

	Agency Use
	Permit No.:
	Date Rec'd
	Amount Rec'd
	Check No.
Rec'd By	

**Form 2D. New Manufacturing, Commercial, Mining, and Silviculture Operations**

**Section 1. Expected 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. Expected Discharge Date**

2.1 Report the expected date the facility will commence discharging.

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**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 Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other than by Discharge

**Section 3 Continued. 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 Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

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 Exhibit 2D-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

**Section 4. Line Drawing**

4.1 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 2D-2 at end of instructions for example.)

No.

Yes.

**Section 5. Intermittent or Seasonal Flows**

- 5.1 Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal?  
 No. Skip to Section 6.  Yes. Continue below.
- 5.2 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 6. Production**

**Applicable ELGs**

- 6.1 Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility?  
 No. Skip to Section 7.  Yes. Continue below.
- 6.2 Provide the following information on applicable ELGs.

ELG Category	ELG Subcategory	Regulatory Citation

**Production Based Limitations**

- 6.3 Are the limitations in the applicable ELGs expressed in terms of production (or other measure of operation)?  
 No. Skip to Section 7.  Yes. Continue below.
- 6.4 Provide an expected measure of daily production expressed in terms and units of applicable ELGs.

Expected Actual Average Daily Production for the First Three Years				
Outfall Number	Year	Operation, Product, or Material	Quantity per Day	Unit of Measure
	Year 1			
	Year 2			
	Year 3			

**Production Based Limitations Continued**

6.4 Provide an expected measure of daily production expressed in terms and units of applicable ELGs.

Expected Actual Average Daily Production for the First Three Years				
Outfall Number	Year	Operation, Product, or Material	Quantity per Day	Unit of Measure
	Year 1			
	Year 2			
	Year 3			
	Year 1			
	Year 2			
	Year 3			

**Section 7. Effluent 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 provided estimates or actual data for all Table A parameters for 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. Certain Conventional and Non-Conventional Pollutants**

7.4 Have you checked “Believed Present” for all pollutants listed in Table B that are limited directly or indirectly by an applicable ELG?

- No.  Yes.

7.5 Have you checked “Believed Present” or “Believed Absent” for all remaining pollutants listed in Table B?

- No.  Yes.

7.6 Have you provided estimated data for those Table B pollutants for which you have indicated are “Believed Present” in your discharge?

- No.  Yes.

**Table C. Toxic Metals, Total Cyanide, and Total Phenols**

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

- No.  Yes.

7.8 Have you completed Table C by providing estimated for all pollutants you indicated are “Believed Present” including the source of the information, for each applicable outfall?

- No.  Yes.

**Table C. Organic Toxic Pollutants**

- 7.9 Do you qualify for a small business exemption under the criteria specified in the Instructions?  
 No.  Yes. Note that you qualify at the top of Table D, then skip to Item 7.12
- 7.10 Have you indicated whether pollutants are “Believed Present” or “Believed Absent” for all pollutants listed on Table D for all outfalls?  
 No.  Yes.
- 7.11 Have you completed Table D by providing estimated data for pollutants you indicated are “Believed Present,” including the source of the information, for each applicable outfall?  
 No.  Yes.

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

- 7.12 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 effluent from any of your outfalls?  
 No.  Yes.

**Table E Certain Hazardous Substances and Asbestos**

- 7.13 Have you indicated whether pollutants are “Believed Present” or “Believed Absent” for all pollutants listed in Table E for all outfalls?  
 No.  Yes.
- 7.14 Have you completed Table E by reporting the reason the pollutants are expected to be present and available quantitative data for pollutants you indicated are “Believed Present” for each applicable outfall?  
 No.  Yes.

**Intake Credits, Table A through B**

- 7.15 Are you applying for net credits for the presence of any of the pollutants on Tables A through E for any of your outfalls?  
 No.  Yes.

**Section 8. Engineering Report**

- 8.1 Do you have any technical evaluations of your wastewater treatment, including engineering reports or pilot plant studies?  
 No. Skip to Item 8.3.  Yes.
- 8.2 Have you provided the technical evaluation and all related documents to this application package?  
 No.  Yes.
- 8.3 Are you aware of any existing plant(s) that resemble production processes, wastewater constituents, or wastewater treatment at your facility?  
 No.  Yes.

**Engineering Report Continued**

8.4 Provide the name and location of the similar plants.

Name of Similar Plants	Location of Similar Plants

**Section 9. Other Information**

9.1 Have you attached any optional information that you would like considered as part of the application review process (i.e., material beyond that which you have already noted in the application as being attached)?

No. Skip to Section 10.

Yes. Continue below.

9.2 List the additional items and briefly note why you have included them.

- 1.
- 2.
- 3.
- 4.

**Section 10. Certification Statement****10.1 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

**Table A. Conventional and Non-Conventional Parameter Estimates <sup>1</sup>**

Pollutant	Waiver Requested (if applicable)	Units	Effluent Data			Intake Water Believed Present? (check only one response per parameter)
			Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	
<input type="checkbox"/> Check here if you have applied to your MPDES 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				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mass				
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mass				
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mass				
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mass				
5. Ammonia (as N)	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mass				
6. Flow	<input type="checkbox"/>	Rate				<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Temperature	<input type="checkbox"/>	winter	°C	°C		<input type="checkbox"/> Yes <input type="checkbox"/> No
		summer	°C	°C		
8. pH	<input type="checkbox"/>	minimum	Standard units	s.u.		<input type="checkbox"/> Yes <input type="checkbox"/> No
		maximum	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. Certain Conventional and Non-Conventional Pollutants <sup>1</sup>**

Pollutant	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)				Believed Present? (check only one response per item)
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	
				Maximum Daily Discharge (required)	Average Daily Discharge (if available)		
<input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table B for the noted outfall <i>unless</i> you have quantitative data.							
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2. Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3. Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4. Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
6. Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
8. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
10. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
11. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
12. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				



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

Pollutant	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)				
	Believed Present	Believed Absent	Units	Effluent		Intake Water	
				Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per item)
13. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
19. Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

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

Pollutant	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present or Limited by an ELG (Provide both concentration and mass estimates for each pollutant.)				
	Believed Present	Believed Absent	Effluent			Intake Water	
			Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (use codes in instructions)	Believed Present? (check only one response per item)
24. Radioactivity:							
24.1 Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
24.2 Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
24.3 Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
24.4 Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			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. Toxic Metals, Toxic Cyanide, and Total Phenols <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present in Discharge (Provide both concentration and mass estimates for each pollutant.)			
	Believed Present	Believed Absent	Effluent			Intake Water
			Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (Use codes in Instructions.)
<input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table C for the noted outfall <i>unless</i> you have quantitative data.						
1. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
2. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
3. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
4. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
5. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
6. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
7. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
8. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
9. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
10. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
11. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
12. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			
13. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass			

**Table C. Toxic Metals, Toxic Cyanide, and Total Phenols <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to be Present in Discharge (Provide both concentration and mass estimates for each pollutant.)				
	Believed Present	Believed Absent	Effluent			Intake Water	
			Units	Maximum Daily Discharge (required)	Average Daily Discharge (if available)	Source of Information (Use codes in Instructions.)	Believed Present? (Check only one response per pollutant.)
14. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
15. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			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. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)			
	Believed Present	Believed Absent	Units	Effluent		Intake Water
				Maximum Daily Discharge	Average Daily Discharge	Source of Information (use codes in instructions)

- Check here if all pollutants listed in Table D are expected to be absent from your facility’s discharge.
- Check here if the facility believes it is exempt from Table D reporting requirements because it is a qualified small business. See the instructions for exemption criteria and for a list of materials you must attach to the application.

**Note:** If you check either of the above boxes, you do not need to complete Table D for the noted outfall *unless* you have quantitative data available.

**1. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)**

1.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				
1.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Mass				

**Table D. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Intake Water	
				Maximum Daily Discharge	Average Daily Discharge		Source of Information (use codes in instructions)
1.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.14 1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.21 1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

**Table D. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Intake Water Believed Present? (check only one per pollutant)	
				Maximum Daily Discharge	Average Daily Discharge		Source of Information (use codes in instructions)
1.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
1.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
<b>2. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)</b>							
2.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
2.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

**Table D. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one per pollutant)
2.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
<b>3. Organic Toxic Pollutants (GC/MS Fraction – Base/Neutral Compounds)</b>							
3.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				



**Table D. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Intake Water	
				Maximum Daily Discharge	Average Daily Discharge		Source of Information (use codes in instructions)
3.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.19 Dibenzo(a,h)anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

**Table D. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Intake Water Believed Present? (check only one per pollutant)	
				Maximum Daily Discharge	Average Daily Discharge		Source of Information (use codes in instructions)
3.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.30 1,2-diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.37. Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

**Table D. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Intake Water Believed Present? (check only one per pollutant)	
				Maximum Daily Discharge	Average Daily Discharge		Source of Information (use codes in instructions)
3.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
3.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
<b>4. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)</b>							
4.1. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.2 α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.3 β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.4 γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.5 δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

**Table D. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Intake Water	
				Maximum Daily Discharge	Average Daily Discharge		Source of Information (use codes in instructions)
4.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.11 $\alpha$ -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.12 $\beta$ -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				

**Table D. Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry or GC/MS Fractions) <sup>1</sup>**

Pollutant (CAS Number, if available)	Presence or Absence (check one)		Estimated Data for Pollutants Expected to Be Present in Discharge (provide both concentration and mass estimates for each pollutant)				
	Believed Present	Believed Absent	Units	Effluent		Source of Information (use codes in instructions)	Intake Water
				Maximum Daily Discharge	Average Daily Discharge		Believed Present? (check only one per pollutant)
4.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mass				
4.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration				<input type="checkbox"/> Yes <input type="checkbox"/> No
			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).

<b>Table E. Certain Hazardous Substances and Asbestos <sup>1</sup></b>				
<b>Pollutant</b>	<b>Presence or Absence (check one)</b>		<b>Reason Pollutant Believed Present in Discharge</b>	<b>Available Quantitative Data (specify units)</b>
	<b>Believed Present</b>	<b>Believed Absent</b>		
<input type="checkbox"/> Check (✓) here if you believe all pollutants listed to be absent from the discharge. You need not complete Table E for the noted outfall <i>unless</i> you have quantitative data available.				
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. Benzointrile	<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"/>		

<b>Table E. Certain Hazardous Substances and Asbestos <sup>1</sup></b>				
<b>Pollutant</b>	<b>Presence or Absence (check one)</b>		<b>Reason Pollutant Believed Present in Discharge</b>	<b>Available Quantitative Data (specify units)</b>
	<b>Believed Present</b>	<b>Believed Absent</b>		
21. Diazinon	<input type="checkbox"/>	<input type="checkbox"/>		
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. Dintrobenzene	<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"/>		

<b>Table E. Certain Hazardous Substances and Asbestos <sup>1</sup></b>				
<b>Pollutant</b>	<b>Presence or Absence (check one)</b>		<b>Reason Pollutant Believed Present in Discharge</b>	<b>Available Quantitative Data (specify units)</b>
	<b>Believed Present</b>	<b>Believed Absent</b>		
42. Kelthane	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>		



<b>Table E. Certain Hazardous Substances and Asbestos <sup>1</sup></b>				
<b>Pollutant</b>	<b>Presence or Absence (check one)</b>		<b>Reason Pollutant Believed Present in Discharge</b>	<b>Available Quantitative Data (specify units)</b>
	<b>Believed Present</b>	<b>Believed Absent</b>		
63. Quinoline	<input type="checkbox"/>	<input type="checkbox"/>		
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).