



Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

**Form 2C. Existing Manufacturing, Commercial, Mining, and Silviculture Operations**

**Section 1. Outfall Location.**

1.1 Provide information on each of the facility's outfalls in the table below.

Outfall Number	Receiving Water Name	Latitude	Longitude

**Section 2. Line Drawing**

2.1 Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.)

- No.                                       Yes.

**Section 3. Average Flows and Treatment**

3.1 For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.

Outfall Number _____		
Operations Contributing to Flow	Average Flow	
	mgd	
	mgd	
	mgd	
	mgd	
Treatment Units		
Description (size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-2	Final Disposal of Solid or Liquid Wastes Other Than by Discharge



### Section 4. Intermittent Flows

4.1 Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal?

- No. Skip to Section 5.  Yes. Continue below.

4.2 Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.

Outfall Number	Operation (list)	Frequency		Flow Rate		Duration (days)
		Average (Days/Week)	Average (Months/Year)	Long-Term Average (mgd)	Maximum Daily (mgd)	

### Section 5. Production

#### Applicable ELGs

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

- No. Skip to Section 6.  Yes. Continue below.

5.2 Provide the following information on applicable ELGs.

Outfall	ELG Category	ELG Subcategory	Regulatory Citation

#### Production Based Limitations

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

- No. Skip to Section 6.  Yes. Continue below.

5.4 Provide an actual measure of daily production expressed in terms and units of applicable ELGs.

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

**Section 6. Improvements**

6.1 Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?

- No. Skip to Item 6.3.                       Yes. Continue below.

6.2 Briefly identify each applicable project in the table below.

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

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

- No.     Yes.     Not applicable.

**Section 7. Effluent and Intake Characteristics.**

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

**Table A. Conventional and Non-Conventional Pollutants**

7.1 Are you requesting a waiver from your MPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?

- No. Skip to Item 7.3.                       Yes. Continue below.

7.2 If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.

Outfall Number \_\_\_\_\_                      Outfall Number \_\_\_\_\_                      Outfall Number \_\_\_\_\_

7.3 Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?

- No. A waiver has been requested from my permitting authority for all pollutants and all outfalls  
 Yes.

**Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants**

7.4 Do any of the facility’s processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)

- No. Skip to Section 7.8  Yes.

7.5 Have you checked “Testing Required” for all toxic metals, cyanide, and total phenols in Section 1 of Table B?

- No.  Yes.

7.6 List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.

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

7.7 Have you checked “Testing Required” for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6?

- No.  Yes.

7.8 Have you checked “Believed Present” or “Believed Absent” for all pollutants listed in Sections 1 through 5 of Table B where testing is not required?

- No.  Yes.

7.9 Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are “Believed Present” in your discharge?

- No.  Yes.

7.10 Does the applicant qualify for a small business exemption under the criteria specified in the instructions?

- No.  Yes. Note that you qualify at the top of Table B, then SKIP to Item 7.12.

7.11 Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are “Believed Present” in your discharge?

- No.  Yes.

**Table C. Certain Conventional and Non-Conventional Pollutants**

7.12 Have you indicated whether pollutants are “Believed Present” or “Believed Absent” for all pollutants listed on Table C for all outfalls?

- No.  Yes.

7.13 Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated “Believed Present”?

- No.  Yes.

**Table D. Certain Hazardous Substances and Asbestos**

7.14 Have you indicated whether pollutants are “Believed Present” or “Believed Absent” for all pollutants listed in Table D for all outfalls?

- No.  Yes.

7.15 Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available?

- No.  Yes.

**Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)**

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

- No. Skip to Section 8.  Yes. Complete Table E.

7.17 Have you completed Table E by reporting *qualitative* data for TCDD?

- No.  Yes.

**Section 8. Used or Manufactured Toxics**

8.1 Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct?

- No. Skip to Section 9.  Yes.

8.2 List the pollutants below.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**Section 9. Biological Toxicity Tests.**

9.1 Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge?

- No. Skip to Section 10.  Yes. Continue below.

9.2 Identify the tests and their purposes below.

Test(s)	Purpose of Test(s)	Submitted to Permitting Authority?	Date Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 10. Contract Analyses**

10.1 Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm?

- No. Skip to Section 11.  Yes. Continue below.

10.2 Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
<b>Name of Laboratory /Firm</b>			
<b>Laboratory Address</b>			
<b>Phone Number</b>			
<b>Pollutant(s) Analyzed</b>			

**Section 11. Additional Information**

11.1 Has the MPDES permitting authority requested additional information?

- No. Skip to Section 12.  Yes. Continue below.

11.2 List the information requested and attach it to this application.

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_

**Section 12. Certification Statement**

12.1 **Certification Statement**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the 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. [75-5-633, MCA].*

Name (print or type first and last name)	Official title
Signature	Date signed

<b>Table A. Conventional and Non-Conventional Pollutants <sup>1</sup></b>									
Pollutant	Waiver Requested (if applicable)	Units (specify)		Effluent				Intake (Optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you have applied to your MPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1. Biochemical oxygen demand (BOD <sub>5</sub> )	<input type="checkbox"/>	Concentration							
		Mass							
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration							
		Mass							
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration							
		Mass							
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration							
		Mass							
5. Ammonia (as N)	<input type="checkbox"/>	Concentration							
		Mass							
6. Flow	<input type="checkbox"/>	Rate							
7. Temperature (winter)	<input type="checkbox"/>	°C	°C						
Temperature (summer)	<input type="checkbox"/>	°C	°C						
8. pH (minimum)	<input type="checkbox"/>	Standard units	s.u.						
		pH (maximum)	<input type="checkbox"/>	Standard units	s.u.				

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



**Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup>**

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.										
<b>Section 1. Toxic Metals, Cyanide, and Total Phenols</b>										
1.1 Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.2 Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.3 Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.4 Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.5 Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.6 Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.7 Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.8 Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.9 Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.10 Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.11 Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.12 Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
1.13 Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.14 Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
1.15 Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
<b>Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)</b>										
2.1 Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.2 Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.3 Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.4 Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.5 Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.6 Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.7 Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.8 Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.9 2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.10 Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.11 Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.21 1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
2.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
<b>Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)</b>										
3.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
3.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
3.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
<b>Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)</b>										
4.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.30 1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.37 Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
4.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
<b>Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)</b>										
5.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						



<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.11 $\alpha$ -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.12 $\beta$ -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants <sup>1</sup></b>										
Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
5.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

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

**Table C. Certain Conventional and Non-Conventional Pollutants <sup>1</sup>**

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be <b>present</b> in your discharge from the noted outfall. You need <i>not</i> complete the “Presence or Absence” column of Table C for <i>each</i> pollutant.									
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be <b>absent</b> in your discharge from the noted outfall. You need <i>not</i> complete the “Presence or Absence” column of Table C for <i>each</i> pollutant.									
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
3. Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
4. Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
6 Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
8. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
10. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						
11. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass						

**Table C. Certain Conventional and Non-Conventional Pollutants <sup>1</sup>**

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
13. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
19. Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						

<b>Table C. Certain Conventional and Non-Conventional Pollutants <sup>1</sup></b>									
<b>Pollutant</b>	<b>Presence or Absence</b> (check one)		<b>Units</b> (specify)	<b>Effluent</b>				<b>Intake</b> (Optional)	
	<b>Believed Present</b>	<b>Believed Absent</b>		<b>Maximum Daily Discharge</b> (required)	<b>Maximum Monthly Discharge</b> (if available)	<b>Long-Term Average Daily Discharge</b> (if available)	<b>Number of Analyses</b>	<b>Long-Term Average Value</b>	<b>Number of Analyses</b>
<b>24. Radioactivity</b>									
Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						

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

**Table D. Certain Hazardous Substances and Asbestos <sup>1</sup>**

Pollutant	Presence or Absence		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
1. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
2. Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
3. Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
4. Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
5. Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
6. Aniline	<input type="checkbox"/>	<input type="checkbox"/>		
7. Benzonitrile	<input type="checkbox"/>	<input type="checkbox"/>		
8. Benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
9. Butyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
10. Butylamine	<input type="checkbox"/>	<input type="checkbox"/>		
11. Captan	<input type="checkbox"/>	<input type="checkbox"/>		
12. Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>		
13. Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>		
14. Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>		
15. Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>		
16. Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>		
17. Cresol	<input type="checkbox"/>	<input type="checkbox"/>		
18. Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
19. Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>		
20. 2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
21. Diazinon	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Table D. Certain Hazardous Substances and Asbestos <sup>1</sup></b>				
<b>Pollutant</b>	<b>Presence or Absence</b>		<b>Reason Pollutant Believed Present in Discharge</b>	<b>Available Quantitative Data</b> (specify units)
	<b>Believed Present</b>	<b>Believed Absent</b>		
22. Dicamba	<input type="checkbox"/>	<input type="checkbox"/>		
23. Dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>		
24. Dichlone	<input type="checkbox"/>	<input type="checkbox"/>		
25. 2,2-dichloropropionic acid	<input type="checkbox"/>	<input type="checkbox"/>		
26. Dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>		
27. Diethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
28. Dimethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
29. Dinitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>		
30. Diquat	<input type="checkbox"/>	<input type="checkbox"/>		
31. Disulfoton	<input type="checkbox"/>	<input type="checkbox"/>		
32. Diuron	<input type="checkbox"/>	<input type="checkbox"/>		
33. Epichlorohydrin	<input type="checkbox"/>	<input type="checkbox"/>		
34. Ethion	<input type="checkbox"/>	<input type="checkbox"/>		
35. Ethylene diamine	<input type="checkbox"/>	<input type="checkbox"/>		
36. Ethylene dibromide	<input type="checkbox"/>	<input type="checkbox"/>		
37. Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
38. Furfural	<input type="checkbox"/>	<input type="checkbox"/>		
39. Guthion	<input type="checkbox"/>	<input type="checkbox"/>		
40. Isoprene	<input type="checkbox"/>	<input type="checkbox"/>		
41. Isopropanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
42. Kelthane	<input type="checkbox"/>	<input type="checkbox"/>		

**Table D. Certain Hazardous Substances and Asbestos <sup>1</sup>**

Pollutant	Presence or Absence		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
43. Kepone	<input type="checkbox"/>	<input type="checkbox"/>		
44. Malathion	<input type="checkbox"/>	<input type="checkbox"/>		
45. Mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>		
46. Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>		
47. Methyl mercaptan	<input type="checkbox"/>	<input type="checkbox"/>		
48. Methyl methacrylate	<input type="checkbox"/>	<input type="checkbox"/>		
49. Methyl parathion	<input type="checkbox"/>	<input type="checkbox"/>		
50. Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>		
51. Mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>		
52. Monoethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
53. Monomethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
54. Naled	<input type="checkbox"/>	<input type="checkbox"/>		
55. Naphthenic acid	<input type="checkbox"/>	<input type="checkbox"/>		
56. Nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>		
57. Parathion	<input type="checkbox"/>	<input type="checkbox"/>		
58. Phenolsulfonate	<input type="checkbox"/>	<input type="checkbox"/>		
59. Phosgene	<input type="checkbox"/>	<input type="checkbox"/>		
60. Propargite	<input type="checkbox"/>	<input type="checkbox"/>		
61. Propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>		
62. Pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>		
63. Quinoline	<input type="checkbox"/>	<input type="checkbox"/>		



<b>Table D. Certain Hazardous Substances and Asbestos <sup>1</sup></b>				
<b>Pollutant</b>	<b>Presence or Absence</b>		<b>Reason Pollutant Believed Present in Discharge</b>	<b>Available Quantitative Data</b> (specify units)
	<b>Believed Present</b>	<b>Believed Absent</b>		
64. Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>		
65. Strontium	<input type="checkbox"/>	<input type="checkbox"/>		
66. Strychnine	<input type="checkbox"/>	<input type="checkbox"/>		
67. Styrene	<input type="checkbox"/>	<input type="checkbox"/>		
68. 2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
69. TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input type="checkbox"/>		
70. 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input type="checkbox"/>		
71. Trichlorofon	<input type="checkbox"/>	<input type="checkbox"/>		
72. Triethanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
73. Triethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
74. Trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
75. Uranium	<input type="checkbox"/>	<input type="checkbox"/>		
76. Vanadium	<input type="checkbox"/>	<input type="checkbox"/>		
77. Vinyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
78. Xylene	<input type="checkbox"/>	<input type="checkbox"/>		
79. Xylenol	<input type="checkbox"/>	<input type="checkbox"/>		
80. Zirconium	<input type="checkbox"/>	<input type="checkbox"/>		

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

<b>Table E. 2,3,7,8-tetrachlorodibenzo-p-dioxin (2,3,7,8-TCDD)</b>				
<b>Pollutant</b>	<b>TCDD Congeners Used or Manufactured</b>	<b>Presence or Absence (check one)</b>		<b>Results of Screening Procedure</b>
		<b>Believed Present</b>	<b>Believed Absent</b>	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	