

ROY COOPER  
Governor

ELIZABETH S. BISER  
Secretary

RICHARD E. ROGERS, JR.  
Director



NORTH CAROLINA  
Environmental Quality

April 28, 2022

Badin Business Park, LLC  
Attn: Robyn Gross, Director  
PO Box 576  
Badin, NC 28009

Subject: Permit Renewal  
Application No. **NC0004308**  
Badin Business Park  
Stanly County

Dear Applicant:

The Water Quality Permitting Section acknowledges the April 27, 2022 receipt of your permit renewal application and supporting documentation. Your application will be assigned to a permit writer within the Section's NPDES WW permitting branch. Per G.S. 150B-3 your current permit does not expire until permit decision on the application is made. Continuation of the current permit is contingent on timely and sufficient application for renewal of the current permit. The permit writer will contact you if additional information is required to complete your permit renewal. Please respond in a timely manner to requests for additional information necessary to allow a complete review of the application and renewal of the permit.

Information regarding the status of your renewal application can be found online using the Department of Environmental Quality's Environmental Application Tracker at:

<https://deq.nc.gov/permits-regulations/permit-guidance/environmental-application-tracker>

If you have any additional questions about the permit, please contact the primary reviewer of the application using the links available within the Application Tracker.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Wren Thedford'.

Wren Thedford  
Administrative Assistant  
Water Quality Permitting Section

cc: Randy Bush-Alcoa  
ec: WQPS Laserfiche File w/application





**Badin Business Park LLC**

Highway 740  
P.O. Box 576  
Badin, NC 28009

**RECEIVED**

**APR 27 2022**

**NCDEQ/DWR/NPDES**

April 25, 2022

North Carolina Department of Environmental Quality  
Division of Water Resources  
WQ Permitting Section – NPDES  
1617 Mail Service Center  
Raleigh, NC 27699-1617

**Re: Badin Business Park LLC NPDES No. NC0004308 Permit Renewal Application**

To Whom It May Concern:

Attached please find Badin Business Park LLC's NPDES Permit Renewal Application. This application was also submitted electronically to Mr. Amirhossein Adaryani and Mr. Doug Dowden of the Division of Water Resources. If you have any questions or need additional information, please do not hesitate to contact me at [Robyn.Gross@alcoa.com](mailto:Robyn.Gross@alcoa.com) or 412.389.1768.

*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 fines and imprisonment for knowing violations.*

Sincerely,

A handwritten signature in blue ink that reads "Robyn L. Gross". The signature is written in a cursive style.

Robyn L. Gross  
Director, Asset Management Americas  
Badin Business Park LLC



**RECEIVED**  
APR 27 2022  
NCDEQ/DWR/NPDES

**BADIN BUSINESS PARK, LLC**

**2022 NPDES PERMIT RENEWAL  
APPLICATION**

**NPDES PERMIT NO. NC0004308**

APRIL 25, 2022

RECEIVED  
APR 27 2022

NPDES PERMIT RENEWAL

BADIN BUSINESS PARK, LLC  
2022 NPDES PERMIT RENEWAL  
APPLICATION  
NPDES PERMIT NO. NC0004308

Prepared for

Badin Business Park, LLC  
201 Isabella Street  
Pittsburgh, PA 15212

Prepared by

FTN Associates, Ltd.  
3 Innwood Circle, Suite 220  
Little Rock, AR 72211

FTN No. 06010-1805-001

April 25, 2022

**Badin Business Park, LLC**  
**2022 NPDES Permit Renewal Application**  
**NPDES Permit No. NC0004308**

**ENCLOSURES:**

- **Requested Modifications and Waivers**
- **EPA Form 1**
- **EPA Form 2E**
  - **Outfall 005**
  - **Outfall 011**
  - **Outfall 012**
  - **Outfall 013**
  - **Outfall 019**
- **EPA Form 2F**
  - **Outfalls 002 through 013**
  - **Outfalls 017 through 022**
- **EPA Form 2F Sample Data**
  - **Outfall 002**
  - **Outfall 004**
  - **Outfall 005**
  - **Outfall 012**
  - **Outfall 013**
  - **Outfall 017**
  - **Outfall 018**
  - **Outfall 019**
  - **Outfall 020**
  - **Outfall 022**
- **Maps & Diagrams**
  - **Location Map**
  - **Topographic Map**
  - **Site Map**

## **Requested Modifications and Waivers**

## 1.0 REQUESTED MODIFICATIONS

Badin Business Park, LLC (Badin) respectfully requests NCDEQ's consideration of the following modifications during this permit renewal.

### 1.1 Remove Trichloroethylene Limitations

The current permit contains monitoring requirements and discharge limits for trichloroethylene (TCE) at Outfalls 011 and 012 with footnotes stating that the facility may request removal of the limits if a collection of at least 12 data points demonstrates no reasonable potential to exceed the water quality standard or EPA criteria. Table 1.1 shows the observed data and permit limits for Outfalls 011 and 012.

Table 1.1. TCE data for Outfalls 011 and 012.

	TCE Concentrations (ug/L)	
	Outfall 011	Outfall 012
Observed Data Points	16	33
Maximum Observed	0	0
Average Observed	0	0
Minimum Observed	0	0
Monthly Average Limit	--	121
Daily Maximum Limit	3.7	181.5

TCE has never been detected at either outfall. All observed data for TCE at both outfalls during the current permit term have been below the laboratory reporting limits. The observed data are well below permitted limits and do not exhibit a reasonable potential to cause an exceedance of the TCE water quality standard or EPA criteria. Therefore, Badin respectfully requests that the TCE monitoring requirements and permit limits at Outfalls 011 and 012 be removed from the permit.

### 1.2 Grab Sample for Chronic Toxicity at Outfall 012

The current permit requires composite sampling for chronic toxicity at Outfall 012. Composite sampling requires continuous sampling or a combination of multiple grab samples

collected over a 24-hour period. Sampling for biomonitoring purposes requires one composite sample taken during the first two days of discharge and a second composite sample taken during the third through fifth day of discharge. Discharge at Outfall 012 is largely driven by stormwater, and, as a result, is intermittent, infrequent, and typically of short duration. Discharge at this outfall commonly ends before the second composite sample can be collected, resulting in an invalid test. Converting to a grab sample for chronic toxicity at Outfall 012 could reduce the likelihood of an invalid test. The North Carolina Phase II Chronic Whole Effluent Toxicity Test Procedure (version 3.0 dated December 2010) allows for the use of grab samples in lieu of 24-hour composite samples if “grab samples or other alternate sampling regimes are specifically allowed by the facility’s permit or monitoring requirement.” Therefore, Badin requests that the sample type for chronic toxicity at Outfall 012 be changed from composite to grab as currently permitted for Outfalls 011 and 019.

## **2.0 WAIVER REQUESTS**

Due to a lack of discharge at Outfalls 011 and 019 during the renewal sampling, the required samples for BOD, Oil & Grease, Ammonia, and Temperature could not be collected. Therefore, Badin requests a temporary sampling waiver for these parameters at Outfalls 011 and 019. The required samples will be collected during the next discharge and the results forwarded to NCDEQ as an amendment to this application.

## **3.0 OUTFALL 022 AND CENTRAL DRAINAGE CHANNEL (CDC)**

After stormwater improvements completed at the site, Badin identified a stormwater conveyance, the Closed Badin Landfill Central Drainage Channel (CDC), that is not monitored under the current permit. The CDC commingles with Outfall 022 effluent, but the commingling occurs immediately downstream of the current Outfall 022 monitoring location. In March 2022, Badin analyzed the CDC effluent for priority pollutants and other parameters as requested by NCDEQ. The results of these samples are presented in Tables 1.2 through 1.7. It should be noted that a second Biochemical Oxygen Demand (BOD) sample had a reported concentration of 410

mg/L that was flagged because BOD was also detected in the control blank. As a result, this value was considered unrepresentative and excluded from Table 1.2.

The sample results show no parameters of concern in the CDC discharge. The drainage areas for the CDC and Outfall 022 are similar in size and composition. Samples collected at the current Outfall 022 monitoring location are expected to be representative of discharges from the CDC.

Therefore, we request that the CDC be identified in the permit as a designated outfall, but that monitoring requirements be waived since the CDC is a substantially identical outfall to Outfall 022, as demonstrated by the data presented below.

Table 1.2. General chemistry data for CDC.

<b>Parameter</b>	<b>Result</b>	<b>RL</b>	<b>Units</b>
Oil & Grease	ND	2.6	mg/L
Phenolics, Total Recoverable	ND	0.05	mg/L
Ammonia	ND	0.25	mg/L
Chromium (hexavalent)	ND	10	mg/L
Cyanide, Total	ND	0.006	mg/L
Total Suspended Solids	13	5	mg/L
Biochemical Oxygen Demand	ND	2	mg/L
Fluoride	1.3	0.1	mg/L
Aluminum	3.9	0.2	mg/L
Nitrogen, Kjeldahl	0.13	0.1	mg/L
Phosphorus	ND	0.05	mg/L
Chemical Oxygen Demand	16	10	mg/L
Nitrogen, Total	0.34	0.25	mg/L

Table 1.3. Metals data for CDC.

<b>Parameter</b>	<b>Result</b>	<b>RL</b>	<b>Units</b>
Silver	ND	5	ug/L
Arsenic	ND	5	ug/L
Beryllium	ND	1	ug/L
Cadmium	ND	0.7	ug/L
Chromium	ND	5	ug/L
Copper	9.3	5	ug/L
Nickel	5.6	5	ug/L
Lead	1.6	1	ug/L
Antimony	ND	5	ug/L
Selenium	ND	5	ug/L
Thallium	ND	1	ug/L
Zinc	ND	10	ug/L
Mercury	ND	0.5	ug/L

Table 1.4. Volatile organic compounds data for CDC.

Parameter	Result	RL	Units
Acrolein	ND*	250	ug/L
Acrylonitrile	ND*	250	ug/L
Benzene	ND	10	ug/L
Dichlorobromomethane	ND	50	ug/L
Bromoform	ND	50	ug/L
Bromomethane	ND	50	ug/L
Carbon tetrachloride	ND	10	ug/L
Chlorobenzene	ND	50	ug/L
Chloroethane	ND	25	ug/L
2-Chloroethyl vinyl ether	ND*	50	ug/L
Chloroform	ND*	10	ug/L
Chloromethane	ND	50	ug/L
Chlorodibromomethane	ND	50	ug/L
1,2-Dichlorobenzene	ND	5	ug/L
1,3-Dichlorobenzene	ND	5	ug/L
1,4-Dichlorobenzene	ND	5	ug/L
1,1-Dichloroethane	ND	10	ug/L
1,2-Dichloroethane	ND	10	ug/L
1,1-Dichloroethene	ND	10	ug/L
trans-1,2-Dichloroethene	ND	10	ug/L
1,2-Dichloropropane	ND	10	ug/L
cis-1,3-Dichloropropene	ND	10	ug/L
trans-1,3-Dichloropropene	ND	10	ug/L
Ethylbenzene	ND	10	ug/L
Methylene Chloride	ND	50	ug/L
1,1,2,2-Tetrachloroethane	ND	10	ug/L
Tetrachloroethene	ND	10	ug/L
Toluene	ND	10	ug/L
1,1,1-Trichloroethane	ND	10	ug/L
1,1,2-Trichloroethane	ND	10	ug/L
Trichloroethene	ND	10	ug/L
Trichlorofluoromethane	ND	5	ug/L
Vinyl chloride	ND	50	ug/L
Dichlorodifluoromethane	ND	5	ug/L

\*Due to a delay at the analytical laboratory, these parameters were analyzed out of holding time.

Table 1.5. Semivolatile organic compound data for CDC.

Parameter	Result	RL	Units
1,2,4-Trichlorobenzene	ND	9.6	ug/L
1,2-Diphenylhydrazine	ND	9.6	ug/L
1,4-Dioxane	ND	24	ug/L
2,2'-oxybis[1-chloropropane]	ND	9.6	ug/L
2,4,6-Trichlorophenol	ND	9.6	ug/L
2,4-Dichlorophenol	ND	9.6	ug/L
2,4-Dimethylphenol	ND	9.6	ug/L
2,4-Dinitrophenol	ND	48	ug/L
2,4-Dinitrotoluene	ND	9.6	ug/L
2,6-Dinitrotoluene	ND	9.6	ug/L
2-Chloronaphthalene	ND	9.6	ug/L
2-Chlorophenol	ND	9.6	ug/L
2-Methylphenol	ND	9.6	ug/L
2-Nitrophenol	ND	9.6	ug/L
3 & 4 Methylphenol	ND	9.6	ug/L
3,3'-Dichlorobenzidine	ND	57	ug/L
4,6-Dinitro-2-methylphenol	ND	48	ug/L
4-Chlorophenyl phenyl ether	ND	9.6	ug/L
4-Nitrophenol	ND	9.6	ug/L
Acenaphthene	ND	9.6	ug/L
Acenaphthylene	ND	48	ug/L
Anthracene	ND	9.6	ug/L
Benzidine	ND	9.6	ug/L
Benzo[a]anthracene	ND	9.6	ug/L
Benzo[a]pyrene	ND	77	ug/L
Benzo[b]fluoranthene	ND	9.6	ug/L
Benzo[g,h,i]perylene	ND	9.6	ug/L
Benzo[k]fluoranthene	ND	9.6	ug/L
1,2-Dichlorobenzene	ND	9.6	ug/L
Bis(2-chloroethoxy)methane	ND	9.6	ug/L
Bis(2-chloroethyl)ether	ND	9.6	ug/L
1,3-Dichlorobenzene	ND	9.6	ug/L
Bis(2-ethylhexyl) phthalate	ND	9.6	ug/L
Butyl benzyl phthalate	ND	9.6	ug/L
1,4-Dichlorobenzene	ND	9.6	ug/L
Carbazole	ND	9.6	ug/L

Badin Business Park, LLC  
 NC0004308  
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 April 25, 2022

Parameter	Result	RL	Units
Chrysene	ND	9.6	ug/L
Dibenz(a,h)anthracene	ND	9.6	ug/L
Diethyl phthalate	ND	9.6	ug/L
Dimethyl phthalate	ND	9.6	ug/L
Di-n-butyl phthalate	ND	9.6	ug/L
Di-n-octyl phthalate	ND	9.6	ug/L
Fluoranthene	ND	9.6	ug/L
Fluorene	ND	9.6	ug/L
Hexachlorobenzene	ND	9.6	ug/L
Hexachlorobutadiene	ND	9.6	ug/L
Hexachlorocyclopentadiene	ND	19	ug/L
Hexachloroethane	ND	9.6	ug/L
Indeno[1,2,3-cd]pyrene	ND	9.6	ug/L
Isophorone	ND	9.6	ug/L
Naphthalene	ND	9.6	ug/L
Nitrobenzene	ND	9.6	ug/L
N-Nitrosodimethylamine	ND	19	ug/L
N-Nitrosodi-n-propylamine	ND	9.6	ug/L
N-Nirosodiphenylamine	ND	9.6	ug/L
Pentachlorophenol	ND	48	ug/L
Phenanthrene	ND	9.6	ug/L
Phenol	ND	9.6	ug/L
Pyrene	ND	9.6	ug/L

Table 1.6. Organochlorine pesticides and PCBs data for CDC.

Parameter	Result	RL	Units
Aldrin	ND	0.05	ug/L
alpha-BHC	ND	0.05	ug/L
beta-BHC	ND	0.05	ug/L
gamma-BHC (Lindane)	ND	0.05	ug/L
delta-BHC	ND	0.05	ug/L
Chlordane (technical)	ND	0.5	ug/L
4,4'-DDT	ND	0.05	ug/L
4,4'-DDE	ND	0.05	ug/L
4,4'-DDD	ND	0.05	ug/L
Dieldrin	ND	0.05	ug/L
Endosulfan I	ND	0.05	ug/L
Endosulfan II	ND	0.05	ug/L
Endosulfan sulfate	ND	0.05	ug/L
Endrin	ND	0.05	ug/L
Endrin aldehyde	ND	0.05	ug/L
Heptachlor	ND	0.05	ug/L
Heptachlor epoxide	ND	0.05	ug/L
PCB-1242	ND	1	ug/L
PCB-1254	ND	1	ug/L
PCB-1221	ND	1	ug/L
PCB-1232	ND	1	ug/L
PCB-1248	ND	1	ug/L
PCB-1260	ND	1	ug/L
Toxaphene	ND	5	ug/L
Methoxychlor	ND	0.05	ug/L
PCB-1016	ND	1	ug/L

Table 1.7. Herbicide data for CDC.

<b>Parameter</b>	<b>Result</b>	<b>RL</b>	<b>Units</b>
2,4-D	ND	1	ug/L
2,4-DB	ND	2.4	ug/L
2,4,5-T	ND	0.8	ug/L
Silvex (2,4,5-TP)	ND	0.8	ug/L
Dalapon	ND	5.1	ug/L
Dicamba	ND	0.47	ug/L
Dichlorprop	ND	0.8	ug/L
Dinoseb	ND	0.47	ug/L
MCPA	ND	560	ug/L
MCPP	ND	190	ug/L

Laboratory analysis for 2,3,7,8-TCDD is still being conducted by the analytical laboratory and results will be forwarded to NCDEQ upon receipt.

**EPA Form 1**

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Form  
1  
NPDES



**U.S. Environmental Protection Agency  
Application for NPDES Permit to Discharge Wastewater**

**GENERAL INFORMATION**

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

Activities Requiring an NPDES Permit

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

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

Name, Mailing Address, and Location

2.1	<b>Facility Name</b>		
	Badin Business Park, LLC		
2.2	<b>EPA Identification Number</b>		
	NCD 003 162 542		
2.3	<b>Facility Contact</b>		
	Name (first and last) Randy Bush	Title Location Asset Manager Transformation	Phone number (865) 977-2189
	Email address Randy.Bush@alcoa.com		
2.4	<b>Facility Mailing Address</b>		
	Street or P.O. box PO Box 576		
	City or town Badin	State NC	ZIP code 28009

<b>Name, Mailing Address, and Location Continued</b>	2.5	<b>Facility Location</b>		
	Street, route number, or other specific identifier NC Hwy 740 & NCSR 1719			
	County name Stanley		County code (if known) 0576	
	City or town Badin		State NC	ZIP code 28009

**SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))**

<b>SIC and NAICS Codes</b>	3.1	<b>SIC Code(s)</b>		<b>Description (optional)</b>
		3334		Historical aluminum production. Operation no longer active at facility.
		3365		Historical smelting operation. Operation no longer active at facility.
	3.2	<b>NAICS Code(s)</b>		<b>Description (optional)</b>
		331313		Historical aluminum production. Operation no longer active at facility.
		331524		Historical smelting operation. Operation no longer active at facility.

**SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))**

<b>Operator Information</b>	4.1	<b>Name of Operator</b>		
	Badin Business Park, LLC.			
	4.2	Is the name you listed in Item 4.1 also the owner?		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Operator Information Continued</b>	4.3	<b>Operator Status</b>		
	<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____			
	4.4	<b>Phone Number of Operator</b>		
(412) 389-1768				
<b>Operator Information Continued</b>	4.5	<b>Operator Address</b>		
	Street or P.O. Box 201 Isabella St			
	City or town Pittsburgh		State PA	ZIP code 15212
	Email address of operator Robyn.Gross@alcoa.com			

**SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))**

<b>Indian Land</b>	5.1	Is the facility located on Indian Land?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC
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Form Approved 03/05/19  
OMB No. 2040-0004

**SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))**

Existing Environmental Permits	6.1	<b>Existing Environmental Permits</b> (check all that apply and print or type the corresponding permit number for each)		
	<input checked="" type="checkbox"/>	NPDES (discharges to surface water) NC0004308	<input checked="" type="checkbox"/>	RCRA (hazardous wastes) NCD 003 162 542
	<input type="checkbox"/>	PSD (air emissions)	<input type="checkbox"/>	Nonattainment program (CAA)
	<input type="checkbox"/>	UIC (underground injection of fluids)	<input type="checkbox"/>	NESHAPs (CAA)
	<input type="checkbox"/>	Ocean dumping (MPRSA)	<input type="checkbox"/>	Dredge or fill (CWA Section 404)
			<input type="checkbox"/>	Other (specify)

**SECTION 7. MAP (40 CFR 122.21(f)(7))**

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)

**SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))**

Nature of Business	8.1	Describe the nature of your business.  The Badin Business Park, LLC facility was a primary aluminum smelter located in Badin, NC, adjacent to Badin Lake. Historical operations included smelting; production of aluminum ingot, sheet, and particle; and production of anode block for use in this or other smelters. The facility began operations in 1916 and ceased all operations associated with the production of aluminum in July 2007.  The facility has eliminated all of its process wastewater flow from non-contact cooling water, make-up waters, and compressor condensate. Discharges from the facility now only include stormwater runoff, groundwater seepage, and fire protection water.
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**SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))**

Cooling Water Intake Structures	9.1	Does your facility use cooling water?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)

**SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))**

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)
	<input type="checkbox"/>	Fundamentally different factors (CWA Section 301(n))
	<input type="checkbox"/>	Water quality related effluent limitations (CWA Section 302(b)(2))
	<input type="checkbox"/>	Non-conventional pollutants (CWA Section 301(c) and (g))
	<input type="checkbox"/>	Thermal discharges (CWA Section 316(a))
	<input checked="" type="checkbox"/>	Not applicable

EPA Identification Number  
NCD 003 162 542

NPDES Permit Number  
NC0004308

Facility Name  
Badin Business Park, LLC

Form Approved 03/05/19  
OMB No. 2040-0004

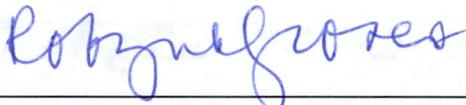
**SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement

11.1 In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 4: Operator Information	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5: Indian Land	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

11.2 **Certification Statement**  
*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.*

Name (print or type first and last name) Robyn Gross	Official title Director, Americas
Signature 	Date signed 4/25/22

**EPA Form 2E**

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**Outfall 005**



Effluent Characteristics Continued	4.3	Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.5.						
	4.4	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> <small>(if actual data reported)</small>	<b>Maximum Daily Discharge</b> <small>(specify units)</small>		<b>Average Daily Discharge</b> <small>(specify units)</small>		<b>Source</b> <small>(Use codes per Instructions.)</small>
				<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	<b>Conc.</b>	
		Fecal coliform						
		<i>E. coli</i>						
		Enterococci						
	4.5	Is chlorine used (or will it be used)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.						
	4.6	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> <small>(if actual data reported)</small>	<b>Maximum Daily Discharge</b> <small>(specify units)</small>		<b>Average Daily Discharge</b> <small>(specify units)</small>		<b>Source</b> <small>(use codes per instructions)</small>
			<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	<b>Conc.</b>		
	Total Residual Chlorine	52	0.18 #/day	117 ug/L	0.03 #/da	37.5 ug/		
4.7	Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.							
4.8	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)							
	<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> <small>(if actual data reported)</small>	<b>Maximum Daily Discharge</b> <small>(specify units)</small>		<b>Average Daily Discharge</b> <small>(specify units)</small>		<b>Source</b> <small>(use codes per instructions)</small>	
			<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	<b>Conc.</b>		
	Chemical oxygen demand (COD)							
	Total organic carbon (TOC)							

**SECTION 5. FLOW (40 CFR 122.21(h)(5))**

Flow	5.1	Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input checked="" type="checkbox"/> Yes → Complete this section. <input type="checkbox"/> No → SKIP to Section 6.				
	5.2	Briefly describe the frequency and duration of flow. Fire protection water is discharged during emergencies and for maintenance. The hydrants are flushed semiannually and fire protection water is used to wash roadways once per quarter. Groundwater and stormwater flows vary seasonally.				

**SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))**

Treatment System	6.1	Briefly describe any treatment system(s) used (or to be used). No treatment system present.				
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<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

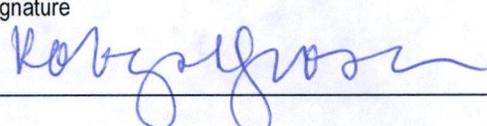
EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC
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Form Approved 03/05/19  
OMB No. 2040-0004

**SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))**

Other Information	7.1	<p>Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.</p> <p>Fluoride and aluminum are known to be present in the discharge from this outfall. The maximum daily concentration of fluoride is 3.0 mg/L and the average daily concentration is 2.0 mg/L. The maximum daily concentration of aluminum is 0.93 mg/L and the average daily concentration is &lt; 0.27 mg/L. These results were calculated from data collected since the permit modification (July 2019) and includes a total of 71 data points for fluoride and 13 data points for aluminum.</p> <p>Monthly sampling for cyanide is required for this outfall under the current permit. The maximum daily concentration of cyanide is 32 ug/L and the daily average concentration is &lt; 8.6 ug/L. These results were calculated from data collected since the permit modification (July 2019) and includes 60 data points.</p>
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**SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement	8.1	<p>In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.</p>	
		<b>Column 1</b>	<b>Column 2</b>
		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2: Discharge Date	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: Waste Types	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Effluent Characteristics	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5: Flow	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6: Treatment System	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: Other Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	8.2	<p><b>Certification Statement</b></p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>	
		Name (print or type first and last name)	Official title
		Robyn Gross	Director, Americas
		Signature	Date signed
			4/25/22

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**Outfall 011**



EPA Identification Number  
NCD 003 162 542

NPDES Permit Number  
NC0004308

Facility Name  
Badin Business Park, LLC

Form Approved 03/05/19  
OMB No. 2040-0004

Effluent Characteristics Continued

4.3	Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.5.						
4.4	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
	Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (Use codes per instructions.)
			Mass	Conc.	Mass	Conc.	
	Fecal coliform						
	<i>E. coli</i>						
	Enterococci						
4.5	Is chlorine used (or will it be used)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.						
4.6	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
	Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
			Mass	Conc.	Mass	Conc.	
	Total Residual Chlorine						
4.7	Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
4.8	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
	Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
			Mass	Conc.	Mass	Conc.	
	Chemical oxygen demand (COD)						
	Total organic carbon (TOC)						

**SECTION 5. FLOW (40 CFR 122.21(h)(5))**

Flow

5.1	Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input checked="" type="checkbox"/> Yes → Complete this section. <input type="checkbox"/> No → SKIP to Section 6.
5.2	Briefly describe the frequency and duration of flow. Fire protection water is discharged during emergencies and for maintenance. The hydrants are flushed semiannually and fire protection water is used to wash roadways once per quarter. Groundwater and stormwater flows vary seasonally.

**SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))**

Treatment System

6.1	Briefly describe any treatment system(s) used (or to be used). No treatment system present.
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<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

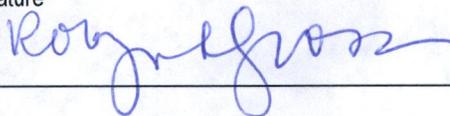
EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC
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Form Approved 03/05/19  
OMB No. 2040-0004

**SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))**

Other Information	7.1	<p>Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.</p> <p>Quarterly sampling for aluminum is required for this outfall under the current permit. The maximum daily concentration of aluminum is 1.5 mg/L and the average daily concentration is &lt; 0.488 mg/L. These results were calculated from data collected since the permit modification (July 2019) and includes a total of 10 data points.</p> <p>Monthly sampling for cyanide, fluoride, and trichloroethylene (TCE) is required for this outfall under the current permit. The maximum daily concentrations are 38 ug/L cyanide, 1.4 mg/L fluoride, and &lt; 1 ug/L TCE. The daily average concentrations are &lt; 10 ug/L cyanide, 0.6 mg/L fluoride, and &lt; 1 ug/L TCE. These results were calculated from data collected since the permit modification (July 2019) and includes 16 data points for all parameters.</p>
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**SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement	8.1	<p>In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.</p>	
		<b>Column 1</b>	<b>Column 2</b>
		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2: Discharge Date	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: Waste Types	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Effluent Characteristics	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5: Flow	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6: Treatment System	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: Other Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	8.2	<p><b>Certification Statement</b></p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>	
		Name (print or type first and last name)	Official title
		Robyn Gross	Director, Americas
		Signature	Date signed
			4/25/22

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**Outfall 012**

FORM 2E NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL FACILITIES WHICH</b> <b>DISCHARGE ONLY NONPROCESS WASTEWATER</b>
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**SECTION 1. OUTFALL LOCATION (40 CFR 122.21(h)(1))**

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
		Outfall Number	Receiving Water Name	Latitude	Longitude
		012	Badin Lake	35° 24' 43.13" N	80° 6' 50.04" W
				. ' "	. ' "

**SECTION 2. DISCHARGE DATE (40 CFR 122.21(h)(2))**

Discharge Date	2.1	Are you a new or existing discharger? (Check only one response.) <input type="checkbox"/> New discharger <input checked="" type="checkbox"/> Existing discharger → SKIP to Section 3.
	2.2	Specify your anticipated discharge date:

**SECTION 3. WASTE TYPES (40 CFR 122.21(h)(3))**

Waste Types	3.1	What types of wastes are currently being discharged if you are an existing discharger or will be discharged if you are a new discharger? (Check all that apply.) <input type="checkbox"/> Sanitary wastes <input checked="" type="checkbox"/> Other nonprocess wastewater (describe/explain directly below) <input type="checkbox"/> Restaurant or cafeteria waste <input type="checkbox"/> Non-contact cooling water <u>Groundwater, fire protection water, stormwater</u>
	3.2	Does the facility use cooling water additives? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 4.
	3.3	List the cooling water additives used and describe their composition.

Cooling Water Additives (list)	Composition of Additives (if available to you)

**SECTION 4. EFFLUENT CHARACTERISTICS (40 CFR 122.21(h)(4))**

Effluent Characteristics	4.1	Have you completed monitoring for all parameters in the table below at each of your outfalls and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority (attach waiver request and additional information) → SKIP to Section 5.						
	4.2	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
		Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source (use codes per instructions)
				Mass	Conc.	Mass	Conc.	
		Biochemical oxygen demand (BOD <sub>5</sub> )	1	< 3.7 #/day	< 2 mg/L			
		Total suspended solids (TSS)	43	51.5 #/day	230 mg/L	1.5 #/day	14.4 mg/L	
		Oil and grease	1	< 4.8 #/day	< 2.6 mg/L			
		Ammonia (as N)	1	< 0.5 #/day	< 0.25 mg/L			
		Discharge flow	354	0.221 MGD				
		pH (report as range)	65	6.2 - 8.0 s.u.				

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

EPA Identification Number  
NCD 003 162 542

NPDES Permit Number  
NC0004308

Facility Name  
Badin Business Park, LLC

Form Approved 03/05/19  
OMB No. 2040-0004

<b>Effluent Characteristics Continued</b>	4.3	Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.5.					
	4.4	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)					
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (Use codes per Instructions.)
				<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	
		Fecal coliform					
		<i>E. coli</i>					
		Enterococci					
	4.5	Is chlorine used (or will it be used)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.					
	4.6	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)					
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (use codes per instructions)
			<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	<b>Conc.</b>	
	Total Residual Chlorine						
4.7	Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
4.8	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
	<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (use codes per instructions)	
			<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>		<b>Conc.</b>
	Chemical oxygen demand (COD)						
	Total organic carbon (TOC)						
<b>SECTION 5. FLOW (40 CFR 122.21(h)(5))</b>							
<b>Flow</b>	5.1	Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input checked="" type="checkbox"/> Yes → Complete this section. <input type="checkbox"/> No → SKIP to Section 6.					
	5.2	Briefly describe the frequency and duration of flow. Fire protection water is discharged during emergencies and for maintenance. The hydrants are flushed semiannually and fire protection water is used to wash roadways once per quarter. Groundwater and stormwater flows vary seasonally.					
<b>SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))</b>							
<b>Treatment System</b>	6.1	Briefly describe any treatment system(s) used (or to be used). No treatment system present.					

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

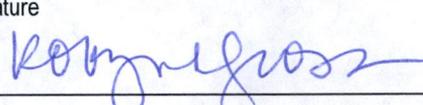
EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC
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Form Approved 03/05/19  
OMB No. 2040-0004

**SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))**

Other Information	7.1	<p>Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.</p> <p>Quarterly sampling for fluoride and aluminum is required for this outfall under the current permit. The maximum daily concentrations are 1.3 mg/L for fluoride and 8.9 mg/L for aluminum. The average daily concentrations are 1.0 mg/L for fluoride and &lt; 1.2 mg/L for aluminum. These results were calculated from data collected since the permit modification (July 2019) and includes a total of 13 data points for each parameter.</p> <p>Monthly sampling for cyanide and trichloroethylene (TCE) is required for this outfall under the current permit. The maximum daily concentrations are 210 ug/L for cyanide and &lt; 5 ug/L for TCE. The daily average concentrations are &lt; 24 ug/L for cyanide and &lt; 1.5 ug/L for TCE. These results were calculated from data collected since the permit modification (July 2019) and includes 35 data points for cyanide and 34 data point for TCE.</p>
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**SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement	8.1	<p>In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.</p>	
		<b>Column 1</b>	<b>Column 2</b>
		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2: Discharge Date	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: Waste Types	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Effluent Characteristics	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5: Flow	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6: Treatment System	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: Other Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	8.2	<p><b>Certification Statement</b></p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>	
		Name (print or type first and last name)	Official title
		Robyn Gross	Director, Americas
		Signature	Date signed
			4/25/22

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**Outfall 013**



EPA Identification Number  
NCD 003 162 542

NPDES Permit Number  
NC0004308

Facility Name  
Badin Business Park, LLC

Form Approved 03/05/19  
OMB No. 2040-0004

<b>Effluent Characteristics Continued</b>	4.3	Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.5.					
	4.4	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)					
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (Use codes per Instructions.)
				<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	
		Fecal coliform					
		<i>E. coli</i>					
		Enterococci					
	4.5	Is chlorine used (or will it be used)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.					
	4.6	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)					
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (use codes per instructions)
			<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	<b>Conc.</b>	
	Total Residual Chlorine						
4.7	Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
4.8	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
	<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (use codes per instructions)	
			<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>		<b>Conc.</b>
	Chemical oxygen demand (COD)						
	Total organic carbon (TOC)						
<b>SECTION 5. FLOW (40 CFR 122.21(h)(5))</b>							
<b>Flow</b>	5.1	Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input checked="" type="checkbox"/> Yes → Complete this section. <input type="checkbox"/> No → SKIP to Section 6.					
	5.2	Briefly describe the frequency and duration of flow. Groundwater and stormwater flows vary seasonally.					
<b>SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))</b>							
<b>Treatment System</b>	6.1	Briefly describe any treatment system(s) used (or to be used). No treatment system present.					

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

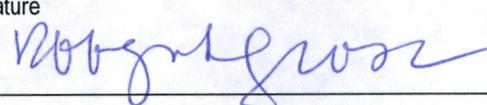
EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC
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Form Approved 03/05/19  
OMB No. 2040-0004

**SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))**

Other Information	7.1	<p>Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.</p> <p>Quarterly sampling for fluoride and aluminum is required for this outfall under the current permit. The maximum daily concentrations are 0.5 mg/L for fluoride and 1.2 mg/L for aluminum. The average daily concentrations are 0.3 mg/L for fluoride and &lt; 0.37 mg/L for aluminum. These results were calculated from data collected since the permit modification (July 2019) and includes a total of 15 data points for fluoride and 14 data points for aluminum.</p> <p>Monthly sampling for cyanide is required for this outfall under the current permit. The maximum daily cyanide concentration is 37 ug/L and the daily average concentration is &lt; 8.3 ug/L. These results were calculated from data collected since the permit modification (July 2019) and includes 59 data points.</p>
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**SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement	8.1	<p>In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.</p>	
		<b>Column 1</b>	<b>Column 2</b>
		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2: Discharge Date	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: Waste Types	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Effluent Characteristics	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5: Flow	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6: Treatment System	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: Other Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	8.2	<p><b>Certification Statement</b></p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>	
		Name (print or type first and last name)	Official title
		Robyn Gross	Director, Americas
		Signature	Date signed
			4/25/22

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**Outfall 019**



EPA Identification Number  
NCD 003 162 542

NPDES Permit Number  
NC0004308

Facility Name  
Badin Business Park, LLC

Form Approved 03/05/19  
OMB No. 2040-0004

<b>Effluent Characteristics Continued</b>	4.3	Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.5.					
	4.4	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)					
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (Use codes per instructions.)
				<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	
		Fecal coliform					
		<i>E. coli</i>					
		Enterococci					
	4.5	Is chlorine used (or will it be used)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.					
	4.6	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)					
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (use codes per instructions)
			<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	<b>Conc.</b>	
	Total Residual Chlorine						
4.7	Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
4.8	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
	<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> (if actual data reported)	<b>Maximum Daily Discharge</b> (specify units)		<b>Average Daily Discharge</b> (specify units)	<b>Source</b> (use codes per instructions)	
			<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>		<b>Conc.</b>
	Chemical oxygen demand (COD)						
	Total organic carbon (TOC)						
<b>SECTION 5. FLOW (40 CFR 122.21(h)(5))</b>							
<b>Flow</b>	5.1	Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input checked="" type="checkbox"/> Yes → Complete this section. <input type="checkbox"/> No → SKIP to Section 6.					
	5.2	Briefly describe the frequency and duration of flow. Groundwater and stormwater flows vary seasonally. The last discharge from this outfall was in February 2021.					
<b>SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))</b>							
<b>Treatment System</b>	6.1	Briefly describe any treatment system(s) used (or to be used). No treatment system present.					

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

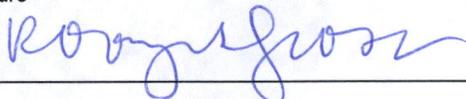
EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC
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Form Approved 03/05/19  
OMB No. 2040-0004

**SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))**

Other Information	7.1	<p>Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.</p> <p>Semi-annual sampling for aluminum, cyanide, and fluoride is required for this outfall under the current permit. The maximum daily concentrations are 1.6 mg/L for aluminum, &lt; 6 ug/L for cyanide, and 1.8 mg/L for fluoride. The average daily concentrations are 1.4 mg/L for aluminum, &lt; 5.5 ug/L for cyanide, and 1.3 mg/L for fluoride. These results were calculated from data collected since the permit modification (July 2019) and includes a total of 2 data points for all parameters.</p>
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**SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement	8.1	<p>In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.</p>	
		<b>Column 1</b>	<b>Column 2</b>
		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
		<input checked="" type="checkbox"/> Section 2: Discharge Date	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: Waste Types	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Effluent Characteristics	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 5: Flow	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6: Treatment System	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: Other Information	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	8.2	<p><b>Certification Statement</b></p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>	
		Name (print or type first and last name)	Official title
		Robyn Gross	Director, Americas
		Signature	Date signed
			4/25/22

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**Outfalls 002 through 013**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Form Approved 03/05/19 OMB No. 2040-0004		
Form 2F NPDES		<b>U.S Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY</b>			
<b>SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))</b>					
<b>Outfall Location</b>	1.1	Provide information on each of the facility's outfalls in the table below			
	<b>Outfall Number</b>	<b>Receiving Water Name</b>	<b>Latitude</b>	<b>Longitude</b>	
	002	Badin Lake	35° 24' 29.89" N	80° 6' 54.48" W	
	004	UT to Little Mountain Creek	35° 24' 11.58" N	80° 7' 11.38" W	
	005	UT to Little Mountain Creek	35° 24' 9.25" N	80° 7' 14.73" W	
	011	Badin Lake	35° 24' 42.59" N	80° 6' 53.49" W	
	012	Badin Lake	35° 24' 43.13" N	80° 6' 50.04" W	
	013	Badin Lake	35° 24' 50.78" N	80° 6' 59.26" W	
<b>SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))</b>					
<b>Improvements</b>	2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?  <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Section 3.</span>			
	2.2	Briefly identify each applicable project in the table below.			
	<b>Brief Identification and Description of Project</b>	<b>Affected Outfalls (list outfall numbers)</b>	<b>Source(s) of Discharge</b>	<b>Final Compliance Dates</b>	
				<b>Required</b>	<b>Projected</b>
2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)  <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>				

**SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))**

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
	<input checked="" type="checkbox"/>	Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>

**SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))**

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.																							
		<table border="1"> <thead> <tr> <th>Outfall Number</th> <th>Impervious Surface Area (within a mile radius of the facility)</th> <th>Total Surface Area Drained (within a mile radius of the facility)</th> </tr> </thead> <tbody> <tr> <td>002</td> <td>12.5 <i>specify units</i> acres</td> <td>19.5 <i>specify units</i> acres</td> </tr> <tr> <td>004</td> <td>19.5 <i>specify units</i> acres</td> <td>20.1 <i>specify units</i> acres</td> </tr> <tr> <td>005</td> <td>33.8 <i>specify units</i> acres</td> <td>42.9 <i>specify units</i> acres</td> </tr> <tr> <td>011</td> <td>8.6 <i>specify units</i> acres</td> <td>18.5 <i>specify units</i> acres</td> </tr> <tr> <td>012</td> <td>8.6 <i>specify units</i> acres</td> <td>18.5 <i>specify units</i> acres</td> </tr> <tr> <td>013</td> <td>3.4 <i>specify units</i> acres</td> <td>27.8 <i>specify units</i> acres</td> </tr> </tbody> </table>	Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)	002	12.5 <i>specify units</i> acres	19.5 <i>specify units</i> acres	004	19.5 <i>specify units</i> acres	20.1 <i>specify units</i> acres	005	33.8 <i>specify units</i> acres	42.9 <i>specify units</i> acres	011	8.6 <i>specify units</i> acres	18.5 <i>specify units</i> acres	012	8.6 <i>specify units</i> acres	18.5 <i>specify units</i> acres	013	3.4 <i>specify units</i> acres	27.8 <i>specify units</i> acres		
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	013	3.4 <i>specify units</i> acres	27.8 <i>specify units</i> acres																						
	4.2	<p>Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)</p> <p>The Badin Business Park, LLC facility was a primary aluminum smelter located in Badin, NC, adjacent to Badin Lake. Historical operations included smelting; production of aluminum ingot, sheet, and particle; and production of anode block for use in this or other smelters. The facility began operations in 1916 and has ceased all operations associated with the production of aluminum in July 2007.</p> <p>The facility has eliminated all of its process wastewater flow from non-contact cooling water, make-up waters, and compressor condensate. Discharges from the facility now only include stormwater runoff, groundwater seepage, and fire protection water.</p>																							
4.3	<p>Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)</p> <table border="1"> <thead> <tr> <th colspan="3">Stormwater Treatment</th> </tr> <tr> <th>Outfall Number</th> <th>Control Measures and Treatment</th> <th>Codes from Exhibit 2F-1 (list)</th> </tr> </thead> <tbody> <tr> <td>002</td> <td>None</td> <td></td> </tr> <tr> <td>004</td> <td>None</td> <td></td> </tr> <tr> <td>005</td> <td>None</td> <td></td> </tr> <tr> <td>011</td> <td>None</td> <td></td> </tr> <tr> <td>012</td> <td>None</td> <td></td> </tr> <tr> <td>013</td> <td>None</td> <td></td> </tr> </tbody> </table>	Stormwater Treatment			Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	002	None		004	None		005	None		011	None		012	None		013	None	
Stormwater Treatment																									
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002	None																								
004	None																								
005	None																								
011	None																								
012	None																								
013	None																								

**SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))**

<b>Non-Stormwater Discharges</b>	5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.			
		Name (print or type first and last name)	Official title		
		Robyn Gross	Director, Americas		
		Signature	Date signed		
			4/25/22		
	5.2	Provide the testing information requested in the table below.			
		<b>Outfall Number</b>	<b>Description of Testing Method Used</b>	<b>Date(s) of Testing</b>	<b>Onsite Drainage Points Directly Observed During Test</b>
		002	Visual observation and knowledge of site	04/12/2021	Outfall 002
		004	Visual observation and knowledge of site	04/12/2021	Outfall 004
		005	Form 2E attached		Outfall 005
	011	Form 2E attached		Outfall 011	
	012	Form 2E attached		Outfall 012	
	013	Form 2E attached		Outfall 013	

**SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))**

<b>Significant Leaks or Spills</b>	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. The facility has not had a spill or leak in the last three years.
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**SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))**

<b>Discharge Information</b>	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	7.1	Is this a new source or new discharge?
		<input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated data</i> . <input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual data</i> .
	<b>Tables A, B, C, and D</b>	
7.2	Have you completed Table A for each outfall?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Form Approved 03/05/19 OMB No. 2040-0004
<b>Discharge Information Continued</b>	7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.	
	7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.	
	7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No	
	7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.10.	
	7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.12.	
	7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.	
	7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.	
	7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.17	Have you provided information for the storm event(s) sampled in Table D? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Discharge Information Continued</b>	<b>Used or Manufactured Toxics</b>		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Section 8.
	7.19	List the pollutants below, including TCDD if applicable.	
		1.	4.
	2.	5.	8.
	3.	6.	9.

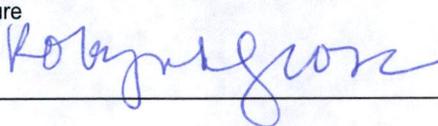
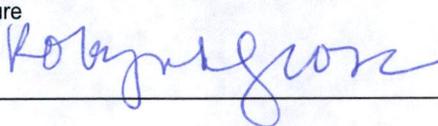
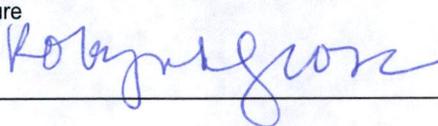
**SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))**

<b>Biological Toxicity Testing Data</b>	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?		
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Section 9.	
	8.2	Identify the tests and their purposes below.		
		<b>Test(s)</b>	<b>Purpose of Test(s)</b>	<b>Submitted to NPDES Permitting Authority?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))**

<b>Contract Analysis Information</b>	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?		
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Section 10.	
	9.2	Provide information for each contract laboratory or consulting firm below.		
			<b>Laboratory Number 1</b>	<b>Laboratory Number 2</b>
		<b>Name of laboratory/firm</b>	Eurofins TestAmerica	Eurofins Lancaster Laboratories Env, LLC
		<b>Laboratory address</b>	5102 LaRoche Avenue Savannah, GA 31404	2425 New Holland Pike Lancaster, PA 17601
		<b>Phone number</b>	(912) 354-7858	(717) 656-2300
	<b>Pollutant(s) analyzed</b>	All except Total Cyanide	Total Cyanide	

**SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement	10.1	In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.					
		<b>Column 1</b>	<b>Column 2</b>				
		<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)				
		<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 3	<input checked="" type="checkbox"/> w/ site drainage map				
		<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments				
		<input checked="" type="checkbox"/> Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input checked="" type="checkbox"/> Table C <input checked="" type="checkbox"/> Table D				
		<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments				
		<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)				
	<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>					
	10.2	<p><b>Certification Statement</b></p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%;"> <tr> <td>Name (print or type first and last name) Robyn Gross</td> <td>Official title Director, Americas</td> </tr> <tr> <td>Signature </td> <td>Date signed 4/25/22</td> </tr> </table>		Name (print or type first and last name) Robyn Gross	Official title Director, Americas	Signature 	Date signed 4/25/22
Name (print or type first and last name) Robyn Gross	Official title Director, Americas						
Signature 	Date signed 4/25/22						

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**Outfalls 017 through 022**

Form 2F NPDES		<b>U.S Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY</b>
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**SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))**

<b>Outfall Location</b>	1.1	Provide information on each of the facility's outfalls in the table below			
		<b>Outfall Number</b>	<b>Receiving Water Name</b>	<b>Latitude</b>	<b>Longitude</b>
		017	UT to Little Mountain Creek	35° 24' 9.04" N	80° 7' 14.75" W
		018	UT to Little Mountain Creek	35° 24' 12.64" N	80° 7' 34.48" W
		019	Badin Lake	35° 24' 46.88" N	80° 6' 16.53" W
		020	Badin Lake	35° 24' 31.45" N	80° 6' 57.02" W
		022	UT to Little Mountain Creek	35° 24' 7.45" N	80° 7' 23.99" W
				° ' "	° ' "

**SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))**

<b>Improvements</b>	2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Section 3.</span>			
	2.2	Briefly identify each applicable project in the table below.			
		<b>Brief Identification and Description of Project</b>	<b>Affected Outfalls (list outfall numbers)</b>	<b>Source(s) of Discharge</b>	<b>Final Compliance Dates</b>
					Required    Projected
	2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item) <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>			

**SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))**

<b>Site Drainage Map</b>	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
		<input checked="" type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>

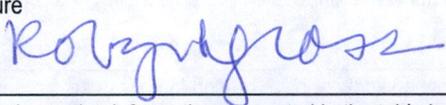
**SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))**

<b>Pollutant Sources</b>	4.1	Provide information on the facility's pollutant sources in the table below.																							
		<table border="1"> <thead> <tr> <th>Outfall Number</th> <th>Impervious Surface Area (within a mile radius of the facility)</th> <th>Total Surface Area Drained (within a mile radius of the facility)</th> </tr> </thead> <tbody> <tr> <td>017</td> <td>5.3 <i>specify units</i> acres</td> <td>5.3 <i>specify units</i> acres</td> </tr> <tr> <td>018</td> <td>0 <i>specify units</i> acres</td> <td>32.4 <i>specify units</i> acres</td> </tr> <tr> <td>019</td> <td>0 <i>specify units</i> acres</td> <td>3.7 <i>specify units</i> acres</td> </tr> <tr> <td>020</td> <td>1.9 <i>specify units</i> acres</td> <td>5.9 <i>specify units</i> acres</td> </tr> <tr> <td>022</td> <td>0 <i>specify units</i> acres</td> <td>32.4 <i>specify units</i> acres</td> </tr> <tr> <td></td> <td><i>specify units</i></td> <td><i>specify units</i></td> </tr> </tbody> </table>	Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)	017	5.3 <i>specify units</i> acres	5.3 <i>specify units</i> acres	018	0 <i>specify units</i> acres	32.4 <i>specify units</i> acres	019	0 <i>specify units</i> acres	3.7 <i>specify units</i> acres	020	1.9 <i>specify units</i> acres	5.9 <i>specify units</i> acres	022	0 <i>specify units</i> acres	32.4 <i>specify units</i> acres		<i>specify units</i>	<i>specify units</i>		
	Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)																						
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	020	1.9 <i>specify units</i> acres	5.9 <i>specify units</i> acres																						
	022	0 <i>specify units</i> acres	32.4 <i>specify units</i> acres																						
		<i>specify units</i>	<i>specify units</i>																						
	4.2	<p>Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)</p> <p>The Badin Business Park, LLC facility was a primary aluminum smelter located in Badin, NC, adjacent to Badin Lake. Historical operations included smelting; production of aluminum ingot, sheet, and particle; and production of anode block for use in this or other smelters. The facility began operations in 1916 and has ceased all operations associated with the production of aluminum in July 2007.</p> <p>The facility has eliminated all of its process wastewater flow from non-contact cooling water, make-up waters, and compressor condensate. Discharges from the facility now only include stormwater runoff, groundwater seepage, and fire protection water.</p>																							
4.3	<p>Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)</p> <table border="1"> <thead> <tr> <th colspan="3">Stormwater Treatment</th> </tr> <tr> <th>Outfall Number</th> <th>Control Measures and Treatment</th> <th>Codes from Exhibit 2F-1 (list)</th> </tr> </thead> <tbody> <tr> <td>017</td> <td>None</td> <td></td> </tr> <tr> <td>018</td> <td>None</td> <td></td> </tr> <tr> <td>019</td> <td>None</td> <td></td> </tr> <tr> <td>020</td> <td>None</td> <td></td> </tr> <tr> <td>022</td> <td>None</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Stormwater Treatment			Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	017	None		018	None		019	None		020	None		022	None				
Stormwater Treatment																									
Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)																							
017	None																								
018	None																								
019	None																								
020	None																								
022	None																								

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**SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))**

Non-Stormwater Discharges	5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.			
		Name (print or type first and last name)	Official title		
		Robyn Gross	Director, Americas		
		Signature	Date signed		
			4/24/22		
	5.2	Provide the testing information requested in the table below.			
		<b>Outfall Number</b>	<b>Description of Testing Method Used</b>	<b>Date(s) of Testing</b>	<b>Onsite Drainage Points Directly Observed During Test</b>
		017	Visual observation and knowledge of site	04/12/2021	Outfall 017
		018	Visual observation and knowledge of site	04/12/2021	Outfall 018
		019	Form 2E attached		Outfall 019
	020	Visual observation and knowledge of site	04/12/2021	Outfall 020	
	022	Visual observation and knowledge of site	04/12/2021	Outfall 022	

**SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))**

Significant Leaks or Spills	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. The facility has not had a spill or leak in the last three years.
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**SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))**

Discharge Information	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	7.1	Is this a new source or new discharge? <input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated</i> data. <input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual</i> data.
	<b>Tables A, B, C, and D</b>	
	7.2	Have you completed Table A for each outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.
7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No
7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.10.
7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.12.
7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.
7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.
7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.17	Have you provided information for the storm event(s) sampled in Table D? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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<b>Discharge Information Continued</b>	<b>Used or Manufactured Toxics</b>		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

**SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))**

<b>Biological Toxicity Testing Data</b>	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.		
	8.2	Identify the tests and their purposes below.		
		<b>Test(s)</b>	<b>Purpose of Test(s)</b>	<b>Submitted to NPDES Permitting Authority?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))**

<b>Contract Analysis Information</b>	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.		
			<b>Laboratory Number 1</b>	<b>Laboratory Number 2</b>
		<b>Name of laboratory/firm</b>	Eurofins TestAmerica	Eurofins Lancaster Laboratories Env, LLC
		<b>Laboratory address</b>	5102 LaRoche Avenue Savannah, GA 31404	2425 New Holland Pike Lancaster, PA 17601
		<b>Phone number</b>	(912) 354-7858	(717) 656-2300
	<b>Pollutant(s) analyzed</b>	All except Total Cyanide	Total Cyanide	

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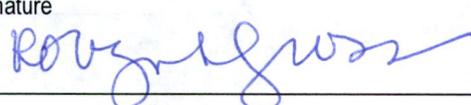
**SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3	<input checked="" type="checkbox"/> w/ site drainage map
<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input checked="" type="checkbox"/> Table C <input checked="" type="checkbox"/> Table D
<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**  
*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.*

Name (print or type first and last name) Robyn Gross	Official title Director, Americas
Signature 	Date signed 4/25/22

## **Form 2F Sample Data**

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**Outfall 002**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 002
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**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 2.9 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	< 2 mg/L				1	
3. Chemical oxygen demand (COD)	< 75 mg/L		< 23.4 mg/L		6	
4. Total suspended solids (TSS)	5.3 mg/L		3.8 mg/L		6	
5. Total phosphorus	< 0.10 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	0.25 mg/L				1	
7. Total nitrogen (as N)	0.41 mg/L				1	
8. pH (minimum)	6.9		6.9		6	
	8.1		8.1		6	

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

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**Outfall 004**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 004
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**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 2.7 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	< 2.0 mg/L				1	
3. Chemical oxygen demand (COD)	75 mg/L		< 21 mg/L		6	
4. Total suspended solids (TSS)	4.5 mg/L		< 2.5 mg/L		6	
5. Total phosphorus	< 0.10 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	0.24 mg/L				1	
7. Total nitrogen (as N)	0.36 mg/L				1	
8. pH (minimum)	7.1		7.1		6	
	7.9		7.9		6	

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility name Badin Business Park, LLC	Outfall Number 004
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**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

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**Outfall 005**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 005
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OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 2.6 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	4.0 mg/L				1	
3. Chemical oxygen demand (COD)	< 10 mg/L				1	
4. Total suspended solids (TSS)	5.0 mg/L				1	
5. Total phosphorus	< 0.10 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	0.41 mg/L				1	
7. Total nitrogen (as N)	0.68 mg/L				1	
8. pH (minimum)	6.5 s.u.		6.5 s.u.		77	
	8.2 s.u.		8.2 s.u.		77	

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility name Badin Business Park, LLC	Outfall Number 005
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

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**Outfall 012**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 012
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OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 4.8 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	6.4 mg/L				1	
3. Chemical oxygen demand (COD)	< 100 mg/L				1	
4. Total suspended solids (TSS)	6.2 mg/L				1	
5. Total phosphorus	< 0.10 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	1.7 mg/L				1	
7. Total nitrogen (as N)	1.9 mg/L				1	
8. pH (minimum)	6.2 s.u.		6.2 s.u.		65	
	8.0 s.u.		8.0 s.u.			

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 012
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))<sup>1</sup>**

List each pollutant that is limited in an effluent limitation guideline (ELG) that 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 Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
Fluoride	0.77 mg/L				1	
Cyanide, Total	0.019 mg/L				1	
Aluminum, Total	0.53 mg/L				1	
Trichloroethylene	< 1 ug/L				1	

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility name Badin Business Park, LLC	Outfall Number 012
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

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**Outfall 013**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 013
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 4.8 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	3.3 mg/L				1	
3. Chemical oxygen demand (COD)	32 mg/L				1	
4. Total suspended solids (TSS)	23 mg/L				1	
5. Total phosphorus	< 0.10 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	0.65 mg/L				1	
7. Total nitrogen (as N)	1.1 mg/L				1	
8. pH (minimum)	6.8 s.u.		6.8 s.u.		78	
	8.4 s.u.		8.4 s.u.			

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility name Badin Business Park, LLC	Outfall Number 013
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

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**Outfall 017**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 017
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 2.6 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	4.0 mg/L				1	
3. Chemical oxygen demand (COD)	92 mg/L		42 mg/L		6	
4. Total suspended solids (TSS)	27 mg/L		< 16.8 mg/L		6	
5. Total phosphorus	0.14 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	1.4 mg/L				1	
7. Total nitrogen (as N)	1.5 mg/L				1	
8. pH (minimum)	7.8				1	
	pH (maximum)	7.8			1	

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 017
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))<sup>1</sup>**

List each pollutant that is limited in an effluent limitation guideline (ELG) that 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 Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information <small>(new source/new dischargers only; use codes in instructions)</small>
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
Fluoride	0.5 mg/L		0.24 mg/L		6	
Cyanide, Total	< 10 ug/L		< 6.5 ug/L		6	
Aluminum, Total	0.48 mg/L		0.37 mg/L		6	

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

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**Outfall 018**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 018
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 4.7 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	4.0 mg/L				1	
3. Chemical oxygen demand (COD)	75 mg/L		38 mg/L		6	
4. Total suspended solids (TSS)	45 mg/L		< 23.9 mg/L		6	
5. Total phosphorus	0.11 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	1.1 mg/L				1	
7. Total nitrogen (as N)	1.2 mg/L				1	
8. pH (minimum)	7.3				1	
	pH (maximum)	7.3			1	

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility name Badin Business Park, LLC	Outfall Number 018
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

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**Outfall 019**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 019
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 2.6 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	9.9 mg/L				1	
3. Chemical oxygen demand (COD)	24 mg/L				1	
4. Total suspended solids (TSS)	8.9 mg/L				1	
5. Total phosphorus	< 0.2 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	0.54 mg/L				1	
7. Total nitrogen (as N)	0.77 mg/L				1	
8. pH (minimum)	7.1 s.u.				2	
	pH (maximum)	7.7 s.u.			2	

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility name Badin Business Park, LLC	Outfall Number 019
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

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**Outfall 020**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 020
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 4.8 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	4.6 mg/L				1	
3. Chemical oxygen demand (COD)	81 mg/L		< 45.1 mg/L		6	
4. Total suspended solids (TSS)	8.1 mg/L		< 5.0 mg/L		6	
5. Total phosphorus	0.11 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	1.0 mg/L				1	
7. Total nitrogen (as N)	1.9 mg/L				1	
8. pH (minimum)	7.5				1	
	pH (maximum)	7.5			1	

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility name Badin Business Park, LLC	Outfall Number 020
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

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**Outfall 022**

EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility Name Badin Business Park, LLC	Outfall Number 022
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))<sup>1</sup>**

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

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	< 2.6 mg/L				1	
2. Biochemical oxygen demand (BOD <sub>5</sub> )	8.2 mg/L				1	
3. Chemical oxygen demand (COD)	97 mg/L		43.1 mg/L		6	
4. Total suspended solids (TSS)	12 mg/L		5.7 mg/L		6	
5. Total phosphorus	0.36 mg/L				1	
6. Total Kjeldahl nitrogen (TKN)	1.6 mg/L				1	
7. Total nitrogen (as N)	1.7 mg/L				1	
8. pH (minimum)	7.6				1	
	pH (maximum)	7.6			1	

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

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EPA Identification Number NCD 003 162 542	NPDES Permit Number NC0004308	Facility name Badin Business Park, LLC	Outfall Number 022
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))**

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

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

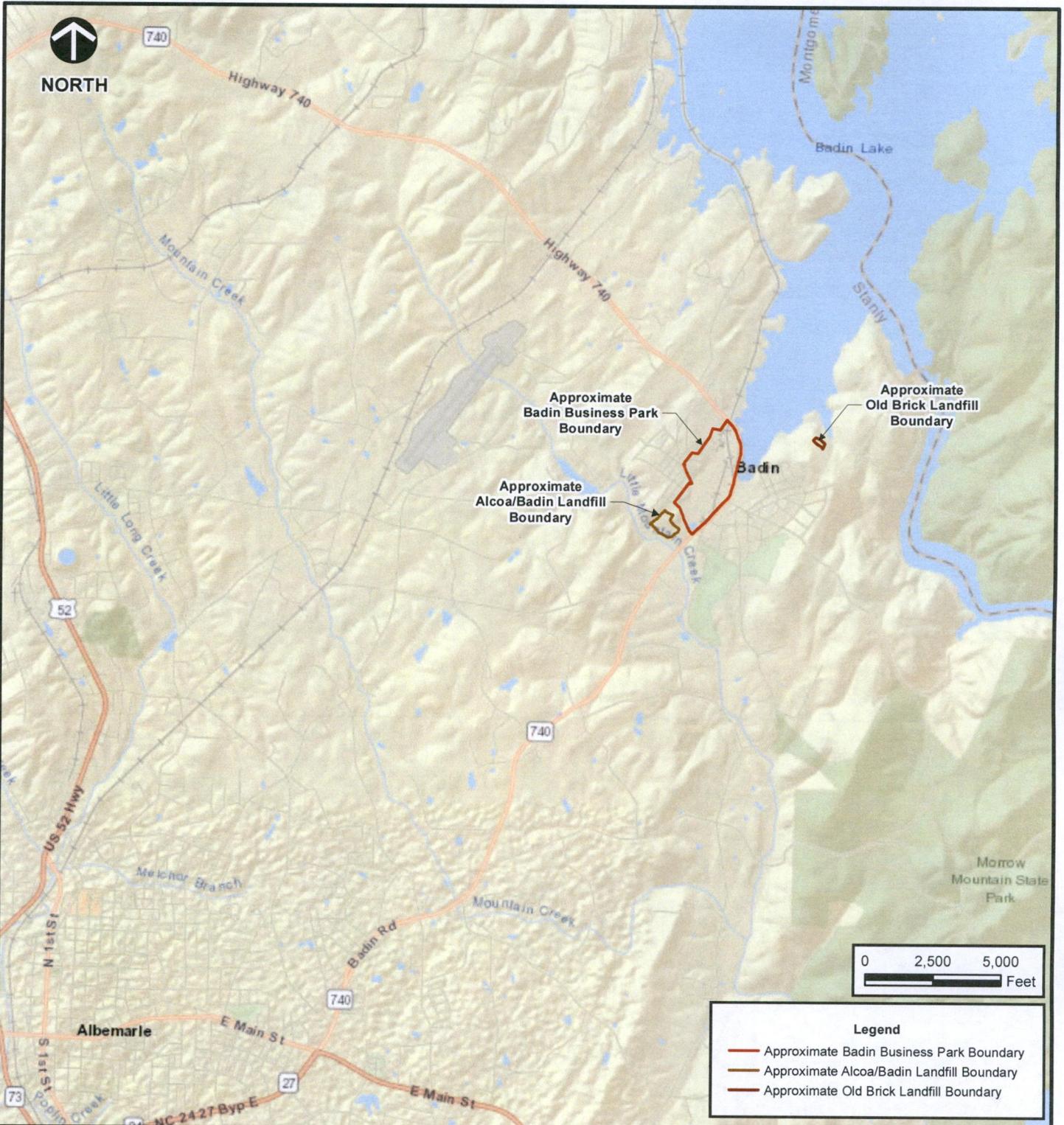
## **MAPS & DIAGRAMS**

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**Location Map**

P:\300-000\300-226-GIS\Maps\300-226.0013 SW Permit Revision\300-226.0013 Figure 1 - Location.mxd - 9/13/2021 - 9:16:01 AM (rickfordobrien)



**Legend**

- Approximate Badin Business Park Boundary
- Approximate Alcoa/Badin Landfill Boundary
- Approximate Old Brick Landfill Boundary

SOURCE: WORLD STREET MAP  
 ARCGIS MAP SERVICE: [HTTP://GOTO.ARCGISONLINE.COM/MAPS/WORLD\\_STREET\\_MAP](http://gto.arcgisonline.com/maps/world_street_map). LAST ACCESSED: 9/13/2021



**Civil & Environmental Consultants, Inc.**

2704 Cherokee Farm Way, Suite 101 - Knoxville, TN 37920  
 865-977-9997 • 865-774-7767  
[www.cecinc.com](http://www.cecinc.com)

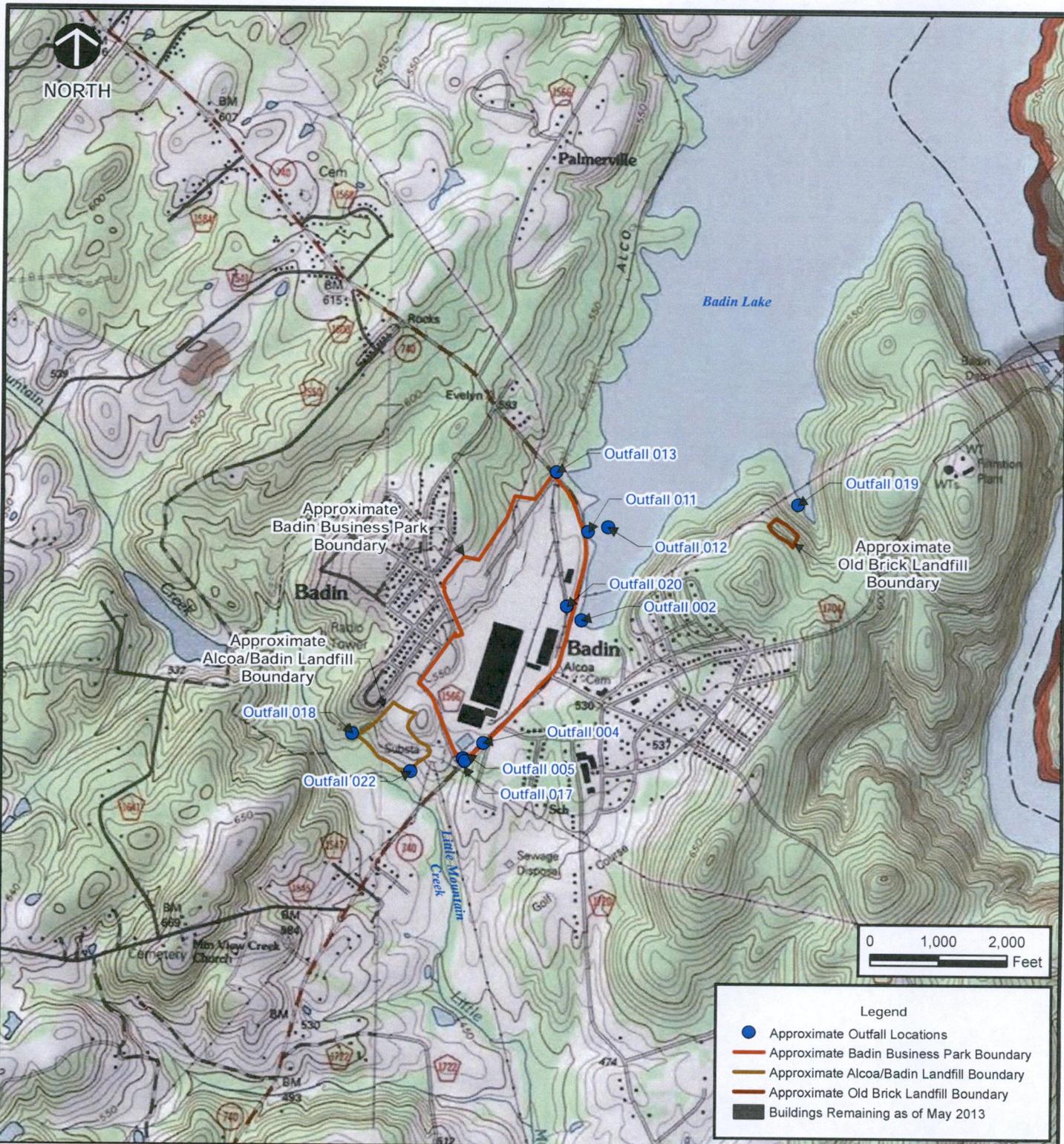
**BADIN BUSINESS PARK LLC  
 BADIN BUSINESS PARK FACILITY  
 NPDES PERMIT NC0004308  
 BADIN, NORTH CAROLINA**

**SITE LOCATION MAP**

DRAWN BY: JRO	CHECKED BY: MWW	APPROVED BY: JMB*	FIGURE NO: 1
DATE: SEPTEMBER 13, 2021	DWG SCALE: 1" = 5,000'	PROJECT NO: 306-960	

Signature on File

P:\300-000\300-226-0013 SW Permit Revision\300-226-0013 Figure 2 - Topo.mxd - 3/15/2022 - 4:11:01 PM (rickfordobrien)



SOURCE: USGS TOPOGRAPHIC MAP - BADIN & NEW LONDON, NC DATED 1994, 1998 ED.  
 ARCGIS MAP SERVICE: [HTTP://GOTO.ARCGISONLINE.COM/MAPS/USA\\_TOPO\\_MAPS](http://gto.arcgisonline.com/maps/usa_topo_maps). LAST ACCESSED: 3/15/2022

SINCE PUBLICATION OF THE USGS MAP, MULTIPLE FACILITY BUILDINGS HAVE BEEN DEMOLISHED. MAP HAS BEEN EDITED TO REMOVE DEMOLISHED FACILITY BUILDINGS. OPERATIONAL USE OF THE SEWAGE DISPOSAL FACILITY CEASED IN THE EARLY 1990S. GOLF COURSE WAS NOT OPERATING AS 1/2021.

  
**Civil & Environmental Consultants, Inc.**  
 2704 Cherokee Farm Way, Suite 101 - Knoxville, TN 37920  
 865-977-9997 · 865-774-7767  
[www.cecinc.com](http://www.cecinc.com)

**BADIN BUSINESS PARK LLC**  
**BADIN BUSINESS PARK FACILITY**  
**NPDES PERMIT NC0004308**  
**BADIN, NORTH CAROLINA**

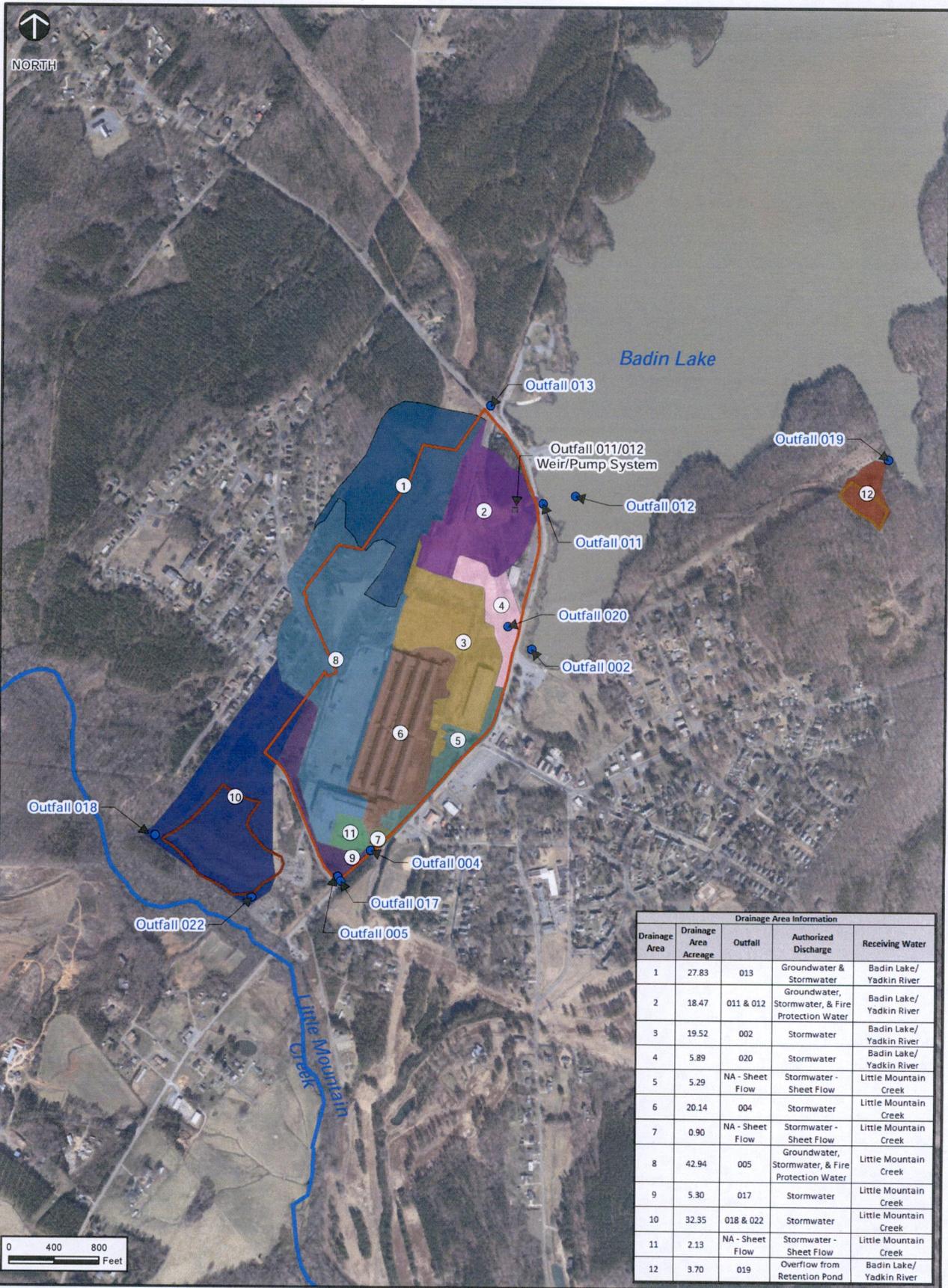
**TOPOGRAPHIC MAP**

DRAWN BY:	JRO	CHECKED BY:	MWW	APPROVED BY:	JMB*	FIGURE NO:
DATE:	MARCH 15, 2022	DWG SCALE:	1" = 2,000'	PROJECT NO:	300-226.0013	<b>2</b>

Signature on File \*

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**Site Map**



Drainage Area Information				
Drainage Area	Drainage Area Acreage	Outfall	Authorized Discharge	Receiving Water
1	27.83	013	Groundwater & Stormwater	Badin Lake/ Yadkin River
2	18.47	011 & 012	Groundwater, Stormwater, & Fire Protection Water	Badin Lake/ Yadkin River
3	19.52	002	Stormwater	Badin Lake/ Yadkin River
4	5.89	020	Stormwater	Badin Lake/ Yadkin River
5	5.29	NA - Sheet Flow	Stormwater - Sheet Flow	Little Mountain Creek
6	20.14	004	Stormwater	Little Mountain Creek
7	0.90	NA - Sheet Flow	Stormwater - Sheet Flow	Little Mountain Creek
8	42.94	005	Groundwater, Stormwater, & Fire Protection Water	Little Mountain Creek
9	5.30	017	Stormwater	Little Mountain Creek
10	32.35	018 & 022	Stormwater	Little Mountain Creek
11	2.13	NA - Sheet Flow	Stormwater - Sheet Flow	Little Mountain Creek
12	3.70	019	Overflow from Retention Pond	Badin Lake/ Yadkin River

SOURCE: ESRI WORLD IMAGERY  
 ESRI WORLD IMAGERY / ARCGIS MAP SERVICE: [HTTP://GOTO.ARCGISONLINE.COM/MAPS/WORLD\\_IMAGERY](http://GOTO.ARCGISONLINE.COM/MAPS/WORLD_IMAGERY). ACCESSED 3/29/2022.

- Legend
- Approximate Outfall Locations
  - Approximate Badin Business Park Boundary
  - Approximate Alcoa/Badin Landfill Boundary
  - Approximate Old Brick Landfill Boundary

**CEC**  
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[www.cecinc.com](http://www.cecinc.com)

BADIN BUSINESS PARK LLC  
 BADIN BUSINESS PARK FACILITY  
 NPDES PERMIT NC0004308  
 BADIN, NORTH CAROLINA

SITE MAP

DRAWN BY: JRO	CHECKED BY: MWW	APPROVED BY: JMB*	FIGURE NO: 3
DATE: March 29, 2022	SCALE: 1" = 800'	PROJECT NO: 300-226.0013	

P:\300-0000\300-226\GIS\Mapas\300-226.0013\_Eigure\_3\_Site\_Map\_R1.mxd 3/29/2022 1:43:59 PM (lfrackr@bcb.com)