

Modified Application Form 2A

Minor Sewage Facilities < 0.1 MGD and No Pretreatment Program

NPDES Permitting Program

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

	NPDES Permit Number	Facility Name	Modified Application Form 2A Modified March 2021
Form NPDES	NC Department of Environmental Quality - Application for NPDES Permit to Discharge Wastewater MINOR SEWAGE FACILITIES (Before completing this form, please read the instructions. Failure to follow the instructions may result in denial of the application.)		

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

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

		NPDES Permit Number		Facility Name		Modified Application Form 2A Modified March 2021	
Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.					
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status	
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown		<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain	
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown		<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain	
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown		<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain	
				<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown		<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain	
		Total Population Served					
Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer			
		%		%			
Indian Country	1.8	Is the treatment works located in Indian Country?					
		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Indian Country	1.9	Does the facility discharge to a receiving water that flows through Indian Country?					
		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.				Design Flow Rate	
						mgd	
		Annual Average Flow Rates (Actual)					
		Two Years Ago		Last Year		This Year	
		mgd		mgd		mgd	
		Maximum Daily Flow Rates (Actual)					
Two Years Ago		Last Year		This Year			
mgd		mgd		mgd			
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the State of North Carolina by type.					
		Total Number of Effluent Discharge Points by Type					
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows	

Outfalls and Other Discharge or Disposal Methods

Outfalls Other Than to Waters of the State of North Carolina

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

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

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

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

SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

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

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

Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.					
			Outfall Number _____	Outfall Number _____	Outfall Number _____		
	Disinfection type						
	Seasons used						
	Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.					
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.					
			Outfall Number _____	Outfall Number _____	Outfall Number _____		
			Acute	Chronic	Acute	Chronic	Acute Chronic
		Number of tests of discharge water					
		Number of tests of receiving water					
3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.						
3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.						

Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.	
		Date(s) Submitted (MM/DD/YYYY)	Summary of Results
		3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 3.26.
	3.23	Describe the cause(s) of the toxicity:	
	3.24	Has the treatment works conducted a toxicity reduction evaluation?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 3.26.
	3.25	Provide details of any toxicity reduction evaluations conducted.	
	3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 2: Additional Information	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 3: Information on Effluent Discharges	<input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ Table C
		Section 4: Not Applicable	
		Section 5: Not Applicable	
	<input type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	6.2	Certification Statement	
		<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name)	Official title	
	Signature	Date signed	

	NPDES Permit Number	Facility Name	Outfall Number
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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS								
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)	
	Value	Units	Value	Units	Number of Samples			
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)							<input type="checkbox"/> ML <input type="checkbox"/> MDL	
Fecal coliform							<input type="checkbox"/> ML <input type="checkbox"/> MDL	
Design flow rate								
pH (minimum)								
pH (maximum)								
Temperature (winter)								
Temperature (summer)								
Total suspended solids (TSS)								<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	NPDES Permit Number	Facility Name	Outfall Number
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TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<input type="checkbox"/> No additional sampling is required by NPDES permitting authority.							
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹Sampling 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).