<10	--					1	ug/l	kg/day			
34B. Hexachlorobutadiene (87-68-3)			X	<10	--					1	ug/l	kg/day			
35B. Hexachlorocyclopentadiene (77-47-4)			X	<10	--					1	ug/l	kg/day			
36B Hexachloroethane (67-72-1)			X	<10	--					1	ug/l	kg/day			
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X	<10	--					1	ug/l	kg/day			
38B. Isophorone (78-59-1)			X	<10	--					1	ug/l	kg/day			
39B. Naphthalene (91-20-3)			X	<10	--					1	ug/l	kg/day			
40B. Nitrobenzene (98-95-3)			X	<10	--					1	ug/l	kg/day			
41B. N-Nitrosodimethylamine (62-75-9)			X	<10	--					1	ug/l	kg/day			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	<10	--					1	ug/l	kg/day			

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 (*continued*)															
43B. N-Nitrosodiphenylamine (86-30-6)			X	<10	--					1	ug/l	kg/day			
44B. Phenanthrene (85-01-8)			X	<10	--					1	ug/l	kg/day			
45B. Pyrene (129-00-0)			X	<10	--					1	ug/l	kg/day			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	<10	--					1	ug/l	kg/day			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)															
2P. α-BHC (319-84-6)															
3P. β-BHC (319-85-7)															
4P. γ-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Enosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
3IB00016*ID	004

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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)															

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*): 3IB00016*ID

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

OUTFALL NO.: 800-Intake

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 (*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	3. UNITS (*specify if blank*) a. CONCEN-TRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	6.8	--					1	mg/l	kg/day			
b. Chemical Oxygen Demand (*COD*)	11.39	--					1	mg/l	kg/day			
c. Total Organic Carbon (*TOC*)	2.07	--					1	mg/l	kg/day			
d. Total Suspended Solids (*TSS*)	<4	--					1	mg/l	kg/day			
e. Ammonia (*as N*)	0.069	--					1	mg/l	kg/day			
f. Flow	VALUE		VALUE		VALUE		24	mgd	kg/day	VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE 25.7		VALUE		VALUE		4	°C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 6.9	MINIMUM	MAXIMUM			4	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See 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 (*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. CONCEN-TRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		10.2	--					1	mg/l	kg/dy			
b. Chlorine, Total Residual		X	<0.05	--					4	mg/l	kg/dy			
c. Color	X		1	--					1	Units	kg/dy			
d. Fecal Coliform	X		0.5	--					4	per100mL	kg/dy			
e. Fluoride (16984-48-8)	X		0.102	--					1	mg/l	kg/dy			
f. Nitrate-Nitrite (*as N*)	X		0.077	--					1	mg/l	kg/dy			

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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	
g. Nitrogen, Total Organic (*as N*)	X		0.34	--					1	mg/l	kg/dy			
h. Oil and Grease		X	<5	--					4	mg/l	kg/dy			
i. Phosphorus (as P), Total (7723-14-0)		X	<0.011	--					1	mg/l	kg/dy			
j. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium, Total														
(4) Radium 226, Total														
k. Sulfate (*as SO_4*) (14808-79-8)	X		22.7	--					1	mg/l	kg/dy			
l. Sulfide (*as S*)		X	<0.10	--					1	mg/l	kg/dy			
m. Sulfite (*as SO_3*) (14265-45-3)		X	<15	--					1	mg/l	kg/dy			
n. Surfactants	X		0.022	--					1	mg/l	kg/dy			
o. Aluminum, Total (7429-90-5)	X		40.5	--					1	ug/l	kg/dy			
p. Barium, Total (7440-39-3)	X		21.7	--					1	ug/l	kg/dy			
q. Boron, Total (7440-42-8)	X		27	--					1	ug/l	kg/dy			
r. Cobalt, Total (7440-48-4)		X	<0.53	--					1	ug/l	kg/dy			
s. Iron, Total (7439-89-6)	X		52.5	--					1	ug/l	kg/dy			
t. Magnesium, Total (7439-95-4)	X		8720	--					1	ug/l	kg/dy			
u. Molybdenum, Total (7439-98-7)		X	<1	--					1	ug/l	kg/dy			
v. Manganese, Total (7439-96-5)	X		3.26	--					1	ug/l	kg/dy			
w. Tin, Total (7440-31-5)		X	<2.9	--					1	ug/l	kg/dy			
x. Titanium, Total (7440-32-6)		X	<0.1	--					1	ug/l	kg/dy			

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
3IB00016*ID	800-Intake

CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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	<3.1	--					1	ug/l	kg/dy			
2M. Arsenic, Total (7440-38-2)			X	<4.6	--					1	ug/l	kg/dy			
3M. Beryllium, Total (7440-41-7)			X	<0.095	--					1	ug/l	kg/dy			
4M. Cadmium, Total (7440-43-9)			X	<0.3	--					1	ug/l	kg/dy			
5M. Chromium, Total (7440-47-3)			X	<0.22	--					1	ug/l	kg/dy			
6M. Copper, Total (7440-50-8)			X	<2.5	--					1	ug/l	kg/dy			
7M. Lead, Total (7439-92-1)			X	<2.4	--					1	ug/l	kg/dy			
8M. Mercury, Total (7439-97-6)		X		0.08	--					1	ug/l	kg/dy			
9M. Nickel, Total (7440-02-0)		X		1.71	--					1	ug/l	kg/dy			
10M. Selenium, Total (7782-49-2)		X		9.57	--					1	ug/l	kg/dy			
11M. Silver, Total (7440-22-4)			X	<0.64	--					1	ug/l	kg/dy			
12M. Thallium, Total (7440-28-0)		X		6.8	--					1	ug/l	kg/dy			
13M. Zinc, Total (7440-66-6)		X		2	--					1	ug/l	kg/dy			
14M. Cyanide, Total (57-12-5)			X	<0.005	--					4	mg/l	kg/dy			
15M. Phenols, Total			X	<5	--					4	ug/l	kg/dy			
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)				DESCRIBE RESULTS											

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. Accrolein (107-02-8)			X	<25	--					1	ug/l	kg/day			
2V. Acrylonitrile (107-13-1)			X	<25	--					1	ug/l	kg/day			
3V. Benzene (71-43-2)			X	<5	--					1	ug/l	kg/day			
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X	<5	--					1	ug/l	kg/day			
5V. Bromoform (75-25-2)			X	<5	--					1	ug/l	kg/day			
6V. Carbon Tetrachloride (56-23-5)			X	<5	--					1	ug/l	kg/day			
7V. Chlorobenzene (108-90-7)			X	<5	--					1	ug/l	kg/day			
8V. Chlorodibromomethane (124-48-1)			X	<5	--					1	ug/l	kg/day			
9V. Chloroethane (75-00-3)			X	<5	--					1	ug/l	kg/day			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X	<5	--					1	ug/l	kg/day			
11V. Chloroform (67-66-3)			X	<5	--					1	ug/l	kg/day			
12V. Dichlorobromomethane (75-27-4)			X	<5	--					1	ug/l	kg/day			
13V. Dichlorodifluoromethane (75-71-8)			X	<5	--					1	ug/l	kg/day			
14V. 1,1-Dichloroethane (75-34-3)			X	<5	--					1	ug/l	kg/day			
15V. 1,2-Dichloroethane (107-06-2)			X	<5	--					1	ug/l	kg/day			
16V. 1,1-Dichloroethylene (75-35-4)			X	<5	--					1	ug/l	kg/day			
17V. 1,2-Dichloropropane (78-87-5)			X	<5	--					1	ug/l	kg/day			
18V. 1,3-Dichloropropylene (542-75-6)			X	<5	--					1	ug/l	kg/day			
19V. Ethylbenzene (100-41-4)			X	<5	--					1	ug/l	kg/day			
20V. Methyl Bromide (74-83-9)			X	<5	--					1	ug/l	kg/day			
21V. Methyl Chloride (74-87-3)			X	<5	--					1	ug/l	kg/day			

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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	<5	--					1	ug/l	kg/day			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	<5	--					1	ug/l	kg/day			
24V. Tetrachloroethylene (127-18-4)			X	<5	--					1	ug/l	kg/day			
25V. Toluene (108-88-3)			X	<5	--					1	ug/l	kg/day			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	<5	--					1	ug/l	kg/day			
27V. 1,1,1-Trichloroethane (71-55-6)			X	<5	--					1	ug/l	kg/day			
28V. 1,1,2-Trichloroethane (79-00-5)			X	<5	--					1	ug/l	kg/day			
29V Trichloroethylene (79-01-6)			X	<5	--					1	ug/l	kg/day			
30V. Trichlorofluoromethane (75-69-4)			X	<5	--					1	ug/l	kg/day			
31V. Vinyl Chloride (75-01-4)			X	<2	--					1	ug/l	kg/day			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	<10	--					1	ug/l	kg/day			
2A. 2,4-Dichlorophenol (120-83-2)			X	<10	--					1	ug/l	kg/day			
3A. 2,4-Dimethylphenol (105-67-9)			X	<10	--					1	ug/l	kg/day			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	<50	--					1	ug/l	kg/day			
5A. 2,4-Dinitrophenol (51-28-5)			X	<50	--					1	ug/l	kg/day			
6A. 2-Nitrophenol (88-75-5)			X	<10	--					1	ug/l	kg/day			
7A. 4-Nitrophenol (100-02-7)			X	<50	--					1	ug/l	kg/day			
8A. P-Chloro-M-Cresol (59-50-7)			X	<10	--					1	ug/l	kg/day			
9A. Pentachlorophenol (87-86-5)			X	<50	--					1	ug/l	kg/day			
10A. Phenol (108-95-2)			X	<10	--					1	ug/l	kg/day			
11A. 2,4,6-Trichlorophenol (88-05-2)			X	<10	--					1	ug/l	kg/day			

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	ug/l	kg/day			
2B. Acenaphtylene (208-96-8)			X	<10	--					1	ug/l	kg/day			
3B. Anthracene (120-12-7)			X	<10	--					1	ug/l	kg/day			
4B. Benzidine (92-87-5)			X	<50	--					1	ug/l	kg/day			
5B. Benzo (*a*) Anthracene (56-55-3)			X	<10	--					1	ug/l	kg/day			
6B. Benzo (*a*) Pyrene (50-32-8)			X	<10	--					1	ug/l	kg/day			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	<10	--					1	ug/l	kg/day			
8B. Benzo (*ghi*) Perylene (191-24-2)			X	<10	--					1	ug/l	kg/day			
9B. Benzo (*k*) Fluoranthene (207-08-9)			X	<10	--					1	ug/l	kg/day			
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X	<10	--					1	ug/l	kg/day			
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X	<10	--					1	ug/l	kg/day			
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X	<10	--					1	ug/l	kg/day			
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X	<10	--					1	ug/l	kg/day			
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X	<10	--					1	ug/l	kg/day			
15B. Butyl Benzyl Phthalate (85-68-7)			X	<10	--					1	ug/l	kg/day			
16B. 2-Chloro-naphthalene (91-58-7)			X	<10	--					1	ug/l	kg/day			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	<10	--					1	ug/l	kg/day			
18B. Chrysene (218-01-9)			X	<10	--					1	ug/l	kg/day			
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X	<10	--					1	ug/l	kg/day			
20B. 1,2-Dichloro-benzene (95-50-1)			X	<10	--					1	ug/l	kg/day			
21B. 1,3-Di-chloro-benzene (541-73-1)			X	<10	--					1	ug/l	kg/day			

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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	ug/l	kg/day			
23B. 3,3-Dichlorobenzidine (91-94-1)			X	<20	--					1	ug/l	kg/day			
24B. Diethyl Phthalate (84-66-2)			X	<10	--					1	ug/l	kg/day			
25B. Dimethyl Phthalate (131-11-3)			X	<10	--					1	ug/l	kg/day			
26B. Di-N-Butyl Phthalate (84-74-2)			X	<10	--					1	ug/l	kg/day			
27B. 2,4-Dinitrotoluene (121-14-2)			X	<10	--					1	ug/l	kg/day			
28B. 2,6-Dinitrotoluene (606-20-2)			X	<10	--					1	ug/l	kg/day			
29B. Di-N-Octyl Phthalate (117-84-0)			X	<10	--					1	ug/l	kg/day			
30B. 1,2-Diphenylhydrazine (*as Azobenzene*) (122-66-7)			X	<50	--					1	ug/l	kg/day			
31B. Fluoranthene (206-44-0)			X	<10	--					1	ug/l	kg/day			
32B. Fluorene (86-73-7)			X	<10	--					1	ug/l	kg/day			
33B. Hexachlorobenzene (118-74-1)			X	<10	--					1	ug/l	kg/day			
34B. Hexachlorobutadiene (87-68-3)			X	<10	--					1	ug/l	kg/day			
35B. Hexachlorocyclopentadiene (77-47-4)			X	<10	--					1	ug/l	kg/day			
36B Hexachloroethane (67-72-1)			X	<10	--					1	ug/l	kg/day			
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X	<10	--					1	ug/l	kg/day			
38B. Isophorone (78-59-1)			X	<10	--					1	ug/l	kg/day			
39B. Naphthalene (91-20-3)			X	<10	--					1	ug/l	kg/day			
40B. Nitrobenzene (98-95-3)			X	<10	--					1	ug/l	kg/day			
41B. N-Nitrosodimethylamine (62-75-9)			X	<10	--					1	ug/l	kg/day			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	<10	--					1	ug/l	kg/day			

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 (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X	<10	--					1	ug/l	kg/day			
44B. Phenanthrene (85-01-8)			X	<10	--					1	ug/l	kg/day			
45B. Pyrene (129-00-0)			X	<10	--					1	ug/l	kg/day			
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X	<10	--					1	ug/l	kg/day			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)															
2P. α-BHC (319-84-6)															
3P. β-BHC (319-85-7)															
4P. γ-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Enosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
3IB00016*ID	800-Intake

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. 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)															

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)
3IB00016*ID

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

FORM 2F NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

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

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

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

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
005	41	47	58	81	9	17	Lake Erie
006	41	48	5	81	9	5	Lake Erie
007	41	48	21	81	8	29	Lake Erie

II. Improvements

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

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.

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

III. Site Drainage Map

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

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

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

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
005	1,817,915 ft^2	0.6 sq, miles			
006	661,365 ft^2	0.07 sq. miles			
007	761,915 ft^2	0.76 sq. miles			

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

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

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

Outfall Number	Treatment	List Codes from Table 2F-1
005	Impoundment structures with concrete barriers	1-U Sedimentation
006	Impoundment structures, concrete barriers, dikes, skimmer plates	1-U Sedimentation
007	Impoundment structures, concrete barriers, dikes, skimmer plates	1-U Sedimentation

V. Nonstormwater Discharges

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

Name and Official Title *(type or print)*	Signature	Date Signed
Randall Killing, Supervisor		6-23-11

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

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

VI. Significant Leaks or Spills

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

EPA ID Number *(copy from Item 1 of Form 1)*
3IB00016*ID

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

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

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

VIII. Biological Toxicity Testing Data

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

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

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

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

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
EA Group	7118 Industrial Park Blvd Mentor, Ohio 44060-5314	440-951-3514	TKN, BOD

X. Certification

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

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
Mark B. Bezilla, Site V.P., PY Nuclear	(440) 280-5382
C. Signature	D. Date Signed
[signature]	6/23/11

EPA ID Number (*copy from Item 1 of Form 1*)
3IB00016*ID-Outfall 005

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

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

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5 mg/l	N/A			1	
Biological Oxygen Demand (BOD5)	15 mg/l				1	
Chemical Oxygen Demand (COD)	34.44 mg/l				1	
Total Suspended Solids (TSS)	73 mg/l				1	
Total Nitrogen	0.78 mg/l					
Total Phosphorus	0.051 mg/l					
pH	*Minimum* 7.48	*Maximum* 7.48	*Minimum*	*Maximum*	1	

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Nitrate-N	1.998 mg/l					
Nitrite	0.128 mg/l					
Sulfate	106 mg/l					
Iron	3210 ug/l					
Copper	8.83 ug/l					
Zinc	393 ug/l					

Continued from the Front

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

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

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

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
7/28/2010	90 minutes	0.54 inches	82.3 hours	6,297 gal/min	566,700 gallons

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

Rational Calculation Method

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

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5 mg/l	N/A			1	
Biological Oxygen Demand (BOD5)	<3 mg/l				1	
Chemical Oxygen Demand (COD)	13.31 mg/l				1	
Total Suspended Solids (TSS)	18 mg/l				1	
Total Nitrogen	0.45 mg/l					
Total Phosphorus	0.11 mg/l					
pH	Minimum 7.26	Maximum 7.26	Minimum	Maximum	1	

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Nitrate-N	0.419 mg/l					
Nitrite	<0.0022 mg/l					
Sulfate	58.8 mg/l					
Iron	3450 ug/l					
Copper	2190 ug/l					
Zinc	322 ug/l					

Continued from the Front

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

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

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

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
8/21/2010	60 minutes	0.2 inches	154 hours	685 gal/min	41,100 gal

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

Rational Calculation Method

EPA ID Number (*copy from Item 1 of Form 1*)
3IB00016*ID-Outfall 007

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

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

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5 mg/l	N/A			1	
Biological Oxygen Demand (BOD5)	67 mg/l				1	
Chemical Oxygen Demand (COD)	17.15 mg/l				1	
Total Suspended Solids (TSS)	5 mg/l				1	
Total Nitrogen	<0.2 mg/l					
Total Phosphorus	0.054 mg/l					
pH	Minimum 7.38	Maximum 7.38	Minimum	Maximum	1	

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

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Nitrate-N	0.24 mg/l					
Nitrite	<0.0022 mg/l					
Sulfate	71.1 mg/l					
Iron	666 ug/l					
Copper	3.46 ug/l					
Zinc	18.2 ug/l					

Continued from the Front

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

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

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

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
7/28/2010	90 minutes	0.54 inches	82.3 hours	7549 gal/min	679,436 gal

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

Rational Calculation Method

State of Ohio Environmental Protection Agency

DIVISION OF SURFACE WATER

Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI)or for which there might be activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the application and review requirements and waivers that the Director may grant as specified in Section 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed. **All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.**

A. **Applicant:** Perry Nuclear Power Plant

Facility Owner: FirstEnergy Nuclear Operating Company (FENOC)

Facility Location (city and county): Perry and Lake County

Application or Plans Prepared By: Scott Brown

Project Name: Perry Plant NPDES Renewal Application

NPDES Permit Number (if applicable): 3IB00016*ID

B. **Antidegradation Applicability**

Is the application for? (check as many as apply):

_____ Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05(B)1, i.e., on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharger to POTW, etc.). (Complete Section E)

__X__ Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. (Complete Section E, Do not complete Sections C or D).

_____ PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)

_____ An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES):(Complete Sections C and E)

- addition of any pollutant not currently in the discharge, or
- an increase in mass or concentration of any pollutant currently in the discharge, or
- an increase in any current pollutant limitation in terms of mass or concentration.

Click to clear all entered information (on all 4 pages of this form) CLEAR

_____ PTI that involves placement of fill or installation of any portion of a sewerage system (i.e., sanitary sewers, pump stations, WWTP, etc.) within 150 feet of a stream bed. Please provide information requested on the stream evaluation addendum (i.e., number of stream crossings, fill placement, etc.) and complete Section E.

_____ Initial NPDES permit for an existing treatment works with a wastewater discharge prior to October 1, 1996. (Complete Sections D and E)

_____ Renewal NPDES permit or modification to an effective NPDES permit that will result in any of the following: (Complete Sections C and E)

- a new permit limitation for a pollutant that previously had no limitation, or
- an increase in any mass or concentration limitation of any pollutant that currently has a limitation.

C. Antidegradation Information

1. Does the PTI and/or NPDES permit application meet an exclusion as outlined by OAC 3745-1-05(D)(1) of the Antidegradation rule?

   _____ Yes (Complete Question C.2)

   _____ No (Complete Questions C.3 and C.4)

2. For projects that would be eligible for exclusions provide the following information:

   a. Provide justification for the exclusion.

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

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

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

   _____ No

   _____ Yes

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

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

   a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for

sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

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

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

Preferred design alternative:

Non-degradation alternative(s):

Minimal degradation alternative(s):

Mitigative technique/measure(s):

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

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

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

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

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

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

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

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

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

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

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

D. Discharge Information

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

PTI Number _____
PTI Issuance Date _____
Initial Date of Discharge _____

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

_____ Yes (go to E)

_____ No (see below)

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

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

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

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

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

Signature _____

Date 6/23/11