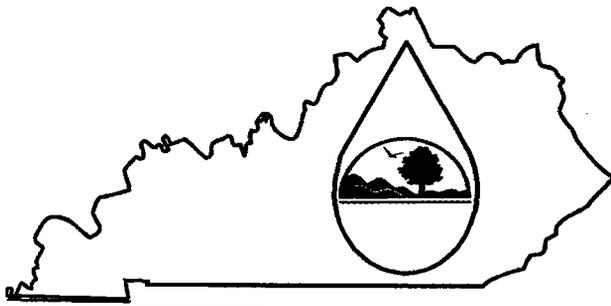


US EPA ARCHIVE DOCUMENT

KPDES FORM 1

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- Apply for a new permit.
- Apply for reissuance of expiring permit.
- Apply for a construction permit.
- Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

Surface Water Permits Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of Business, Municipality, Company, Etc. Requesting Permit Mine Rite Coal Co., Inc.									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Mine Rite Coal Co., Inc. - Low Gap Project					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Billy Wright				
Facility Location Address (i.e. street, road, etc., not P.O. Box): Ky. Route 3214					Mailing Address: 190 Ky. Rt. 686 East				
Facility Location City, State, Zip Code: Elna, Ky. 41219					Mailing City, State, Zip Code: Flatgap, Ky. 41219				
D. Owner's name (if not the same as in part A and C): Same as part A.					Facility Contact Telephone Number: 606-265-4128				
Owner's Mailing Address: 190 Ky. Rt. 686 East; Flatgap, Ky. 41219					Owner's Telephone Number (if different): 606-265-4128				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This operation proposes an expansion of it's contour mining with more bench pond sediment control.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

1221

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions) See Attached Location map

B. County where facility is located:

Johnson

City where facility is located (if applicable):

Elna

C. Body of water receiving discharge:

Low Gap Creek

D. Facility Site Latitude (degrees, minutes, seconds):

37d 54' 15"

Facility Site Longitude (degrees, minutes, seconds):

82d 57' 51"

E. Method used to obtain latitude & longitude (see instructions):

Topo Map Coordinates

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: n/a	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: None	Issue Date of Current Permit:	Expiration Date of Current Permit:
Other DOW Operational Permit #: n/a	Kentucky DMR Permit Number(s):	Sludge Disposal Permit Number: n/a
Other Existing Environmental Permit #: n/a	Other Existing Environmental Permit #: none	Other Existing Environmental Permit #: n/a

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Mine Rite Coal Co., Inc.
DMR Official Telephone Number:	606-265-4128

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	Mine Rite Coal Co., Inc.
DMR Mailing Address:	190 Ky. Rt. 689 East
DMR Mailing City, State, Zip Code:	Flatgap, Ky. 41219

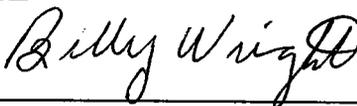
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category:	Filing Fee Enclosed:
Surface Mining Operation	\$260.00

VIII. 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.

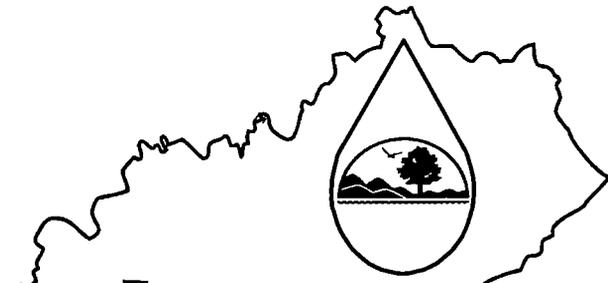
NAME AND OFFICIAL TITLE (type or print):	PHONE NUMBER: 606-265-4128
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Billy Wright - President	EMAIL: appalachianmine@bigsandybb.com
SIGNATURE 	DATE: 6-2-10

Return completed application form and attachments to: **Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.**

KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact Surface Water Permits Branch, (502) 564-3410.

Name of Facility: Mine Rite Coal Co., Inc.				County: Johnson			
I. OUTFALL LOCATION				AGENCY USE			

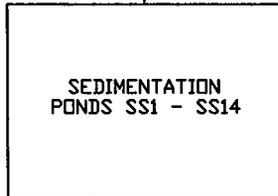
For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
SS1	37	54	21	82	57	57	UT. OF LOWGAP BR.
SS2	37	54	22	82	57	52	UT. OF LOWGAP BR.
SS3	37	54	08	82	57	57	UT. OF LOWGAP BR.
SS4	37	54	10	82	58	02	UT. OF LOWGAP BR.
SS5	37	54	15	82	58	01	UT. OF LOWGAP BR.
SS6	37	54	24	82	58	05	UT. OF LOWGAP BR.
SS7	37	54	29	82	58	09	UT. OF LOWGAP BR.
SS8	37	54	31	82	58	11	UT. OF LOWGAP BR.
SS9	37	54	31	82	58	05	UT. OF LOWGAP BR.
SS10	37	54	30	82	58	04	UT. OF LOWGAP BR.
SS11	37	54	30	82	57	59	UT. OF LOWGAP BR.
SS12	37	54	35	82	58	04	UT. OF LOWGAP BR.
SS13	37	54	02	82	57	58	UT. OF LOWGAP BR.
SS14	37	53	53	82	57	56	UT. OF LOWGAP BR.

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 outfall. 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. See attached flow diagram.
- 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.

STORM RUNOFF
75 GPM



DISCHARGE NO. SS1-SS14
75 GPM

DATE: 6-02-2010

FILENAME:

MINE RITE COAL CO., INC.

SCALE: NTS

DISK NO.

SCHEMATIC FLOW DIAGRAM
DISCHARGE SS1 THRU S14

DRAWN BY:

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
SS1	STORM WATER RUNOFF	SEE FLOW DIAGRAM	SEDIMENTATION	1-U
SS2	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS3	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS4	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS5	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS6	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS7	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS8	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS9	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS10	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS11	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS12	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS13	STORM WATER RUNOFF	"	SEDIMENTATION	1-U
SS14	STORM WATER RUNOFF	"	SEDIMENTATION	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water 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.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				Duration (in days)
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

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) List effluent guideline category:
 No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures 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 the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

AVERAGE DAILY PRODUCTION			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

--	--	--	--

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater 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)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	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 under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

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 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-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.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. 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)

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of 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)

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)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Appalachian States Analytical LLC	P.O. Box 520 Shelbiana, Ky. 41562	606-437-5616	All applicable

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.

NAME AND OFFICIAL TITLE (type or print): Billy Wright - President	TELEPHONE NUMBER (area code and number): 606-265-4128
SIGNATURE <i>Billy Wright</i>	DATE 6-2-10

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)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)											OUTFALL NO. SS5	
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						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	Waiver											
b. Chemical Oxygen Demand (COD)	Waiver											
c. Total Organic Carbon (TOC)	Waiver											
d. Total Suspended Solids (TSS)	18						1	MG/L				
e. Ammonia (as N)	Waiver											
f. Flow (in units of MGD)	VALUE 0.00065		VALUE		VALUE				MGD	VALUE		
g. Temperature (winter)	VALUE 18.3 C		VALUE		VALUE		1		°c	VALUE		
h. Temperature (summer)	VALUE n/a		VALUE		VALUE				°c	VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 9.0	MINIMUM	MAXIMUM			1	STANDARD UNITS STD				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Chloride		X												
c. Chlorine, Total Residual		X												
d. Color		X												
e. Fecal <input type="checkbox"/> Coliform Or E.coli <input type="checkbox"/>		X												
f. Fluoride (16984-48-8)		X												
g. Hardness (as CaCO ₃)	X		80.50						MG/L					
h. Nitrate – Nitrite (as N)		X												
i. Nitrogen, Total Organic (as N)		X												
j. Oil and Grease		X												
k. Phosphorous (as P), Total 7723-14-0		X												
l. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												
(5) Strontium- 90, Total		X												
(6) Uranium		X												

Part B - Continued

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 Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
m. Sulfate (as SO ₄) (14808-79-8)	X		96							MG/L				
n. Sulfide (as S)		X												
o. Sulfite (as SO ₃) (14286-46-3)		X												
p. Surfactants		X												
q. Aluminum, Total (7429-90)	X		521							UG/L				
r. Barium, Total (7440-39-3)		X												
s. Boron, Total (7440-42-8)		X												
t. Cobalt, Total (7440-48-4)		X												
u. Iron, Total (7439-89-6)	X		0.892							MG/L				
v. Magnesium Total (7439-96-4)		X												
w. Molybdenum Total (7439-98-7)		X												
x. Manganese, Total (7439-96-6)	X		188							UG/L				
y. Tin, Total (7440-31-5)		X												
z. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column 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 this column (**secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions**), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)		X		0.08							UG/L				
2M. Arsenic, Total (7440-38-2)		X		0.7							UG/L				
3M. Beryllium Total (7440-41-7)		X		ND							UG/L				
4M. Cadmium Total (7440-43-9)		X		ND							UG/L				
5M. Chromium Total (7440-43-9)		X		0.848							UG/L				
6M. Copper Total (7550-50-8)		X		1.5							UG/L				
7M. Lead Total (7439-92-1)		X		0.617							UG/L				
8M. Mercury Total (7439-97-6)		X		<0.0002							MG/L				
9M. Nickel, Total (7440-02-0)		X		8.85							UG/L				
10M. Selenium, Total (7782-49-2)		X		5.22							UG/L				
11M. Silver, Total (7440-28-0)		X		ND							UG/L				

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)		X		0.023											
13M. Zinc, Total (7440-66-6)		X		7.47											
14M. Cyanide, Total (57-12-5)		X		<0.004											
15M. Phenols, Total		X		<0.004											
DIOXIN															
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chloro- benzene (108-90-7)			X												
8V. Chlorodibro- momethane (124-48-1)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-71-8)			X												
14V. 1,1- Dichloroethane (75-34-3)			X												
15V. 1,2- Dichloroethane (107-06-2)			X												
16V. 1,1- Dichlorethylene (75-35-4)			X												
17V. 1,2-Di- chloropropane (78-87-5)			X												
18V. 1,3- Dichloropro- pylene (452-75-6)			X												
19V. Ethyl- benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-o-cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-chloro-m-cresol (59-50-7)			X												
9A. Pentachlorophenol (87-88-5)			X												
10A. Phenol (108-05-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phtylene (208-96-8)			X												
3B. Anthra- cène (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(ghi) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			X												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			X												
11B. Bis (2-chlor- oisopropyl)- Ether			X												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidene (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. 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)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N-butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitrotoluene (121-14-2)			X												
27B. 2,6-Dinitrotoluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2-diphenylhydrazine (as azonbenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachlorobenzene (118-71-1)			X												
33B. Hexachlorobutadiene (87-68-3)			X												
34B. Hexachlorocyclopentadiene (77-47-4)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg 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)															
35B. Hexachloroethane (67-72-1)			X												
36B. Indeno-(1,2,3-oc)-Pyrene (193-39-5)			X												
37B. Isophorone (78-59-1)			X												
38B. Napthalene (91-20-3)			X												
39B. Nitrobenzene (98-95-3)			X												
40B. N-Nitrosodimethylamine (62-75-9)			X												
41B. N-nitrosodipropylamine (621-64-7)			X												
42B. N-nitrosodiphenylamine (86-30-6)			X												
43B. Phenanthrene (85-01-8)			X												
44B. Pyrene (129-00-0)			X												
45B. 1,2,4 Trichlorobenzene (120-82-1)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. 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															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α- Endosulfan (115-29-7)			X												
12P. β- Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X												
16P Heptachlor (76-44-8)			X												
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												