



New or Existing Dischargers of Process Wastewater

Are you a new discharger (e.g., not currently covered under an existing NPDES/IPDES permit)? Yes No

Existing Industrial Facility Permit

Select the type of industrial operation:

- Commercial
- Drinking Water (Private)
- Drinking Water (Public)
- Manufacturing
- Mining
- Silvicultural
- Other

Part I. Outfall Locations

Identify the outfall number, latitude, longitude, and the receiving water in the table below. Click the location link to identify the outfall location on the map, which will auto-populate the latitude and longitude in decimal degrees. Follow this link to DEQ's Interactive Map for help identifying the receiving water: <https://mapcase.deq.idaho.gov/wq2012/>.

Outfall Number	Latitude: Decimal Degrees (N)	Longitude: Decimal Degrees (W)	Receiving Water

Part II. Flows, Sources of Pollution, and Treatment Technologies

A. Upload 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 Part I. 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 volume of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff (Operation and Average Flow) and; the treatment received by the wastewater (Description and List Codes from Table 1).

Operations Contributing Flows		Treatment	
Operation (list)	Average Flow	Description	List Codes from Table 2C-1
	MGD		
	MGD		
	MGD		

C. Except for storm runoff, leaks, or spills, are any of the discharges described in the table above intermittent or seasonal? Yes No

Operations Contributing Flows	Frequency		Flow Rate (mgd)		Flow (total volume)		Flow Duration
	Average Number of Days per Week	Average Number of Months per Year	Long Term Average	Maximum Daily	Long Term Average	Maximum Daily	(in days)

Operations Contributing Flows	Frequency		Flow Rate (mgd)		Flow (total volume)		Flow Duration
	Average Number of Days per Week	Average Number of Months per Year	Long Term Average	Maximum Daily	Long Term Average	Maximum Daily	(in days)
					million gallons	million gallons	
					million gallons	million gallons	
					million gallons	million gallons	

Part III. Production

A. Does an effluent limit guideline promulgated by EPA under the Clean Water Act (CWA) §304 apply to the facility? Yes No

B. Are the limits in the applicable effluent limit guideline expressed in terms of production (or other measure of operation)? Yes No

Year	Quantity per Day	Units of Measure	Operation, Product, Material, etc. (specify)

Part IV. Improvements

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading, or operations of wastewater treatment equipment, processes, or any other environmental programs that may affect the discharges described in this application? Yes No

Identification of Condition, Agreement, Etc	Brief Description of Project	Source of Discharge	Final Compliance Date	
			Required	Projected

B. Optional: Attach documents describing any additional water pollution control programs or other environmental projects currently underway or planned that may affect discharges. Indicate whether each program is underway or planned and the actual or planned schedules for construction.

Part V. Intake and Effluent Characteristics

Report the concentration and mass of the pollutants discharged from each outfall. Each group should be completed according to the specific instructions.

Group A Pollutants

For each outfall, provide the results of at least one analysis for every Group A pollutant in these tables. See instructions for additional details. Complete for each outfall. See instructions for additional details.

Parameter	Effluent				Intake	
	Maximum Daily Value	Maximum 30-Day Value (if available)	Long-Term Average Value (if available)	No. of Analyses	Long-Term Average Value (if available)	No. of Analyses
Flow						
pH Maximum						
pH Minimum						
Temperature , Summer						
Temperature , Winter						

Pollutant	Concentration Unit	Mass Unit	Effluent						Intake			
			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)		No. of Analyses
			Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass	
Ammonia (as N)												
Chemical Oxygen Demand (COD)												
Organic Carbon (TOC)												
Temperature												
Wet Testing												
Total Suspended Solids (TSS)												
Biochemical Oxygen Demand (BOD)												
pH												
PCB Cogeners												

Group B Pollutants

Identify if each pollutant is believed present or believed absent. If you select *Believed Present* for any pollutant limited either directly, or indirectly but expressly, in an effluent limit guideline, provide the results of at least one analysis for that pollutant. For other pollutants selected as *Believed Present*, provide quantitative data or explain their presence in the discharge. Complete one table for each outfall.

Pollutant	Presence		Concentration Unit	Mass Unit	Effluent						Intake			
	<input type="radio"/> Believed Present	<input type="radio"/> Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)		No. of Analyses
					Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass	
Alpha Radiation (Gross alpha radiation)	<input type="radio"/>	<input type="radio"/>												
Aluminum	<input type="radio"/>	<input type="radio"/>												
Barium	<input type="radio"/>	<input type="radio"/>												
Beta Radiation (Gross Beta Radiation)	<input type="radio"/>	<input type="radio"/>												
Boron	<input type="radio"/>	<input type="radio"/>												

Pollutant	Presence		Concentration Unit	Mass Unit	Effluent						Intake		
	Believed Present	Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
					Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
Bromide	<input type="radio"/>	<input type="radio"/>											
Chlorine (Total Residual, TRC)	<input type="radio"/>	<input type="radio"/>											
Cobalt	<input type="radio"/>	<input type="radio"/>											
Color	<input type="radio"/>	<input type="radio"/>											
E-Coli	<input type="radio"/>	<input type="radio"/>											
Fecal Coliform	<input type="radio"/>	<input type="radio"/>											
Fluoride	<input type="radio"/>	<input type="radio"/>											
Iron	<input type="radio"/>	<input type="radio"/>											
Magnesium	<input type="radio"/>	<input type="radio"/>											
Manganese	<input type="radio"/>	<input type="radio"/>											
Molybdenum	<input type="radio"/>	<input type="radio"/>											
Nitrate-Nitrite (as N)	<input type="radio"/>	<input type="radio"/>											
Nitrogen, Organic, Dissolved (As N)	<input type="radio"/>	<input type="radio"/>											
Oil & Grease	<input type="radio"/>	<input type="radio"/>											
Phosphorus (total)	<input type="radio"/>	<input type="radio"/>											
Radium	<input type="radio"/>	<input type="radio"/>											
Radium 226, Total	<input type="radio"/>	<input type="radio"/>											
Sulfate, Total (As So4)	<input type="radio"/>	<input type="radio"/>											
Sulfide	<input type="radio"/>	<input type="radio"/>											
Sulfite	<input type="radio"/>	<input type="radio"/>											
Surfactants	<input type="radio"/>	<input type="radio"/>											
Tin	<input type="radio"/>	<input type="radio"/>											
Titanium, Total	<input type="radio"/>	<input type="radio"/>											

Group C Pollutants

Metals, Cyanide, and Total Phenols

Group C. If you are a primary industry and your outfall contains process wastewater, refer to Table 2 in the instructions to determine which of the GC/MS fractions you must test for. Select *Testing Required* for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. Select *Believed Present* for pollutants you know or have reason to believe are present if you fall under secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions. If you select *Believed Present* for a pollutant, provide the results of at least 1 analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 parts per billion (ppb) or greater. If you select acrolein, acrylonitrile, 2,3 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, as *Believed Present*, provide the results of at least 1 analysis for each pollutant you know or have reason to believe discharges in concentrations of 100 ppb or greater. Otherwise for pollutants for which you select *Believed Present*, submit at least 1 analysis or briefly describe the reasons the pollutant is expected to be discharged.

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake			
	<input type="checkbox"/> Testing Required	<input type="radio"/> Believed Present	<input type="radio"/> Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)		No. of Analyses
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass	
2,3,7,8-TCDD (dioxin) (tetrachloro-dibenzo-p-dioxin)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Antimony	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Arsenic	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Beryllium	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Cadmium	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Chromium	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Copper	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Cyanide	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Hardness, Total (As CaCO3)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Lead	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Mercury	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Nickel	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Other	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Phenolics (Total Phenols)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Selenium	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Silver	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Thallium	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Total Phenolic Compounds	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Zinc	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												

Group C Pollutants

GC/MS Fraction - Volatile Organic Compounds

Group C. If you are a primary industry and your outfall contains process wastewater, refer to Table 2 in the instructions to determine which of the GC/MS fractions you must test for. Select *Testing Required* for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. Select *Believed Present* for pollutants you know or have reason to believe are present if you fall under secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions. If you select *Believed Present* for a pollutant, provide the results of at least 1 analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 parts per billion (ppb) or greater. If you select acrolein, acrylonitrile, 2,3 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, as *Believed Present*, provide the results of at least 1 analysis for each pollutant you know or have reason to believe discharges in concentrations of 100 ppb or greater. Otherwise for pollutants for which you select *Believed Present*, submit at least 1 analysis or briefly describe the reasons the pollutant is expected to be discharged.

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake			
	<input type="checkbox"/> Testing Required	<input type="radio"/> Believed Present	<input type="radio"/> Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)		No. of Analyses
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass	
1,1,1-Trichloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
1,1,2-Trichloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
1,1-Dichloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
1,2 Trans-Dichloroethylene OR Trans 1,2 Dichloroethene (Ethylene dichloride)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
1,2-Dichloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
1,2-Dichloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
1,2-Dichloropropane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
1,3-Dichloropropene (1,3 Dichloropropylene)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
2-Chloro-ethylvinylether	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Accrolein	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Acrylonitrile	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Benzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Bis (Chloromethyl) Ether	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Bromoform	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Bromomethane (methyl bromide)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Carbon Tetrachloride	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Chlorobenzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Chlorodibromo-methane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Chloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Chloroform	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Chloromethane (methyl chloride)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Dibromochloromethane (chlorodibromomethane)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Dichlorobromo-methane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												
Dichlorodifluoromethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>												

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake		
	<input type="checkbox"/> Testing Required	<input type="radio"/> Believed Present	<input type="radio"/> Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
Ethylbenzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Methylene Chloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Other	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Tetrachloroethene (tetrachloro-ethylene)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Toluene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Trichlorofluoromethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Vinyl Chloride	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											

Group C Pollutants

GC/MS Fraction - Acid-Extractable Compounds

Group C. If you are a primary industry and your outfall contains process wastewater, refer to Table 2 in the instructions to determine which of the GC/MS fractions you must test for. Select *Testing Required* for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. Select *Believed Present* for pollutants you know or have reason to believe are present if you fall under secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions. If you select *Believed Present* for a pollutant, provide the results of at least 1 analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 parts per billion (ppb) or greater. If you select acrolein, acrylonitrile, 2,3 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, as *Believed Present*, provide the results of at least 1 analysis for each pollutant you know or have reason to believe discharges in concentrations of 100 ppb or greater. Otherwise for pollutants for which you select *Believed Present*, submit at least 1 analysis or briefly describe the reasons the pollutant is expected to be discharged.

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake		
	<input type="checkbox"/> Testing Required	<input type="radio"/> Believed Present	<input type="radio"/> Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
2,4,6-Trichlorophenol	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
2,4-Dichlorophenol	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
2,4-Dimethylphenol	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
2,4-Dinitrophenol	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
2-Chlorophenol	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
2-Nitrophenol	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
4,6-Dinitro-2-Methylphenol (4,6 dinitro-o-cresol)(2-methyl-4,6-dinitrophenol)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
4-Nitrophenol	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Other	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake		
	<input type="checkbox"/> Testing Required	Believed Present	Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
P-Chloro-m-cresol (4-Chloro-3-methylphenol)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Pentachlorophenol	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Phenols	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											

Group C Pollutants

GC/MS Fraction - Base-Neutral Compounds

Group C. If you are a primary industry and your outfall contains process wastewater, refer to Table 2 in the instructions to determine which of the GC/MS fractions you must test for. Select *Testing Required* for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. Select *Believed Present* for pollutants you know or have reason to believe are present if you fall under secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions. If you select *Believed Present* for a pollutant, provide the results of at least 1 analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 parts per billion (ppb) or greater. If you select acrolein, acrylonitrile, 2,3 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, as *Believed Present*, provide the results of at least 1 analysis for each pollutant you know or have reason to believe discharges in concentrations of 100 ppb or greater. Otherwise for pollutants for which you select *Believed Present*, submit at least 1 analysis or briefly describe the reasons the pollutant is expected to be discharged.

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake		
	<input type="checkbox"/> Testing Required	<input type="radio"/> Believed Present	<input type="radio"/> Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
1,2,4-Trichlorobenzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
1,2-Dichlorobenzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
1,2-Diphenylhydrazine	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
1,3-Dichlorobenzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
1,4-Dichlorobenzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
2,4-Dinitrotoluene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
2,6-Dinitrotoluene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
2-Chloronaphthalene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
3,3'-Dichlorobenzidine	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
3,4 Benzo-fluoranthene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
4-Bromophenyl phenyl ether	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
4-Chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Acenaphthene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Acenaphthylene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Anthracene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake		
	<input type="checkbox"/> Testing Required	Believed Present	Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
Benzidine	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Benzo(a)anthracene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Benzo(a)pyrene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Benzo(ghi)perylene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Benzo(K)Fluoranthene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Bis(2-Chloroethoxy)Methane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Bis(2-Chloroethyl)Ether	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Bis(2-Chloroiso-propyl) ether	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Bis(2-Ethylhexyl) Phthalate	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Butyl benzyl phthalate (Benzyl butyl phthalate)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Chrysene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Di-N-Octyl Phthalate	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Dibenzo(a,h)anthracene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Dibutyl phthalate (Di-n-butyl phthalate)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Diethyl phthalate	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Dimethyl phthalate	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Fluoranthene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Fluorene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Hexachlorobenzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Hexachlorobutadiene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Hexachlorocyclopentadiene (hexachloropentadiene)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Hexachloroethane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Indeno(1,2,3-cd)pyrene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Isophorone	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
N-Nitrosodimethylamine	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
N-Nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
N-Nitrosodiphenylamine	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake		
	<input type="checkbox"/> Testing Required	Believed Present	Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
Naphthalene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Nitrobenzene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Other	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Phenanthrene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Pyrene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											

Group C Pollutants

GC/MS Fraction - Pesticides

Group C. If you are a primary industry and your outfall contains process wastewater, refer to Table 2 in the instructions to determine which of the GC/MS fractions you must test for. Select *Testing Required* for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. Select *Believed Present* for pollutants you know or have reason to believe are present if you fall under secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions. If you select *Believed Present* for a pollutant, provide the results of at least 1 analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 parts per billion (ppb) or greater. If you select acrolein, acrylonitrile, 2,3 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, as *Believed Present*, provide the results of at least 1 analysis for each pollutant you know or have reason to believe discharges in concentrations of 100 ppb or greater. Otherwise for pollutants for which you select *Believed Present*, submit at least 1 analysis or briefly describe the reasons the pollutant is expected to be discharged.

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake		
	<input type="checkbox"/> Testing Required	<input type="radio"/> Believed Present	<input type="radio"/> Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
4,4'-DDD	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
4,4'-DDE	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
4,4'-DDT	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Aldrin	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
alpha-BHC	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
beta-BHC	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Chlordane	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
delta-BHC	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Dieldrin	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Endosulfan I (alpha endosulfan)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Endosulfan II (beta endosulfan)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Endosulfan Sulfate	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Endrin	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Endrin Aldehyde	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											

Pollutant	Presence			Concentration Unit	Mass Unit	Effluent						Intake		
	<input type="checkbox"/> Testing Required	Believed Present	Believed Absent			Maximum Daily Value		Maximum 30-Day Value (if available)		Long-Term Average Value (if available)		No. of Analyses	Long-Term Average Value (if available)	
						Concentration	Mass	Concentration	Mass	Concentration	Mass		Concentration	Mass
Heptachlor	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Heptachlor Epoxide	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Lindane (gamma-BHC)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Other	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
PCB-aroclor 1016	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
PCB-aroclor 1221	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
PCB-aroclor 1232	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
PCB-aroclor 1242	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
PCB-aroclor 1248	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
PCB-aroclor 1254	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
PCB-aroclor 1260	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											
Toxaphene	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>											

Group D. Toxic Pollutants and Hazardous Substances

1. Do you know or have reason to believe pollutants from Table 3 are discharged or maybe discharged from any outfall? Yes No

List any of the pollutants in Table 3 that you know or have reason to believe are discharged or may be discharged from any outfall. For every pollutant listed, briefly describe the reasons you believe it to be present and report any known analytical data.

Pollutant	Source	Reason Pollutant is Believed to be Present	Analytical Data

2. Exemption Request for Hazardous Substances

Are you requesting an exemption under 40 CFR 11.71.2 (a)(2) for pollutants you discharge that are listed in Table 4? Yes No

Are you requesting an exemption under 40 CFR 11.71.2 (a)(2)? Yes No

The discharge of pollutants listed in Table 4 may be subject to the additional requirements the CWA §311 (Oil and Hazardous Substances Liability). These requirements are not administered through the IPDES Program. To request an exemption from these requirements under 40 CFR117.12(a)(2), complete the following information for each pollutant.

Pollutant	Quantity/Units	Origin & Source of Discharge	Treatment Provided for the Discharge

Part VI. Potential Discharges Not Covered By Analysis

Is any pollutant listed in Group C a substance or a component of a substance that is currently used or manufactured as an intermediate or final product or byproduct? If Yes, list all pollutants: Yes No

Pollutant

Pollutant

Part VII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic whole effluent toxicity (WET) has been made on any of the discharges or on a receiving water in relation to the discharge within the last 3 years? Yes No

If Yes, identify the tests and describe their purposes:

Part VIII. Contract Analysis Information

Were any of the analyses of the intake and effluent characteristics performed by a contract laboratory or consulting firm? Yes No

If Yes, complete the following for each contract laboratory or consulting firm:

Name	Address (Zip, City & State)	Telephone (area code & no.)	Pollutants Analyzed (list)

Part IX. Requests and Other Information (Optional)

A. Do you intend to request one or more of the variances authorized under IDAPA or the Code of Federal Regulations? Yes No

- Intake credits
- Thermal discharge
- Waivers
- Water quality standards
- Water Quality Trading

B. Do you intend to request a mixing zone? Yes No

C. Use the space below to expand upon any of the previous questions or to alert the reviewer of any additional information that should be considered in establishing permit limits for the operation.

D. Attach Additional Information