

FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER SCD062690557
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	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 <b>bold-faced terms</b> .			
SPECIFIC QUESTIONS		Mark "X"	SPECIFIC QUESTIONS
		YES NO FORM ATTACHED	YES NO FORM ATTACHED
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
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)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)
I. Is this facility a proposed <b>stationary source</b> 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)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	J. Is this facility a proposed <b>stationary source</b> 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)
III. NAME OF FACILITY			
1 SKIP AVX CORPORATION			
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 MARTINELLI, DAVE FACILITIES MANAGER		(843) 946-0506	
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3 P.O. BOX 867			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 MYRTLE BEACH		SC	29578
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 801 17TH AVENUE SOUTH			
B. COUNTY NAME			
HORRY			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 MYRTLE BEACH		SC	29577

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VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C	7 3675 (specify)	E	7 (specify)
15	16 - 19	15	16 - 19
CAPACITORS, ELECTRIC			
C. THIRD		D. FOURTH	
C	7 (specify)	E	7 (specify)
15	16 - 19	15	16 - 19

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
C	8 AVX CORPORATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	16	55	60
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify)			D. PHONE (area code & no.)
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)
S = STATE	O = OTHER (specify)		
P = PRIVATE			
		56	
			A (843) 946-0506
15	16	19	20 - 21 22 - 26

E. STREET OR P.O. BOX	
P.O. BOX 867	
26	55

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
C	B MYRTLE BEACH	SC	29578	Is the facility located on Indian lands?
15	16	40 41	42 47 - 51	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
				52

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	9 N SC0047953	C	9 P (specify)
15	16 17 18	30	15 16 17 18
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	9 U	C	9 TV-1340-0002 (specify) TITLE V AIR PERMIT
15	16 17 18	30	15 16 17 18
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	9 R SCD062690557	C	9 SCR000000 (specify) GENERAL STORMWATER PERMIT
15	16 17 18	30	15 16 17 18

**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)**  
 THE MANUFACTURE OF CERAMIC CAPACITORS.

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
DAVE MARTINELLI FACILITIES MANAGER		10/10/2010

COMMENTS FOR OFFICIAL USE ONLY	
C	
15	56





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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
<b>III. PRODUCTION</b>								
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input type="checkbox"/> YES (complete Item III-B) <input checked="" type="checkbox"/> NO (go to Section IV)								
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input type="checkbox"/> YES (complete Item III-C) <input checked="" type="checkbox"/> 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						2. AFFECTED OUTFALLS (list outfall numbers)		
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)						
<b>IV. IMPROVEMENTS</b>								
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. <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Item IV-B)								
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE				
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	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. <input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED								



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**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
- Biochemical Oxygen Demand (BOD) - Chemical Oxygen Demand (COD) - Total Organic Carbon (TOC) - Total Suspended Solids (TSS) - 1,1 - Dichloroethylene - Methylene Chloride - Trichloroethylene - Vinyl Chloride - Cis - 1,2 - Dichloroethylene  The above-listed pollutants are removed by the groundwater air stripping process.	Air Stripper		

**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)

Empty space for listing pollutants not covered by analysis.

**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)

**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)
-Shealy Environmental Services, Inc.	-106 Vantage Point Drive, West Columbia, SC 29172	-(803) 791-9700	-1,1 - Dichloroethylene, Methylene Chloride, Trichloroethylene, Vinyl Chloride, Cis - 1,2 - Dichloroethylene, Biochemical Oxygen Demand, Chemical Oxygen Demand, Total Organic Carbon, Total Suspended Solids
-Pro-Chem Analytical, Inc.	-6040 North Fork Road, Elliston, VA 24087	-(540) 268-9884	-1,1 - Dichloroethylene, Methylene Chloride, Trichloroethylene, Vinyl Chloride, Cis - 1,2 - Dichloroethylene, Biochemical Oxygen Demand
-Data Resources, Inc.	-3005 Broad River Road, Columbia, SC 29210	-(803) 561-0331	-1,1 - Dichloroethylene, Methylene Chloride, Trichloroethylene, Vinyl Chloride, Cis - 1,2 - Dichloroethylene
-Environmental Systems Testing Services	-600 Highway 544, PO Box 1615, Conway, SC 29528	-(843) 347-7688	-Biochemical Oxygen Demand

**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) DAVE MARTINELLI, FACILITIES MANAGER	B. PHONE NO. (area code & no.) (843) 946-0506
C. SIGNATURE 	D. DATE SIGNED 1/27/2011

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)  
SCD062690557

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 001
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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 <i>(specify if blank)</i>			4. INTAKE <i>(optional)</i>		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		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	
a. Biochemical Oxygen Demand (BOD)	11	3.876	11	3.876	1.566	0.628	57	mg/L	lb/day			
b. Chemical Oxygen Demand (COD)	15	7.432	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
c. Total Organic Carbon (TOC)	12	5.946	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
d. Total Suspended Solids (TSS)	9	4.459	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
e. Ammonia (as N)	0.38	0.148	0.38	0.148	N/A	N/A	3	mg/L	lb/day			
f. Flow	VALUE 0.0884		VALUE 0.0659		VALUE 0.0455		58	MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.01	MAXIMUM 8.88	MINIMUM 8.25	MAXIMUM 8.67			44	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. <i>(if available)</i>	2. MARK "X"		3. EFFLUENT						4. UNITS			5. INTAKE <i>(optional)</i>		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		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	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												



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												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
SCD062690557	001

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**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	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
<b>DIOXIN</b>															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

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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)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS	
				CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)		X		.0024	.00101	.0024	.00101	.00099	.0004	62	mg/L	lb/day			
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												



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)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)		X		.00486	.00149	.00486	.00149	.00106	.0004	62	mg/L	lb/day			
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		.16	.06733	.16	.06733	.00399	.0016	62	mg/L	lb/day			
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)		X		.039	.01641	.039	.01641	.00166	.0007	62	mg/L	lb/day			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (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 (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS	
				CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (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-Chloro-ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

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)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichloro- benzene (106-46-7)			X												
23B. 3,3-Dichloro- benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro- toluene (121-14-2)			X												
28B. 2,6-Dinitro- toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro- benzene (118-74-1)			X												
34B. Hexachloro- butadiene (87-68-3)			X												
35B. Hexachloro- cyclopentadiene (77-47-4)			X												
36B Hexachloro- ethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro- sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X												



CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS	
				CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS <i>(continued)</i>															
43B. N-Nitro- sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-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												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

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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. 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 – PESTICIDES (continued)															
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												

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.

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V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 002
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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 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	
a. Biochemical Oxygen Demand (BOD)	3.3	0.04	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
b. Chemical Oxygen Demand (COD)	29.0	0.35	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
c. Total Organic Carbon (TOC)	7.3	0.09	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
d. Total Suspended Solids (TSS)	27.0	0.32	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
e. Ammonia (as N)	0.42	0.005	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
f. Flow	VALUE 1.0		VALUE N/A		VALUE N/A		1	GPM		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.49	MAXIMUM 8.84	MINIMUM 7.49	MAXIMUM 8.57			25	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"		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	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

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												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												



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

OUTFALL NUMBER

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002

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	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
<b>DIOXIN</b>															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)			X												
5V. Bromofom (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)		X		.0005	<.001	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

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)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS	
				CONCENTRATION		CONCENTRATION		CONCENTRATION					CONCENTRATION		
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)		X		.0005	<.001	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
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		.0005	<.001	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)		X		.0005	<.001	N/A	N/A	N/A	N/A	1	mg/L	lb/day			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (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 (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

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)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS	
				CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (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-Chloro- ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2- Chloroisopropyl) Ether (102-60-1)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Di-chloro- benzene (541-73-1)			X												



1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS	
				CONCENTRATION		CONCENTRATION		CONCENTRATION					CONCENTRATION		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS <i>(continued)</i>															
22B. 1,4-Dichloro- benzene (106-46-7)			X												
23B. 3,3-Dichloro- benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro- toluene (121-14-2)			X												
28B. 2,6-Dinitro- toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro- benzene (118-74-1)			X												
34B. Hexachloro- butadiene (87-68-3)			X												
35B. Hexachloro- cyclopentadiene (77-47-4)			X												
36B Hexachloro- ethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro- sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

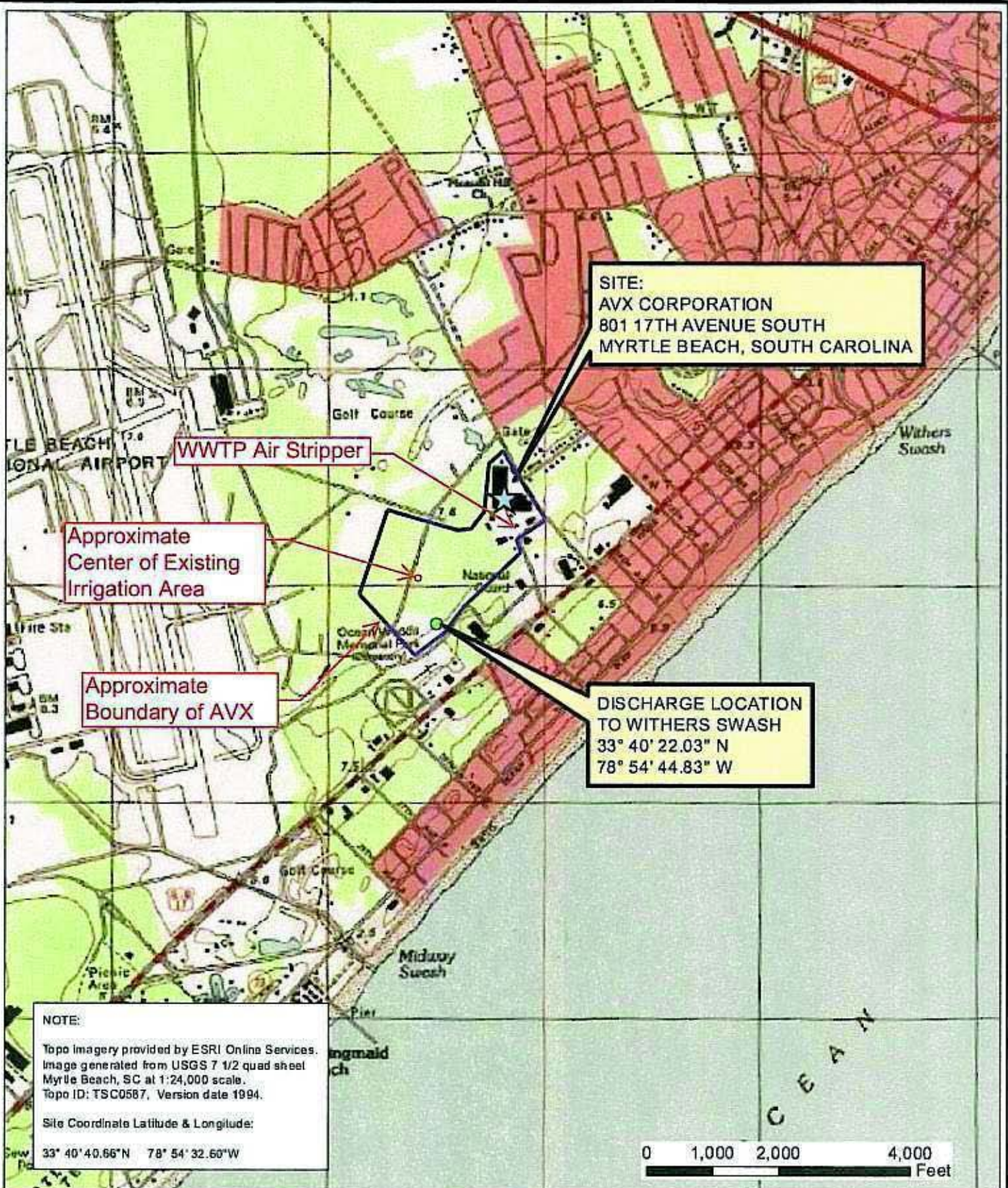
1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE 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 <i>(continued)</i>															
43B. N-Nitrosodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-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												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
SCD062690557	002

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. 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 – PESTICIDES (continued)															
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												





Date	12-08-2010
Drawn By	CPS
Scale	AS NOTED

**day**  
**DAY ENVIRONMENTAL, INC.**  
 Environmental Consultants  
 Rochester, New York 14614-1008  
 New York, New York 10016-0701

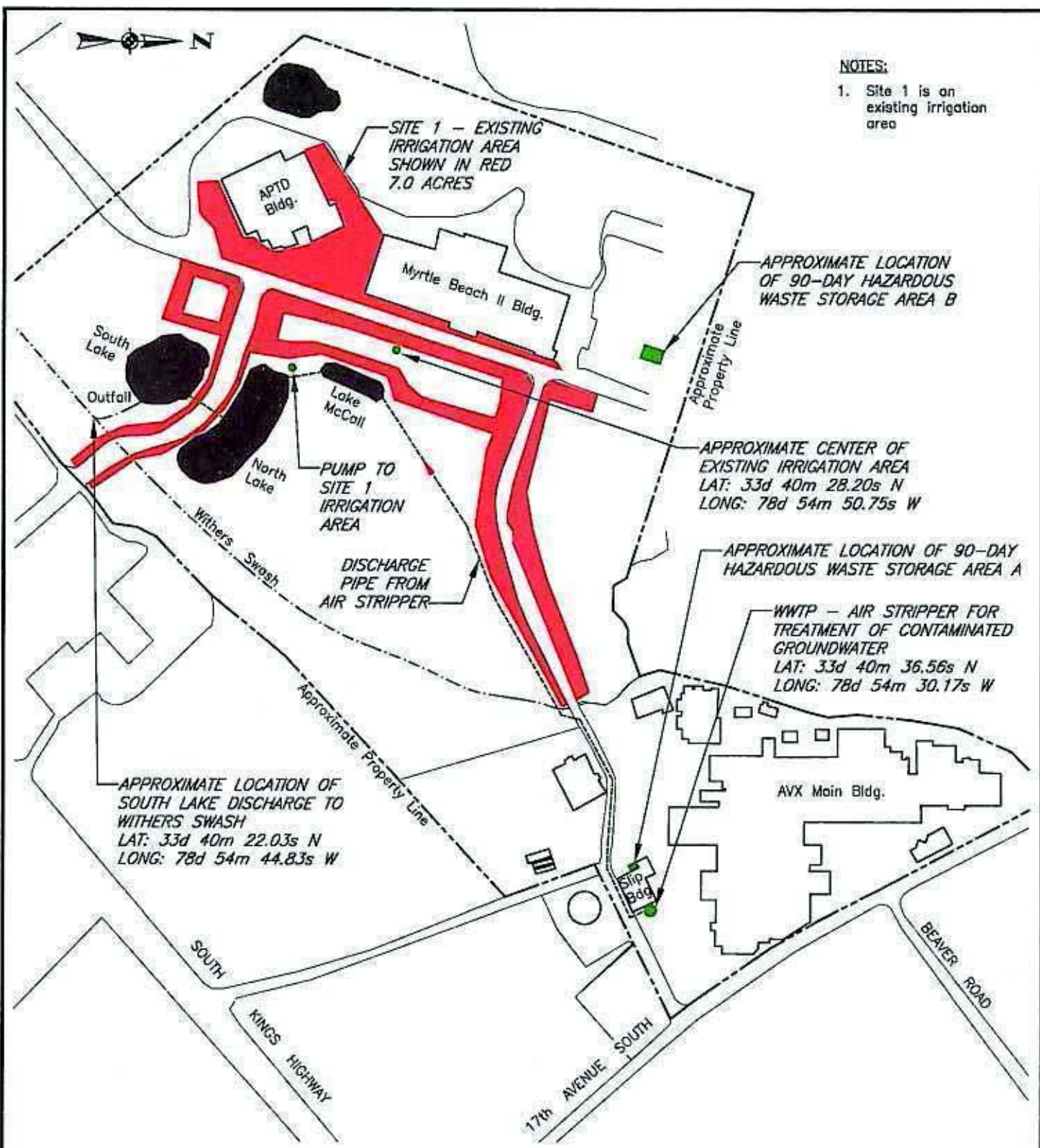
Project Title	AVX CORPORATION 801 17TH AVENUE SOUTH MYRTLE BEACH, SC 29577
	NPDES & LAND APPLICATION PERMIT
Drawing Title	Project Locus Map

Project No.	4458SC-10
	FIGURE 1



Ref1: Time Plotted: Tuesday, January 25, 2011 3:41:27 PM File Name: U:\McPhee\Drawings\AVX Corp\AVX-DAY\_Site\_Plan-2.dwg  
 Ref2: Layout: Layout1  
 Ref3: Pen Setting File: RO&E Sta 5 Full Color.ctb

**NOTES:**  
 1. Site 1 is an existing irrigation area

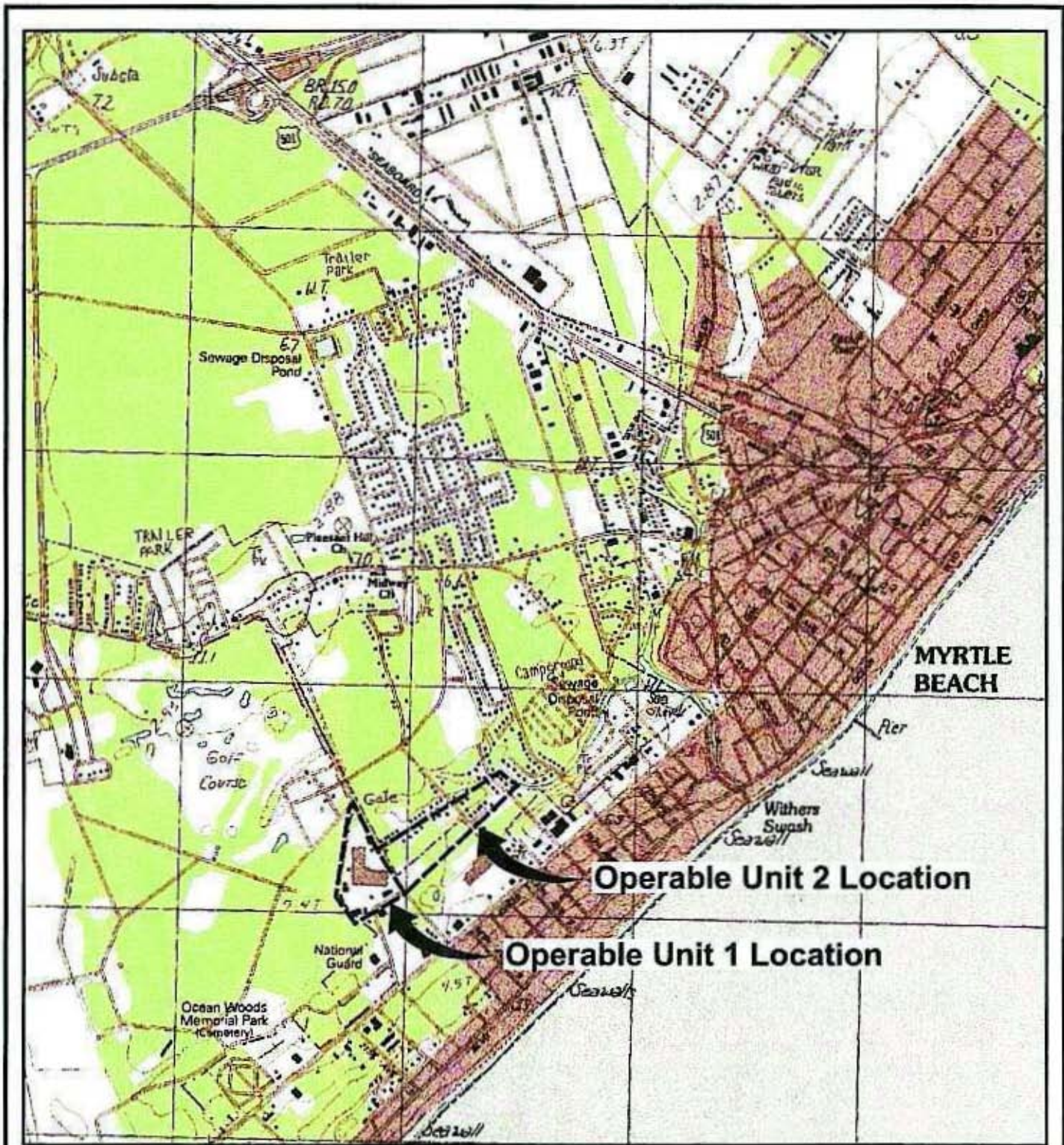


**SITE SKETCH PLAN**  
 Approximately 1" = 400'



DATE 1-25-2011	 <b>DAY ENVIRONMENTAL, INC.</b> ENVIRONMENTAL CONSULTANTS ROCHESTER, NEW YORK 14614-1008 NEW YORK, NEW YORK 10016-0710	PROJECT TITLE AVX CORPORATION 801 17th AVENUE SOUTH MYRTLE BEACH, SC 29577	PROJECT NO. <b>4458SC-10</b>
DRAWN BY Tww		NPDES & LAND APPLICATION PERMIT	<b>FIGURE 2</b>
SCALE As Noted		DRAWING TITLE Irrigation Sketch Plan Disposal Site Information	





REFERENCE: BASE MAP USGS 7.5 MIN. QUAD., MYRTLE BEACH, SOUTH CAROLINA, PHOTOREVISED 1984.

2000' 0 2000'

Approximate Scale: 1" = 2000'



Area Location



AVX CORPORATION  
MYRTLE BEACH FACILITY  
MYRTLE BEACH, SOUTH CAROLINA

**OPERABLE UNIT LOCATION MAP**

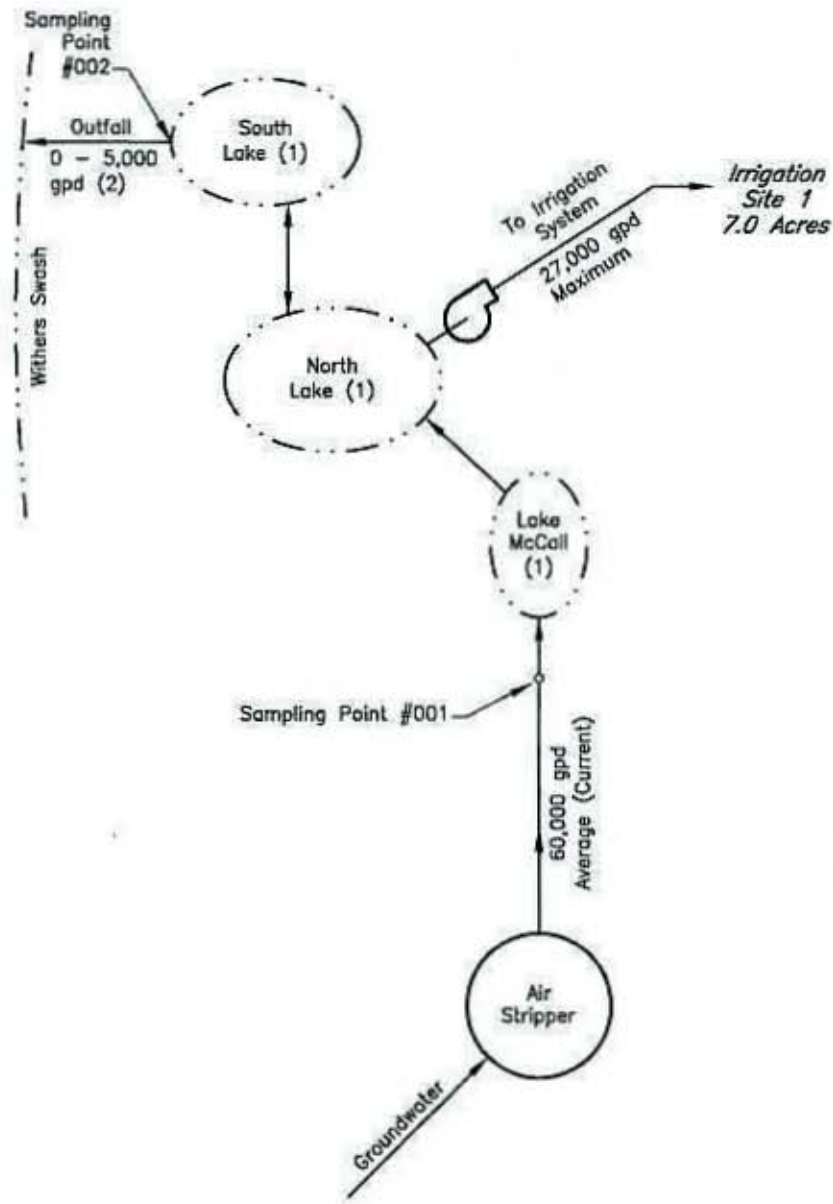


FIGURE

1



Ref1: Time Plotted: Tuesday, January 25, 2011 3:43:48 PM File Name: U:\McPhee\Drawings\AVX Corp\Irrigation Schematic--3.dwg  
 Ref2: Layout: Layout:1 Pen Setting File: 800psFullcolor.ctb  
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**NOTES:**

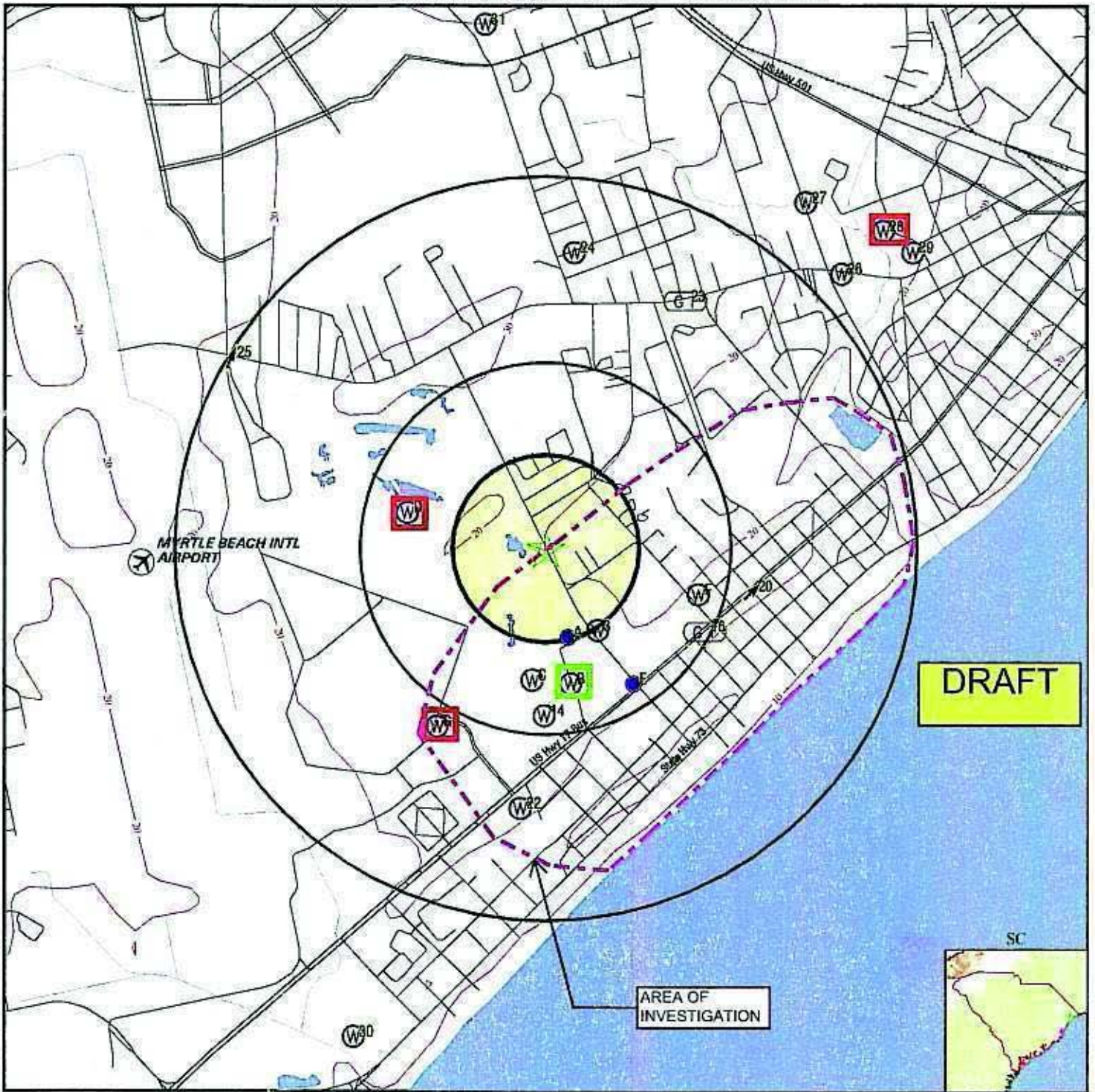
- (1) The evaporation/infiltration from Lake McCall, North Lake, and South Lake is estimated to range from 10,000-40,000 gallons per day.
- (2) Outfall discharge from South Lake rarely occurs. South Lake outfall is to wetlands that lead to Withers Swash

**AIR STRIPPER  
 WATER FLOW SCHEMATIC**  
 + Not To Scale

<p>DATE 1-25-2011</p>	 <p><b>DAY ENVIRONMENTAL, INC.</b>          ENVIRONMENTAL CONSULTANTS          ROCHESTER, NEW YORK 14614-1008          NEW YORK, NEW YORK 10016-0710</p>	<p>PROJECT TITLE  <b>AVX CORPORATION</b>          801 17th AVENUE SOUTH          MYRTLE BEACH, SC 29577          NPDES &amp; LAND APPLICATION PERMIT</p>	<p>PROJECT NO.  <b>4458SC-10</b></p>
<p>DRAWN BY RJM/TW</p>		<p>DRAWING TITLE          Air Stripper Water Flow Schematic          Disposal Site Information</p>	<p><b>FIGURE 3</b></p>
<p>SCALE As Noted</p>			

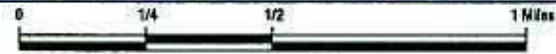


# PHYSICAL SETTING SOURCE MAP - 1860244.2s



- County Boundary
- Major Roads
- Contour Lines
- Airports
- Earthquake epicenter, Richter 5 or greater
- Water Wells
- Public Water Supply Wells
- Cluster of Multiple Icons
- TEST well - screen near 40 feet bgs
- IRR well - screen near 40 feet bgs

- Groundwater Flow Direction
- Indeterminate Groundwater Flow at Location
- Groundwater Flow Varies at Location



<b>SITE NAME:</b> AVX Myrtle Beach <b>ADDRESS:</b> 801 17th Avenue South Myrtle Beach SC 29577 <b>LAT/LONG:</b> 33.6803 / 78.9094	<b>CLIENT:</b> ARCADIS BBL <b>CONTACT:</b> Hillary Sharp <b>INQUIRY #:</b> 1860244.2s <b>DATE:</b> February 20, 2007 7:49 am
--	---





























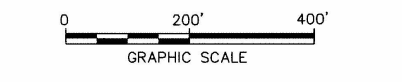






- LEGEND:**
- LOCATION OF MONITORING WELL SCREENED IN THE UPPER TERRACE DEPOSITS
  - ◐ LOCATION OF MONITORING WELL SCREENED IN THE LOWER TERRACE DEPOSITS
  - ◑ LOCATION OF MONITORING WELL SCREENED IN THE PEEDEE FORMATION
  - ◒ LOCATION OF MONITORING WELL SCREENED IN THE UPPER & LOWER TERRACE DEPOSITS
  - ◓ LOCATION OF MONITORING WELL SCREENED IN THE UPPER TERRACE DEPOSITS
  - LOCATION OF PUMPING WELL SCREENED IN THE UPPER & LOWER TERRACE DEPOSITS
  - ▣ LOCATION OF PRODUCTION WELL SCREENED IN THE LOWER TERRACE DEPOSITS
  - ⊕ LOCATION OF INJECTION WELL SCREENED IN THE LOWER TERRACE DEPOSITS
  - ⊙ CARMIKE WELL
  - ▲ LOCATION OF SOIL VAPOR EXTRACTION WELL (CURRENTLY USED FOR GROUNDWATER ELEVATION MONITORING)
  - (10.61) GROUNDWATER ELEVATION (FEET ABOVE MEAN SEA LEVEL [AMSL])
  - 12 ——— GROUNDWATER ELEVATION CONTOUR (FEET AMSL) DASHED WHERE INFERRED
  - NA NOT AVAILABLE

- NOTE:**
1. AERIAL PHOTOGRAPH OBTAINED FROM THE SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES WEBSITE (2007).
  2. LOCATION OF ROADS ARE APPROXIMATE.
  3. THE FORMER CORPORATE RESEARCH BUILDING HAS BEEN DEMOLISHED.
  4. \* WATER LEVELS IN PUMPING WELLS PW-1S, PW-7S AND DPW-4SD NOT CONTOURED EXPLICITLY.



AVX CORPORATION  
MYRTLE BEACH FACILITY  
MYRTLE BEACH, SOUTH CAROLINA

**POTENTIOMETRIC SURFACE  
UPPER TERRACE DEPOSITS  
JULY 20-21, 2009**

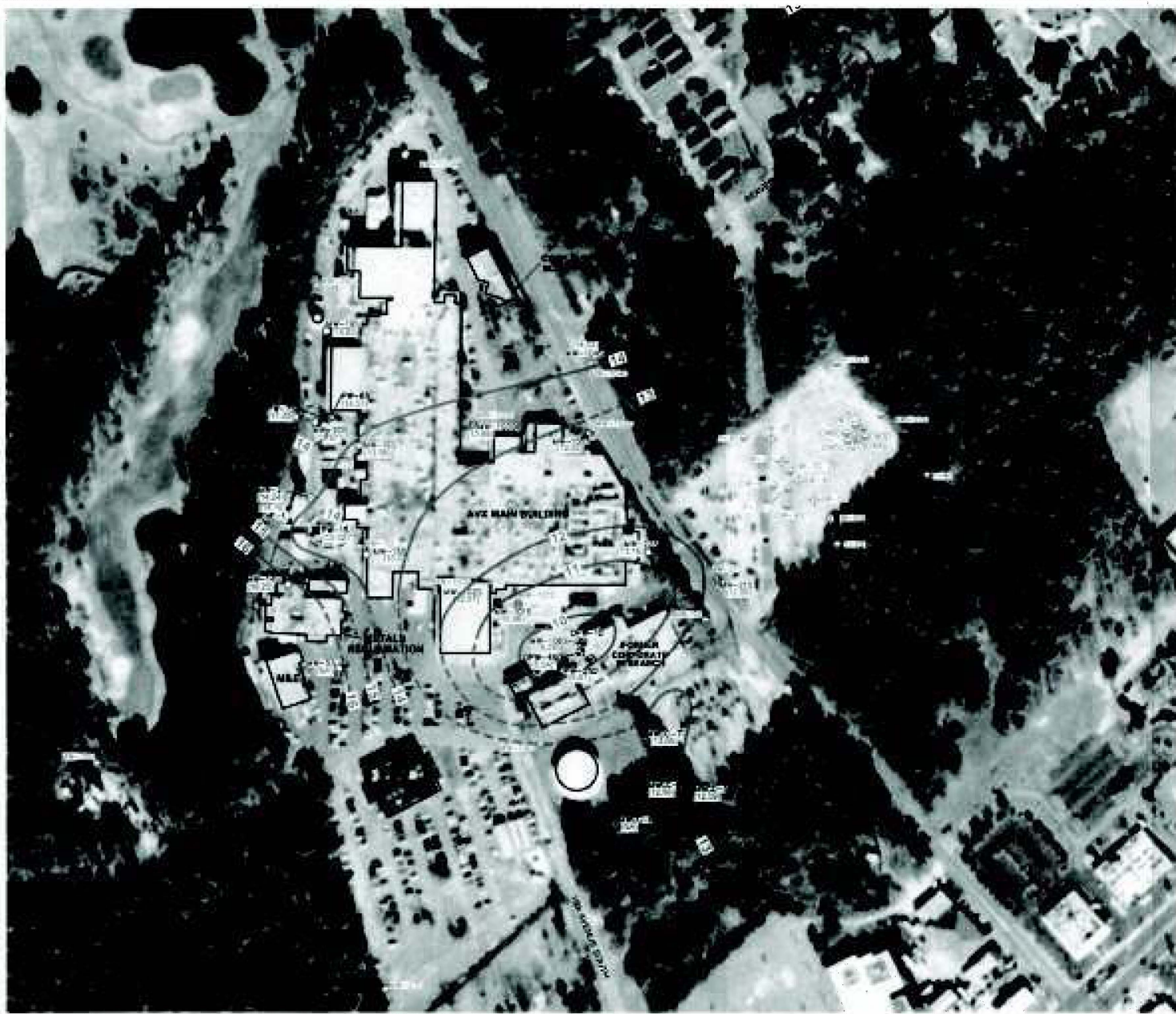






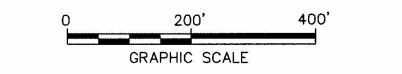
CITY STRAUSS, NY GROUP, ENCAD, DR A. SCHILLING, R. BASSETT, BMTM M. HANISH, TR. R. MATOR, LVR, ONY, OFFREP, (PZ)  
 C:\Documents and Settings\schilling\My Documents\07394000\07394000\DWG\07394000.DWG - LAYOUT - 11/20/10 11:19 AM ACADVER: 18.05 (LMB TECH PAGESETUP) - PLOTSTYLETABLE: PLT\FULL.CTB PLOTTED: 11/22/2011 4:10 PM BY: ASCHILLING

PROJECTNAME: ---  
 IMAGES: 07394000.jpg  
 XREFS: 07394000.dwg



- LEGEND:**
- LOCATION OF MONITORING WELL SCREENED IN THE UPPER TERRACE DEPOSITS
  - LOCATION OF MONITORING WELL SCREENED IN THE LOWER TERRACE DEPOSITS
  - ⊙ LOCATION OF MONITORING WELL SCREENED IN THE PEEDEE FORMATION
  - ⊕ LOCATION OF MONITORING WELL SCREENED IN THE UPPER & LOWER TERRACE DEPOSITS
  - LOCATION OF PUMPING WELL SCREENED IN THE UPPER TERRACE DEPOSITS
  - ▣ LOCATION OF PRODUCTION WELL SCREENED IN THE UPPER & LOWER TERRACE DEPOSITS
  - ⊕ LOCATION OF INJECTION WELL SCREENED IN THE LOWER TERRACE DEPOSITS
  - CARMIKE WELL
  - ▲ LOCATION OF SOIL VAPOR EXTRACTION WELL (CURRENTLY USED FOR GROUNDWATER ELEVATION MONITORING)
  - (14.02) GROUNDWATER ELEVATION (FEET ABOVE MEAN SEA LEVEL [AMSL])
  - 12 — GROUNDWATER ELEVATION CONTOUR (FEET AMSL) (ONE FOOT CONTOUR INTERVAL) DASHED WHERE INFERRED
  - NA NOT AVAILABLE

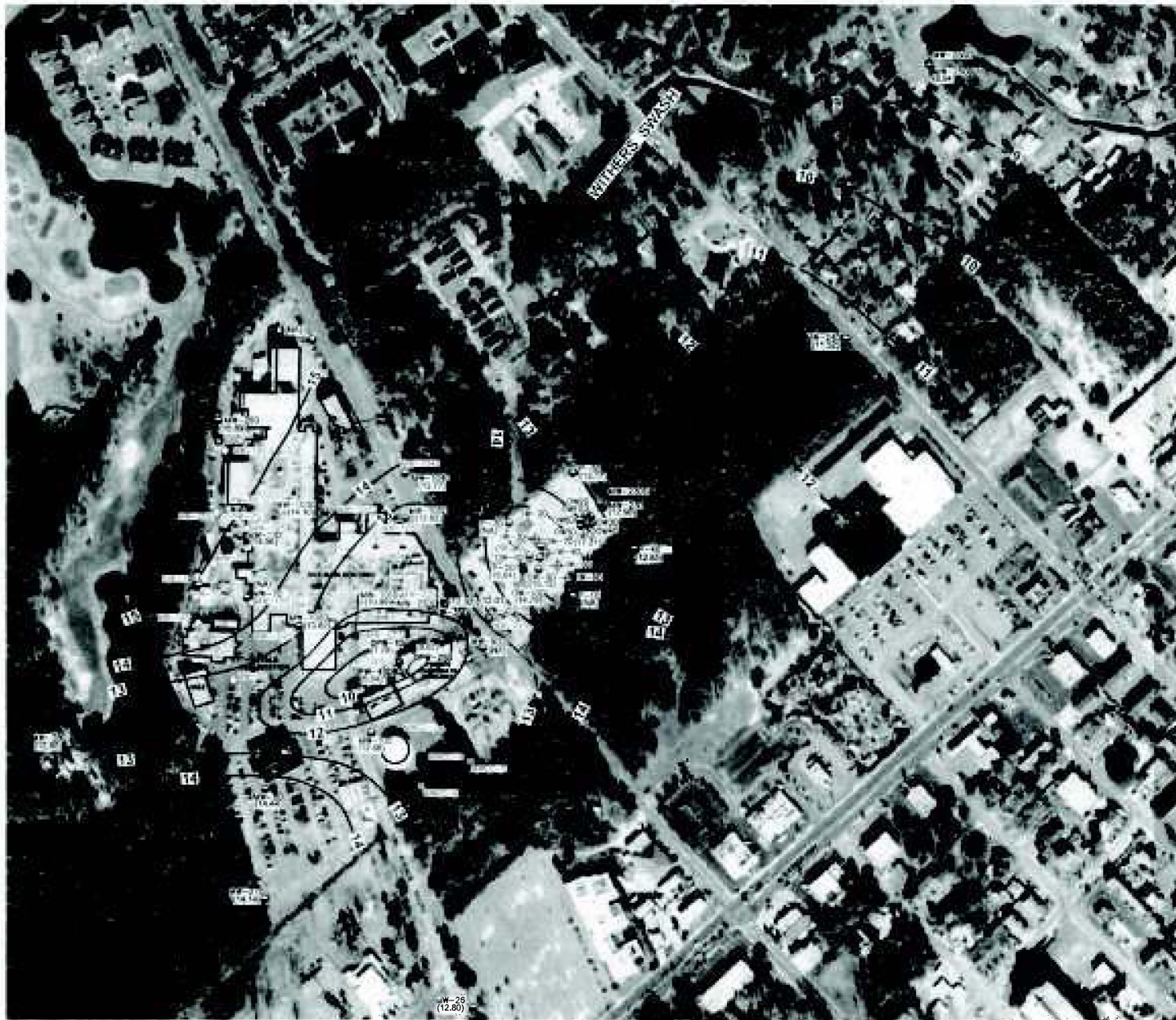
- NOTE:**
1. AERIAL PHOTOGRAPH OBTAINED FROM THE SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES WEBSITE (2007).
  2. LOCATION OF ROADS ARE APPROXIMATE.
  3. THE FORMER CORPORATE RESEARCH BUILDING HAS BEEN DEMOLISHED.
  4. \* WATER LEVELS IN PUMPING WELLS PW-1S, PW-7S AND DPW-4SD NOT CONTOURED EXPLICITLY.



AVX CORPORATION  
 MYRTLE BEACH FACILITY  
 MYRTLE BEACH, SOUTH CAROLINA

**POTENTIOMETRIC SURFACE  
 UPPER TERRACE DEPOSITS  
 APRIL 14, 2010**





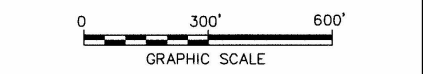
W-26  
(12.80)

**LEGEND:**

- LOCATION OF MONITORING WELL SCREENED IN THE UPPER TERRACE DEPOSITS
- ◉ LOCATION OF MONITORING WELL SCREENED IN THE LOWER TERRACE DEPOSITS
- ◊ LOCATION OF MONITORING WELL SCREENED IN THE PEEDEE FORMATION
- ◈ LOCATION OF MONITORING WELL SCREENED IN THE UPPER & LOWER TERRACE DEPOSITS
- LOCATION OF PUMPING WELL SCREENED IN THE UPPER TERRACE DEPOSITS
- ◻ LOCATION OF PRODUCTION WELL SCREENED IN THE UPPER & LOWER TERRACE DEPOSITS
- ⊕ LOCATION OF INJECTION WELL SCREENED IN THE LOWER TERRACE DEPOSITS
- ⊙ CARMIKE WELL
- ▲ LOCATION OF SOIL VAPOR EXTRACTION WELL (CURRENTLY USED FOR GROUNDWATER ELEVATION MONITORING)
- (5.54) GROUNDWATER ELEVATION (FEET ABOVE MEAN SEA LEVEL [AMSL])
- 12 — GROUNDWATER ELEVATION CONTOUR (FEET AMSL) (ONE FOOT CONTOUR INTERVAL) DASHED WHERE INFERRED
- NA NOT AVAILABLE

**NOTE:**

1. AERIAL PHOTOGRAPH OBTAINED FROM THE SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES WEBSITE (2007).
2. LOCATION OF ROADS ARE APPROXIMATE.
3. THE FORMER CORPORATE RESEARCH BUILDING HAS BEEN DEMOLISHED.
4. \* WATER LEVELS IN PUMPING WELL DPW-4SD NOT CONTOURED EXPLICITLY.



AVX CORPORATION  
 MYRTLE BEACH FACILITY  
 MYRTLE BEACH, SOUTH CAROLINA

**POTENTIOMETRIC SURFACE  
 LOWER TERRACE DEPOSITS  
 APRIL 14, 2010**

**ARCADIS** | FIGURE  
**12**







**SOUTH CAROLINA DEPARTMENT OF  
HEALTH AND ENVIRONMENTAL CONTROL  
BUREAU OF WATER**

**Application for a Land Disposal (No Discharge or ND) Permit  
(Please Type or Print)**

**I. Project Name:** AVX Corporation Irrigation System

**II. County:** Horry

**III. Owners Name:** AVX Corporation

Address: 801 17th Avenue South

City, State, & Zip: Myrtle Beach, SC 29577

Area Code & Telephone #: (843) 946-0506

**IV. Project Status:** Proposed ( ) or if existing: Permit No.: ND00 SC0047953  
Expansion ( ) or  
Renewal (X)

**V. Project Description:** Renewal of permit number SC0047953 for land application of treated,  
contaminated groundwater derived from the Site and applied to the Site by means of  
irrigation system.

**VI. Location of the Wastewater Treatment Plant and Land Disposal Site(s):**

a) Location of the wastewater treatment plant (include a map):

Latitude: 33d 40m 36.56s N Longitude: 78d 54m 30.17s W

Location Description: Air Stripper for wastewater treatment of contaminated groundwater

b) Location and size (in acres) of the land disposal site(s):

Site 1 Size: 7.0 acres

Latitude: 33d 40m 28.20s N Longitude: 78d 54m 50.75s W

Location Description (include a map): North side of South Kings Highway, approximately 2,000-feet  
southwest of 17th Avenue South

Site 2 Size: \_\_\_\_\_ acres

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Location Description (include a map): \_\_\_\_\_

VII. Description of Waste to be Land Applied: Treated groundwater

VIII. Volume or Quantity of Waste to be Land Applied:

Site 1: 27,000 gal/day <sup>max</sup> Site 2: \_\_\_\_\_

IX. Frequency of Application:

Site 1: 0 - 7 days/week Site 2: \_\_\_\_\_

X. Site Application Rate(s):

Site 1: 1 inch/week Site 2: \_\_\_\_\_

Sections VIII & X completed by referencing SC Code of Regulations Water Pollution Control Permits: R.61.9 Section 505.42 Land Application Permits and State Permits. Ground water elevations that were used came from ground water data collected at the facility during the period 1994-2008.

XI. Ground Water Quality Monitoring: Proposed ( ) or Existing (x)

Number of Monitoring Wells (proposed or existing):

Site 1: 0 wells Site 2: \_\_\_\_\_

XII. Residual Solids: Complete the attached "Sludge Disposal Supplement." N/A, but Form is attached

XIII. Hazardous Substances: Does your discharge contain or is it possible for your discharge to contain one or more of the following substances added as a result of your operations, activities, or processes: ammonia, cyanide, aluminum, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, zinc, phenols, oil and grease, chlorine (residual) or any other substance that could be considered hazardous? Yes or No (x)

If yes, please list substance, concentration, and source: See Form 2C/NPDES Application

1. \_\_\_\_\_

2. \_\_\_\_\_

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Owner's Name Printed: Dave Martinelli

Owner's Signature: 

Title: Facilities Manager Date: 1/27/2011

\*\*\*\*\* See attached instructions for completing this application. \*\*\*\*\*

For reapplication of an expiring ND permit, send the application package to the NPDES/ND Permit Administration Section at the following address:

Department of Health & Environmental Control  
Bureau of Water  
2600 Bull Street  
Columbia, SC 29201

For preliminary engineering reports (PER) on a new WWTP, an expansion of an existing WWTP, or a commercial sludge or septage disposal site, send the application package with the PER to the appropriate Section Manager at the above address.