



# WASTEWATER APPLICATION FORM 2CS

PERMIT TO DISCHARGE PROCESS WASTEWATER  
FROM NEW OR EXISTING  
INDUSTRIAL WASTEWATER FACILITIES  
TO SURFACE WATER

## INSTRUCTIONS - FORM 2CS

This form must be completed by all applicants who check "yes" to Item II-C in DEP Form 62-620.910(1).

### **Public Availability of Submitted Information.**

You may not claim as confidential any information required by this form or DEP Form 62-620.910(1), whether the information is reported on the forms or in an attachment. This information will be made available to the public upon request. Any information you submit to the Department which goes beyond that required by this form or DEP Form 62-620.910(1) you may claim as confidential, but claims for information which is effluent data will be denied. If you do not assert a claim of confidentiality at the time of submitting the information, the Department may make the information public without further notice to you. Claims of confidentiality must be in accordance with Rule 62-620.302, Florida Administrative Code.

### **Completeness**

Your application will not be considered complete unless you answer every question on this form (DEP Form 62-620.910(5)) and on Form 1 (DEP Form 62-620.910(1)). If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question. Also, you may need a Plan of Study (POS) to develop Water Quality Effluent Limitations (WQBEL) required by Rule 62-650, F.A.C. Please contact the Department for information.

### **Follow-up Requirements** (for New or Substantially Modified Facilities)

Although you are now required to submit estimated data on this form, please note that no later than six months after you begin discharging from the proposed or substantially modified facility, you must complete and submit items VII and VIII of this Form 2CS (DEP Form 62-620.910(5)). However, you need not complete those portions of Item V requiring test which you have already performed under the discharge monitoring requirements of your permit.

### **Definitions**

All significant terms used in these instructions and in the form are defined in the glossary found in the General Instructions which accompany Form 1.

### **DEP ID Number**

If you are applying for a renewal of an existing permit or for a substantial revision to an existing permit, fill in your DEP Identification Number at the top of each page of Form 2CS. You may copy this number directly from Item 1 of Form 1. If you are applying for a permit for a proposed facility, leave the DEP Identification Number blank. The Department will assign a number.

### **Item I**

You may use the map you provided for Item XI of Form 1 to determine the latitude and longitude of each of your discharge locations.

### **Item II**

Describe the design of each outfall, including construction materials used or to be used.

### Item III

Describe the surface water body which will be or is receiving effluent from the wastewater facility.

### Item IV

A. The line drawing should show generally the route taken by water in your facility from intake to discharge. Show all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and stormwater runoff. You may group similar operations into a single unit, labeled to correspond to the more detailed listing in Item III B. The water balance should show average flows. Show all significant losses of water to products, atmosphere, and discharge. You should use actual measurements whenever available; otherwise, use your best estimate.

B. List all sources of wastewater to each discharge point. Operations may be described in general terms (for example, "dye-making reactor" or "distillation tower"). You may estimate the flow contributed by each source if no data are available. For stormwater discharges you may estimate the average flow, but you must indicate the rainfall event upon which the estimate is based and the method of estimation. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes not discharged. Treatment units should be listed in order and you should select the proper code from Table 2CS-1 to fill in column 3-b for each treatment unit. Insert "XX" into column 3-b if no code corresponds to a treatment unit you list.

C. A discharge is intermittent unless it occurs without interruption during the operating hours of the facility, except for infrequent shut-downs for maintenance, process changes, or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year. Fill in every applicable column in this item for each source of intermittent or seasonal discharges. Base your answers on actual data whenever available; otherwise, provide your best estimate. Report the highest daily value for flow rate and total volume in the "Max. Daily" columns (columns 4-a and 4-b). Report the average of all daily values measured during days when the discharge occurred within the last year in the "Long Term Avg." columns (columns 4-a and 4-b).

### Item V

"Production" in this question refers to those goods which the proposed, substantially modified, or existing facility will produce or is producing, not to "wastewater" production. This information is only necessary where production-based new source performance standards (NSPS) or effluent guidelines apply to your facility. Your estimated production figures should be based on a realistic projection of actual daily production level (not design capacity) for each of the first three operating years of the facility. This estimate must be a long-term-average estimate (e.g., average production on an annual basis). If production will vary depending on long-term shifts in operating schedule or capacity, you may report alternate production estimates and the basis for the alternate estimates.

A. All NSPS and effluent guidelines promulgated by EPA appear in the Federal Register and are published annually in 40 CFR Subchapter N. A guideline applies to you if you have any operations contributing process wastewater in any subcategory covered by a BPT, BCT, or BAT guideline. If you are unsure whether you are covered by a promulgated NSPS or effluent guideline, check with your DEP district office (*Figure 1 in the Form 1 instructions*). You must check "yes" if an applicable NSPS or effluent guideline has been promulgated, even if the guideline limitations are being contested in court. If you believe that a promulgated NSPS or effluent guideline has been remanded for reconsideration by a court and does not apply to your operations, you may check "no."

B. An NSPS or effluent guideline is expressed in terms of production (*or other measure of operation*) if the limitation is expressed as mass of pollutant per operational parameter: for example, "pounds of BOD per cubic foot of logs from which bark is removed," or "pounds of TSS per megawatt hour of electrical energy consumed by smelting furnace." An example of a guideline not expressed in terms of a measure of operation is one which limits the concentration of pollutants.

C. This item must be completed only if you checked "yes" to Item V-B. The production information requested here is necessary to apply effluent guidelines to your facility and you cannot claim it as confidential. However, you do not have to indicate how the reported information was calculated. Report quantities in the units of measurement used in the applicable NSPS or effluent guideline. The production figures provided must be based on actual daily production and not on design capacity or on predictions of future operations. To obtain alternate limits under Rule 62-620.620(2)(b)3., F.A.C., you must define your maximum production capability and demonstrate to the Department that your actual production is substantially below maximum production capability and that there is a reasonable potential for an increase above actual production during the duration of the permit.

#### **Item VI**

- A. If you check "yes" to this question, complete all parts of the chart, or attach a copy of any previous submission you have made to the Department containing the same information.
- B. You are not required to submit a description of future pollution control projects if you do not wish to or if none is planned.

#### **Item VII** (A, B, C, and D, including Tables VII-A, VII-B, and VII-C)

This item requires you to collect and report data on the pollutants discharged from each of your discharge points. Each part of this item addresses a different set of pollutants and must be completed in accordance with the specific instructions for that part. The following general instructions apply to the entire item.

##### General Instructions

Part A requires you to report at least one analysis for each pollutant listed. Parts B and C require you to report analytical data in two ways. For some pollutants, you may be required to mark "X" in the "Testing Required" column (*column 2-a, Part C*), and test (*sample and analyze*) and report the levels of the pollutants in your discharge whether or not you expect them to be present in your discharge. For all other, you must mark "X" in either the "Believe Present" column or the "Believe Absent" column (*columns 2-a or 2-b, Part B, and Columns 2-b or 2-c, Part C*) based on your best estimate, and test for those which you believe to be present. (*See specific instructions on the form and below for Parts A through D.*) Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, maintenance chemicals, intermediate and final products and by-products, and any previous analyses known to you of your effluent or similar effluent. (*For example, if you manufacture pesticides, you should expect those pesticides to be present in contaminated stormwater runoff.*) If you would expect a pollutant to be present solely as a result of its presence in your intake water, you must mark "Believe Present" but you are not required to analyze for that pollutant. Instead, mark an "X" in the "Intake" column.

##### A. Reporting

All levels must be reported as concentration and as total mass. You may report some or all of the required data by attaching separate sheets of paper instead of filling out pages VII-1 to VII-10 if the separate sheets contain all the required information in a format which is consistent with pages VII-1 to VII-10 in spacing and in identification of pollutants and columns. (*For example, the data systems used in your GC/MS analysis may be able to print data in the proper format.*) Use the following abbreviations in the columns headed "Units" (*column 3, Part A, and Column 4, Parts B and C*).

Concentration  
ppm - parts per million  
mg/l - milligrams per liter  
ppb - parts per billion  
µg/l - micrograms per liter

Mass  
lbs - pounds  
ton - tons (English tons)  
mg - milligrams  
g - grams  
kg - kilograms  
T - tonnes (metric tons)

All reporting of values for metals must be in terms of "total recoverable metal," unless (1) an applicable, promulgated effluent limitation or standard specifies the limitation for the metal in dissolved, valent, or total form; or (2) all approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium). If you measure only one daily value, complete only "Max. Daily Values" columns and insert "1" into the "Number of Analyses" column (*columns 2-a and 2-d, Part A, and column 3-a, 3-d, Parts B and C*). The Department may require you to conduct additional analyses to further characterize your discharges. For composite sample, the daily value is the total mass or average concentration found in a composite sample taken over the operating hours of the facility during a 24-hour period; for grab samples, the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of at least

four grab samples taken over the operating hours of the facility during a 24-hour period. If you measure more than one daily value for a pollutant and those values are representative of your waste stream, you must report them. You must describe your method of testing and data analysis. You also must determine the average of all values within the last year and report the concentration and mass under the "Long Term Avg. Values" columns (*column 2-c, Part A, and column 3-c, Parts B and C*), and the total number of daily values under the "Number of Analyses" columns (*column 2-d, Part A, and columns 3-d, Parts B and C*). Also determine the average of all daily values taken during each calendar month, and report the highest average under the "Max. 30-day Values" columns (*column 2-c, Part A, and column 3-b, Parts B and C*).

## B. Sampling

The collection of the samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. Any specific requirements contained in the applicable analytical methods should be followed for sample containers, sample preservation, holding times, the collection of duplicate samples, etc. The time when you sample should be representative of your normal operation, to the extent feasible, with all processes which contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Samples should be collected from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present permit, or at any site adequate for the collection of a representative sample. Sampling for metals that are hardness-dependent shall also include sampling for hardness.

For pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, and fecal coliform, grab samples must be used. For all other pollutants 24-hour composite samples must be used. However, a minimum of one grab sample may be taken for effluents from holding ponds, or other impoundments with a retention period of greater than 24 hours. For stormwater discharges a minimum of one to four grab samples may be taken, depending on the duration of the discharge. One grab must be taken in the first hour (*or less*) of discharge, with one additional grab (*up to a minimum of four*) taken in each succeeding hour of discharge for discharges lasting four or more hours. The Department may waive composite sampling for any discharge point for which you demonstrate that use of an automatic sampler is infeasible and that a minimum of four grab samples will be representative of your discharge.

Grab and composite samples<sup>1</sup> are defined as follows:

Grab sample: An individual sample or at least 100 milliliters collected at a randomly-selected time over a period not exceeding 15 minutes.

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<sup>1</sup>Sampling requirements are periodically reviewed in light of recent research on testing methods. Upon completion of the review, changes to sampling requirements may be made. Before starting any required sampling or submitting past sampling to the Department, be sure that you have a current copy of 40 CFR Part 136 or Chapter 160, Florida Administrative Code.

Composite sample: A combination of at least 8 sample aliquots of a least 100 milliliters, collected at periodic intervals during the operating hours of a facility over a 24-hour period. The composite must be flow proportional; either the time interval between each aliquot or the volume of each aliquot must be proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot. Aliquots may be collected manually or automatically. For GC/MS Volatile Organic Analysis (VOA), aliquots must be combined in the laboratory immediately before analysis. Four (4) (*rather than eight*) aliquots or grab samples should be collected for VOA. These four samples should be collected during actual hours of discharge over a 24-hour period and need not be flow proportioned. Only one analysis is required.

Data from samples taken in the past may be used if all data requirement are met; sampling was done no more than three years before submission; and all data are representative of the present discharge. Among the factors which would cause the data to be unrepresentative are significant changes in production level; changes in raw materials, processes, or final products; and changes in wastewater treatment. When EPA promulgates new analytical methods in 40 CFR Part 136, EPA will provide information as to when you should use the new methods to generate data on your discharges. The Department may promulgate new methods in Chapter 160, Florida Administrative Code, with the date when the new methods are to be used. Always be sure you have current copies of these two documents before you take samples or submit sampling data to the Department. If you have submitted data from past sampling, the Department may request additional information, including current quantitative data, if it is determined to be necessary to assess your discharges.

### C. Analysis

You must use test methods promulgated in 40 CFR Part 136 or Chapter 160, Florida Administrative Code; however, if none has been promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge if you submit a description of the method or a reference to a published method. Your description should include the sample holding time, preservation techniques, and the quality control measures which you used. If you have two or more substantially identical discharge points, you may request permission from the Department to sample and analyze only one point and submit the results of the analysis for other substantially identical points. If your request is granted by the Department, or a separate sheet attached to the application form identify which point you did test, and describe why the other points you did not test are substantially identical to the point which you did test.

### D. Reporting of Intake Data

You are not required to report data under the "Intake" columns unless you wish to demonstrate your eligibility for a "net" effluent limitation for one or more pollutants, that is, an effluent limitation adjusted by subtracting the average level of the pollutant(s) present in your intake water. To demonstrate your eligibility, under the "Intake" columns report the average of the results of analyses on your intake water (*If your water is treated before use, test the water after it is treated.*), and discuss the requirements for a new limitation with the appropriate district office.

### Part VII-A

Part VII-A must be completed by all applicants for all discharge points including discharges of non-contact cooling water or storm runoff. However, at your request, the Department may waive the requirement to test for one or more of these pollutants, upon a determination that available information is adequate to support issuance of the permit with less stringent reporting requirements for these pollutants. Use composite samples for all pollutants in this Part, except use grab samples for pH and temperature. See the discussion in General Instructions to item VII for definitions of the columns in Part A. The "Long Term Avg. Values" column (*column 2-c*) and "Max. 30-day Values" column (*column 2-b*) are not compulsory but should be filled out if data are available.

## Part VII-B

Part VII-B must be completed by all applicants for all discharge points, including points containing only non-contact cooling water or storm runoff. You must report quantitative data if the pollutant(s) in question is limited in an effluent limitation either directly or indirectly but expressly through a limitation on an indicator (*e.g., use of TSS as an indicator to control the discharge of iron and aluminum*). For other discharged pollutants you must provide quantitative data or explain their presence in your discharge. The Department will consider a request to eliminate the requirement to test for pollutants for an industrial category or subcategory. Your request must be supported by data representative of the industrial category or subcategory in question. The data must demonstrate that individual testing for each applicant is unnecessary, because the facilities in the category or subcategory discharge substantially identical levels of the pollutant or discharge the pollutant uniformly at sufficiently low levels. Use composite samples for all pollutants you analyze for in this part, except use grab samples for residual chlorine, oil and grease, and fecal coliform. The "Long Term Avg. Values" column (*column 2-c*) and "Max. 30-day Values" column (*column 2-b*) are not compulsory but should be filled out if data are available.

## Part VII-C

Table 2CS-2 at the end of these instructions lists 34 primary industry categories. For each discharge point, if any of your processes which contribute wastewater falls into one of those categories, you must mark "X" in "Testing Required" column (*column 2-a*) and test for (1) all of the toxic metals, cyanide, and total phenols; and (2) the organic toxic pollutants contained in Table 2CS-3 as applicable to your category. The organic toxic pollutants are listed by GC/MS fractions on pages VII-4 to VII-10 in Part VII-C. The inclusion of total phenols in Part VII-C is not intended to classify total phenols as a toxic pollutant. When you determine which industry category you are in to find your testing requirements, you are not determining your category for any other purpose and you are not giving up your right to challenge your inclusion in that category before your permit is issued. For all other cases (*secondary industries, non-process wastewater discharge points, and GC/MS fractions that are not required*), you must mark "X" in either the "Believed Present" column or the "Believed Absent" column for each pollutant.

You must report quantitative data as follows:

For every pollutant you know or have reason to believe is present in your discharge in concentrations of 10 ppb or greater;

For acrolein; acrylonitrile; 2,4 dinitrophenol; and 2-methyl-4,6 dinitrophenol where you expect these four pollutants to be discharged in concentrations of 100 ppb or greater; and

For every pollutant expected to be discharged in concentrations less than the thresholds specified above. For pollutants in this last category, in lieu of quantitative data, you may briefly describe the reasons the pollutant is expected to be discharged.

You are required to mark "Testing Required" for dioxin if you use or manufacture one of the following compounds:

- (a) 2,4,5-trichlorophenoxy acetic acid, (2,4,5-T);
- (b) 2-(2,4,5-trichlorophenoxy) propanoic acid, (Silvex, 2,4,5-TP);
- (c) 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate, (Erbon);
- (d) 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate, (Ronnel);
- (e) 2,4,5-trichlorophenol, (TCP); or
- (f) hexachlorophene, (HCP).

If you mark "testing Required" or "Believed Present," you must perform a screening analysis for dioxin, using gas chromatography with an electron capture detector. A TCDD standard for quantitation is not required. Describe the results of this analysis in the space provided: for example, "no measurable baseline deflection at the retention time of TCDD" or "a measurable peak within the tolerances of the retention time of TCDD." The Department may require you to perform a quantitative analysis if you report a quantitative analysis if you report a positive result.

#### Part VII-D

List any pollutants in Table 2CS-3 that you believe to be present and explain why you believe them to be present. No analysis is required, but if you have analytical data, you must report it. For discharges of the hazardous substances listed in Table 2CS-4, you may be exempt from the reporting requirements of section 311 of the Clean Water Act. Please contact the Department for information.

#### **Item VIII**

This requirement applies to current use or manufacture of a toxic pollutant as an intermediate or final product or by-product. The Department may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the Department has adequate information to issue your permit. You may not claim this information as confidential; however, you do not have to distinguish between use or production of the pollutants or list the amounts.

#### **Item IX**

This item is self explanatory.

#### **Item X**

This item is self explanatory.

#### **Item XI**

This item is self explanatory.

#### **Item XII**

There are severe penalties for submitting false information on this application form. Chapter 62-620, Florida Administrative Code, requires, in addition to the certification provided by a professional engineer, a certification from the owner or responsible authority of the facility as follows:

A. For a corporation: by a responsible corporate official. For purposes of this section, a responsible corporate official means (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or (2) the manager of one or more manufacturing, production or operating facilities employing more than 250 person or have gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

C. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. A principal executive officer includes the chief executive officer of the agency or a senior executive officer having the responsibility for the overall operations of a principal geographic unit of the agency, for example, a regional or district administrator.

**TABLE 2CS-1  
CODES FOR TREATMENT UNITS**

<b>PHYSICAL TREATMENT PROCESSES</b>			
1-A	Ammonia Stripping	1-N	Microstraining
1-B	Dialysis	1-O	Mixing
1-C	Diatomaceous Earth Filtration	1-P	Moving Bed Filters
1-D	Distillation	1-Q	Multimedia Filtration
1-E	Electrodialysis	1-R	Rapid Sand Filtration
1-F	Evaporation	1-S	Reverse Osmosis (Hyperfiltration)
1-G	Flocculation	1-T	Screening
1-H	Flotation	1-U	Sedimentation (Settling)
1-I	Foam Fractionation	1-V	Slow Sand Filtration
1-J	Freezing	1-W	Solvent Extraction
1-K	Gas-Phase Separation	1-X	Sorption
1-L	Grinding (Comminutors)	1-Y	Percolation Pond
1-M	Grit Removal		
<b>CHEMICAL TREATMENT PROCESSES</b>			
2-A	Carbon Adsorption	2-G	Disinfection ( <i>Ozone</i> )
2-B	Chemical Oxidation	2-H	Disinfection ( <i>Other</i> )
2-C	Chemical Precipitation	2-I	Electrochemical Treatment
2-D	Coagulation	2-J	Ion Exchange
2-E	Dechlorination	2-K	Neutralization
2-F	Disinfection ( <i>Chlorine</i> )	2-L	Reduction
<b>BIOLOGICAL TREATMENT PROCESSES</b>			
3-A	Activated Sludge	3-E	Pre-Aeration
3-B	Aerated Lagoons	3-F	Spray Irrigation/Land Application

Table 2CS-1, Codes for Treatment Units contd.

3-C	Anaerobic Treatment	3-G	Stabilization Ponds
3-D	Nitrification-Denitrification	3-H	Trickling Filter
<b>OTHER PROCESSES</b>			
4-A	Discharge to Surface Water	4-C	Reuse/Recycle of Treated Effluent
4-B	Ocean Discharge Through Outfall	4-D	Underground Injection
<b>SLUDGE TREATMENT AND DISPOSAL PROCESSES</b>			
5-A	Aerobic Digestion	5-M	Heat Drying
5-B	Anaerobic Digestion	5-N	Heat Treatment
5-C	Belt Filtration	5-O	Incineration
5-D	Centrifugation	5-P	Land Application
5-E	Chemical Conditioning	5-Q	Landfill
5-F	Chlorine Treatment	5-R	Pressure Filtration
5-G	Composting	5-S	Pyrolysis
5-H	Drying Beds	5-T	Sludge Lagoons
5-I	Elutriation	5-U	Vacuum Filtration
5-J	Flotation Thickening	5-V	Vibration
5-K	Freezing	5-W	Wet Oxidation
5-L	Gravity Thickening		

**TABLE 2CS-2  
TESTING REQUIREMENTS FOR ORGANIC TOXIC POLLUTANTS INDUSTRY CATEGORY**

INDUSTRY CATEGORY	GC/MS FRACTION <sup>1</sup>			
	Volatile	Acid	Base/Neutral	Pesticide
Adhesives and sealants	X	X	X	
Aluminum forming	X	X	X	
Auto and other laundries	X	X	X	X
Battery manufacturing	X		X	
Coal mining	X	X	X	X

Table 2CS-2, Testing Requirements for Organic Toxic Pollutants Industry Category contd.

Coil coating	X	X	X	
Copper forming	X	X	X	
Electric and electronic compounds	X	X	X	X
Electroplating	X	X	X	
Explosives manufacturing		X	X	
Foundries	X	X	X	
Gum and wood chemicals	X	X	X	X
Inorganic chemicals manufacturing	X	X	X	
Iron and steel manufacturing	X	X	X	
Leather tanning and finishing	X	X	X	X
Mechanical products manufacturing	X	X	X	
Nonferrous metals manufacturing	X	X	X	X
Ore mining	X	X	X	X
Organic chemicals manufacturing	X	X	X	X
Paint and ink formulation	X	X	X	X
Pesticides	X	X	X	X
Petroleum refining	X	X	X	X
Pharmaceutical preparations	X	X	X	
Photographic equipment and supplies	X	X	X	X
Plastic and synthetic materials manufacturing	X	X	X	X
Plastic processing	X			
Porcelain enameling	X		X	X
Printing and publishing	X	X	X	X
Pulp and paperboard mills	X	X	X	X
Rubber processing	X	X	X	
Soap and detergent manufacturing	X	X	X	
Steam electric power plants	X	X	X	
Textile mills	X	X	X	X
Timber products processing	X	X	X	X

<sup>1</sup>The pollutants in each fraction are listed in Item VII-C . X = Testing required.

**TABLE 2CS-3  
TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES  
REQUIRED TO BE IDENTIFIED BY APPLICANTS  
IF EXPECTED TO BE PRESENT**

<u>Toxic Pollutant</u>	<u>Hazardous Substances</u>	<u>Hazardous Substances</u>
Asbestos	2,2 Dichloropropionic acid	Monomethyl amine
	Dichlorvos	Naled
<u>Hazardous Substances</u>	Diethyl amine	Naphthenic acid
Acetaldehyde	Dimethyl amine	Nitrotoluene
Allyl alcohol	Dintrobenzene	Parathion
Allylchloride	Diquat	Phenolsulfonate
Amyl acetate	Disulfoton	Phosgene
Aniline	Diuron	Propargite
Benzonitrile	Epichlorohydrin	Propylene oxide
Benzyl chloride	Ethion	Pyrethrins
Butyl acetate	Ethylene diamine	Quinoline
Butylamine	Formaldehyde	Resorcinol
Captan	Furfural	Strontium
Carbaryl	Guthion	Strychnine
Carbofuran	Isoprene	2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)
Carbon disulfide	Isopropanolamine	TDE (Terochlorodiphenyl ethane)
Chlopyrifos	dodecylbenzenesulfonate	2,4,5-TP [2-(2,4,5-Trichlorophenoxy)propanic acide]
Coumpahos	Kelthane	Trichlorofon
Cresol	Kepone	Triethanolamine dodecylbenzenesulfonate
Crotonaldehyde	Malathion	Triethylamine
Cyclohexane	Mercaptodimethur	Uranium
2,4-D (2,4-Dichlorophinoxyacetic acid)	Methoxychlor	Vanadium
Diazinon	Methyl mercaptan	Vinyl acetate
Dicamba	Methyl methacrylate	Xylene
Dichlobenil	Methyl parathion	Xylenol
Dichlone	Mevinphos	Zirconium
	Mexacarbate	
	Monoethyl amiine	

**TABLE 2CS-4  
HAZARDOUS SUBSTANCES**

1. Acetaldehyde	49. Arsenic trisulfide	97. Cupric nitrate
2. Acetic acid	50. Barium cyanide	98. Cupric oxalate
3. Acetic anhydride	51. Benzene	99. Cupric sulfate
4. Acetone cyanohydrin	52. Benzoic acid	100. Cupric sulfate ammoniated
5. Acetyl bromide	53. Benzointrile	101. Cupric tartrate
6. Acetyl chloride	54. Benzoyl chloride	102. Cyanogen chloride
7. Acrolein	55. Benzyl chloride	103. Cyclohexane
8. Acrylonitrile	56. Beryllium chloride	104. 2,4-D acid (2,4- Dichlorophenoxyacetic acid)
9. Adipic acid	57. Beryllium fluoride	105. 2,4-D esters (2,4- Dichlorophenoxyacetic acid esters)
10. Aldrin	58. Beryllium nitrate	106. DDT
11. Allyl alcohol	59. Butylacetate	107. Diazinon
12. Allyl chloride	60. n-Butylphthalate	108. Dicamba
13. Aluminum sulfate	61. Butylamine	109. Dichlobenil
14. Ammonia	62. Butyric acid	110. Dichlone
15. Ammonium acetate	63. Cadmium acetate	111. Dichlorobenzene
16. Ammonium benzoate	64. Cadmium bromide	112. Dichloropropane
17. Ammonium bicarbonate	65. Cadmium chloride	113. Dichloropropene
18. Ammonium bichromate	66. Calcium arsenate	114. Dichloropropene-Dichloropropane mix
19. Ammonium bifluoride	67. Calcium arsenite	115. 2,2-Dichloropropionic acid
20. Ammonium bisulfite	68. Calcium carbide	116. Dichlorvos
21. Ammonium carbamate	69. Calcium chromate	117. Dieldrin
22. Ammonium carbonate	70. Calcium cyanide	118. Diethylamine
23. Ammonium chloride	71. Calcium dodecylbenzenesulfonate	119. Dimethylamine
24. Ammonium chromate	72. Calcium hypochlorite	120. Dinitrobenzene
25. Ammonium citrate	73. Captan	121. Dinitrophenol
26. Ammonium fluoroborate	74. Carbaryl	122. Dinitrotoluene
27. Ammonium fluoride	75. Carbofuran	123. Diquat
28. Ammonium hydroxide	76. Carbon disulfide	124. Disulfoton
29. Ammonium oxalate	77. Carbon tetrachloride	125. Diuron
30. Ammonium silicofluoride	78. Chlordane	126. Dodecylbenzenesulfonic acid
31. Ammonium sulfamate	79. Chlorine	127. Endosulfan
32. Ammonium sulfide	80. Chlorobenzene	128. Endrin
33. Ammonium sulfite	81. Chloroform	129. Epichlorohydrin
34. Ammonium tartrate	82. Chloropyrifos	130. Ethion
35. Ammonium thiocyanate	83. Chlorosulfonic acid	131. Ethylbenzene
36. Ammonium thiosulfate	84. Chromic acetate	132. Ethylenediamine
37. Amyl acetate	85. Chromic acid	133. Ethylene dibromide
38. Aniline	86. Chromic sulfate	134. Ethylene dichloride
39. Antimony pentachloride	87. Chromous chloride	135. Ethylene Diaminetetracetic acid (EDTA)
40. Antimony potassium tartrate	88. Cobaltous bromide	136. Ferric ammonium citrate
41. Antimony tribromide	89. Cobaltous formate	137. Ferric ammonium oxalate
42. Antimony trichloride	90. Cobaltous sulfamate	138. Ferric chloride
43. Antimony trifluoride	91. Coumaphos	139. Ferric fluoride
44. Antimony trioxide	92. Cresol	140. Ferric nitrate
45. Arsenic disulfide	93. Crotonaldehyde	
46. Arsenic pentoxide	94. Cupric acetate	
47. Arsenic trichloride	95. Cupric acetoarsenite	
48. Arsenic trioxide	96. Cupric chloride	

HAZARDOUS SUBSTANCES (contd.)

- |  |                                      |   |
|--|--------------------------------------|---|
| 141. Ferric sulfate                              | 190. Naled                           | 240. Sodium hydrosulfide  |
| 142. Ferrous ammonium sulfate                    | 191. Naphthalene                     | 241. Sodium hydroxide   |
| 143. Ferrous chloride                            | 192. Naphthenic acid                 | 242. Sodium hypochlorite  |
| 144. Ferrous sulfate                             | 193. Nickel ammonium sulfate         | 243. Sodium methylate   |
| 145. Formaldehyde                                | 194. Nickel chloride                 | 244. Sodium nitrate   |
| 146. Formic acid                                 | 195. Nickel hydroxide                | 245. Sodium phosphate (dibasic)   |
| 147. Fumaric acid                                | 196. Nickel nitrate                  | 246. Sodium phosphate (tribasic)  |
| 148. Furfural                                    | 197. Nickel sulfate                  | 247. Sodium selenite  |
| 149. Guthion                                     | 198. Nitric acid                     | 248. Strontium chromate   |
| 150. Heptachlor                                  | 199. Nitrobenzene                    | 249. Strychnine   |
| 151. Hexachlorocyclopentadiene                   | 200. Nitrogen dioxide                | 250. Styrene  |
| 152. Hydrochloric acid                           | 201. Nitrophenil                     | 251. Sulfuric acid  |
| 153. Hydrofluoric acid                           | 202. Nitrotoluene                    | 252. Sulfur monochloride  |
| 154. Hydrogen cyanide                            | 203. Paraformaldehyde                | 253. 2,4,5-T acid (2,4,5-<br>Trichlorophenoxy acetic acid)                      |
| 155. Hydrogen sulfide                            | 204. Parathion                       | 254. 2,4,5-T amines (2,4,5-<br>Trichlorophenoxy acetic cid<br>amines)           |
| 156. Isoprene                                    | 205. Pentachlorophenol               | 255. 2,4,5-T esters (2,4,5-<br>Trichlorophenoxy acetic cid esters)              |
| 157. Isopropanolamine<br>dodecylbenzenesulfonate | 206. Phenol                          | 256. 2,4,5-T salts (2,4,5-<br>Trichlorophenoxy acetic acid salts)               |
| 158. Kelthane                                    | 207. Phosoene                        | 257. 2,4,5-TP acid (2,4,5-<br>Trichlorophenoxy propanoic acid)                  |
| 159. Kepone                                      | 208. Phosphoric acid                 | 258. 2,4,5-TP acid esters (2,4,5-<br>Trichlorophenoxy propanoic acid<br>esters) |
| 160. Lead acetate                                | 209. Phosphorus                      | 259. TDE (Tetrachlorodiphenyl ethane)   |
| 161. Lead arsenate                               | 210. Phosphorus oxychloride          | 260. Tetraethyl lead  |
| 162. Lead chloride                               | 211. Phosphorus pentasulfide         | 261. Tetraethyl pyrophosphate   |
| 163. Lead fluoborate                             | 212. Phosphorus trichloride          | 262. Thallium sulfate   |
| 164. Lead fluorite                               | 213. Polychlorinated biphenyls (PCB) | 263. Toluene  |
| 165. Lead iodide                                 | 214. Potassium arsenate              | 264. Toxaphene  |
| 166. Lead nitrate                                | 215. Potassium arsenite              | 265. Trichlorofon   |
| 167. Lead stearate                               | 216. Potassium bichromate            | 266. Trichloroethylene  |
| 168. Lead sulfate                                | 217. Potassium chromate              | 267. Trichlorophenol  |
| 169. Lead sulfide                                | 218. Potassium cyanide               | 268. Triethanolamine<br>dodecylbenzenesulfonate                                 |
| 170. Lead thiocyanate                            | 219. Potassium hydroxide             | 269. Triethylamine  |
| 171. Lindane                                     | 220. Potassium permanganate          | 270. Trimethylamine   |
| 172. Lithium chromate                            | 221. Propargite                      | 271. Uranyl acetate   |
| 173. Malathion                                   | 222. Propionic acid                  | 272. Uranyl nitrate   |
| 174. Maleic acid                                 | 223. Propionic anhydride             | 273. Vanadium pentoxide   |
| 175. Maleic anhydride                            | 224. Propylene oxide                 | 274. Vanadyl sulfate  |
| 176. Mercaptodimethur                            | 225. Pyrethrins                      | 275. Vinyl acetate  |
| 177. Mercuric cyanide                            | 226. Quinoline                       | 276. Vinylidene chloride  |
| 178. Mercuric nitrate                            | 227. Resorcinol                      | 277. Xylene   |
| 179. Mercuric sulfate                            | 228. Selenium oxide                  | 278. Xylenol  |
| 180. Mercuric thiocyanate                        | 229. Silver nitrate                  | 279. Zinc acetate   |
| 181. Mercurous nitrate                           | 230. Sodium                          | 280. Zinc ammonium chloride   |
| 182. Methoxychlor                                | 231. Sodium arsenate                 |   |
| 183. Methyl mercaptan                            | 232. Sodium arsenite                 |   |
| 184. Methyl methacrylate                         | 233. Sodium bichromate               |   |
| 185. Methyl parathion                            | 234. Sodium bifluoride               |   |
| 186. Mevinphos                                   | 235. Sodium bisulfite                |   |
| 187. Mexacarbate                                 | 236. Sodium chromate                 |   |
| 188. Monoethylamine                              | 237. Sodium cyanide                  |   |
| 189. Monomethylamine                             | 238. Sodium dodecylbenzenesulfonate  |   |
|  | 239. Sodium fluoride                 |   |

**HAZARDOUS SUBSTANCES (contd.)**

281. Zinc borate  
282. Zinc bromide  
283. Zinc carbonate  
284. Zinc chloride  
285. Zinc cyanide  
286. Zinc fluoride

287. Zinc formate  
288. Zinc hydrosulfite  
289. Zinc nitrate  
290. Zinc phenolsulfonate  
291. Zinc phosphide  
292. Zinc silcofluoride

293. Zinc sulfate  
294. Zirconium nitrate  
295. Zirconium potassium fluoride  
296. Zirconium sulfate  
297. Zirconium tetrachloride

# FORM 2CS



## WASTEWATER APPLICATION FOR PERMIT TO DISCHARGE PROCESS WASTEWATER FROM NEW OR EXISTING INDUSTRIAL WASTEWATER FACILITIES TO SURFACE WATERS

Facility I.D. Number: \_\_\_\_\_

**Please print or type information in the appropriate areas.**

**I OUTFALL LOCATION** For each outfall, list the X,Y coordinates and the name of the receiving water.  
(latitude/longitude to the nearest 15 seconds)

A. Outfall No. (List)	B. Latitude			C. Longitude			D. Name of Receiving Water
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	

### **II OUTFALL DESIGN**

A. Outfall No. (List)	B. Design Configuration and Construction Materials	C. Distance from shore	D. Diameter	E. Elevation of Discharge Invert (MSL)	F. Receiving Water Depth at POD (MSL)

**III RECEIVING WATER INFORMATION**

For each surface water that will receive effluent, supply the following information:

A. Name of Receiving Water	B. Check One		C. Classification (See Ch. 62-302, F.A.C.)	D. Type of Receiving Water (canal, river, lake, etc.)
	Fresh	Salt or Brackish		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

E. Minimum 7-day 10-year low flow of the receiving water at each outfall (if appropriate).

F. Identify and describe the flow of effluent from each outfall to a major body of water. A suitably marked map or aerial photograph may be used.

G. Do you request a mixing zone under Rule 62-4.244, F.A.C.? If yes, for what parameters or pollutants?

**IV 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.  
 B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of:

1. All operations contributing wastewater to the effluent; including process wastewater, sanitary wastewater, cooling water, and stormwater runoff;
2. The average flow contributed by each operation; and
3. The treatment received by the wastewater.

Use the space on the next page. Continue on additional sheets, if necessary.

(1) Outfall No. (List)	(2) Operation(s) Contributing Flow		(3) Treatment		
	(a) Operation (list)	(b) Avg. Flow & Units	(a) Description	(b) List Code from Table 2CS-1	

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 type="checkbox"/> No (go to D. below)								
(1) Outfall No. (List)	(2) Operation(s) Contributing Flow(List)	(3) Frequency		(4) Flow				(c) Duration (in days)
		(a) Days per Week (specify avg.)	(b) Months per Yr. (specify avg.)	(a) Flow Rate (in mgd)		(b) Total Volume (specify with units)		
				Long Term Avg.	Max. Daily	Long Term Avg.	Max. Daily	

D. Describe practices to be followed to ensure adequate wastewater treatment during emergencies such as power loss and equipment failures causing shutdown of pollution abatement equipment of the proposed/permitted facilities.

E. List the method(s) and location(s) of flow measurement.

**V 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 V-B)     No (go to Section VI)

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

Yes (complete Item V-C)     No (go to Section VI)

C. If you answered "yes" to Item V-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
a. Quantity per Day	b. Units of Measure	c. Operation, Product, Materials, Etc. (specify)	(list outfall nos.)

**VI 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 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 order, enforcement compliance schedule letter, stipulations, court orders, and grant or loan conditions.

Yes (complete the following table)  No (go to Item VI-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.

Mark "X" if description of additional control programs is attached.

**VII 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 VII-A, VII-B, and VII-C are included on separate sheets number VII-1 through VII-9.

D. Use the space below to list any of the pollutants listed in Table 2CS-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

**VIII POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

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

- YES (list all such pollutants below)       NO (go to IX)

**IX 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 X)

**X CONTRACT ANALYSIS INFORMATION**

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

- YES (list the name, address, telephone number, and certification number of, and pollutants analyzed by each such laboratory or firm below)       NO (go to Section XI)

A. Name	B. Address	C. Telephone (area code & no.)	D. Pollutants Analyzed (list)

Facility I.D. Number: \_\_\_\_\_

**XI CONNECTION TO REGIONAL POTW**

A. Indicate the relationship between this project and area regional planning for wastewater treatment. List steps to be taken for this industrial wastewater facility to become part of an area-wide wastewater treatment system.

**XII-A CERTIFICATIONS FOR NEW OR MODIFIED FACILITIES**

This is to certify the engineering features of this pollution control project have been designed by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department. It is also agreed that the undersigned, if authorized by the owner, will furnish the applicant a set of instructions for the proper maintenance and operation of the pollution control facilities and, if applicable, pollution sources.

_____ Signature	_____ Company Name
_____ Name (please type)	Address: _____ _____
(Affix Seal)	Florida Registration No.: _____ Telephone No.: _____ Date: _____

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 & Official Title (Please type or print)	_____ Signature
_____ Telephone No. (area code & No.)	_____ Date Signed

**XII-B CERTIFICATIONS FOR PERMIT RENEWALS**

This is to certify the engineering features of this pollution control project have been examined by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department.

_____ Signature	_____ Company Name
_____ Name (please type)	Address: _____ _____ _____
(Affix Seal)	Florida Registration No.: _____ Telephone No: _____ Date: _____

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 & Official Title (Please type or print)	_____ Signature
_____ Telephone No. (area code & No.)	_____ Date Signed

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

**VII. INTAKE AND EFFLUENT CHARACTERISTICS**

**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		4. Intake (optional)			
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Total Nitrogen (as N)												
f. Total Phosphorus (as P)												
g. Ammonia (as N)												
h. Flow - actual or projected	Value		Value		Value					Value		
i. Flow - design	Value		Value		Value					Value		
j. Specific Conductivity	Value		Value		Value					Value		
k. Temperature (winter)	Value		Value		Value			°C		Value		
l. Temperature (summer)	Value		Value		Value			°C		Value		
m. pH	Min.	Max.	Min.	Max.				STANDARD UNITS				

**PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b 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. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>												
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>												
c. Color	<input type="checkbox"/>	<input type="checkbox"/>												
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>												
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>												
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>												

: Item VII-B Contd.

Facility ID. Number \_\_\_\_\_ Outfall No. \_\_\_\_\_

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. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>												
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>												
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>												
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>												
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>												
n. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>												
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>												
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>												
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>												
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>												
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>												
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>												
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>												
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>												
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

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 2a for all 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 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c 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 No. (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. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>DIOXIN</b>															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>GC/MS FRACTION -VOLATILE COMPOUNDS</b>															
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

1. Pollutant and CAS No. (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. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b> (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8V. Chlorodi-bromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
17V. 1,2,-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
23V. 1,1,2,2-Tetra-chloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

1. Pollutant and CAS No. (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. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
30V. Trichloro-fluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>GC/MS FRACTION - ACID COMPOUNDS</b>															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8A P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9A Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10A Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11A 2,4,5-Trichloro-phenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

1. Pollutant and CAS No. (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. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

1. Pollutant and CAS No. (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. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
35B. Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
41B N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
44B Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>GC/MS FRACTION - PESTICIDES</b>															
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3P -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

1. Pollutant and CAS No. (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. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												