

Division of Water Quality (DWQ) UPDES Program

UPDES Industrial Permit Application

UPDES Permit No.		Facility Name		Outfall Number	
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Table C. Certain Conventional and Non-Conventional Pollutants ¹										
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
<input type="checkbox"/>	Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need not complete the "Presence or Absence" column of Table C for <i>each pollutant</i> .									
<input type="checkbox"/>	Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need not complete the "Presence or Absence" column of Table C for <i>each pollutant</i> .									
1.	Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
2.	Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
3.	Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
4.	E.coli	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
5.	Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
6.	Nitrate	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
7.	Nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
8.	Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required 40 CFR chapter I, subchapter N or O.



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Table C. Certain Conventional and Non-Conventional Pollutants¹ continued											
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
9.	Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
10.	Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
11.	Sulfate (as SO ₄) (14808-798-)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
12.	Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
13.	Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
14.	Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
15.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
16.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
17.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						

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Table C. Certain Conventional and Non-Conventional Pollutants¹ <i>continued</i>											
	Pollutant/Parameter (and CAS Number, if available)	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average	Number of Analyses
18.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
19.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
20.	Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
21.	Molybdenum, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
22.	Manganese, total (7439-95-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
23.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						
24.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>						
				Mass	<input type="checkbox"/>						

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Table C. Certain Conventional and Non-Conventional Pollutants¹ <i>continued</i>										
	Pollutant/Parameter <small>(and CAS Number, if available)</small>	Presence or Absence <small>(check one)</small>		Units <small>(specify)</small>	Effluent				Intake <small>(optional)</small>	
		Believed Present	Believed Absent		Maximum Daily Discharge <small>(required)</small>	Maximum Monthly Discharge <small>(if available)</small>	Long-Term Average Daily Discharge <small>(if available)</small>	Number of Analyses	Long-Term Average	Number of Analyses
25.	Radioactivity									
	Alpha, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
	Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
	Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					
	Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>					
				Mass	<input type="checkbox"/>					

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