



INDUSTRIAL CHEMICAL SURVEY

PART I

Please refer to attached table I

PLEASE COMPLETE AND RETURN TO THE ABOVE ADDRESS, ATTENTION: INDUSTRIAL CHEMICAL SURVEY.

COMPANY NAME Morse Chain Division, Borg-Warner Corp.		SIC CODE (if known) 3622, 3566 3714-	OFFICE USE ONLY
COMPANY MAILING ADDRESS South Aurora Street		CITY Ithaca	STATE N. Y.
CONTACT NAME Mr. William L. Tompkins		TELEPHONE Area 607/272-7220	ZIP CODE 14850
PLANT ADDRESS (if different) Street		CITY	STATE
PLANT NAME (if different)		CITY	STATE

PRINCIPAL BUSINESS OF PLANT
Manufacture of Industrial Roller Chain and Automotive Timing Chain

NOTE: (If parent company, give name and addresses of all divisions, subsidiaries, etc. located in New York State. A separate questionnaire is to be completed and submitted for each.)

PART II Discharge Information

WATER	1. Does your plant discharge liquid wastes to a municipally owned sanitary sewer system? Name of System <u>Ithaca Water & Sewer Dept.</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2. Is your facility permitted to discharge liquid wastes under a State (SPDES) or Federal (NPDES) permit? Permit Number <u>0 0 0 2 9 3 3</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	3. Do you discharge liquid wastes in any other manner? Explain _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If any of the above are "Yes":	
	a. Do you discharge process or chemical wastes - (i.e. water used in manufacturing including direct contact cooling water and scrubber water)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you discharge non-contact cooling water?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Do you discharge collected storm drainage only?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. Do you discharge sanitary wastes only?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

AIR	1. Does your facility have sources of possible emissions to the atmosphere?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2. Enter Location and Facility Code as shown on your Air Pollution Control Application for Permits and Certification (If applicable) <u>5 0 0 7 0 0 0 3 8</u>	

SOLID & CONCENTRATED LIQUID WASTES	1. List Name and Address of Firm (Including yourself) removing wastes other than office and cafeteria refuse.	
	Name <u>Wallace Steel</u>	
	Address <u>105 Cherry St.</u> City <u>Ithaca</u> State <u>N.Y.</u> Zip Code <u>14850</u>	
	Name <u>Auburn Container</u>	
Address <u>23 Porrine St.</u> City <u>Auburn</u> State <u>N.Y.</u> Zip Code <u>13021</u>		
2. List Location(s) of Landfill(s) owned and used by your facility.		Active <input type="checkbox"/> Inactive <input type="checkbox"/>
1 <u>N. A.</u>		<input type="checkbox"/> <input type="checkbox"/>
2 _____		<input type="checkbox"/> <input type="checkbox"/>

PESTICIDES	1. Does this facility:	
	Manufacture Pesticides or Pesticide Product Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Produce Pesticides or Pesticide Product Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Formulate Pesticides? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Repackage Pesticides? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. EPA Establishment Number <u>NY D 0 0 2 2 - 2 8 - 6 2 5</u>		

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

II. FACILITY LOCATION

III. FACILITY NAME

MORSE CHAIN DIV OF BORG-WARNER
 ITHACA (C)
 TOMPKINS
 PERMIT NO. NY0002933 EXPIRES-01/01/82

I. EPA I.D. NUMBER

S	F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

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

III. NAME OF FACILITY

1 **SKIP** Morse Chain Div. of Borg-Warner.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

2 Tompkins, William Director of Facilities Engr.

B. PHONE (area code & no.)

607 272 7220

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 South Aurora Street.

B. CITY OR TOWN

4 Ithaca

C. STATE

NY

D. ZIP CODE

14850

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 South Aurora Street.

B. COUNTY NAME

Tompkins

C. CITY OR TOWN

6 Ithaca

D. STATE

NY

E. ZIP CODE

14850

F. COUNTY CODE (if known)

50

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

A. FIRST				B. SECOND						
C	7	3	56	6	(specify)	C	7	3714	(specify)	
15	16	17	18	19	Mechanical Power Trans. Equip.	15	16	17	18	
C. THIRD				D. FOURTH						
C	7	3622	Industrial Controls			C	7	(specify)		
15	16	17	18	19		15	16	17	18	19

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?					
C	8	Borg-Warner Corporation								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
15	16	17	18	19	20	21	22	23	24	25	26				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)						D. PHONE (area code & no.)									
F - FEDERAL		M - PUBLIC (other than federal or state)		P (specify)		A		607		272		7220			
S - STATE		O - OTHER (specify)													
P - PRIVATE															
E. STREET OR P.O. BOX															
South Aurora Street															
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
Ithaca										NY		14850		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15 16 17 18 19 20 21 22 23 24 25										40 41 42 43 44 45 46 47 48 49		50 51 52 53 54 55 56 57 58 59			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)						Existing Sources									
C	9	N	NY 0002933			C	9	P	5007000038												
15	16	17	18	19	20	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)															
C	9	U				C	9					(specify)									
15	16	17	18	19	20	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
C. RCRA (Hazardous Wastes)						E. OTHER (specify)															
C	9	R	NYD002228625			C	9					(specify)									
15	16	17	18	19	20	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

XI. MAP

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

XII. NATURE OF BUSINESS (provide a brief description)

Industrial Chain Div. manufactures roller chain for power transmission product

Automotive Div. manufactures timing chain and drive chain for the automotive industry.

Electronics Div. manufactures electronics controllers for the air conditioning and power transmission industries.

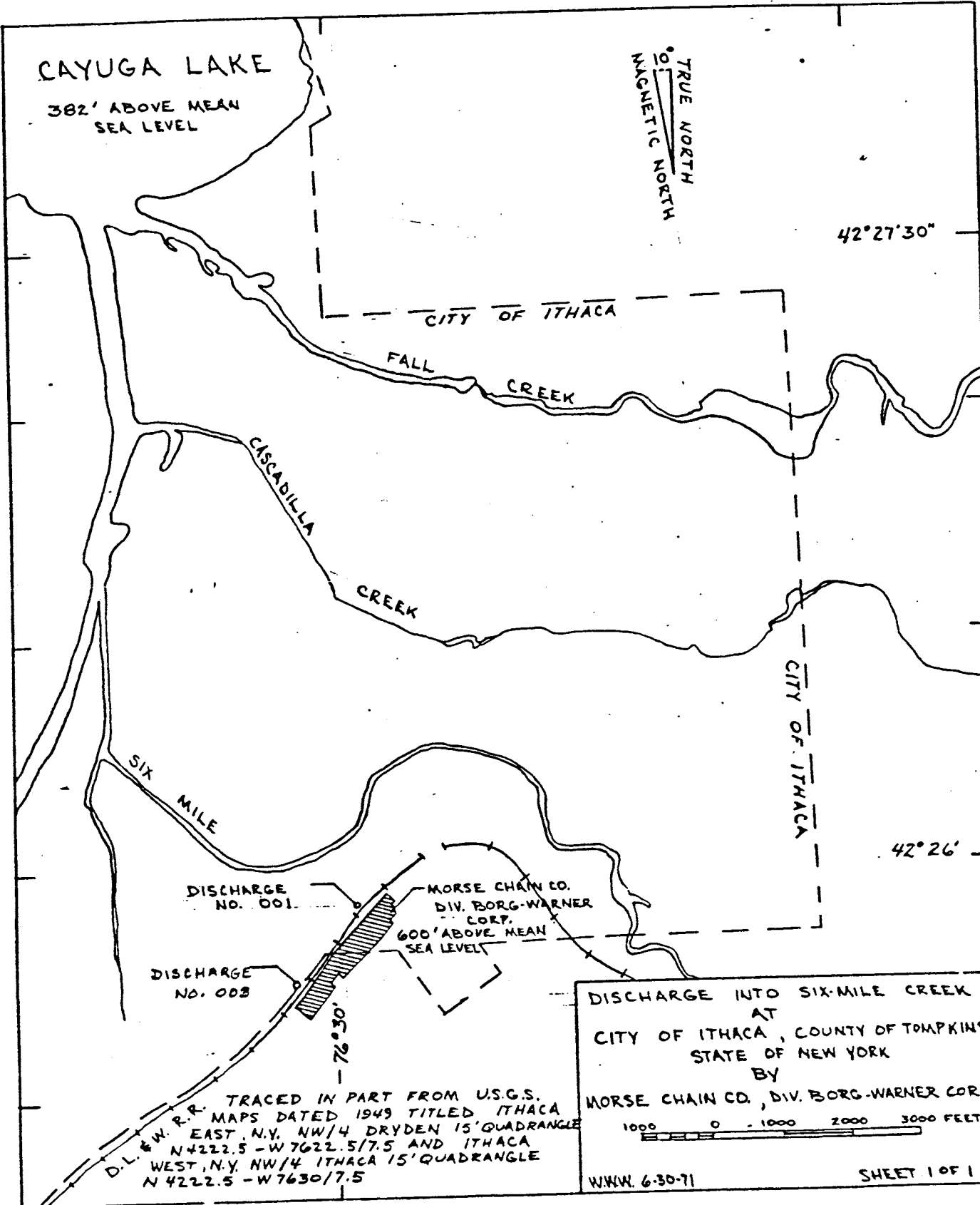
XIII. CERTIFICATION (see instructions)

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

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
G. A. Zimmer Group Vice President Advanced Engr.		<i>George C. Zimmer</i>		30 Sept 1981	

COMMENTS FOR OFFICIAL USE ONLY

C										
15	16	17	18	19	20	21	22	23	24	25



CAYUGA LAKE
382' ABOVE MEAN
SEA LEVEL

TRUE NORTH
MAGNETIC NORTH

42°27'30"

CITY OF ITHACA

FALL CREEK

CASCADILLA CREEK

CITY OF ITHACA

42°26'

SIX MILE CREEK

DISCHARGE NO. 001

MORSE CHAIN CO.
DIV. BORG-WARNER
CORP.
600' ABOVE MEAN
SEA LEVEL

DISCHARGE NO. 003

76°30'

DISCHARGE INTO SIX-MILE CREEK
AT
CITY OF ITHACA, COUNTY OF TOMPKINS
STATE OF NEW YORK
BY
MORSE CHAIN CO., DIV. BORG-WARNER CORP.

1000 0 1000 2000 3000 FEET

TRACED IN PART FROM U.S.G.S.
R. MAPS DATED 1949 TITLED ITHACA
EAST, N.Y. NW/4 DRYDEN 15' QUADRANGLE
N 4222.5 - W 7622.5/7.5 AND ITHACA
WEST, N.Y. NW/4 ITHACA 15' QUADRANGLE
N 4222.5 - W 7630/7.5

WWW. 6-30-71

SHEET 1 OF 1

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
 YES (complete the following table) NO (go to Section III)

OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DUR- ATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
 YES (complete Item III-B) NO (to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?
 YES (complete Item III-C) NO (go to Section IV)

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

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

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of waste-water treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.
 YES (complete the following table) NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COM- PLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		5. EST. DATE	6. DATE RECEIVED

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

NY 0002933

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N.A.			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you do or expect that you will over the next 5 years use or manufacture as an intermediate or final product or byproduct?

YES (list all such pollutants below)

NO (go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V7?

YES (complete Item VI-C below)

NO (go to Section VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

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

YES (identify the test(s) and describe their purposes below)

NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

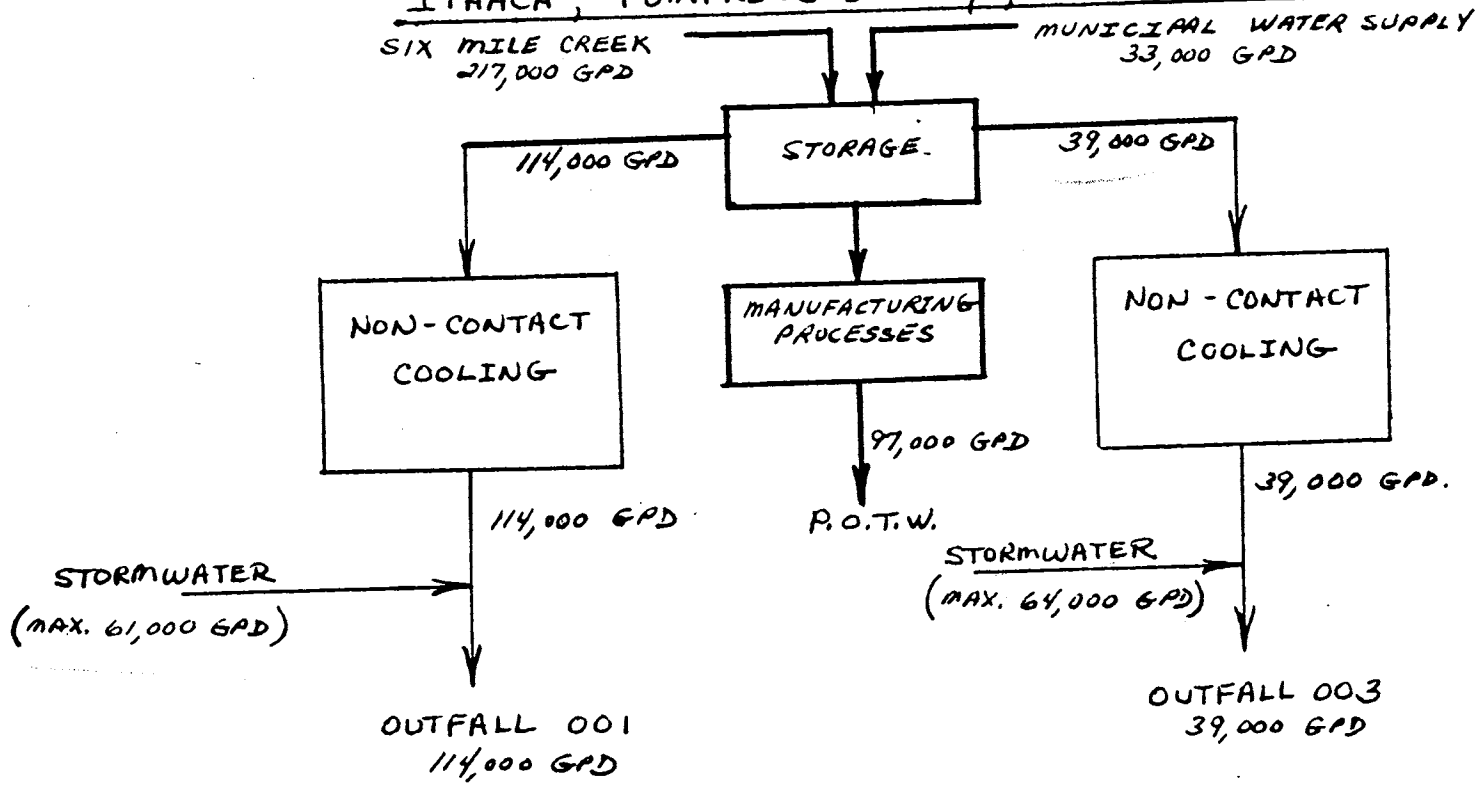
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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

<p>A. NAME & OFFICIAL TITLE (type or print) George A. Zimmer Group Vice President Advanced Engineering Transmission Components Group</p>	<p>B. PHONE NO. (area code & no.) 607/272-7220</p>
<p>C. SIGNATURE <i>George A. Zimmer</i></p>	<p>D. DATE SIGNED 30 Sept. 1981</p>

SCHEMATIC OF WATER FLOW

MORSE CHAIN DIV. BORG-WARNER CORP.

ITHACA, TOMPKINS COUNTY, NEW YORK



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

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

NY 0002933

Form Approved OMB No. 158-R0173

OUTFALL NO.
001

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

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

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	Exemption											
b. Chemical Oxygen Demand (COD)	11											
c. Total Organic Carbon (TOC)	11											
d. Total Suspended Solids (TSS)	11											
e. Ammonia (as N)	11											
f. Flow	VALUE 0.175 MG/D		VALUE 0.171 MG/D		VALUE 0.114 MG/D		24			VALUE		
g. Temperature (winter)	VALUE 13.9		VALUE		VALUE		12	°C		VALUE		
h. Temperature (summer)	VALUE		VALUE 22.8		VALUE		12	°C		VALUE		
i. pH	MINIMUM 6.4	MAXIMUM 8.5	MINIMUM 7.5	MAXIMUM 8.4	X		24	STANDARD UNITS		X		

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLU ANT ANL CAS NO. (If available)	2. MARK 'X'		3. EFFLUENT						4. UNITS		5. INTAK (optional)			
	a. RE- LIEVED PRE- SENT	b. RE- LIEVED AB- SENT	8. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (If available)		c. LONG TERM AVG. VALUE (If available)		d. NO. OF ANAL- YSES	8. CON- CENT- RATION	b. MASS	8. LONG TERM AVERAGE VALUE		d. NO. OF ANAL- YSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X		2.0	75.0	2.0	70.0	0.56	16.9	24	mg/l	g/day			
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		18.5	684	9.30	343	1.04	31.3	24	mg/l	g/day			
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

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

NY 000 2933

Form Approved OMB No. 158-R0173

OUTFALL NO.

003

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

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						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	8. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	Exemption											
b. Chemical Oxygen Demand (COD)	11											
c. Total Organic Carbon (TOC)	11											
d. Total Suspended Solids (TSS)	11											
e. Ammonia (as N)	11											
f. Flow	VALUE 0.103 MG/D		VALUE 0.070 MG/D		VALUE 0.039 MG/D		24			VALUE		
g. Temperature (winter)	VALUE 11.7		VALUE		VALUE		12	°C		VALUE		
h. Temperature (summer)	VALUE 18.9		VALUE		VALUE		12	°C		VALUE		
i. pH	MINIMUM 6.3	MAXIMUM 7.8	MINIMUM 6.4	MAXIMUM 7.0	X		24	STANDARD UNITS		X		

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	8. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS		5. INTAKE (cal)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	b. MAXIMUM DAILY VALUE		d. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	b. CONCENTRATION	b. MASS	b. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X		3.0	54.4	2.5	20.7	0.65	6.7	24	mg/l	g/day			
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-46-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		2.15	21.0	0.81	14.9	0.26	2.7	24	mg/l	g/day			
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												