Department of Water and Power the City of Los Angeles

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December 12, 2007

Ms. Tracy Egoscue
Executive Officer
California Regional Water Quality Control Board
Los Angeles Region
320 West 4th Street, Suite 200
Los Angeles, California 90013

Attention: Ms. Cassandra Owens, Industrial Permitting Unit

Dear Ms. Egoscue:

Subject: National Pollutant Discharge Elimination System (NPDES)
Permit Renewal for the Harbor Generating Station
NPDES Permit No. CA 0000361 (Compliance File No. 2020)

In accordance with Section VI of Order No. R4-2003-0101 for the Harbor Generating Station (HGS), the Los Angeles Department of Water and Power (LADWP) is submitting the NPDES permit renewal application no later than 180 days in advance of the June 10, 2008 expiration date for the current permit.

Enclosed are the Consolidated Permit Application Forms 1 and 2C, including the Certification Supplement.

During the permit renewal review process, LADWP requests that the Los Angeles Regional Water Quality Control Board (Regional Board) consider the following items.

Effluent Limitations

The renewal application monitoring results support a limited set of effluent limitations. For the most part, none of the Table B carcinogen and non-carcinogen pollutants, as well as phenolics and chlorinated phenolics, are being added by the power plant, and those that were detected are below the water quality objective. Therefore, LADWP believes no effluent limitations are warranted for these constituents. A review of the historical metals data also suggests that Beryllium, which has no limits, has not been

detected in the semi-annual monitoring information from 2000 to 2007 and should be considered for deletion.

Intake Credits

The State Implementation Plan for the California Toxics Rule (CTR) provides for the granting of intake credits and LADWP believes it is appropriate and necessary to do so. The Regional Board's memo from Dennis Dickerson to Celeste Cantu dated October 25, 2002, as well as Mr. Dickerson's January 15, 2003 letter to LADWP, also noted the possibility of intake credits to meet the provisions of CTR. LADWP requests that intake credits be provided in the new permit for all constituents found in both the annual monitoring data during the current permit cycle and the intake data from the Reasonable Potential Analyses (RPA) performed between 2003 and 2006. In particular, the copper concentrations found in the intake water have consistently exceeded the monthly average limitations. If the intake concentration was subtracted from the effluent concentration there would be no exceedance of the effluent copper limit.

Water Quality-based Effluent Limits

LADWP has routinely monitored the influent since 2001 for semi-annual/annual metals as well as the influent, effluent and receiving water as part of the RPA conducted between 2003 and 2005. With limited exception, when the ambient or background metal concentrations of constituents detected in the influent are subtracted from the constituent concentrations found in the effluent, the effluent is compliant.

A final consideration for meeting the CTR metal limits may include developing site-specific water quality objectives by conducting a Water Effects Ratio and/or a metal translator study or any other applicable and appropriate study for those constituents (e.g., copper) that remain above the CTR 30-day average criteria after application of intake credits. A determination as to whether to engage in these types of studies is not something that can be determined at this time, more information is needed. For this reason, LADWP requests the inclusion of intake credits and the establishment of interim permit limits.

Chlorine

LADWP has completed an extensive and rigorous Total Residual Chlorine (TRC) monitoring program that demonstrated that the current modified effluent limitation is protective of the environment, protective of beneficial uses, and protective of sensitive aquatic organisms. Chronic toxicity studies conducted since completion of this monitoring program have consistently demonstrated no toxic effect. Having received RWQCB, SWRCB, and federal EPA concurrence that the modified effluent limitation was protective of water quality and beneficial uses (as noted in the 301(g) variance), and knowing that the study conducted was equivalent to the derivation of a site-specific

Water Quality Based Effluent Limitation, LADWP believes that no further effort is required and that the existing TRC limits belong in the new permit.

LADWP appreciates your consideration of these issues and comments as you begin to undertake the permit renewal process. We are available to support your permitting renewal efforts and to provide information that may be of assistance. If you have any questions or require additional information, please contact either me or Mr. Bob Krivak, of the Wastewater Quality Compliance group at (213) 367-0436 or (213) 367-1339, respectively.

Sincerely,

Katherine Rubin, Interim Manager
Wastewater Quality Compliance

BK: jm
Enclosure
c/enc: Mr. Bob Krivak

CERTIFICATION SUPPLEMENT
FOR
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
PERMIT APPLICATION

Legal Name of Applicant: Los Angeles Department of Water and Power

Facility: Harbor Generating Station

CAD000633180

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

Eric J. Tharp	Director of Generation
Printed Name of Person Signing	Official Title
Eric J. Tharp	12/12/07
Signature	Date Application Signed

Date Supplement Signed

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		TVA	C
F	CAD000633180		D
1	2 — 13	14	15

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	15	17	18		19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C	SKIP	
1		H A R B O R G E N E R A T I N G S T A T I O N
15	15 – 29	30 — 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2: R U B I N , K A T H E R I N E	(213) 367-0436
15 — 45	45 48 49 51 52 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX
C 3: 1 1 1 N. H O P E S T R E E T, R O O M 1 2 1 3
15 — 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4: L O S A N G E L E S	CA	90012
15 — 40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
C 5: 1 6 1 N. I S L A N D A V E N U E
15 — 45

B. COUNTY NAME
L O S A N G E L E S
46 — 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6: W I L M I N G T O N	CA	90744	
15 — 40	41 42	47 51	52 54

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4911 (specify) Electrical Power Generation	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: LOS ANGELES DEPARTMENT of WATER & POWER

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M (specify)

D. PHONE *(area code & no.)*: A (213) 367-0436

E. STREET OR P.O. BOX: 111 N. HOPE STREET, ROOM 1213

F. CITY OR TOWN: LOS ANGELES

G. STATE: CA

H. ZIP CODE: 90012

IX. INDIAN LAND: Is the facility located on indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
CA0000361	P 800170
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
N/A	CA0056383 (specify) NPDES - Fuel Storage North
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
R Haz Wst ID No. AR0042493	See Attachment (specify) Industrial Waste

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

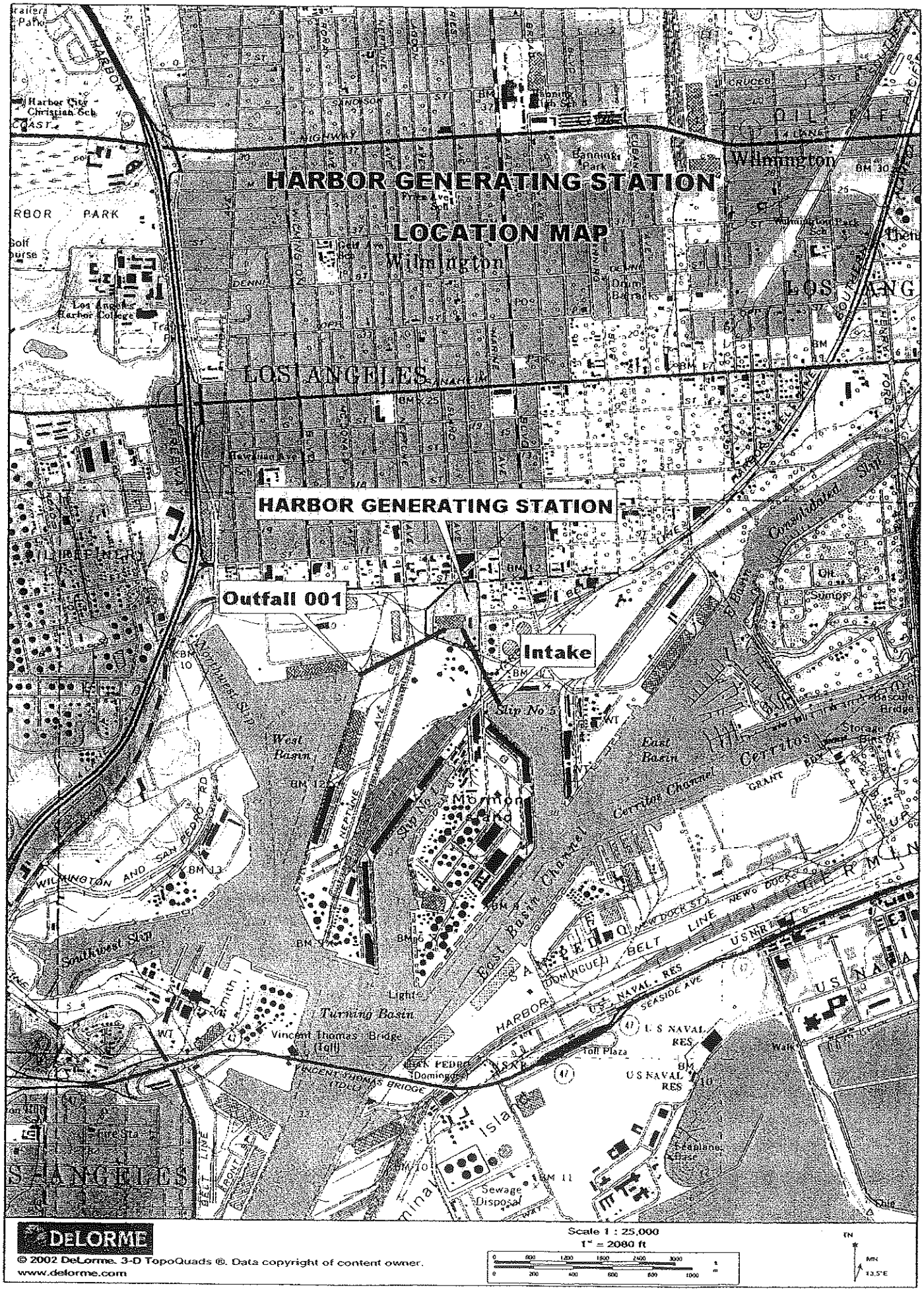
Natural gas-fueled, steam-generated, electric power production.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Eric J. Tharp Director of Generation	Eric J Tharp	12/12/07

COMMENTS FOR OFFICIAL USE ONLY


HARBOR GENERATING STATION
LOCATION MAP
HARBOR GENERATING STATION
Outfall 001
Intake
Wilmington
LOS ANGELES
Turning Basin
Vincent Thomas Bridge
(Toll)
Scale 1 : 25,000
1" = 2080 ft
© 2002 DeLorme. 3-D TopoQuads ®. Data copyright of content owner.
www.delorme.com

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
CAD000633180

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM **2C** NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	33	45	59	118	16	12	Los Angeles Harbor (West Basin)

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Once-through Cooling Water	108,000,000 gal/day*	None	4-B	
	Cooling Water Heat Xchanger	10,080,000 gal/day	None	4-B	
	Demineralizer Regeneration	25,000 gal/day	Settling (Sump A)	1-U	4-B
	Storm Water (Yard Drains)	11,000 gal/day	None	4-B	
	Oxidant use(bio-fouling)**	30 lbs/day	None	4-B	
	*all as Max. Design Flow				
	**Sodium hypochlorite				

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☑ YES (*complete the following table*) ☐ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(s) CONTRIBUTING FLOW (*list*)	3. FREQUENCY a. DAYS PER WEEK (*specify average*)	3. FREQUENCY b. MONTHS PER YEAR (*specify average*)	4. FLOW A. FLOW RATE (*in mgd*) 1. LONG TERM AVERAGE	4. FLOW A. FLOW RATE (*in mgd*) 2. MAXIMUM DAILY	4. FLOW B. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW B. TOTAL VOLUME (*specify with units*) 2. MAXIMUM DAILY	C. DURATION (*in days*)
001	Demineralizer Regeneration Waste	<1	8	0.025	0.028	24,665 gallons	27,750 gallons	14
	Sodium hypochlorite use to control bio-fouling	5	12	*	*	*	*	(0.1) 2hr/d
	*negligle (chlorination does not exceed 2 hours/day for the facility's only unit using once-through cooling)							

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☑ YES (*complete Item III-B*) ☐ NO (*go to Section IV*)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (*or other measure of operation*)?

☐ YES (*complete Item III-C*) ☑ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (*specify*)	2. AFFECTED OUTFALLS (*list outfall numbers*)

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (*complete the following table*) ☑ NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)

CAD000633180

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (*list all such pollutants below*) ☑ NO (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☑ YES (*identify the test(s) and describe their purposes below*) ☐ NO (*go to Section VIII*)

Chronic toxicity bioassays are performed annually (in February) as required by the current NPDES permit.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

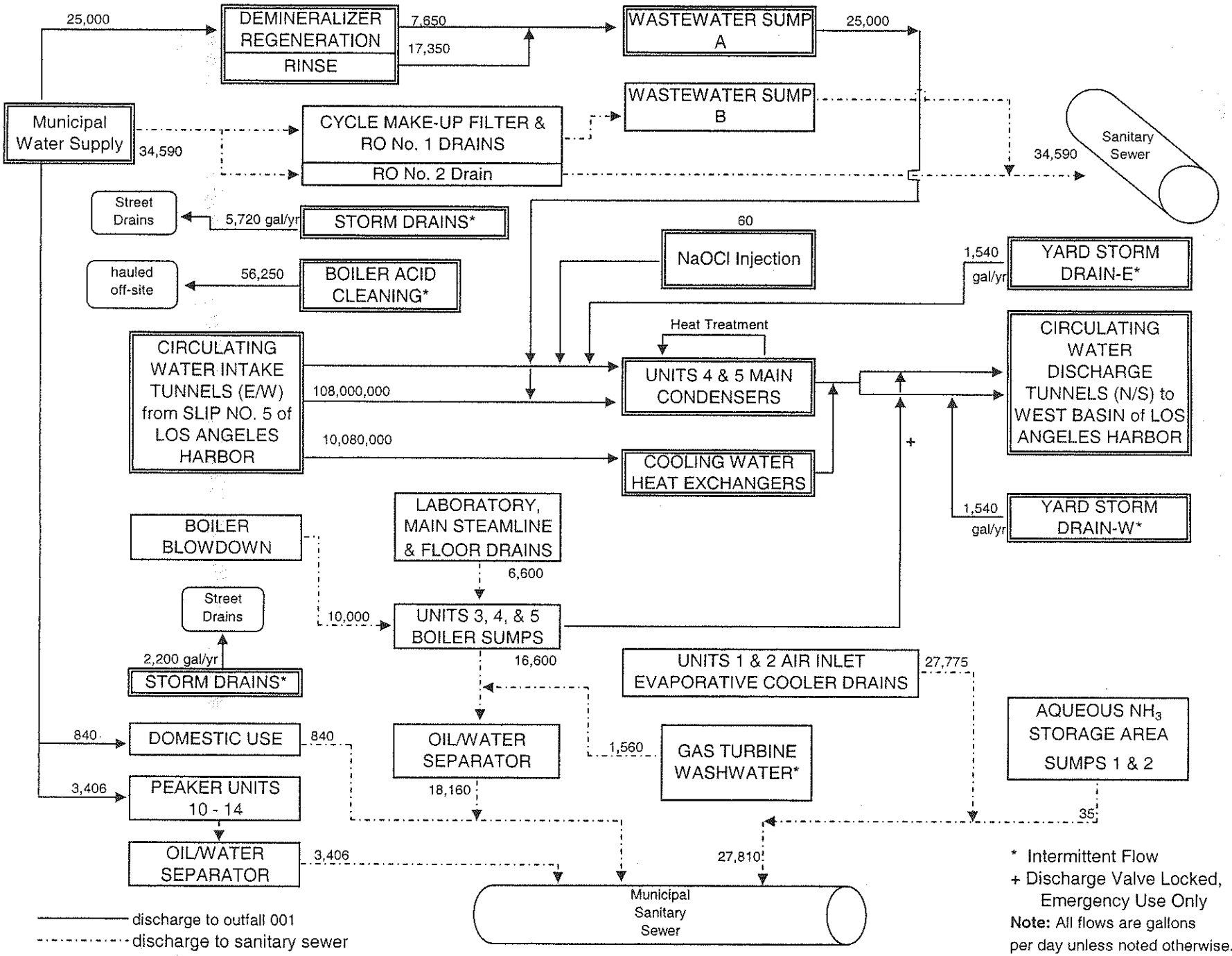
☑ YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
EMS Laboratory Services	117 West Bellevue Drive Pasadena, CA 91105	(626) 568-4065	Asbestos
EMAX Laboratory, Inc.	1835 West 205th Street Torrance, CA 90501	(310) 618-0818	Acid & Base/Neutral Extractibles, PCBs, and pesticides
Columbia Analytical Services	2665 Park Center Dr., Suite D Simi Valley, CA 93065	(805) 526-7161	Dioxins
Bureau of Standards	2319 Dorris Place Los Angeles, CA 90031	(323) 226-1665	Volatile Organics, metals, Nitrate-N, miscellaneous

IX. CERTIFICATION

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

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
Eric J. Tharp, Director of Generation	(213) 367-0286
C. SIGNATURE Eric J Tharp	D. DATE SIGNED 12/12/07



SCHEMATIC of WATER FLOW for the HARBOR GENERATING STATION

revision date: 12/12/07

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): CAD000633180

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 001

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	4.8	4,323			<3	1,183	2	mg/L	lbs	<3	1,183	2
b. Chemical Oxygen Demand (*COD*)	580	522,418			500	197,241	2	mg/L	lbs	430	169,627	2
c. Total Organic Carbon (*TOC*)	1.2	1,081			1.2	473	2	mg/L	lbs	1.2	473	2
d. Total Suspended Solids (*TSS*)	2.6	2,342			1.4	552	2	mg/L	lbs	3.2	1,262	2
e. Ammonia (*as N*)	0.2	180			<0.2	79	2	mg/L	lbs	<0.2	39	2
f. Flow	VALUE 108,000,000*		VALUE		VALUE 47,300,000		365	gal/day	-	VALUE 47,300,000		365
g. Temperature (*winter*)	VALUE 29.4		VALUE		VALUE 17.3		89	°C		VALUE Not available		-
h. Temperature (*summer*)	VALUE 31.7		VALUE		VALUE 21.4		94	°C		VALUE Not Available		-
i. pH	MINIMUM 7.23	MAXIMUM 8.12	MINIMUM	MAXIMUM			365	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCEN-TRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		66	59,448			60	23,669	2	mg/L	lbs	58	22,880	2
b. Chlorine, Total Residual	X		0.45	34			0.14	5	250	mg/L	lbs	<0.02	<1	2
c. Color	X		500	-			500	-	2	nm	-	500	-	2
d. Fecal Coliform	X		800	-			57^	-	2	MPN/100m		139^	-	2
e. Fluoride (16984-48-8)	X		<5	<4,500			<5	<1,970	2	mg/L	lbs	<5	<1970	2
f. Nitrate-Nitrite (*as N*)	X		8	7,206			<8	<3,150	2	mg/L	lbs	<8	<3150	2

Note: *maximum design flow

Note: ^ reported as a geometric mean

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE *(optional)*		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)	X		0.7	631			<0.5	<190	2	mg/L	lbs	<0.3	<110	2
h. Oil and Grease	X		0.6	540			<0.5	<190	2	mg/L	lbs	<0.5	<190	2
i. Phosphorus (as P), Total (7723-14-0)	X		0.07	63			<0.06	<20	2	mg/L	lbs	<0.06	<20	2
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)	X		2,700	2.4EE6			2,700	1.1EE6	2	mg/L	lbs	2,650	1.0EE6	2
l. Sulfide (*as S*)		X	<0.1	<90			<0.1	<35	2	mg/L	lbs	<0.1	<35	2
m. Sulfite (*as SO_3*) (14265-45-3)		X	<2.0	<1,800			<2.0	<785	2	mg/L	lbs	<2.0	<785	2
n. Surfactants		X	<0.05	<45			<0.05	<20	2	mg/L	lbs	<0.05	<20	2
o. Aluminum, Total (7429-90-5)	X		22	20			21	8	2	ug/L	lbs	<17	7	2
p. Barium, Total (7440-39-3)	X		9.6	9			9.3	4	2	ug/L	lbs	10.2	4	2
q. Boron, Total (7440-42-8)	X		3.8	3,423			3.8	1,499	2	mg/L	lbs	3.8	1,499	2
r. Cobalt, Total (7440-48-4)	X		1.1	1			1.0	<1	2	ug/L	lbs	1.0	<1	2
s. Iron, Total (7439-89-6)	X		50	45			42	17	2	ug/L	lbs	<21	8	2
t. Magnesium, Total (7439-95-4)	X		1,330	1.2EE6			1,300	512,827	2	mg/L	lbs	1,265	0.5EE6	2
u. Molybdenum, Total (7439-98-7)	X		14	13			14	6	2	ug/L	lbs	14	6	2
v. Manganese, Total (7439-96-5)	X		8	7			8	3	2	ug/L	lbs	10	4	2
w. Tin, Total (7440-31-5)	X		200	180			160	63	2	ug/L	lbs	130	51	2
x. Titanium, Total (7440-32-6)	X		15	14			10	4	2	ug/L	lbs	10	4	2

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
CAD000633180	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			2.5	2			0.5	<1	23	ug/L	lbs	0.7	<1	23
2M. Arsenic, Total (7440-38-2)	X			16.8	15			4.0	2	23	ug/L	lbs	5.4	2	23
3M. Beryllium, Total (7440-41-7)	X		X	ND	-			ND	-	23	ug/L	lbs	ND	-	23
4M. Cadmium, Total (7440-43-9)	X			0.1	<1			<0.1	<1	23	ug/L	lbs	<0.1	<1	23
5M. Chromium, Total (7440-47-3)	X			240	216			19.1	8	13	ug/L	lbs	16.5	6	13
6M. Copper, Total (7440-50-8)	X			13.1	12			7.7	3	23	ug/L	lbs	9.0	4	23
7M. Lead, Total (7439-92-1)	X			0.9	1			0.2	<1	23	ug/L	lbs	0.3	<1	23
8M. Mercury, Total (7439-97-6)	X			0.3	<1			<0.1	<1	23	ug/L	lbs	ND	-	23
9M. Nickel, Total (7440-02-0)	X			30.9	28			18.2	7	23	ug/L	lbs	18.1	7	23
10M. Selenium, Total (7782-49-2)	X			2,440	2,197			109	43	23	ug/L	lbs	77.8	31	23
11M. Silver, Total (7440-22-4)	X			0.2	<1			<0.1	<1	23	ug/L	lbs	<0.1	<1	23
12M. Thallium, Total (7440-28-0)	X			0.7	1			0.4	<1	23	ug/L	lbs	<0.1	<1	23
13M. Zinc, Total (7440-66-6)	X			85.2	77			20.6	8	23	ug/L	lbs	26.0	10	23
14M. Cyanide, Total (57-12-5)	X			18.0	16			1.7	1	13	ug/L	lbs	0.4	<1	13
15M. Phenols, Total	X		X	ND	-			ND	-	13	ug/L	lbs	ND	-	13
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS See Attachment for discussion of results.											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)	X		X	ND						13			ND		13
2V. Acrylonitrile (107-13-1)	X		X	ND						13			ND		13
3V. Benzene (71-43-2)	X		X	ND						13			ND		13
4V. Bis (*Chloromethyl*) Ether (542-88-1)	X		X	ND						13			ND		13
5V. Bromoform (75-25-2)	X			2.35	2			<1	<1	13	ug/L	lbs	ND	-	13
6V. Carbon Tetrachloride (56-23-5)	X		X	ND						13			ND		13
7V. Chlorobenzene (108-90-7)	X		X	ND						13			ND		13
8V. Chlorodibromomethane (124-48-1)	X		X	ND						13			ND		13
9V. Chloroethane (75-00-3)	X		X	ND						13			ND		13
10V. 2-Chloroethylvinyl Ether (110-75-8)	X		X	ND						13			ND		13
11V. Chloroform (67-66-3)	X		X	ND						13			ND		13
12V. Dichlorobromomethane (75-27-4)	X		X	ND						13			ND		13
13V. Dichlorodifluoromethane (75-71-8)	X		X	ND						13			ND		13
14V. 1,1-Dichloroethane (75-34-3)	X		X	ND						13			ND		13
15V. 1,2-Dichloroethane (107-06-2)	X		X	ND						13			ND		13
16V. 1,1-Dichloroethylene (75-35-4)	X		X	ND						13			ND		13
17V. 1,2-Dichloropropane (78-87-5)	X		X	ND						13			ND		13
18V. 1,3-Dichloropropylene (542-75-6)	X		X	ND						13			ND		13
19V. Ethylbenzene (100-41-4)	X		X	ND						13			ND		13
20V. Methyl Bromide (74-83-9)	X		X	ND						13			ND		13
21V. Methyl Chloride (74-87-3)	X		X	ND						13			ND		13

ND - Not Detected

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)	X		X	ND						13			ND		13
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X		X	ND						13			ND		13
24V. Tetrachloro-ethylene (127-18-4)	X		X	ND						13			ND		13
25V. Toluene (108-88-3)	X		X	ND						13			ND		13
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X		X	ND						13			ND		13
27V. 1,1,1-Trichloro-ethane (71-55-6)	X		X	ND						13			ND		13
28V. 1,1,2-Trichloro-ethane (79-00-5)	X		X	ND						13			ND		13
29V Trichloro-ethylene (79-01-6)	X		X	ND						13			ND		13
30V. Trichloro-fluoromethane (75-69-4)	X		X	ND						13			ND		13
31V. Vinyl Chloride (75-01-4)	X		X	ND						13			ND		13
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X		X	ND						13			ND		13
2A. 2,4-Dichloro-phenol (120-83-2)	X		X	ND						13			ND		13
3A. 2,4-Dimethyl-phenol (105-67-9)	X			2.40	2			<1	<1	13	ug/L	lbs	<1	<1	13
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X		X	ND						13			ND		13
5A. 2,4-Dinitro-phenol (51-28-5)	X		X	ND						13			ND		13
6A. 2-Nitrophenol (88-75-5)	X		X	ND						13			ND		13
7A. 4-Nitrophenol (100-02-7)	X		X	ND						13			ND		13
8A. P-Chloro-M-Cresol (59-50-7)	X		X	ND						13			ND		13
9A. Pentachloro-phenol (87-86-5)	X		X	ND						13			ND		13
10A. Phenol (108-95-2)	X		X	ND						13			ND		13
11A. 2,4,6-Trichloro-phenol (88-05-2)	X		X	ND						13			ND		13

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)	X		X	ND						13			ND		13
2B. Acenaphtylene (208-96-8)	X		X	ND						13			ND		13
3B. Anthracene (120-12-7)	X		X	ND						13			ND		13
4B. Benzidine (92-87-5)	X		X	ND						13			ND		13
5B. Benzo (*a*) Anthracene (56-55-3)	X		X	ND						13			ND		13
6B. Benzo (*a*) Pyrene (50-32-8)	X		X	ND						13			ND		13
7B. 3,4-Benzo-fluoranthene (205-99-2)	X		X	ND						13			ND		13
8B. Benzo (*ghi*) Perylene (191-24-2)	X		X	ND						13			ND		13
9B. Benzo (*k*) Fluoranthene (207-08-9)	X		X	ND						13			ND		13
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)	X		X	ND						13			ND		13
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)	X		X	ND						13			ND		13
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)	X		X	ND						13			ND		13
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)	X			4	4			0.5	<1	13	ug/L	lbs	0.2	<1	13
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	X		X	ND						13			ND		13
15B. Butyl Benzyl Phthalate (85-68-7)	X		X	ND						13			ND		13
16B. 2-Chloro-naphthalene (91-58-7)	X		X	ND						13			ND		13
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	X		X	ND						13			ND		13
18B. Chrysene (218-01-9)	X		X	ND						13			ND		13
19B. Dibenzo (*a,h*) Anthracene (53-70-3)	X		X	ND						13			ND		13
20B. 1,2-Dichloro-benzene (95-50-1)	X		X	ND						13			ND		13
21B. 1,3-Di-chloro-benzene (541-73-1)	X		X	ND						13			ND		13

ND - Not Detected

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichlorobenzene (106-46-7)	X		X	ND						13			ND		13
23B. 3,3-Dichlorobenzidine (91-94-1)	X		X	ND						13			ND		13
24B. Diethyl Phthalate (84-66-2)	X			1	1			<1	<1	13	ug/L	lbs	ND	-	13
25B. Dimethyl Phthalate (131-11-3)	X		X	ND						13			ND		13
26B. Di-N-Butyl Phthalate (84-74-2)	X		X	ND						13			ND		13
27B. 2,4-Dinitrotoluene (121-14-2)	X		X	ND						13			ND		13
28B. 2,6-Dinitrotoluene (606-20-2)	X		X	ND						13			ND		13
29B. Di-N-Octyl Phthalate (117-84-0)	X		X	ND						13			ND		13
30B. 1,2-Diphenylhydrazine (*as Azobenzene*) (122-66-7)	X		X	ND						13			ND		13
31B. Fluoranthene (206-44-0)	X		X	ND						13			ND		13
32B. Fluorene (86-73-7)	X		X	ND						13			ND		13
33B. Hexachlorobenzene (118-74-1)	X		X	ND						13			ND		13
34B. Hexachlorobutadiene (87-68-3)	X		X	ND						13			ND		13
35B. Hexachlorocyclopentadiene (77-47-4)	X		X	ND						13			ND		13
36B Hexachloroethane (67-72-1)	X		X	ND						13			ND		13
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)	X		X	ND						13			ND		13
38B. Isophorone (78-59-1)	X		X	ND						13			ND		13
39B. Naphthalene (91-20-3)	X		X	ND						13			ND		13
40B. Nitrobenzene (98-95-3)	X		X	ND						13			ND		13
41B. N-Nitrosodimethylamine (62-75-9)	X			<0.0021	<1			<0.0021	<1	13	ug/L	lbs	<0.0021	<1	13
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X		X	ND						13			ND		13

ND - Not Detected

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)	X		X	ND						13			ND		13
44B. Phenanthrene (85-01-8)	X		X	ND						13			ND		13
45B. Pyrene (129-00-0)	X		X	ND						13			ND		13
46B. 1,2,4-Tri-chlorobenzene (120-82-1)	X		X	ND						13			ND		13
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)				0.0034	<1			<0.0034	<1	13	ug/L	lbs	ND	-	13
2P. α-BHC (319-84-6)			X	ND						13			ND		13
3P. β-BHC (319-85-7)				0.075	<1			0.011	<1	13	ug/L	lbs	0.008	<1	13
4P. γ-BHC (58-89-9)			X	ND						13			ND		13
5P. δ-BHC (319-86-8)			X	ND						13			ND		13
6P. Chlordane (57-74-9)				0.01	<1			<0.01	<1	13	ug/L	lbs	<0.01	<1	13
7P. 4,4'-DDT (50-29-3)			X	ND						13			ND		13
8P. 4,4'-DDE (72-55-9)			X	ND						13			ND		13
9P. 4,4'-DDD (72-54-8)			X	ND						13			ND		13
10P. Dieldrin (60-57-1)			X	ND						13			ND		13
11P. α-Enosulfan (115-29-7)			X	ND						13			ND		13
12P. β-Endosulfan (115-29-7)			X	ND						13			ND		13
13P. Endosulfan Sulfate (1031-07-8)			X	ND						13			ND		13
14P. Endrin (72-20-8)			X	ND						13			ND		13
15P. Endrin Aldehyde (7421-93-4)			X	ND						13			ND		13
16P. Heptachlor (76-44-8)			X	ND						13			ND		13

ND - Not Detected

CONTINUE ON PAGE V-9

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
CAD000633180	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X	ND						13			ND		13
18P. PCB-1242 (53469-21-9)			X	ND						13			ND		13
19P. PCB-1254 (11097-69-1)			X	ND						13			ND		13
20P. PCB-1221 (11104-28-2)			X	ND						13			ND		13
21P. PCB-1232 (11141-16-5)			X	ND						13			ND		13
22P. PCB-1248 (12672-29-6)			X	ND						13			ND		13
23P. PCB-1260 (11096-82-5)			X	ND						13			ND		13
24P. PCB-1016 (12674-11-2)			X	ND						13			ND		13
25P. Toxaphene (8001-35-2)			X	ND						13			ND		13

ND - Not Detected

Explanation of Data

Form 1, X. Existing Environmental Permits

E. Industrial Waste Permits

- W-496190 (Sump B)
- W-514552 (Evaporative Cooler Drains, Units 1 & 2)

Form 2C, Page V-1, V-2

The data for pollutants in Sections A and B are from two samples collected on 9/25/07 and 10/2/07, with the following exceptions. Long-term average flow, temperature, pH, and Total Chlorine Residual are based on the most recent year of data.

Form 2C, Page V-3

The data for pollutants in Section C are based on a combination of the two samples collected on 9/25/07 and 10/2/07, the Reasonable Potential Analyses conducted between 9/2003 and 2/2006, and semi-annual/annual metals analyses.

Dioxin

The following list contains those congeners of 2,3,7,8-TCDD (dioxin) that were detected in the effluent. Each of the detected congeners is reported as an "adjusted concentration", i.e., the measured congener concentration is multiplied by its respective Toxicity Equivalent Factor (TEF).

Congener	Effluent		Influent		No. of Samples
	Maximum (pg/L)	No. of Detections	Maximum (pg/L)	No. of Detections	
1,2,3,4,6,7,8-HeptaCDD	0.0518	2	0.0561	2	13
OctaCDD	0.01	4	0.009	4	13
1,2,3,4,7,8-HexaCDF	0.057	1	0.041	1	13
1,2,3,4,6,7,8-HeptaCDF	0.0109	2	0.0154	1	13
OctaCDF	0.001	2	0.001	2	13

Form 2C, Page V-4 through V-9

The data for pollutants in Section C are based on a combination of the two samples collected on 9/25/07 and 10/2/07, and Reasonable Potential Analyses conducted between 9/2003 and 2/2006.