



# LOUISIANA POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION TO DISCHARGE WASTEWATER FROM INDUSTRIAL FACILITIES

Agency Interest (AI) Number:

LPDES Number:

- Application Type:     Initial Permit (New Facility)         Modification (Existing Facility)  
                                   Initial Permit (Existing Facility)         Renewal (Existing Facility)

## SECTION I – GENERAL INFORMATION

1. Permit is to be issued to the following (LAC 33:IX.2501.F.2):

Applicant/Owner (Legal Name – Must be registered with the Secretary of State)		
Facility Name		
Mailing Address		
City	State	Zip Code
Company Phone Number		

2. Facility Location – Barge Cleaning and/or Repair Facilities must also complete Attachment D.

Address		
City	State	Zip Code

3. Front Gate Coordinates

Latitude	Degrees	Minutes	Seconds
Longitude	Degrees	Minutes	Seconds
Method of Determination (Quad Map, Previous Permit, Website, GPS)			

4. Located on Indian Lands (LAC 33:IX.2501.F.5):        Yes                      No

**SECTION I – GENERAL INFORMATION (CONTINUED)**

5. Please indicate status (LAC 33:IX.2501.F.4):

<input type="checkbox"/> Federal	<input type="checkbox"/> Parish	<input type="checkbox"/> Municipal
<input type="checkbox"/> State	<input type="checkbox"/> Public	<input type="checkbox"/> Private
<input type="checkbox"/> Other (Please Specify)		

6. If the applicant named above is not also the owner, provide the following information (LAC 33:IX.2501.F.4 and 6505.A.2).

Name	Phone Number	Ownership Status
Mailing Address		
City	State	Zip Code
Email Address		

7. Facility Contact Information

Name	Title
Email Address	Phone Number

8. Facility Emergency Contact

Name	Title
Email Address	Phone Number

**SECTION I – GENERAL INFORMATION (CONTINUED)**

9. Name and Address of Person Who Completed the Application

Name		Title	
Company			
Mailing Address			
City	State		Zip Code
Phone Number		Email Address	
Contact this person for questions regarding the application			
Yes    No			

10. Billing Contact Information

Name		Title	
Company			
Mailing Address			
City	State		Zip Code
Phone Number		Email Address	

**SECTION II – FACILITY INFORMATION**

1. Facility Type (cannery, petroleum refinery, dairy, etc.) (LAC 33:IX.2501.F.1):

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2. Standard Industrial Classification (SIC) Code(s) (LAC 33:IX.2501.F.3):

Primary:	2 <sup>nd</sup> :
3 <sup>rd</sup> :	4 <sup>th</sup> :

SIC codes can be obtained from the U.S. Department of Labor website at:  
<https://www.osha.gov/data/sic-search>.

3. Applicable North American Industry Classification System (NAICS) Code (LAC 33:IX.2501.F.3):

Primary:	2 <sup>nd</sup> :
3 <sup>rd</sup> :	4 <sup>th</sup> :

NAICS codes are published in the *North American Industrial Classification System Manual* or on the website at: <http://www.census.gov/naics>.

4. Nature of Business. Provide a brief description (LAC 33:IX.2501.F.1).

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5. Water Discharge Permit Revision(s) (Attach additional sheets if necessary):

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**SECTION II – FACILITY INFORMATION (CONTINUED)**

6. Existing Environmental Permits (check all that apply and provide the corresponding permit number for each:

<input type="checkbox"/> NPDES/LPDES	<input type="checkbox"/> RCRA (Hazardous Wastes)
<input type="checkbox"/> Underground Injection Control (UIC)	<input type="checkbox"/> Prevention of Significant Deterioration (PSD)
<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 (Please Specify)	

7. Please identify each source of supply water and amount in gallons per day (GPD)

<input type="checkbox"/> Well Water, GPD	<input type="checkbox"/> City Water, GPD
<input type="checkbox"/> Intake Structure, GPD	<input type="checkbox"/> Other (Please Specify), GPD

8. Cooling Water Intake Information

Section 316(b) of the Clean Water Act (CWA) is applicable if the facility operates a cooling water intake structure. If 316(b) is applicable to your facility but you are not subject to the categorical requirements of the 316(b) rule (see 40 Code of Federal Regulations (CFR) 125.81 and 125.91), provide the following information. If you are subject to these categorical requirements, complete all relevant parts of Attachment C.

a. Does this facility use or propose to use water for cooling purposes?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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b. Does/will the facility provide water to other facilities for cooling purposes?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered no to both questions, proceed to Item 9 of this section. If you answered yes to either question, complete the rest of this section.

c. Will cooling water be obtained from a groundwater source (e.g. on-site well)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please identify the cooling water source. \_\_\_\_\_

All cooling water is/will be obtained from a groundwater source (e.g., on-site well). Cooling water is/will not be obtained from any other source.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**SECTION II – FACILITY INFORMATION (CONTINUED)**

8. Cooling Water Intake Information (Continued)

d. Cooling Water Supplier

i. Provide the name of the owner(s) and operator(s) for each cooling water intake structure (CWIS) that supplies or will supply water for cooling purposes to the facility (attach additional pages as necessary).

CWIS ID*	Owner	Operator	LPDES Permit Number

\* Cooling Water Intake Structure ID (e.g. CWIS #1, Riverside CWIS, etc.)

ii. Cooling water is/will be obtained from a Public Water Supplier (PWS) (i.e. potable water)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide the name of the water supplier and stop here.

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\*NOTE: If you obtain water by transfer from the Sabine River Authority (SRA), **you are responsible** for applicable 316(b) requirements at your facility's intake location.

iii. Cooling water is/will be obtained from an Independent Supplier.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, contact the Industrial Permitting Section to determine what application materials are required. Attach copies of the correspondence with LDEQ and any required application materials, as stipulated in the correspondence with LDEQ.

iv. Is 316(b) applicable to your facility?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain.

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v. Information for facilities not subject to 316(b) categorical requirements

1. What waterbody is the water withdrawn from?

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**SECTION II – FACILITY INFORMATION (CONTINUED)**

8. Cooling Water Intake Information (Continued)

d. Cooling Water Supplier (Continued)

v. Information for facilities not subject to 316(b) categorical requirements (Continued)

2. What type of waterbody is the water withdrawn from (ex. River, stream, lake, reservoir, estuary, tidal river, etc.)?

\_\_\_\_\_

3. What is the water used for? Please provide percentages for each use.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What is the Design Intake Flow (DIF) in MGD? \_\_\_\_\_

5. What is the Actual Intake Flow (AIF) MGD? \_\_\_\_\_

6. How often is water withdrawn? \_\_\_\_\_

7. Is water withdrawn all year or just certain times of the year? \_\_\_\_\_

8. Describe the intake structure and cooling water system and how it operates (attach additional pages if necessary).

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\_\_\_\_\_

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\_\_\_\_\_

9. Is the water recycled?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10. Is intake flow minimized by using a closed cycle system or reusing process water for cooling or cooling for process?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Are there cooling towers?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**SECTION II – FACILITY INFORMATION (CONTINUED)**

8. Cooling Water Intake Information (Continued)

d. Cooling Water Supplier (Continued)

v. Information for facilities not subject to 316(b) categorical requirements (Continued)

If so, how many cycles of concentration (COC) for each cooling tower?

Cooling Tower	COC (average)

12. How much of the mean annual streamflow is being withdrawn? \_\_\_\_\_

13. Are there any threatened and/or endangered species in the area of the intake?  
\_\_\_\_\_

14. Are there any other documented issues?  
\_\_\_\_\_

9. Is your source water different from your receiving waters?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please list the name and describe the quality of the source water below (e.g. fresh, brackish, marine, etc.)

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10. Is there a surface water intake for domestic drinking water supply located within fifty (50) miles downstream from the point or proposed point of discharge?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Is a water quality standards variance being requested?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please indicate what type of variance is being requested (attach additional pages if necessary).

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**SECTION III – FACILITY OPERATIONS**

Facility Operations

1. Describe all processes which produce industrial wastewater discharged into waters of the State (attach additional pages as necessary).

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2. Products/Services – Provide a summary of all products produced and services performed at the facility (attach additional pages as necessary).

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3. Raw Materials – List all raw materials stored on site and/or used in the process (attach additional pages as necessary).

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4. Pre-Production Plastics

Does the facility manufacture or manage pre-production plastics?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Effluent Limitations Guidelines (LAC 33:IX.2501.G.5 and 2709.B.2)

Do any effluent limitations guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Note: If the facility is classified as one of the following types, the appropriate attachment must be completed as specified below.**

Petroleum Refineries must complete Attachment B.

Barge Cleaning and/or Repair facilities must complete Attachment D.

Seafood Processing facilities must complete Attachment E.

Facilities (except Barge Cleaning and/or Repair facilities) with commodities must complete Attachment F.

**SECTION III – FACILITY OPERATIONS**

5. Effluent Limitations Guidelines (Continued)

If so, provide the following information on all applicable ELGs.

Table 5-1: Applicable ELGs

ELG Category	ELG Subcategory/ Subpart	Subpart Fraction of Total	Regulatory Citation

Are any of the ELGs expressed in terms of production (or other measure of operation)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Provide an actual measure of daily production expressed in terms and units of applicable ELGs below.

Table 5-2: ELG Measure of Production

Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure

If an increase to the production rate is planned, please provide the current production rate, the anticipated production rate, and the planned date for the production increase below.

Table 5-3: Production Rates

Current Production Rate
Proposed Production Rate
Date Proposed Production Rate Began/Will Begin

**SECTION III – FACILITY OPERATIONS**

6. Zebra Mussels – Describe any treatment employed or planned at the facility to eliminate/combat zebra mussel incursion.

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7. Do you have any alternate methods of wastewater disposal other than discharge (e.g. deep well injection, land application, spray irrigation, evaporation, etc.)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe and list percent or fraction of wastewater below.

**Alternate Disposal Methods**

Wastewater Disposal Method	Percentage and/or Fraction

**SECTION IV – FACILITY HISTORY**

1. Is the current operator the original operator?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, what date did operations begin at the site or plan to begin? \_\_\_\_\_

If no, give a reverse chronological list of previous operators. Include the company name and telephone number (if available) and the dates through which the company operated the facility.

Company	Dates of Operation		Telephone Number
	From	To	

**SECTION IV – FACILITY HISTORY (CONTINUED)**

2. If this is new construction, describe the site property prior to construction (e.g. undisturbed or previous structure at the site).

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3. If this is new construction, what date was or will the facility be completed? \_\_\_\_\_

4. Discharges Requiring Approval from the Louisiana State Historic Preservation Officer (SHPO)

If this application is being completed for a facility that has not yet been cleared or excavated, the applicant must contact the Section 106 Review Coordinator in the Office of Cultural Development, Archaeology Division (Address: P.O. Box 44247, Baton Rouge, LA 70804 or Telephone: (225) 342-8200) to determine if construction activities or the proposed discharges will adversely affect properties listed or eligible for listing in the National Register of Historic Places.

This is an existing facility, and no construction activities related to this application are proposed.

This is a proposed facility and construction activities are not yet complete, but approval from the SHPO for the proposed construction activities has been obtained. (A copy of the approval letter **must** be attached to this application.)

This is a proposed facility and construction activities are not yet complete. No approval has been obtained.

5. Improvements – Is the applicant 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	<input type="checkbox"/> No
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If yes, briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

Are sheets attached describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or are planned (*optional*)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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## SECTION V – OUTFALL INFORMATION

### Outfall Identification

Provide a description of all wastestreams contributing to the effluent for each outfall including process wastewater, sanitary wastewater, cooling water, stormwater runoff, and washdown water, etc. and the average flow contributed by each operation. For facilities not currently operating, best engineering judgment information is required.

Outfall Number	Outfall Description (List all wastestreams contributing to flow)	Treatment Description	Long Term Average (*) Flow (MGD)	Maximum 30-Day Flow (**) (MGD)

\* **Long Term Average Flow** – The sum of all of the monthly average values measured over the previous two years divided by the number of monthly average values measured within the same period.

\*\* **Maximum 30-Day Flow** – The maximum monthly average value is the highest value of all the monthly averages over the previous two years.

**SECTION V – OUTFALL INFORMATION, OTHER WASTEWATERS**

Provide the following information for each outfall, including internal outfalls that do not contain only sanitary wastewater or stormwater (attach additional pages as necessary).

<b>Outfall Number</b>
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1. Outfall location – Latitude and Longitude of discharge

Latitude:	Degrees	Minutes	Seconds
Longitude:	Degrees	Minutes	Seconds

2. Outfall Sampling Location – Provide a description of the physical location of each outfall (e.g. *at the point of discharge from the treatment facility located on the southwest corner of the facility, prior to combining with other waters*).

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3. Is this a new discharge?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide the date the discharge is expected to begin. \_\_\_\_\_

4. Discharge Route – Indicate how the wastewater reaches waters of the state (i.e. named waterbodies). Be sure to specifically name all minor waterbodies that the wastewater will travel through prior to reaching a major waterbody and the distance traveled through each.

By (effluent pipe, ditch, etc.)	Distance traveled
Thence into (parish drainage ditch, canal, etc.)	Distance traveled
Thence into (named bayou, creek, stream, etc.)	Distance traveled
Thence into (lake, river, etc.)	Distance traveled

**SECTION V – OUTFALL INFORMATION, OTHER WASTEWATERS**

Please provide the information below for each outfall (attach additional pages if necessary).

<b>Outfall Number (continued)</b>
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5. Frequency of flow – Check one box only.

<input type="checkbox"/> Continuous	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Batch
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If this is not a continuous discharge, please give a detailed description of the frequency of flow (e.g. number of months per year, number of days per week, number of hours per day, number of hours of discharge per batch, number of batches per day, etc.).

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6. Treatment Method – Please be very specific (attach additional pages if necessary).

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7. Flow Information – Please list all contributing flows for this outfall.

Operation	Long-term Average Flow (MGD)	Maximum 30-Day Flow (MGD)	Treatment Description

**SECTION V – OUTFALL INFORMATION, OTHER WASTEWATERS**

Please provide the information below for each outfall (Add additional pages if necessary).

<b>Outfall Number (continued)</b>
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8. Intermittent Flows

Except for stormwater runoff, leaks, or spills, are there any discharges that are intermittent or seasonal?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide the following information.

Operation	Frequency		Flow Rate		Duration (Days)
	Average (Days/Week)	Average (Months/Year)	Long Term Average (MGD)	Maximum 30-Day (MGD)	



**SECTION V – OUTFALL INFORMATION, SANITARY WASTEWATER**

**Sanitary Wastewater – Provide the information for each outfall (including internal outfalls) that contains sanitary wastewater ONLY (attach additional pages as necessary).**

<b>Outfall Number</b>
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1. Outfall location – Latitude and Longitude of discharge

Latitude:	Degrees	Minutes	Seconds
Longitude:	Degrees	Minutes	Seconds

2. Outfall Sampling Location – Provide a description of the physical location of each outfall (e.g. *at the point of discharge from the treatment facility located on the southwest corner of the facility, prior to combining with other waters*).

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3. Is this a new discharge?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide the date the discharge is expected to begin. \_\_\_\_\_

4. Discharge Route – Indicate how the wastewater reaches waters of the state (i.e. named waterbodies). Be sure to specifically name all minor waterbodies that the wastewater will travel through prior to reaching a major waterbody and the distance traveled through each. Also, where applicable, provide the river mile point of the immediate receiving waterbody.

By (effluent pipe, ditch, etc.)	Distance traveled
Thence into (parish drainage ditch, canal, etc.)	Distance traveled
Thence into (named bayou, creek, stream, etc.)	Distance traveled
Thence into (lake, river, etc.)	Distance traveled

**SECTION V – OUTFALL INFORMATION, SANITARY WASTEWATER**

**Sanitary Wastewater – Please complete this section for each outfall (including internal outfalls) that contain sanitary wastewater (attach additional pages if necessary)**

**Outfall Number  
(continued)**

5. Frequency of flow – Check one box only.

<input type="checkbox"/> Continuous	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Batch
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If this is not a continuous discharge, please give a detailed description of the frequency of flow (e.g. number of months per year, number of days per week, number of hours per day, number of hours of discharge per batch, number of batches per day, etc.).

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6. Treatment Method – Please be very specific (attach additional pages if necessary).

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7. Design Capacity - \_\_\_\_\_  MGD  GPD

8. If sanitary wastewater is not discharged to surface waters, please indicate the disposal method.

<input type="checkbox"/> Individual treatment system discharged through a septic tank to underground absorption lines Has the effluent elimination system been approved by the Louisiana Department of Health (LDH)? Yes      No      If yes, provide the approval as an attachment. Is there an over flow pipe? Yes      No
<input type="checkbox"/> Connection to a Publically Owned Treatment Works Please provide permit number of POTW:
<input type="checkbox"/> Connection to a Privately Owned Treatment Works Please provide permit number of Privately Owned Treatment Works:
<input type="checkbox"/> Other (please specify)

**SECTION V – OUTFALL INFORMATION, STORMWATER RUNOFF**

**Stormwater Runoff – Complete this section for each outfall that contains stormwater runoff ONLY. Do NOT include stormwater outfalls covered by an alternate LPDES permit (attach additional pages as necessary).**

<b>Outfall Number</b>
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1. Outfall location – Latitude and Longitude of discharge

Latitude:	Degrees	Minutes	Seconds
Longitude:	Degrees	Minutes	Seconds

2. Outfall Sampling Location – Provide a description of the physical location of each outfall (e.g. *at the point of discharge from the treatment facility located on the southwest corner of the facility, prior to combining with other waters*).

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3. Is this a new discharge?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide the date the discharge is expected to begin.

4. Discharge Route – Indicate how the wastewater reaches waters of the state (i.e. named waterbodies). Be sure to specifically name all minor waterbodies that the wastewater will travel through prior to reaching a major waterbody and the distance traveled through each. Also, where applicable, provide the river mile point of the immediate receiving waterbody.

By (effluent pipe, ditch, etc.)	Distance traveled
Thence into (parish drainage ditch, canal, etc.)	Distance traveled
Thence into (named bayou, creek, stream, etc.)	Distance traveled
Thence into (lake, river, etc.)	Distance traveled

**SECTION V – OUTFALL INFORMATION, STORMWATER RUNOFF**

**Stormwater Runoff – Complete this section for each outfall that contains stormwater runoff ONLY. Do NOT include stormwater outfalls covered by an alternate LPDES permit (attach additional pages as necessary).**

<b>Outfall Number (Continued)</b>
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5. Treatment Method (if any) – Be very specific.

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6. Storm Event Data – This item must be completed for **each** stormwater outfall containing analytical data from a storm event.

Outfall Number	
Date of Storm Event	
Duration of Storm Event (in minutes)	
Total Rain During Storm Event (in inches)	
Number of hours between beginning of storm measured and end of previous rain event	
Maximum Flow Rate During Event (gallons/minute)	
Total Stormwater Flow From Rain Event (gallons)	

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

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**SECTION V – STORMWATER RUNOFF OUTFALL INFORMATION**

**Stormwater Runoff – Complete this section for each outfall that contains stormwater runoff ONLY. Do NOT include stormwater outfalls covered by an alternate LPDES permit (attach additional pages as necessary).**

<b>Outfall Number (Continued)</b>
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7. Additional Information

- a. Acreage –
- b. List of Stored Chemicals and Products – List all chemicals and petroleum products stored outside and provide a description of the containment area (attach additional pages as necessary).

Chemical	Containment Area

- c. Significant Materials – Provide the following information for **each** significant material that is currently or has in the past three years been treated, stored, or disposed of in a manner to allow stormwater exposure.

Name of Significant Material
Method of treatment, storage, or disposal of such materials
Materials management practices employed, in past three years, to minimize contact by these materials to stormwater runoff
Provide a description of the Materials loading and access area(s)

**SECTION V – STORMWATER RUNOFF OUTFALL INFORMATION**

**Stormwater Runoff – Complete this section for each outfall that contains stormwater runoff ONLY. Do NOT include stormwater outfalls covered by an alternate LPDES permit (attach additional pages as necessary).**

**Outfall Number  
(Continued)**

- c. Significant Materials (continued) – Provide the following information for **each** significant material that is currently or has in the past three years been treated, stored, or disposed of in a manner to allow stormwater exposure.

Provide the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

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- d. History of Leaks and Spills – Provide information regarding the history of significant leaks or spills of toxic or hazardous pollutants that have taken place within the three years prior to the submittal of this application, including the approximate date and location of the spill or leak and the type and amount of material released.

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- e. Non-Stormwater Discharge Determination\*

Have all outfalls that contain stormwater discharges associated with industrial activity been tested or evaluated for the presence of non-stormwater discharges which are not covered by an LPDES permit? (LAC 33:IX.2511.C.1.a.iii)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Describe the method(s) used for making this determination.

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**SECTION V – STORMWATER RUNOFF OUTFALL INFORMATION**

**Stormwater Runoff – Complete this section for each outfall that contains stormwater runoff ONLY. Do NOT include stormwater outfalls covered by an alternate LPDES permit (attach additional pages as necessary).**

<b>Outfall Number (Continued)</b>
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f. Alternate Permit Information

Are stormwater discharges covered by the Multi-Sector Stormwater General Permit?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does the facility have a Stormwater Pollution Prevention Plan (SWPPP)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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\*Note: For any stormwater outfall covered by this application, the signature on page 66 of this application constitutes certification that the outfalls have been tested or evaluated for the presence of non-stormwater discharges and that all non-stormwater discharges from these outfalls are identified in this application (see LAC 33:IX.2511.C.1.a.iii).

**SECTION VI – EFFLUENT CHARACTERISTICS**

1. Primary Industry Category

Select the applicable primary industry category (or categories) and check the boxes indicating the Gas Chromatography/Mass Spectroscopy (GC/MS) fraction(s). See Appendix A on page 25 of the instructions for a list of primary industry categories and the applicable GC/MS fractions for each category. If the facility does not fall into one of the primary industry categories, select Not Applicable from the dropdown menu.

Primary Industry Category	Required GC/MS Fraction(s) (Check all applicable boxes)			
Choose an item.	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide (including PCB)
Choose an item.	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide (including PCB)
Choose an item.	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide (including PCB)
Choose an item.	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide (including PCB)

2. Are you requesting a waiver from the LPDES permitting authority for one or more of the parameters you are required to monitor in Table I of Section VII, Effluent Characteristics?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The state administrative authority may waive the reporting requirements for individual point sources or for a particular industry category for one or more of the pollutants listed below if the applicant has demonstrated that such a waiver is appropriate because information adequate to support issuance of a permit can be obtained with less stringent requirements.

If yes, select the parameter(s) for which you are requesting a waiver. NOTE: A WAIVER WILL ONLY BE GRANTED FOR THE PARAMETERS LISTED BELOW ON A CASE-BY-CASE BASIS AT THE DEPARTMENT'S DISCRETION (See LAC 33:IX.2501.G.7.d, LAC 33:IX.2501.H.4.b, or LAC 33:IX.2501.K.5.a). Refer to Section VI of the instructions for additional information.

Parameter	
<input type="checkbox"/> Biochemical Oxygen Demand (BOD)	<input type="checkbox"/> pH
<input type="checkbox"/> Chemical Oxygen Demand (COD)	<input type="checkbox"/> Ammonia (as N)
<input type="checkbox"/> Total Organic Carbon (TOC)	<input type="checkbox"/> Flow (LAC 33:IX.2501.H.4.b or K.5.a ONLY)
<input type="checkbox"/> Total Suspended Solids (TSS)	<input type="checkbox"/> Fecal Coliform (LAC 33:IX.2501.H.4.b ONLY)
<input type="checkbox"/> Temperature (Winter)	<input type="checkbox"/> Total Residual Chlorine (TRC) (LAC 33:IX.2501.H.4.b ONLY)
<input type="checkbox"/> Temperature (Summer)	<input type="checkbox"/> Oil and Grease (LAC 33:IX.2501.H.4.b ONLY)



**SECTION VI – SECTION VI – EFFLUENT CHARACTERISTICS**

2. Waiver Request, continued

Please identify the outfall(s) for which a waiver is being requested and the justification for each parameter (attach additional pages if necessary):

Outfall	Parameter	Justification

3. Conventional and Nonconventional Pollutants (Table I) – Have you completed monitoring for all Table I parameters at each outfall for which a waiver has not been obtained?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Other Toxic Pollutants: Toxic Metals, Cyanide, and Total Phenols (Table II) –

Have you checked “testing required” for all toxic metals, cyanide, and total phenols listed in Table II?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Have you marked “believed present” or “believed absent” for all pollutants in Table II where testing is not required?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Have you provided (1) quantitative data for those pollutants for which you have indicated testing is required or (2) quantitative data or other information for those pollutants you have indicated are “believed present” in your discharge?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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5. Does the applicant apply for a small business exemption in accordance with the criteria listed at LAC 33:IX.2501.G.8 a and/or b and specified in the instructions?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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If so, please specify which criteria applies.

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**SECTION VI – EFFLUENT CHARACTERISTICS (CONTINUED)**

6. Organic Toxic Pollutants in Each of the Four Fractions in Analysis by Gas Chromatography/Mass Spectroscopy (GC/MS) (Table III) –

Have you checked “testing required” for all required pollutants in Table III based on the Primary Industry Category (Categories) listed in Item 1 of this section?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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If testing is not required based on the Primary Industry Category, have you indicated whether pollutants are “believed present” or “believed absent” for all pollutants listed in Table III?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Have you provided (1) quantitative data for those pollutants for which you have indicated testing is required or (2) quantitative data or other information for those pollutants you have indicated are “believed present” in your discharge?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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7. Additional Conventional and Nonconventional Pollutants (Table IV) –

Have you indicated whether pollutants are “believed present” or “believed absent” for all pollutants listed in Table IV?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Have you provided (1) quantitative data for those pollutants for which you have indicated testing is required or (2) quantitative data or other information for those pollutants you have indicated are “believed present” in your discharge?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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8. Toxic Pollutants and Hazardous Substances (Table V) –

Have you indicated whether pollutants are “believed present” or “believed absent” for all pollutants listed in Table V?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Have you provided an explanation as to why the pollutant(s) are expected to be present in the discharge and any quantitative data available?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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**SECTION VI – EFFLUENT CHARACTERISTICS (CONTINUED)**

9. Dioxins (Table VI) –

Does the facility use or manufacture one of more of the 2,3,7,8-tetrachlorobenzo-p (TCDD) congeners listed in the instructions, or do you have reason to believe that TCDD is or may be present in the effluent?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Have you completed Table VI by reporting qualitative data for TCDD?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Note: Each applicant must report qualitative data, generated using a screening procedure not calibrated with analytical standards, for 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) if it uses or manufactures 2,4,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl, 2,2-dichloropropionate (Erbon); O,O-dimethyl O-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); or hexachlorophene (HCP) or knows or has reason to believe that TCDD is or may be present in an effluent.

10. Other Poilutants (Table VII) –

The permittee is **required** to submit quantitative data for any pollutant limited in an effluent guideline to which the facility is subject and/or any pollutant listed in the facility's LPDES permit for its process wastewater (if operating under an existing permit) and not already listed in Tables I-VI.

Are there any pollutants limited in an effluent guideline to which the facility is subject and/or any pollutants listed in the facility's LPDES permit for its process wastewater (if operating under an existing permit) that are not already listed in Tables I-VI?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Have you provided quantitative data for these pollutants?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

Laboratory Analysis

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory Accreditation – If any of the following analyses were performed by a contract lab or consulting firm, provide the firm name, lab ID number, address, phone number, and pollutants analyzed.

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Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57 **will not** be accepted by the department. Retesting of analyses by an accredited commercial laboratory will be required. Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have received accreditation are available on the department website located at: <https://www.deq.louisiana.gov/page/la-lab-accreditation>. In the case where effluent testing was completed by an unaccredited laboratory, and where retesting is not possible (i.e. data reported on DMRs for prior month’s sampling), the data generated will be **invalid**.

Sampling and analytical protocols must conform to the requirements in LAC 33:IX.Chapter 25, LAC 33:IX.7107, and 40 CFR Part 136. When no analytical method is approved, the applicant may use any suitable method but must provide a description of the method (LAC 33:IX.2501.G.7).

In accordance with LAC 33:IX.4901 and 40 CFR 122.21 (e)(3), a permit application shall not be considered complete unless all required quantitative data are collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR part 136 or required under 40 CFR chapter I, subchapters N or O.

Complete this section for **each** outfall. Make additional copies of the attached tables as necessary. **Note: THE APPLICATION WILL NOT BE CONSIDERED ADMINISTRATIVELY COMPLETE UNLESS ALL ANALYTICAL DATA IS PROVIDED.**

Analytical Tables Attached in this Application:

Table I	Conventional and Nonconventional Pollutants
Table II	Other Toxic Pollutants (Metals and Cyanide) and Total Phenols
Table III	Organic Toxic Pollutants in Each of the Four Fractions in Analysis by Gas Chromatography/Mass Spectroscopy (GS/MS)
Table IV	Additional Conventional and Nonconventional Pollutants
Table V	Toxic Pollutants and Hazardous Substances
Table VI	Dioxins
Table VII	Other (as Needed)

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

Additional Information

1. List any toxic materials that the applicant currently uses or manufactures as an intermediate, feedstock, final product, or byproduct.

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2. List pertinent physical and chemical properties that may be associated with the discharge. (e.g., toxic components, taste and odor compounds, heavy metals, etc.)

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3. Biological Toxicity Tests – Attach summary sheets for any biological toxicity tests which the applicant knows or has reason to believe have been made within the last three years on any of the applicant’s discharges or on a receiving water in relation to a discharge.

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE I – CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS**

POLLUTANT	UNITS (SPECIFY)	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Biochemical Oxygen Demand (BOD <sub>5</sub> )	<input type="checkbox"/> Mass (lbs/day)						
	<input type="checkbox"/> Concentration (mg/L)						
Chemical Oxygen Demand (COD)	<input type="checkbox"/> Mass (lbs/day)						
	<input type="checkbox"/> Concentration (mg/L)						
Total Organic Carbon (TOC)	<input type="checkbox"/> Mass (lbs/day)						
	<input type="checkbox"/> Concentration (mg/L)						
Oil & Grease	<input type="checkbox"/> Mass (lbs/day)						
	<input type="checkbox"/> Concentration (mg/L)						
Ammonia (as N)	<input type="checkbox"/> Mass (lbs/day)						
	<input type="checkbox"/> Concentration (mg/L)						
Total Suspended Solids (TSS)	<input type="checkbox"/> Mass (lbs/day)						
	<input type="checkbox"/> Concentration (mg/L)						
Total Dissolved Solids (TDS)	<input type="checkbox"/> Mass (lbs/day)						
	<input type="checkbox"/> Concentration (mg/L)						
Hardness	<input type="checkbox"/> Mass (lbs/day)						
	<input type="checkbox"/> Concentration (mg/L)						
Flow	<input type="checkbox"/> MGD						
	<input type="checkbox"/> GPD						
Temperature ( F)	<input type="checkbox"/> Winter						
	<input type="checkbox"/> Summer						
pH (Standard Units)	<input type="checkbox"/> Minimum						
	<input type="checkbox"/> Maximum						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE II – OTHER TOXIC POLLUTANTS (METALS AND CYANIDE) AND TOTAL PHENOLS**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Antimony, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Arsenic, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Beryllium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Cadmium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chromium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Copper, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Lead, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Mercury, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.005	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Nickel, Total (Marine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Nickel, Total (Freshwater)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Selenium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

(\*) Minimum Quantification Level (MQL)

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE II – OTHER TOXIC POLLUTANTS (METALS AND CYANIDE) AND TOTAL PHENOLS**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Silver, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Thallium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Zinc, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Cyanide, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

(\*) Minimum Quantification Level (MQL)



**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
<b>VOLATILE ORGANIC CHEMICALS – EPA METHOD 624 SUGGESTED</b>											
Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Bromoform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Carbon Tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chlorodibromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2-Chloroethylvinyl Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,2-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
1,3-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,4-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Dichlorobromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,1-Dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,2-Dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,1-Dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,2-Dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,3-Dichloropropylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Methyl Bromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Methyl Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Methylene Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,2-trans-Dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,1,1-Trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,1,2-Trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Trichloroethene (Trichloroethylene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Vinyl Chloride (Chloroethylene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
<b>ACID EXTRACTABLE ORGANIC CHEMICALS – EPA METHOD 625 SUGGESTED</b>											
2-Chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,4-Dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,4-Dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,4-Dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2-Methyl 4,6-Dinitrophenol (4,6-Dinitro-o-cresol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2-Nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
4-Nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
4-Chloro-3-Methylphenol (p-Chloro-m-cresol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,4,6-Trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
<b>BASE/NEUTRAL EXTRACTABLE ORGANIC CHEMICALS – EPA METHOD 625 SUGGESTED</b>											
Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Benzo(a)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Benzo(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
3,4-Benzofluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Benzo(ghi)perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Benzo(k)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Bis(2-chloroethoxy)methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Bis(2-chloroethyl)ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Bis(2-chloroisopropyl)ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Bis(2-ethylhexyl)phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
4-Bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
4-Chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Dibenzo(a,h)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
3,3'-Dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,4-Dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,6-Dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Indeno(1,2,3-cd)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
N-nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
N-nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
1,2,4-Trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						



**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
<b>PESTICIDES &amp; PCBs – EPA METHOD 608 REQUIRED</b>											
Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.01	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Aroclor 1016 (PCB-1016)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Aroclor 1221 (PCB-1221)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Aroclor 1232 (PCB-1232)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Aroclor 1242 (PCB-1242)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Aroclor 1248 (PCB-1248)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Aroclor 1254 (PCB-1254)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Aroclor 1260 (PCB-1260)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Alpha-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.05	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Beta-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.05	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Delta-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.05	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Gamma-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.05	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.2	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.02	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.1	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.1	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.02	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Alpha-endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.01	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Beta-endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.02	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.1	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.02	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.1	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
----------------

**TABLE III – ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.01	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.01	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.3	<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
----------------

**TABLE IV – ADDITIONAL CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Bromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Color (Platinum-Cobalt Units)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass						
					<input type="checkbox"/> Concentration						
Fecal Coliform (#/100 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass						
					<input type="checkbox"/> Concentration						
Enterococci (Marine) (#/100 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass						
					<input type="checkbox"/> Concentration						
Fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Kjeldahl Nitrogen, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Nitrate-Nitrite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Nitrogen, Total Organic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Phosphorus, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE IV – ADDITIONAL CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS**

PoLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (* µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Sulfide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Sulfite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chlorides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Aluminum, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Barium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Boron, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Cobalt, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Iron, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Magnesium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Manganese, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE IV – ADDITIONAL CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Tin, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Titanium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
<b>RADIOACTIVITY</b>											
Alpha, Total (pCi/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass						
					<input type="checkbox"/> Concentration						
Beta, Total (pCi/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass						
					<input type="checkbox"/> Concentration						
Radium, Total (pCi/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass						
					<input type="checkbox"/> Concentration						
Radium 226, Total (pCi/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass						
					<input type="checkbox"/> Concentration						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER
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**TABLE V – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
<b>TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES</b>											
Asbestos	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
<b>HAZARDOUS SUBSTANCES</b>											
Acetaldehyde	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
Allyl alcohol	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
Allyl chloride	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
Amyl acetate	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
Aniline	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
Benzonitrile	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
Benzyl chloride	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
Butyl acetate	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						
Butylamine	☐	☐	☐		☐ Mass (lbs/day)						
					☐ Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE V – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Captan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,4-D (2,4-Dichlorophenoxy acetic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Diazinon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						



**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE V – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Dicamba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Dichlone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,2-Dichloropropionic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Diethyl amine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Dimethyl amine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Dinitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Diquat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Disulfoton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Diuron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE V – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Epichlorohydrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Ethion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Ethylene diamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Ethylene dibromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Furfural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Guthion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Isoprene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Isopropanolamine dodecylbenzenesulfonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Kelthane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Kepone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE V – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Malathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Methyl mercaptan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Methyl methacrylate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Methyl parathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Monoethyl amine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Monomethyl amine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Naled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE V – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Napthenic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Parathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Phenolsulfanate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Phosgene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Propargite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Quinoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Strontium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE V – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Strychnine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Styrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
TDE (Tetrachlorodiphenylethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Trichlorfon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Triethanolamine Dodecylbenzenesulfonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Triethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Uranium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Vanadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE V – TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
Vinyl acetate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Xylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Xylenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
Zirconium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE VI – DIOXINS\***

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						

(\* ) THE APPLICANT IS REQUIRED TO REPORT QUALITATIVE DATA, GENERATED USING A SCREENING PROCEDURE NOT CALIBRATED WITH ANALYTICAL STANDARDS FOR THE ABOVE PARAMETER IF IT USES OR MANUFACTURES 2,4,5-TRICHLOROPHENOXY ACETIC ACID (2,4,5,-T); 2-(2,4,5-TRICHLOROPHENOXY) PROPANOIC ACID (SILVEX, 2,4,5,-TP); 2-(2,4,5 TRICHLOROPHENOXY) ETHYL, 2,2-DICHLOROPROPIONATE (ERBON); O,O-DIMETHYL O-(2,4,5-TRICHLOROPHENYL) PHOSPHOROTHIOATE (RONNEL); 2,4,5-TRICHLOROPHENOL (TCP); or HEXACHLOROPHENE (HCP); OR IF THE APPLICANT KNOWS OR HAS REASON TO BELIEVE THAT TCDD IS OR MAY BE PRESENT IN AN EFFLUENT.

**SECTION VII – EFFLUENT ANALYSIS (CONTINUED)**

OUTFALL NUMBER

**TABLE VII – OTHER POLLUTANTS (AS NEEDED)**

POLLUTANT	TESTING REQUIRED	PRESENCE OR ABSENCE		MQL (*) µg/L	UNITS	EFFLUENT ANALYSIS				INTAKE (OPTIONAL)	
		BELIEVED PRESENT	BELIEVED ABSENT			MAXIMUM DAILY VALUE	MAXIMUM 30 DAY VALUE	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES	LONG TERM AVERAGE VALUE	NUMBER OF SAMPLES
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mass (lbs/day)						
					<input type="checkbox"/> Concentration (µg/L)						



**SECTION VIII – COMPLIANCE HISTORY**

1. Provide the following information as an attachment to this document.

- All violations and enforcement actions for the facility
- A summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs)
- Bypasses for the last three years
- A brief summary on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved in the past three years or currently pending

2. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide a brief summary of the requirement and a status update.

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**SECTION IX – LAC 33:I.1701 REQUIREMENTS**

1. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (See Section IX of instructions for additional information.)

Permits in Louisiana (include all media) – List permit Numbers

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Permits in other states – List states

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No other environmental permits.

**SECTION IX – LAC 33:I.1701 REQUIREMENTS (CONTINUED)**

2. Is your company a corporation or limited liability company (LLC)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, is the corporation or LLC registered with the Louisiana Secretary of State?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, have you attached a current, active Secretary of State Certificate as part of this application?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Do you owe any outstanding fees or final penalties to the Department?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide an explanation below.

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**SECTION X – OTHER PERMIT HISTORY**

1. Is this facility located in the Louisiana Coastal Zone as mapped by the Louisiana Department of Energy and Natural Resources (LDENR)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, do you have a Coastal Use Permit?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, provide your Coastal Use Permit Number.

2. Are there any operations at the facility that may impact coastal waters such as any project involving dredge or fill, water control structures, bulkheads, oil and gas facilities, or marina or residential development?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, you must contact LDENR for a determination (225) 342-8955 or [dnrinfo@la.gov](mailto:dnrinfo@la.gov).

I have contacted LDENR, and this facility is not required to obtain a Coastal Use Permit.

A Coastal Use permit is required, and an application was submitted.

Provide the date the application was submitted.

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## SECTION XI – MAPS AND DIAGRAMS

**\*\*IF THE REQUIRED MAPS/DIAGRAMS ARE NOT PROVIDED, THE APPLICATION WILL NOT BE CONSIDERED ADMINISTRATIVELY COMPLETE.\*\***

### 1. Site Diagram

Attach to this application a complete site diagram of your facility with the following:

- Demonstrate how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points).
- Indicate stormwater flow pattern on this diagram or provide additional diagrams if needed.
- Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.

### 2. Topographic Map

Attach to this application:

- A map or a copy of a section of the map which has been highlighted to show the path of wastewater from the facility to the first named water body.
- Include on the map the area extending at least one mile beyond the property boundaries depicting the facility and the following information.
  - the outline of the facility
  - the location of each of its existing and proposed discharge structures
  - each hazardous waste treatment, storage, or disposal facilities
  - each well where fluids from the facility are injected underground
  - wells, springs, other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant in the map area

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as the Louisiana Department of Transportation and Development (LDOTD) or the Office of Public Works. Maps can also be obtained online at [LDEQ-Make-A-Map \(arcgis.com\)](https://arcgis.com). Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact LDOTD at:

1201 Capitol Access Road  
Baton Rouge, LA 70802  
(225) 379-1232  
[DOTDCS@la.gov](mailto:DOTDCS@la.gov)

### 3. Block type water flow diagram

Attach a block type flow diagram for the complete facility including treatment of each discharge. The flow used in this diagram should reflect the flow used in the Section V. Outfall Identification page and should balance fully. This diagram shall show intake/water source contributions, processes, treatments, losses, final discharge, etc. The water balance must show average and maximum 30-day flows at intake and discharge points and between units, including treatment units. If flow-based guidelines are applicable to your facility, each contributing wastestream shall be identified in its own block. See Attachment A of this application for an example flow diagram. Hand drawn maps are acceptable.

**SECTION XII – ENVIRONMENTAL ASSESSMENT STATEMENT**

Those applicants that are **(1) major new facilities or (2) existing major facilities applying for a substantial modification** to their permit **must** complete this questionnaire. Other facilities may be required to complete this questionnaire on a case-by-case basis.

There is no requirement that the information furnished in response to this questionnaire be certified by a professional engineer or other expert. However, simple “**yes**” or “**no**” answers will not be acceptable. Attach additional pages as needed.

- 1. Have the potential and real adverse environmental effects proposed by the facility been avoided to the maximum extent possible?

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- 2. Does a cost benefit analysis of the environmental impact costs balanced against the social and economic benefits of the proposed facility demonstrate that the latter outweighs the former?

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- 3. Are there alternative projects which would offer more protection to the environment than the proposed facility without unduly curtailing non-environmental benefits?

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- 4. Are there alternative sites which would offer more protection to the environment than the proposed facility site without unduly curtailing non-environmental benefits?

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**SECTION XII – ENVIRONMENTAL ASSESSMENT STATEMENT (CONTINUED)**

5. Are there mitigating measures which would offer more protection to the environment than the facility as proposed without unduly curtailing non-environmental benefits?

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## CHECKLIST

**ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION, AS WELL AS A COMPLETED CHECKLIST, WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.**

**NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE WATER PERMITS DIVISION, ADDITIONAL INFORMATION MAY BE REQUESTED IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**

SECTION I – GENERAL INFORMATION
<input type="checkbox"/> 1. Name, mailing address, and location of facility
<input type="checkbox"/> 2. Front gate coordinates
<input type="checkbox"/> 3. Located on Indian lands
<input type="checkbox"/> 4. Status
<input type="checkbox"/> 5. Owner
<input type="checkbox"/> 6. Facility Contact
<input type="checkbox"/> 7. Facility Emergency Contact
<input type="checkbox"/> 8. Name and address of person who completed the application
<input type="checkbox"/> 9. Billing Contact Information
SECTION II – FACILITY INFORMATION
<input type="checkbox"/> 1. Facility Type
<input type="checkbox"/> 2. SIC Code(s)
<input type="checkbox"/> 3. NAICS Code(s)
<input type="checkbox"/> 4. Nature of Business
<input type="checkbox"/> 5. Water Discharge Permit Revisions
<input type="checkbox"/> 6. Existing Environmental Permits
<input type="checkbox"/> 7. Supply Water Source
<input type="checkbox"/> 8. Cooling Water Intake Information ( <input type="checkbox"/> Attachment C Included)
<input type="checkbox"/> 9. Source Water Information
<input type="checkbox"/> 10. Drinking water intake within 50 miles downstream
<input type="checkbox"/> 11. Variance requested
SECTION III – FACILITY OPERATIONS
<input type="checkbox"/> 1. Facility Operations
<input type="checkbox"/> 2. Products/Services
<input type="checkbox"/> 3. Raw Materials
<input type="checkbox"/> 4. Pre-Production Plastics
<input type="checkbox"/> 5. Effluent Guidelines
<input type="checkbox"/> 6. Zebra Mussels
<input type="checkbox"/> 7. Alternative Disposal Methods
SECTION IV – FACILITY HISTORY
<input type="checkbox"/> 1. Facility History
<input type="checkbox"/> 2. New Construction ( <input type="checkbox"/> Expected Completion Date)
<input type="checkbox"/> 3. SHPO Information
<input type="checkbox"/> 4. Improvements

## CHECKLIST

**ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION, AS WELL AS A COMPLETED CHECKLIST, WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.**

**NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE WATER PERMITS DIVISION, ADDITIONAL INFORMATION MAY BE REQUESTED IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**

SECTION V – OUTFALL INFORMATION
<input type="checkbox"/> 1. Outfall Identification
<input type="checkbox"/> 2. Outfall Information (Process, Non-process, etc.)
<input type="checkbox"/> 3. Outfall Information (Sanitary)
<input type="checkbox"/> 4. Outfall Information (Stormwater)
SECTION VI – EFFLUENT CHARACTERISTICS
<input type="checkbox"/> 1. Primary Industry Category
<input type="checkbox"/> 2. Waiver Request
<input type="checkbox"/> 3. Conventional Pollutants (Table I)
<input type="checkbox"/> 4. Toxic Metals, Cyanide, Total Phenols, and Other Toxic Pollutants (Table II)
<input type="checkbox"/> 5. Small Business Exemption
<input type="checkbox"/> 6. Organic Toxic Pollutants (Table III)
<input type="checkbox"/> 7. Additional Conventional and Nonconventional Pollutants (Table IV)
<input type="checkbox"/> 8. Toxic Pollutants and Hazardous Substance (Table V)
<input type="checkbox"/> 9. Dioxins (Table VI)
<input type="checkbox"/> 10. Other Pollutants (Table VII)
SECTION VII – EFFLUENT ANALYSIS
<input type="checkbox"/> 1. Laboratory Accreditation
<input type="checkbox"/> 2. Toxic materials used or manufactured (intermediate, feedstock, final product, by-product)
<input type="checkbox"/> 3. Pertinent physical and chemical properties associated with discharge
<input type="checkbox"/> 4. Biological Toxicity Tests
SECTION VIII – COMPLIANCE HISTORY
<input type="checkbox"/> 1. Summary of compliance for ALL water permits at the site
<input type="checkbox"/> 2. Required to meet any implementation schedule for compliance or enforcement
SECTION IX – LAC 33:I.1701 REQUIREMENTS
<input type="checkbox"/> 1. Permits in Louisiana
<input type="checkbox"/> 2. Permits in other States
<input type="checkbox"/> 3. Corporation or Limited Liability Company (LLC)
<input type="checkbox"/> 4. Corporation or LLC registered with Secretary of State ( <input type="checkbox"/> Certificate Attached)
<input type="checkbox"/> 5. Outstanding Fees or Penalties
SECTION X – OTHER PERMIT HISTORY
<input type="checkbox"/> 1. Facility located in the Louisiana Coastal Zone ( <input type="checkbox"/> Coastal Use Permit)
<input type="checkbox"/> 2. Operations that may impact coastal waters

## CHECKLIST

**ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION, AS WELL AS A COMPLETED CHECKLIST, WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.**

**NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE WATER PERMITS DIVISION, ADDITIONAL INFORMATION MAY BE REQUESTED IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**

<b>SECTION X – MAPS AND DIAGRAMS</b>
<input type="checkbox"/> 1. Site Diagram
<input type="checkbox"/> 2. Topographic Map
<input type="checkbox"/> 3. Block Type Water Flow Diagram
<b>SECTION XII – ENVIRONMENTAL ASSESSMENT STATEMENT</b>
<input type="checkbox"/> 1. Environmental Assessment Statement
<b>ATTACHMENTS</b>
<input type="checkbox"/> Attachments Not Applicable
<input type="checkbox"/> Attachment B
<input type="checkbox"/> Attachment C
<input type="checkbox"/> Attachment D
<input type="checkbox"/> Attachment E
<input type="checkbox"/> Attachment F
<b>COPIES</b>
<input type="checkbox"/> Original and one copy of application provided



## SIGNATORY AND AUTHORIZATION

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, the following requirements shall apply to the signatory page in this application:

### Chapter 25. Permit Application and Special LPDES Program Requirements

#### 2503. Signatories to permit applications and reports

- A. All permit applications shall be signed as follows:
1. For a corporation - by a responsible corporate officer. For the purpose of this Section a responsible corporate officer means:
    - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
    - (b) the manager of one or more manufacturing, production, or operating facilities, provided: the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and the authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;
  2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or
  3. For a municipality, parish, state, federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a federal agency includes:
    - (a) The chief executive officer of the agency, or
    - (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).
- B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:
1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.
  2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and
  3. The written authorization is submitted to the state administrative authority.
- C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.
- D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:
- "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

**SIGNATORY AND AUTHORIZATION**

**Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state permit application must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:**

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

The applicant for this permit hereby authorizes the Louisiana Department of Environmental Quality to post the public notice for a draft permit once on the LDEQ website (<http://www.deq.louisiana.gov/public-notices>).

This must be a wet signature. Docusign or any other electronic signature will **not** be accepted.

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

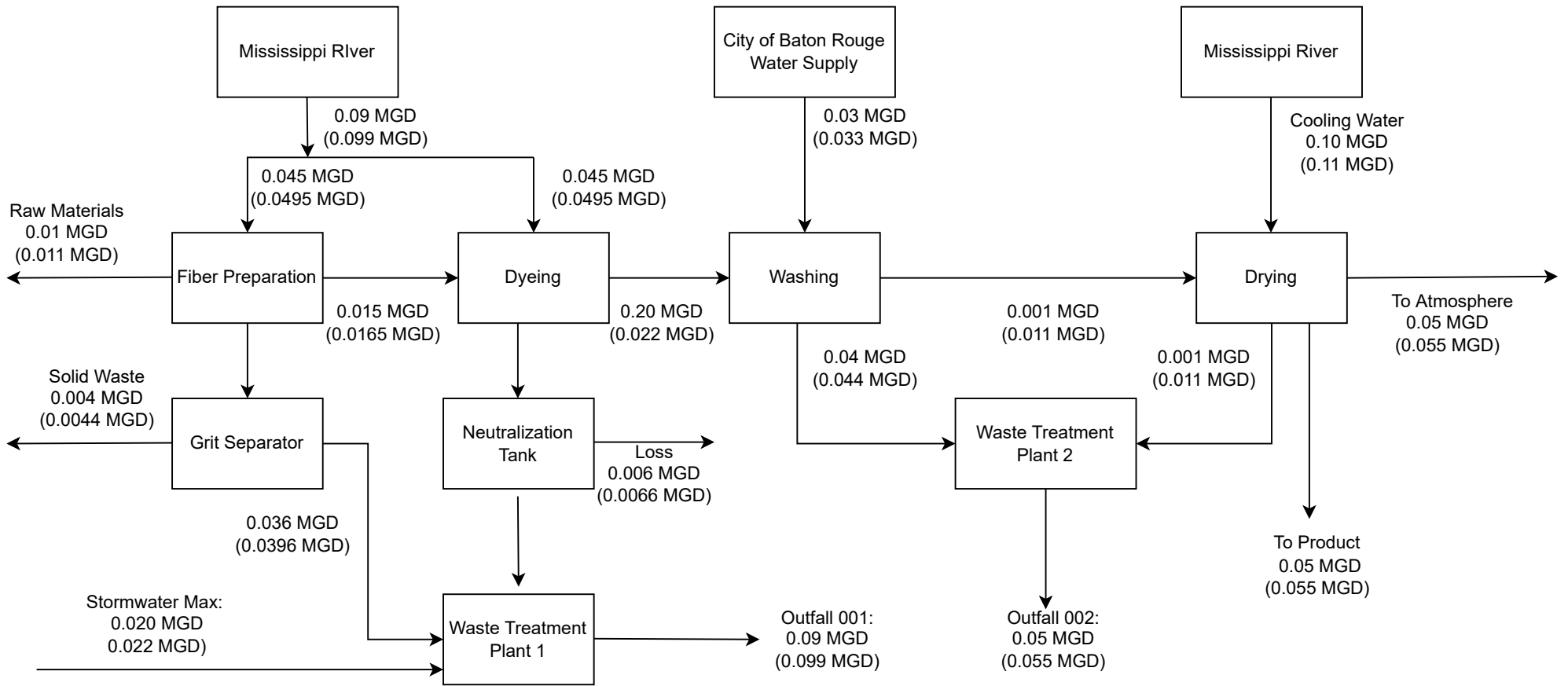
**E-mail address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Federal Tax ID** \_\_\_\_\_

**NOTE:** The original **and** one copy of this application **must** be provided.

# ATTACHMENT A - BLOCK TYPE FLOW BALANCE



Flow Legend:  
 Top Number = Long Term Average (LTA)  
 Bottom Number (parentheses) = 30 Day Maximum

## ATTACHMENT B – PETROLEUM REFINERY INFORMATION

<b>OUTFALL NUMBER</b>
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Throughput Rate
Feedstock (Crude Oil & NGL) Rate to Topping Unit(s):
Flow Rates (if applicable)
Ballast Flow (1,000 gals/day):
Contaminated Stormwater to Treatment System (1,000 gals/day):
Stormwater Process Area (square feet):

Processes	Unit Process Rate (1,000 bbls/day)
Crude Processes:	
Atmospheric Crude Distillation:	
Crude Desalting:	
Vacuum Crude Desalting:	
Cracking and Coking Processes:	
Visbreaking:	
Thermal Cracking:	
Fluid Catalytic Cracking:	
Moving Bed Cracking:	
Hydrocracking:	
Delayed Coking:	
Fluid Coking:	
Hydrotreating:*	
Lube Processes:	
Hydrofining, Hydrofinishing, Lube Hydrofinishing:	
White Oil Manufacture:	
Propane: Dewaxing, Deasphalting, Fractioning, Derinsing:	
Duo Sol, Solvent Treating, Solvent Extraction, Duotreating, Solvent Dewaxing, Solvent Deasphalt:	
Lube Vacuum Tower, Oil Fractionation, Batch Still (Naphtha Strip), Bright Stock Treating:	
Centrifuge & Chilling:	
Dewaxing: MEK, Ketone, MEK-Toluene:	
Deoiling (Wax):	
Naphthenic Lube Production:	
SO2 Extraction:	
Wax Pressing:	
Wax Plant (with Neutral Separation):	
Furfural Extracting:	
Clay Contacting – Percolation:	
Wax Sweating:	
Acid Treating:	
Phenol Extraction:	

\* These processes are not included in the refinery process configuration factor calculations.

## ATTACHMENT B (PETROLEUM REFINERIES ONLY)

	OUTFALL NUMBER
Processes	Unit Process Rate (1,000 bbls/day)
Asphalt Processes:	
Asphalt Production:	
200 °F Softening Point Unfluxed Asphalt:*	
Asphalt Oxidizing:	
Asphalt Emulsifying:	
Reforming and Alkylation Process:	
H2SO4 Alkylation:*	
Catalytic Reforming:*	

\* These processes are not included in the refinery process configuration factor calculations.

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART I – GENERAL INFORMATION

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

1. 316(b) General Criteria 40 CFR § 125, Subparts I, J, or N

- a. Does the CWIS(s) have or will have a cumulative design intake flow (DIF) of 2 MGD or greater? [40 CFR 125.81(a) and 125.91(a)]

Yes                      No

- b. Is 25% or more of the total water withdrawn by the CWIS(s) (actual intake flow or AIF) used exclusively for cooling purposes [40 CFR 125.81(a) and 125.91 (a)]?

Yes                      No

- c. Does the facility withdraw/propose to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States, as defined in 40 CFR 122.2?

Yes                      No

If no, provide an explanation of how the waterbody does not meet the definition of Waters of the United States listed in 40 CFR 122.2.

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If no, contact LDEQ's Industrial Permits Section to determine if any additional information or application materials are required. Attach copies of the correspondence with LDEQ and any required information, as stipulated in correspondence with LDEQ.

If yes to all three questions in Section 1, the facility is subject to the full requirements of 316(b) in 40 CFR 125, Subpart I, J, or N and must proceed to Section 3 (New Facility) or Section 4 (Existing Facility).

If no to any of the questions in Section 1, the facility does not meet the minimum criteria to be subject to the full requirements of 316(b) in 40 CFR 125, Subpart I, J, or N. Proceed to Section 2.

2. The facility is not subject to the full requirements of 316(b) and uses/proposes to use cooling towers.

Yes                      No

If yes, stop here. If no, complete Part II, Sections 1.a, 2.b.i, 3.a, 3.b.i-iii, and 3.b.vi to allow for a determination based upon best professional judgment (BPJ) [40 CFR 125.80(c) and 125.90(b)].

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART I – GENERAL INFORMATION

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

3. New Facility (Phase I) - 40 CFR 125, Subpart I (as defined at 40 CFR 125.83)

Yes                      No

If yes, indicate the facility's compliance track selection below, and attach the requested information.

Track I – AIF greater than 2 MGD but less than 10 MGD [40 CFR 125.84 (c)]

Attach information required by 40 CFR 125.86 (b) (2)-(4)

Track I – AIF greater than 10 MGD [40 CFR 125.84(b)]

Attach information required by 40 CFR 125.86 (b)

Track II – 40 CFR 125.84(d)

Attach information required by 40 CFR 125.86(c)

4. Existing Facility (Phase II) – 40 CFR 125, Subpart J [as defined at 40 CFR 125.92 (k)]

Yes                      No

If yes, complete Parts II, III, and IV as applicable [see 40 CFR 122.21 (r)]. Otherwise, continue.

Does this application include a new unit at an existing facility? (Phase II) 40 CFR 125, Subpart J [as defined at 40 CFR 125.92 (u)]

Yes                      No

If yes, complete Parts II, III, IV, and V as applicable [see 40 CFR 122.21 (r)]. Otherwise, continue.

**Permit application submittal time-frame for new units:** The applicant must submit the information required for the new unit(s) to LDEQ no later than 180 days before the planned commencement of cooling water withdrawals for the operation of the new unit. If the required information has already been submitted in the previous permit application, the applicant may choose to submit an updated to the required information. **The owner or operator is encouraged to submit their permit application well in advance (at least 180 days, preferably earlier) of the startup of operations to avoid delays.**

Has the facility requested and received approval for a waiver to reduce the amount of information required for a renewal application in accordance with 40 CFR 125.95(c)? If yes, please attach the approval letter.

Yes                      No

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART II – COOLING WATER SYSTEM INFORMATION

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part II satisfies the application requirements at 40 CFR 122.21 (r)(2), (3), (5), and (8).

### 1. Source Water Physical Data [40 CFR 122.21 (r)(2)]

#### a. Source Waterbody Data

Provide the information below for the CWIS(s) source waterbody. This includes primary and make-up CWIS(s)

CWIS ID	Source Waterbody	Waterbody Type	Water Type	Mean Annual Flow	Source for Mean Annual Flow Data

#### b. Provide the following information regarding the source waterbody:

- i. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located [40 CFR 122.21 (r)(2)(i)]
- ii. A narrative description of the source waterbody's hydrological and geomorphological features [40 CFR 122.21 (r)(2)(ii)]
- iii. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for Item 1.b.ii of this section [40 CFR 122.21 (r)(2)(ii)].
- iv. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies [40 CFR 122.21 (r)(2)(ii)]



# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART II – COOLING WATER SYSTEM INFORMATION

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part II satisfies the application requirements at 40 CFR 122.21 (r)(2), (3), (5), and (8).

2. Cooling Water Intake Structure Data [40 CFR 122.21(r)(3)] NOTE: This data must be provided for **EACH** structure

a. Complete the following table with information regarding each cooling water intake structure [this includes primary and make up CWIS(s)].

Cooling Water Intake Structure Data				
CWIS ID				
DIF (MGD)*				
AIF (MGD)**				
Intake Flow Uses (%)	Enter the intake flow uses for each CWIS. Provide the percent contribution of intake flow used for contact cooling water, non-contact cooling water, process water, and other uses. These percentages <b>must</b> equal 100%.			
Contact Cooling				
Non-Contact Cooling				
Process				
Other				
Latitude (DMS)***				
Longitude (DMS)***				
Location Type (e.g. shoreline, offshore, etc.)				
Through-Screen Intake Velocity (fps)****				
Date of startup of CWIS Operations				

\* Design Intake Flow (DIF) – The CWIS DIF means the value assigned during the CWIS design to the maximum instantaneous rate of flow of water the cooling water intake system is capable of withdrawing from a source waterbody. The facility’s CWIS DIF may be adjusted to reflect permanent changes to the maximum capabilities of the cooling water intake system to withdraw cooling water, including pumps permanently removed from service; flow limit devices; and physical limitations of pumping. CWIS DIF does not include values associated with emergency and fire suppression capacity or redundant pumps (i.e., back-up pumps).

\*\* Actual Intake Flow (AIF): In accordance with 40 CFR 125.92(a), for existing facilities, AIF means the average volume of water withdrawn on an annual basis by the CWIS over the previous 5 years.

\*\*\*Degrees, minutes, seconds (DMS)

\*\*\*\* feet per second (ft/s)

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART II – COOLING WATER SYSTEM INFORMATION

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part II satisfies the application requirements at 40 CFR 122.21 (r)(2), (3), (5), and (8).

2. Cooling Water Intake Structure Data [40 CFR 122.21(r)(3)] NOTE: This data must be provided for **EACH** structure

b. Provide the following information regarding the CWIS(s):

- i. A narrative description of the configuration of **each** CWIS and where it is located in the waterbody and the water column [40 CFR 122.21 (r)(3)(i)]
- ii. A narrative description of the operation of each CWIS, daily hours of operation, number of days in the year in operation, and seasonal changes, if applicable [40 CFR 122.21 (r)(3)(iii) and (r)(5)(i)]
- iii. A flow distribution and water balance diagram that includes all sources of water to the facility, recirculating flows, and discharges [40 CFR 122.21 (r)(3)(iv)]
- iv. Engineering drawings for each CWIS [40 CFR 122.21 (r)(3)(v)]

3. Cooling Water System Data [40 CFR 122.21 (r)(5)]

a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data	
Total DIF (MGD)	
Total AIF (MGD)	
Intake Flow Uses (%)	Enter the intake flow uses for each CWIS. Provide the percent contribution of intake flow used for contact cooling water, non-contact cooling water, process water, and other uses. These percentages <b>must</b> equal 100%.
Contact Cooling	
Non-contact Cooling	
Process	
Other	
How long has the facility been withdrawing intake water?	

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART II – COOLING WATER SYSTEM INFORMATION

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part II satisfies the application requirements at 40 CFR 122.21 (r)(2), (3), (5), and (8).

### 3. Cooling Water System Data [40 CFR 122.21 (r)(5)] (continued)

b. Provide the following information regarding the CWIS(s) as an attachment:

- i. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s) [40 CFR 122.21 (r)(5)(i)]
- ii. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column [40 CFR 122.21 (r)(2)(ii)]
- iii. A description of water reuse activities, if applicable; reductions in total water withdrawals, if applicable; and the proportion of the source waterbody withdrawn (on a monthly basis) [40 CFR 122.21 (r)(5)(i)]
- iv. Design and engineering calculations prepared by a qualified professional and data to support the information provided in Section 3.a [40 CFR 122.21 (r)(5)(ii)]
- v. A minimum of 12 months of AIF data
- vi. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage. The description should also include discussion of impacts on impingement mortality and entrainment resulting from periods of unusually high or low flow, if any, during the years under consideration for mean annual flow. [40 CFR 122.21 (r)(5)(iii)]

### 4. Operational Status [40 CFR 122.21(r)(8)]

a. Is this application for a power production or steam generation facility?

Yes

No

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART II – COOLING WATER SYSTEM INFORMATION

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part II satisfies the application requirements at 40 CFR 122.21 (r)(2), (3), (5), and (8).

### 4. Operational Status [40 CFR 122.21(r)(8)] (continued)

If yes, provide the following information as an attachment. If no, proceed to Section 4.b.

- Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.
- Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.
- A description of water reuse activities, if applicable; reductions in total water withdrawals, if applicable; and the proportion of the source waterbody withdrawn (on a monthly basis) [40 CFR 122.21 (r)(5)(i)]
- Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).
- Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

### b. Process Units

Is this application for a facility which has process units that use cooling water (other than for power production or steam generation)?

Yes                      No

If no, proceed to item 4.c. If yes, attach descriptions of the following information.

- Individual production processes and product lines
- The operating status, including age, of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors
- Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART II – COOLING WATER SYSTEM INFORMATION

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part II satisfies the application requirements at 40 CFR 122.21 (r)(2), (3), (5), and (8).

### 4. Operational Status [40 CFR 122.21(r)(8)] (continued)

c. Is this application for a nuclear power production facility?

Yes                      No

If no, proceed to Item 4.d. If yes, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

d. Is this an application for a manufacturing facility?

Yes                      No

If no, proceed to Part III. If yes, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 months).

### 5. New Unit at an Existing Facility [40 CFR 122.21(r)(1)(ii)(D and E)]

Provide the following information

- Submit or update any application information previously provided to LDEQ.
- Requests for and approvals of alternative requirements under 40 CFR 125.94(e)(2) or 125.98(b)(7) must be submitted with the permit application
- A new unit that increases the total capacity of the existing facility to greater than 2 MGD DIF **must** submit the required application information at the time of permit application for the new unit
- A new unit that increases the total capacity of the existing facility to greater than 125 MGD AIF must also submit the application information required in 40 CFR 122.21(r)(9) through (13)

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART III – IMPINGEMENT MORTALITY

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part III satisfies the application requirements at 40 CFR 122.21 (r)(6).

### 1. Impingement Compliance Technology Selection [40 CFR 122.21(r)(6)]

Check the box next to the method of compliance for the Impingement Mortality Standard selected by the facility.\*

- Closed-cycle recirculating systems [40 CFR 125.94(c)(1)]
- 0.5 ft/s Through-Screen Design Velocity [40 CFR 125.94(c)(2)]
- 0.5 ft/s Through-Screen Actual Velocity [40 CFR 125.94(c)(3)]
- Existing offshore velocity cap [40 CFR 125.94(c)(4)]
- Modified traveling screens [40 CFR 125.94(c)(5)]

System of technologies [40 CFR 125.94(c)(6)]

- Impingement mortality performance standard [40 CFR 125.94(c)(7)]
- De minimis rate of impingement [40 CFR 125.94(c)(11)]

- Low capacity utilization power-generation facilities [40 CFR 125.94(c)(12)]

If 0.5 ft/s Through-Screen Design Velocity [40 CFR 125.94(c)(2)] or existing offshore velocity cap [40 CFR 125.94(c)(4)] was selected, proceed to Part III.

\* New Unit – For new units at existing facilities, proceed to Part Three. See Part Four for best technology available (BTA) standards for impingement mortality and entrainment for new units.

### 2. Impingement Compliance Technology Information

Complete the following sections based on the selection made for Item 1 above.

#### a. Closed-cycle Recirculating System [40 CFR 125.94(c)(1)]

- i. Does the facility use or propose to use a CWIS to replenish water losses to the cooling water system (CWS)?

Yes

No

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART III – IMPINGEMENT MORTALITY

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part III satisfies the application requirements at 40 CFR 122.21 (r)(6).

### 2. Impingement Compliance Technology Information (continued)

If no, proceed to Item 2.a.ii. If yes, provide the following information as an attachment and continue.

- Provide the CWIS ID. The CWIS ID should correspond to the CWIS identified on the USGS map provided for Part II, Item 3.b.ii.
- Previous year (a minimum of 12 months) of intake flow data for any CWIS used for make-up intake flows to replenish cooling water losses, excluding intakes for losses due to blowdown, drift, or evaporation [40 CFR 125.92(c)]
- A narrative description of any physical or operational measures taken to minimize make-up withdrawals

ii. Does the facility use or propose to use cooling towers?    Yes        No

If no, proceed to Part IV. If yes, provide the following information and proceed to Part IV.

#### 1. Average number of cycles of concentration (COC) prior to blowdown

Cooling Tower ID			
COCs			

2. Attach COC monitoring data from the previous year (a minimum of 12 months).

3. Maximum number of COCs each cooling tower can accomplish based on design of the system

Cooling Tower ID			
COCs			

4. Describe conditions that may limit the number of COCs prior to blowdown, if any, including, but not limited to, permit conditions.

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#### b. 0.5 ft/s Through Screen Actual Velocity [40 CFR 125.94(c)(3)]

Provide daily intake velocity monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Part IV.

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART III – IMPINGEMENT MORTALITY

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part III satisfies the application requirements at 40 CFR 122.21 (r)(6).

### 2. Impingement Compliance Technology Information (continued)

#### c. Modified Traveling Screens [40 CFR 125.94(c)(5)]

Provide the information as an attachment and proceed to Part IV.

- A description of the modified traveling screens and associated equipment [40 CFR 122.21(r)(6)(i)]
- A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods [40 CFR 122.21(r)(6)(i)]

Biological sampling data from the previous two years (a minimum of 24 months) [40 CFR 122.21 (r)(6)(i)]

#### d. System of Technologies [40 CFR 125.94(c)(6)] or Impingement Mortality Performance Standard [40 CFR 125.94(c)(7)]

Provide the following information as an attachment and proceed to Part IV.

- A description of the system of technologies used or proposed for use by the facility to achieve compliance with the impingement mortality standard [40 CFR 122.21(r)(6)(ii)]
- A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods [40 CFR 122.21(r)(6)(ii)]
- Biological sampling data from the previous two years (a minimum of 24 months) (40 CFR 122.21(r)(6)(ii)]

#### e. De Minimis Rate of Impingement [40 CFR 125.94(c)(11)]

Provide the following information and proceed to Part IV.

- Attach monitoring data from the previous year (a minimum of 12 months) of intake flow measured at a frequency of 1/day on days of operation

If the rate of impingement caused by the CWIS is extremely low (at an organism or age-one equivalent count), attach supplemental information to Part III, Item 3.b.vi to support this documentation

This information should take into account factors such as the CWIS screen mesh opening size, data collection, the zone of influence of the CWIS for clearly defined life stages and taxa of impingeable organisms, and the population abundances within the zone of influence of the CWIS.



# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART III – IMPINGEMENT MORTALITY

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Completion of Part III satisfies the application requirements at 40 CFR 122.21 (r)(6).

### 2. Impingement Compliance Technology Information (continued)

#### f. Low Capacity Utilization Power-Generation Facilities [40 CFR 125.94(c)(12)]

- Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Part IV.
- Attach monitoring data from the previous year (a minimum of 12 months) intake flow measured at a frequency of 1/day on days of operation.

## PART IV – SOURCE WATER BIOLOGICAL DATA

Complete one copy of Part IV for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at 40 CFR 125.94 (c)(1)-(7). Completion of Part IV satisfies the application requirements in 40 CFR 122.21 (r)(4).

Source Waterbody:

### 1. Species Management

The following information is required for new and existing facilities.

- a. The facility has obtained an incidental take permit for its cooling water intake structure(s) from the United States Fish and Wildlife Services (USFWS) or the National Marine Fisheries Services (NMFS) [40 CFR 122.21 (r)(4)(xii)]

Yes       No

- Attach any information submitted in order to obtain that permit which may be used to supplement the permit application information requirements of 40 CFR 125.95 (f).

- b. Is the facility requesting a waiver from application requirements at 40 CFR 122.21 (r)(4) in accordance with 40 CFR 125.95 for and CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?

Yes       No

Attach a copy of the most recent managed fisheries report to the Louisiana Department of Wildlife and Fisheries (LDWF) or equivalent.

- c. There are **no** federally listed threatened or endangered species or critical habitat designations within the source waterbody.

True       False

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART IV – SOURCE WATER BIOLOGICAL DATA

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Complete one copy of Part IV for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at 40 CFR 125.94 (c)(1)-(7). Completion of Part IV satisfies the application requirements in 40 CFR 122.21 (r)(4).

### 2. Source Water Biological Data [40 CFR 122.21(r)(4)]

For new facilities (Phase I, Track I and II) provide responses to all items in this section and stop. For existing facilities (Phase II), if the answer to Item 1.b above was no, provide responses to all items in this section and proceed to Part V.

If the answer to Item 1.b was yes and Item 1.c was true, do not complete any of the items in this section and proceed to Part V.

If the answer to Item 1.b was yes and Item 1.c was false, attach a response for any item in this section that is not contained in the most recent LDWF report, or equivalent, and proceed to Part V

- A list of the data requested at 40 CFR 122.21(r)(4)(ii) through (vi) that are not available and efforts made to identify sources of the data.
- Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed [40 CFR 122.21 (r)(4)(ii) through (iv)]
  - All life stages and relative abundance
  - Identification of all species and life stages that would be most susceptible to impingement and entrainment
  - Forage base
  - Significance to commercial fisheries
  - Significance to recreational fisheries
  - Primary period of reproduction
  - Larval recruitment
  - Period of peak abundance for relevant taxa
- Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s) [40 CFR 122.21 (r)(4)(v)]
- Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s) [40 CFR 122.21 (r)(4)(vi)]

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART IV – SOURCE WATER BIOLOGICAL DATA

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Complete one copy of Part IV for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at 40 CFR 125.94 (c)(1)-(7). Completion of Part IV satisfies the application requirements in 40 CFR 122.21 (r)(4).

### 2. Source Water Biological Data [40 CFR 122.21(r)(4)] (continued)

- Documentation of any public participation or consultation with federal or state agencies undertaken [40 CFR 122.21 (r)(4)(vii)]

Contact the state Natural Heritage Program staff, (337) 491-2575, with inquiries regarding state-listed threatened and endangered species and the USFWS, (337) 291-3126, with inquiries regarding federally-listed threatened and endangered species.

- If you supplement the information requested in 40 CFR 122.21(r)(4) with data collected using field studies, supporting documentation for the Source Water Baseline Biological Characterization must include a description of all methods and quality assurance procedures for sampling and data analysis, including a description of the study area; taxonomic identification of sampled and evaluated biological assemblages (including all life stages of fish and shellfish); and sampling and data analysis methods. The sampling and/or data analysis methods used must be appropriate for a quantitative study and based on consideration of methods used in other biological studies performed with the same source waterbody. The study area should include, at a minimum, the area of influence of the cooling water intake structure [40 CFR 122.21(r)(4)(viii)].

The following information is required for existing facilities only.

- Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake [40 CFR 122.21 (r)(4)(x)].
- A list of fragile species, as defined by 40 CFR 125.92 (m), at the facility. The applicant need only identify those species not already identified as fragile at 40 CFR 125.92 (m).

NOTE: New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART V – ENTRAINMENT

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Complete one copy of Part V for **each** individual CWIS the facility uses or proposes to use. Completion of Part V satisfies the application requirements in 40 CFR 122.21 (r)(7) and (9-14).

CWIS ID:

### 1. Applicability [40 CFR 122.21 (r)(1)(ii)(B) and (E)]

Does/will the existing facility have a total AIF, as defined in 40 CFR 125.92 (a), or greater than 125 MGD of water from cooling purposes?

Yes

No

If **no** or if the facility has selected **CCRS** [40 CFR 125.94 (c)(1)] for the impingement mortality compliance method, complete Item 2 and Item 4 (if new unit).

If **yes** and the facility is **seeking a waiver** from application requirements in accordance with 40 CFR 125.95 for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete Item 2 and Item 4 (if new unit).

If yes and the facility is not seeking a waiver from application requirements in accordance with 40 CFR 125.95, complete Item 2, Item 4 (if new unit), and provide any required and completed studies listed in Item 3. For any required studies in Item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

### 2. Existing Entrainment Performance Studies [40 CFR 122.21 (r)(7)]

- Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies. Any such submittals must include a description of each study, together with underlying data, and a summary of any conclusions or results. Completion of this section satisfies the requirements in 40 CFR 122.21 (r)(7).

NOTE: Any studies conducted at other locations must include an explanation as to why the data from other locations are relevant and representative of conditions at the facility and explain how the data should be interpreted using the definition of entrainment at 40 CFR 125.92 (h). If no existing studies are available, the facility must provide an explanation of the measures taken to locate any existing studies or representative data.

# ATTACHMENT C – CLEAN WATER ACT SECTION 316(b) INFORMATION

## PART V – ENTRAINMENT

Facilities that propose to use one or more cooling water intake structures with a cumulative design intake flow of greater than 2 million gallons per day (MGD) and use at least 25% of the water withdrawn from surface waters for cooling purposes are subject to the categorical requirements of the 316(b) rule. Those facilities subject to the categorical requirements must complete all relevant parts of this Attachment.

Complete one copy of Part V for **each** individual CWIS the facility uses or proposes to use. Completion of Part V satisfies the application requirements in 40 CFR 122.21 (r)(7) and (9-14).

### 3. Facility Entrainment Performance Studies

For additional information regarding applicability of entrainment studies, please contact the Water Permits Division, Industrial Permits Section at (225) 219-9371.

- Attach an entrainment characterization study, as described at 40 CFR 122.21 (r)(9).
- Attach a comprehensive feasibility study, as described at 40 CFR 122.21 (r)(10).
- Attach a benefits valuation study, as described at 40 CFR 122.21 (r)(11).
- Attach a non-water quality environmental and other impacts study, as described at 40 CFR 122.21 (r)(12).
- Attach a peer review analysis, as described at 40 CFR 122.21 (r)(13).

NOTE: In accordance with 40 CFR 122.21 (r)(13), the applicant must select peer reviewers and notify LDEQ in advance of the peer review. Requests for approval of peer reviewers must include their qualifications and credentials. LDEQ may disapprove a peer reviewer or require additional peer reviews.

### 4. New Units at Existing Facilities [40 CFR 122.21 (r)(14)]

Indicate the method of compliance selected by the facility for the new unit.

- Closed-cycle Recirculating System [40 CFR 125.94 (e)(1)]
- Alternative Requirements for New Units [40 CFR 125.94 (e)(2)] – In accordance with 40 CFR 122.21 (r)(14), if 40 CFR 125.94 (e)(2) is chosen as the method of compliance, submit information to demonstrate entrainment reductions equivalent to 90 percent or greater of the reduction that could be achieved through compliance using a CCRS [40 CFR 125.94 (e)(1)]. The demonstration must include the Entrainment Characterization Study as described at 40 CFR 122.21 (r)(9).
- In accordance with 40 CFR 125.98 (b)(7), if data specific to your facility indicates that compliance with the requirements of 40 CFR 125.94 for each new unit would result in costs wholly out of proportion to the costs EPA considered in establishing the requirements at issue or would result in significant adverse impacts on local air quality; significant adverse impacts on water resources other than impingement or entrainment; or significant adverse impacts on local energy markets, you must submit all supporting data. The LDEQ may determine that additional data and information, including but not limited to monitoring, must be included as part of 40 CFR 122.21 (r)(14).

## ATTACHMENT D – BARGE CLEANING AND/OR REPAIR FACILITIES

Facilities that clean and/or repair vessels (barges, ships, etc.) must provide the following information.

<b>Facility Location – Provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted. Mobile facilities <u>must</u> include River Miles.</b>		
Address		
State	Zip Code	Parish*

**\*Mobile facilities must list all parishes.**

<b>Facility Information</b>	
Facility Type (barge cleaning, barge repair)	
Ratio of barge repair to cleaning business	

<b>Facility Operations</b>			
What type(s) of vessels/equipment are cleaned at the facility?			
<input type="checkbox"/> Open top, hopper barges	<input type="checkbox"/> Tank barges	<input type="checkbox"/> Chemical barges	<input type="checkbox"/> Dry cargo barges
<input type="checkbox"/> Ship holds	<input type="checkbox"/> Other (Please specify):		
Does sandblasting occur at this facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain:			
Does the facility discharge ballast water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the facility discharge bilge water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the facility have a dry dock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Barge Information</b>	
Number of different barge types cleaned at the facility:	

# ATTACHMENT D – BARGE CLEANING AND/OR REPAIR FACILITIES

Facilities that clean and/or repair vessels (barges, ships, etc.) must provide the following information.

**Barge Information – Please provide the following information for each barge cleaned (make additional copies as necessary)**

Barge Type:

Describe the processing operation for each category of cargo (edible products, organic chemicals, petroleum products, inorganic chemicals, dry cargo, grain, aggregate, meal products, scrap iron, coal and coke, fertilizers [urea, potash, ammonium nitrate], etc.) the barge has transported. What is the step-by-step handling of the barge washwaters up to and including discharge?

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Are any other types of containers, vessels, tanks, etc. cleaned at this facility?  Yes  No

If yes, provide a list each type with the cargo materials involved.

Describe solid waste materials disposed of separately from the wastewater. Describe disposal facilities (company, location, method of disposal, etc.)

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Are any washwaters sent to disposal facilities? If yes, describe the materials, company, location, method of disposal, etc.

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## ATTACHMENT E – SEAFOOD FACILITIES

Does this facility have a restaurant?

Yes

No

Facility Type (Check <u>ALL</u> that Apply)	
<input type="checkbox"/> Seafood Processor	<input type="checkbox"/> Seafood Market
<input type="checkbox"/> Seafood Boil Facility	<input type="checkbox"/> Other (Specify)

Seafood Type Handled at Facility (Check <u>ALL</u> that Apply)					
<input type="checkbox"/> Alligator	<input type="checkbox"/> Crab	<input type="checkbox"/> Crawfish	<input type="checkbox"/> Fish	<input type="checkbox"/> Oyster	<input type="checkbox"/> Shrimp

Please provide the following Operations information for each type of seafood (Check ALL that apply).

Seafood Operations					
Alligator	Crab	Crawfish	Fish	Oyster	Shrimp
<input type="checkbox"/> Wash	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort
<input type="checkbox"/> Sort	<input type="checkbox"/> Wash	<input type="checkbox"/> Wash	<input type="checkbox"/> Clean	<input type="checkbox"/> Wash	<input type="checkbox"/> Peel
<input type="checkbox"/> Skin	<input type="checkbox"/> Pick	<input type="checkbox"/> Pack	<input type="checkbox"/> Dehead	<input type="checkbox"/> Pack	<input type="checkbox"/> Wash
<input type="checkbox"/> Pack	<input type="checkbox"/> Separate	<input type="checkbox"/> Peel	<input type="checkbox"/> Fillet	<input type="checkbox"/> Shuck	<input type="checkbox"/> Pack
<input type="checkbox"/> Hydroblast	<input type="checkbox"/> Pack	<input type="checkbox"/> Devein	<input type="checkbox"/> Pack		<input type="checkbox"/> Devein
<input type="checkbox"/> House Washwater	<input type="checkbox"/> Boil	<input type="checkbox"/> Dehead	<input type="checkbox"/> Descale		<input type="checkbox"/> Dehead
		<input type="checkbox"/> Boil			<input type="checkbox"/> Boil
Other (Please Specify):					

Months Applicable to Each Seafood Type					
Alligator	Crab	Crawfish	Fish	Oyster	Shrimp
<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> January
<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> February
<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May
<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August
<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> October
<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> November
<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> December
How many days per month and hours per day on average do seafood operations occur during these months?					
Alligator	Crab	Crawfish	Fish	Oyster	Shrimp
Days per month	Days per month	Days per month	Days per month	Days per month	Days per month
Hours per day	Hours per day	Hours per day	Hours per day	Hours per day	Hours per day

## ATTACHMENT E – SEAFOOD FACILITIES

Which Months are considered PEAK SEASON					
Alligator	Crab	Crawfish	Fish	Oyster	Shrimp
<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> January
<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> February
<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May
<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August
<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> October
<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> November
<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> December
How many days per month and hours per day on average do seafood operations occur during peak season?					
Alligator	Crab	Crawfish	Fish	Oyster	Shrimp
Days per month	Days per month	Days per month	Days per month	Days per month	Days per month
Hours per day	Hours per day	Hours per day	Hours per day	Hours per day	Hours per day

What is the amount of seafood that can be processed per day?					
Maximum Amount/day (lbs/day)			Average Amount/month during PEAK SEASON (lbs/day)		
Type of Seafood	Weight before processing	Weight after processing	Type of Seafood	Weight before processing	Weight after processing
Alligator			Alligator		
Crab			Crab		
Crawfish			Crawfish		
Fish			Fish		
Oyster			Oyster		
Shrimp			Shrimp		

