



P.O. Box 625, Rt. 331S, Millsboro, DE 19966

May 23, 2005

Mr. Anthony E. Hummel, CHMM  
Environmental Engineer  
Discharges Permits Branch  
Division of Water Resources  
89 Kings Highway  
Dover DE 19901

RE: NPDES Permit #DE000736 Renewal Application

Dear Mr. Hummel:

Enclosed please find Pinnacle Foods Corporation's NPDES Permit Renewal Application. Our current permit requires that the renewal application be submitted 180 days prior to the expiration date of our current permit. Our existing permit is effective through December 1, 2005.

Please call me with any questions or comments at 302-934-3833.

Sincerely,

*Beth B. Sise*

Beth B. Sise  
Environmental Control Manager

Enclosures  
cc. Lynn Jenkins, PFC

MAY 31 2005

DEPARTMENT OF WATER & ENVIRONMENTAL CONTROL  
WATER POLLUTION CONTROL DIVISION

**GENERAL INFORMATION**

Consolidated Permits Program

(Read the "General Instructions" before starting.)

9	10	11	12	13	14	15
FDEO 057161309						D
1	2	3	4	5	6	7

FORM  
**1**  
GENERAL



**LABEL ITEMS**

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

**PLEASE PLACE LABEL IN THIS SPACE**

**GENERAL INSTRUCTIONS**

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

**II. POLLUTANT CHARACTERISTICS**

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

C	1	SKIP	Pinnacle Foods Corporation	69
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**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
C	2	Sise, Beth B. Environmental Ctl Mgr	302	934	3833

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX					
C	3	PO Box 625	45		
B. CITY OR TOWN				C. STATE	D. ZIP CODE
C	4	Millsboro	DE	19966	51

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
C	5	29984 Pinnacle Way	45		
B. COUNTY NAME					
C	6	Sussex	70		
C. CITY OR TOWN				D. STATE	E. ZIP CODE
C	6	Millsboro	DE	19966	51
F. COUNTY CODE (if known)					

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

A. FIRST		B. SECOND	
2035 (specify)	Pickling, fruits + veg.	7	(specify)
C. THIRD		D. FOURTH	
(specify)		7	(specify)

III. OPERATOR INFORMATION

A. NAME			B. Is the name listed in Item VIII-A also the owner?		
Pinnacle Foods Corporation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)		
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	856	969	7100
E. STREET OR P.O. BOX					
6 Executive Campus, Suite 100					
F. CITY OR TOWN		G. STATE	H. ZIP CODE		IX. INDIAN LAND
Cherry Hill		NJ	08002		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

C. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
DE 0000736	APC-2000/0305		
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
UIC5B22-3915A	LTS5017-92-05 (specify)	Spray Irrigation	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
	89-0009M2 (specify)	Water Allocation	

KI. MAP

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

XII. NATURE OF BUSINESS (provide a brief description)

The products produced are pickles (97% of time) and peppers (3%).

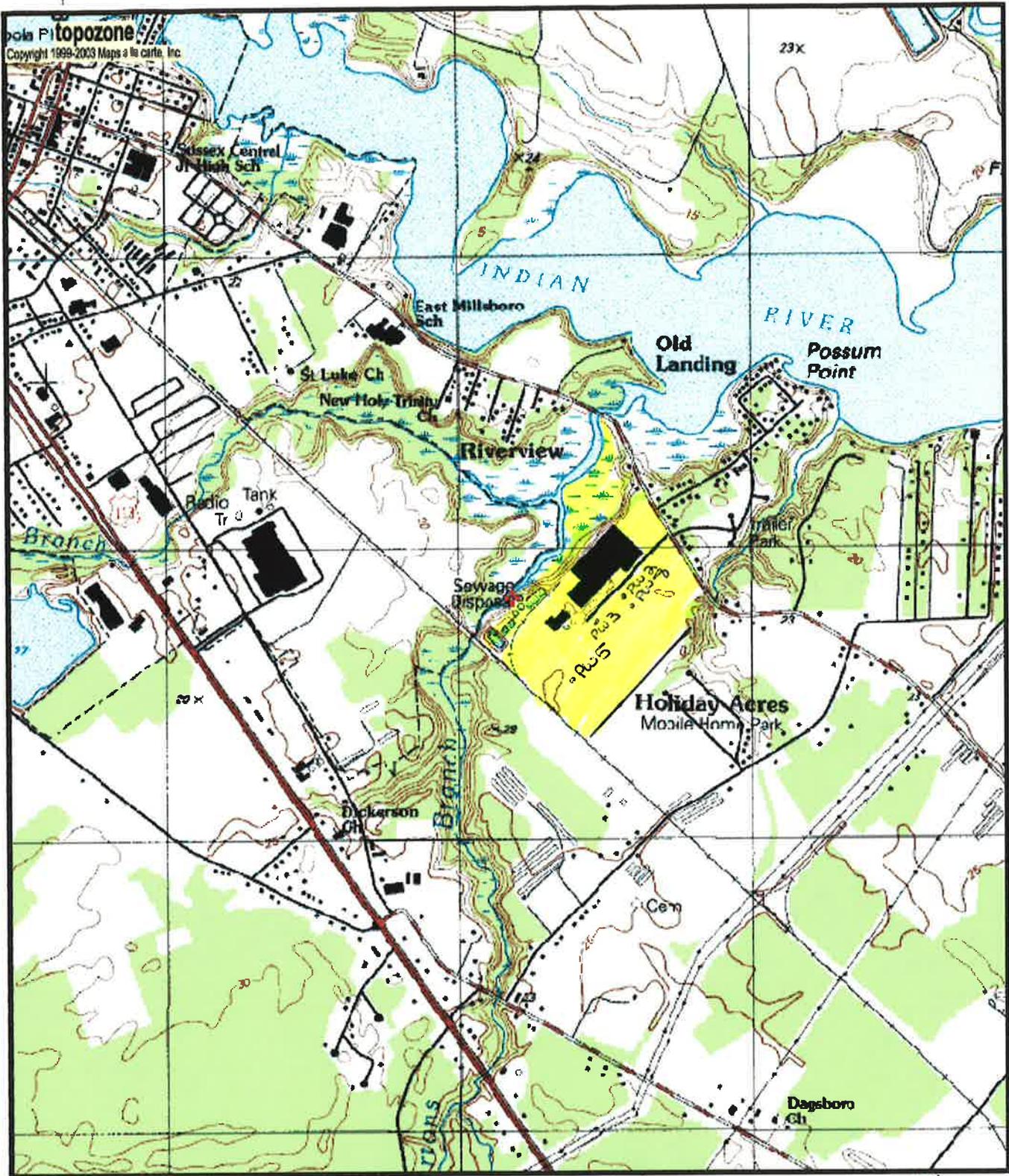
XIII. CERTIFICATION (see instructions)

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
Steven D. McNulty Dir. of Plant Operations	<i>Steven D. McNulty</i>	5/26/05

COMMENTS FOR OFFICIAL USE ONLY

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Map center is UTM 18 476169E 4269852N (WGS84/NAD83)

**Millsboro** quadrangle

Projection is UTM Zone 18 NAD83 Datum



M=-11.921

G=-0.171

Pinnacle Foods Corp. DE 0000736

FORM

2A

NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

## APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

## BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

## SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

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**BASIC APPLICATION INFORMATION**

**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

**A.1. Facility Information.**

Facility name Pinnacle Foods Corporation

Mailing Address PO Bx 625  
Millsboro DE 19966

Contact person Beth B. Sise

Title Environmental Control Mgr

Telephone number 302-934-3833

Facility Address 29984 Pinnacle Way  
(not P.O. Box) Millsboro DE 19966

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name N/A

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Is the applicant the owner or operator (or both) of the treatment works?

owner  operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility  applicant

**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES DED 057161309 PSD APC-2000/0305

UIC UIC 5B22-3915A Other LTS 5017-92-05

RCRA \_\_\_\_\_ Other 89-0009m2

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total population served \_\_\_\_\_

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**A.5. Indian Country.**

a. Is the treatment works located in Indian Country?

Yes  No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes  No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.550 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	<u>0.243</u>	<u>.240</u>	<u>0.138</u>	mgd
c. Maximum daily flow rate	<u>0.588</u>	<u>.560</u>	<u>0.300</u>	mgd

4TD 3/7/05

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

N/A  
 Separate sanitary sewer \_\_\_\_\_ %  
 Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

a. Does the treatment works discharge effluent to waters of the U.S.?

Yes  No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent 1
- ii. Discharges of untreated or partially treated effluent 0
- iii. Combined sewer overflow points 0
- iv. Constructed emergency overflows (prior to the headworks) 0
- v. Other \_\_\_\_\_ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

Yes  No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge  continuous or  intermittent?

c. Does the treatment works land-apply treated wastewater?

Yes  No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application  continuous or  intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

Yes  No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?  Yes  No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

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**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number 001
- b. Location Millsboro (City or town, if applicable) 19966 (Zip Code)  
Sussex (County) DE (State)  
38.576565 (Latitude) 75.273255 (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.243 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?            Yes   X   No (go to A.9.g.)  
If yes, provide the following information:  
Number of times per year discharge occurs: \_\_\_\_\_  
Average duration of each discharge: \_\_\_\_\_  
Average flow per discharge: \_\_\_\_\_ mgd  
Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser?            Yes   X   No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water Wharton's Branch
- b. Name of watershed (if known) Iron Branch Watershed  
United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): \_\_\_\_\_  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): DE 150-001
- d. Critical low flow of receiving stream (if applicable): N/A  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

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**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

Primary                       Secondary  
 Advanced                       Other. Describe: \_\_\_\_\_

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal                      99.8 %  
 Design SS removal                      99.8 %  
 Design P removal                      - %  
 Design N removal                      - %  
 Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

ultra violet

If disinfection is by chlorination, is dechlorination used for this outfall?    N/A     Yes     No

d. Does the treatment plant have post aeration?                       Yes     No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	<u>6.95</u>	<u>s.u.</u>			
pH (Maximum)	<u>8.03</u>	<u>s.u.</u>			
Flow Rate	<u>0.588</u>	<u>mgd</u>	<u>0.243</u>	<u>mgd</u>	<u>365</u>
Temperature (Winter)	<u>N/A</u>				
Temperature (Summer)	<u>N/A</u>				

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	<u>16.0</u>	<u>mg/l</u>	<u>4.56</u>	<u>mg/l</u>	<u>48</u>	<u>5210B</u>
	CBOD-5	<u>N/A</u>					
FECAL COLIFORM	<u>N/A</u>						
TOTAL SUSPENDED SOLIDS (TSS)		<u>25</u>	<u>mg/l</u>	<u>4</u>	<u>mg/l</u>	<u>50</u>	<u>2540D</u>

**END OF PART A.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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**BASIC APPLICATION INFORMATION**

**PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

\_\_\_\_\_  
\_\_\_\_\_

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) Attached

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. Attached

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?  Yes  No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

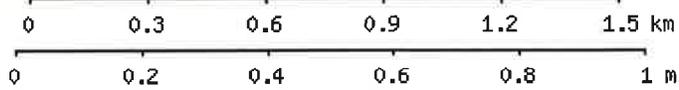
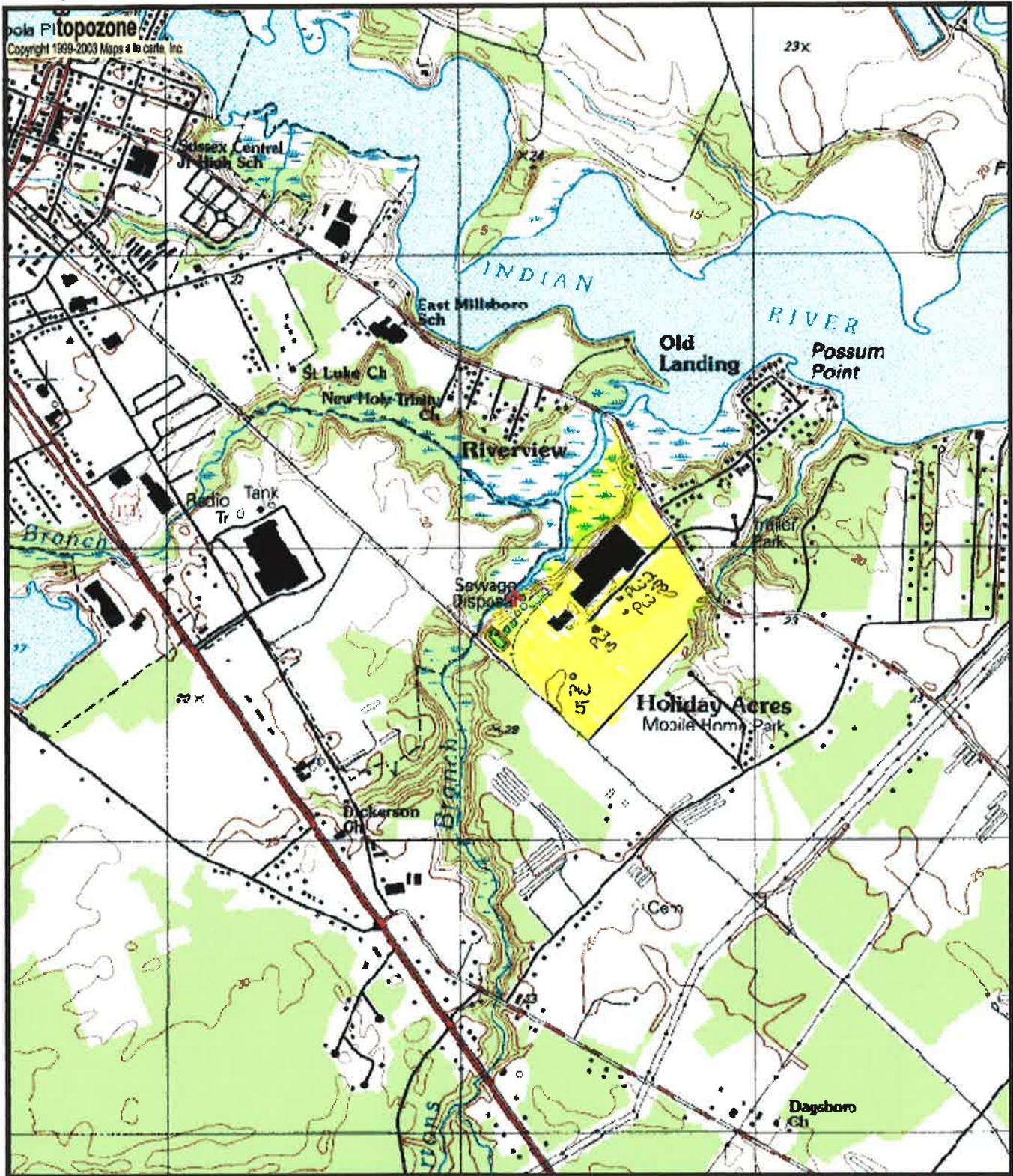
**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.) N/A

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

\_\_\_\_\_

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

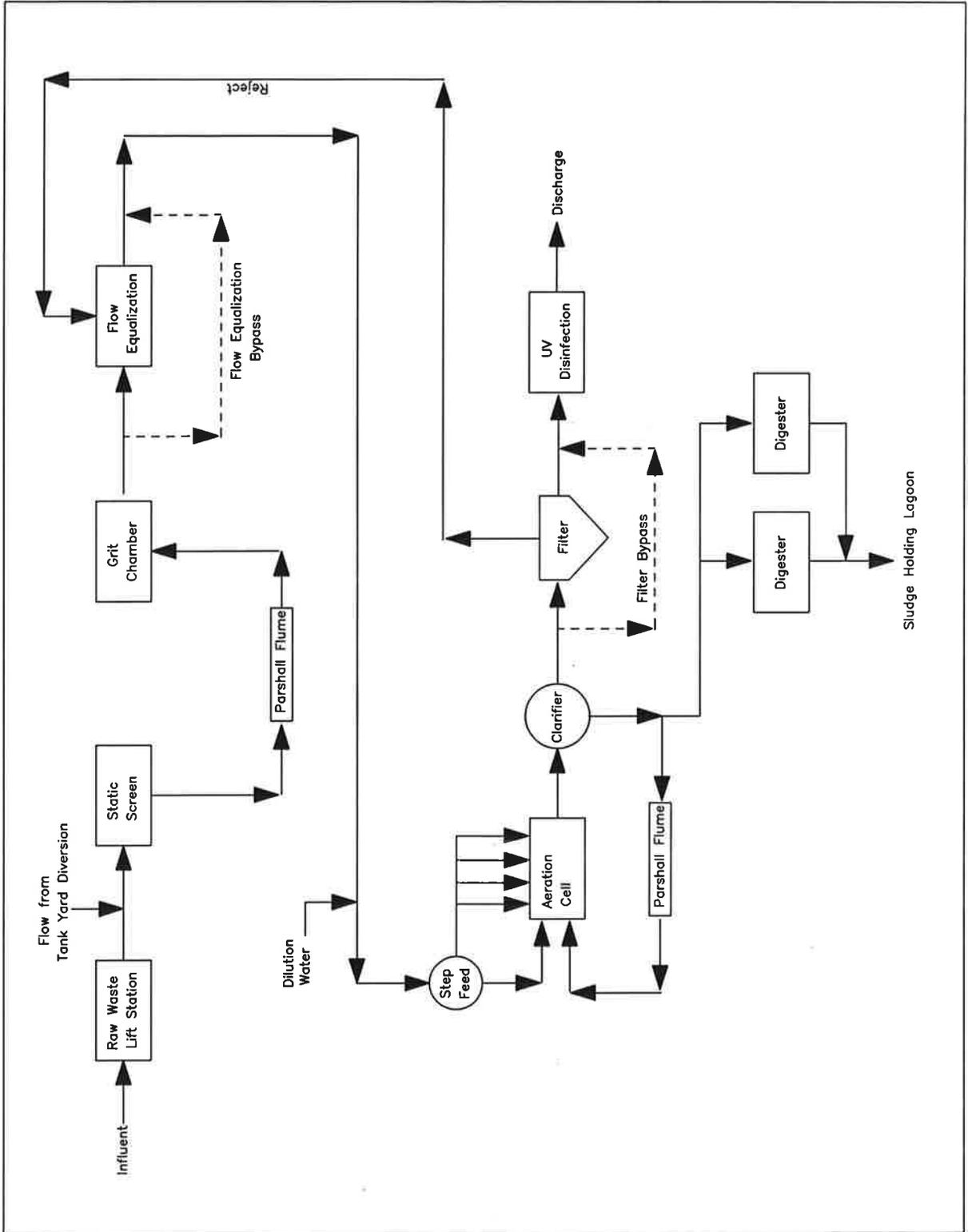
Yes  No



Map center is UTM 18 476169E 4269852N (WGS84/NAD83)  
**Millsboro** quadrangle  
 Projection is UTM Zone 18 NAD83 Datum

M\*  
 G  
 M=-11.921  
 G=-0.171

# Pinnacle Foods Corporation Process Flow Diagram



Pinnacle Foods Corp DE 0000736

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained?  Yes  No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
AMMONIA (as N)	1.99	mg/l	0.336	mg/l	12	350.1	
CHLORINE (TOTAL RESIDUAL, TRC) N/A							
DISSOLVED OXYGEN N/A							
TOTAL KJELDAHL NITROGEN (TKN)	4.88	mg/l	2.89	mg/l	12	351.2	
NITRATE PLUS NITRITE NITROGEN	0.275	mg/l	0.100	mg/l	12	353.1 + 354.1	
OIL and GREASE N/A							
PHOSPHORUS (Total)	1.420	mg/l	0.261	mg/l	12	365.1	
TOTAL DISSOLVED SOLIDS (TDS) N/A							
OTHER N/A							

**END OF PART B.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Pinnacle Foods Corp DE 0000736

Form Approved 1/14/99  
OMB Number 2040-0086

**BASIC APPLICATION INFORMATION**

**PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

- Basic Application Information packet
- Supplemental Application Information packet:
  - Part D (Expanded Effluent Testing Data)
  - Part E (Toxicity Testing: Biomonitoring Data)
  - Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
  - Part G (Combined Sewer Systems)

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information 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 and official title Steven D. McNulty, Dir. of Plant Oper.

Signature *Steven D. McNulty*

Telephone number 302-934-3822

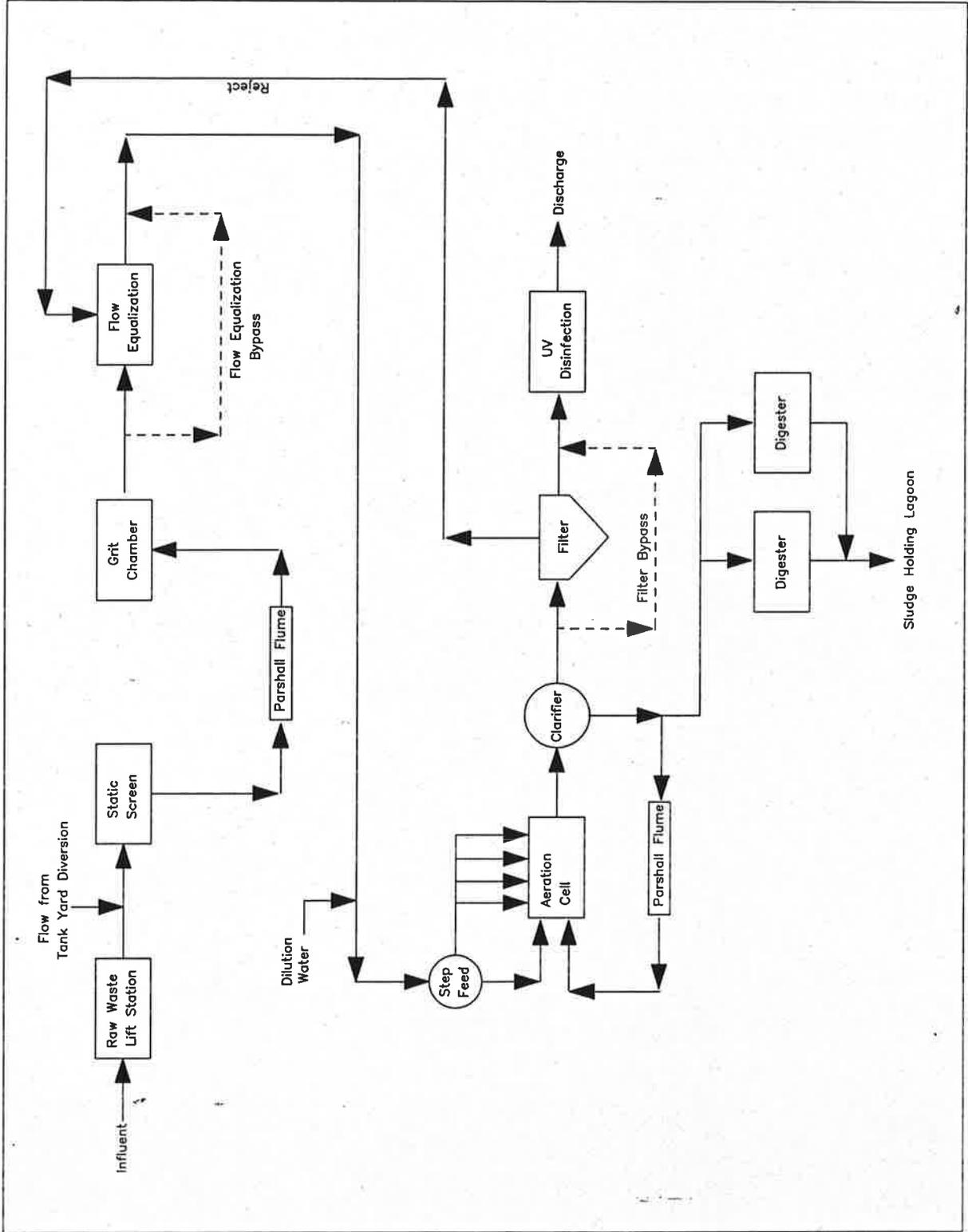
Date signed 5/20/05

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**



# Pinnacle Foods Corporation Process Flow Diagram



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)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (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. 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) 40CFR407.60 support F 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 level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

**1. AVERAGE DAILY PRODUCTION**

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

**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 wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

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 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 schedule for construction.  MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

**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**

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

YES (list all such pollutants below)

NO (go to Item VI-B)

Empty space for listing pollutants and sources.

**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)
Envirocorp Inc.	14 Commerce St. Harrington DE 19952	302-398-4313	Ammonia Nitrate Nitrite Phosphorus Total Nitrogen

**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print) Steven D. McNulty Dir. of Plant Operations	B. PHONE NO. (area code & no.) (302) 934-3822
C. SIGNATURE 	D. DATE SIGNED 5/26/05

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.

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)		5. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES		e. LONG TERM AVERAGE VALUE		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	16.0	9.6	9.69	9.51	4.56	8.48	48	mg/l	lbs.		
b. Chemical Oxygen Demand (COD)	N/A										
c. Total Organic Carbon (TOC)	N/A										
d. Total Suspended Solids (TSS)	25	57	6.8	7.0	4	9	50	mg/l	lbs		
e. Ammonia (as N)	1.99	4.73	1.99	4.73	0.336	0.675	12	mg/l	lbs		
f. Flow	VALUE	0.588	VALUE	0.466	VALUE	0.243	365	MGD		VALUE	
g. Temperature (winter)	VALUE	N/A	VALUE	N/A	VALUE	N/A	-	°C		VALUE	
h. Temperature (summer)	VALUE	N/A	VALUE	N/A	VALUE	N/A	-	°C		VALUE	
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM	<del>VALUE</del>		365	STANDARD UNITS		<del>VALUE</del>	
	6.95	8.03	7.13	7.50							

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND GAS NO. (if available)	2. MARK 'X' a. RECEIVED b. SENT c. SENT	3. EFFLUENT				4. UNITS				5. INTAKE (optional)		6. NO. OF ANALYSES	
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES		e. LONG TERM AVERAGE VALUE			
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	a. CONCENTRATION	b. 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 (10084-48-4)	X												
f. Nitrate-Nitrite (as N)	X												
		40.505	<0.703	40.505	<0.703	<0.177	<0.359	12	mg/l	lbs			

POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS				5. INTAKE (optional)		D. NO. OF ANAL. YSES	
	B. SEC. ANALYSIS SENT	C. SEC. ANALYSIS SENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE		C. LONG TERM AVER. VALUE		D. CONCENTRATION	E. MASS	AVERAGE VALUE			D. NO. OF ANAL. YSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS		
B. Nitrogen, Total Organic (as N)	X		3.460	9.981	3.460	9.981	2.561	4.905	12	mg/l	lbs			
B. Oil and Grease		X												
L. Phosphorus (as P), Total (723-14-0)	X		1.420	1.291	1.420	1.291	0.261	0.361	12	mg/l	lbs			
i. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfates (as SO <sub>4</sub> ) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

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CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C** - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'	3. EFFLUENT			4. UNITS		5. INTAKE (optional)						
		a. TESTING QUANTIFIED	b. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	c. LONG TERM (if applicable) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION (1) CONCENTRATION (2) MASS	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES				
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>													
1M. Antimony, Total (7440-36-0)	X												
1M. Arsenic, Total (7440-38-2)	X												
1M. Beryllium, Total (7440-41-7)	X												
1M. Cadmium, Total (7440-43-9)	X												
1M. Chromium, Total (7440-47-3)	X												
1M. Copper, Total (7440-50-9)	X												
1M. Lead, Total (7439-92-1)	X												
1M. Mercury, Total (7439-97-6)	X												
1M. Nickel, Total (7440-02-0)	X												
1M. Selenium, Total (7440-32-4)	X												
12M. Tellurium, Total (7440-28-0)	X												
13M. Zinc, Total (7440-66-6)	X												
14M. Cyanide, Total (57-12-6)	X												
15M. Phenols, Total	X												

DIOXIN		DESCRIBE RESULTS
1,2,3,4-Tetra-chlorodibenzo-P-Dioxin (1784-01-8)	X	

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	TESTING EQUIPMENT	C.B. RECEIVED	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. CONCEN- TRATION	d. MASS	2. LONG TERM AVERAGE VALUE	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>										
1V. Acrolein (107-02-8)		X								
2V. Acrylonitrile (107-13-1)		X								
3V. Benzene (71-43-2)		X								
4V. Bis (Chloro- methyl) Ether (542-88-1)		X								
5V. Bromoform (75-25-2)		X								
6V. Carbon Tetrachloride (56-23-5)		X								
7V. Chlorobenzene (108-90-7)		X								
8V. Chloro- bromomethane (124-48-1)		X								
9V. Chloroethane (75-00-3)		X								
10V. 2-Chloro- ethyl Vinyl Ether (110-75-8)		X								
11V. Chloroform (67-66-3)		X								
12V. Dichloro- bromomethane (75-27-4)		X								
13V. Dichloro- difluoromethane (75-71-8)		X								
14V. 1,1-Dichloro- ethane (75-34-3)		X								
15V. 1,2-Dichloro- ethane (107-06-2)		X								
16V. 1,1-Dichloro- ethylene (75-35-4)		X								
17V. 1,2-Dichloro- propane (78-87-5)		X								
18V. 1,2-Dichloro- propane (842-75-8)		X								
19V. Ethylbenzene (100-41-4)		X								
20V. Methyl bromide (74-83-9)		X								
21V. Methyl chloride (74-87-3)		X								

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POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		b. NO. OF ANALYSES
	TEST REQUIR-ED	USE-SENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	c. LONG TERM AVE. VALUE (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
<b>ICAMS FRACTION - VOLATILE COMPOUNDS (continued)</b>											
2V. Methylene chloride (75-09-2)		X									
3V. 1,1,2,2-Tetrahydroethane 79-34-6		X									
4V. Tetrachloroethylene (127-18-4)		X									
5V. Toluene 108-88-3		X									
6V. 1,2-Dibromoethane 106-90-6		X									
7V. 1,1,1-Trifluoroethane 71-55-6		X									
8V. 1,1,2-Trifluoroethane 78-00-5		X									
9V. Trichloroethylene (79-01-6)		X									
0V. Trichlorofluoromethane 78-89-4		X									
1V. Vinyl chloride (75-01-4)		X									
<b>ICAMS FRACTION - ACID COMPOUNDS</b>											
A. 2-Chlorophenol 86-57-3		X									
A. 2,4-Dichlorophenol (120-83-2)		X									
A. 2,4-Dimethylphenol (106-67-8)		X									
A. 4,6-Dinitrophenol (534-83-1)		X									
A. 2,4-Dinitrophenol (51-28-5)		X									
A. 2-Nitrophenol 89-78-6		X									
A. 4-Nitrophenol 100-02-7		X									
A. P-Chlorophenol (89-50-7)		X									
A. Pentachlorophenol (87-86-5)		X									
0A. Phenol 108-95-2		X									
1A. 1,1,1-Trifluoroethane 71-55-6		X									

1. POLLUTANT AND GAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	TEST METHOD USED (if available)	REPRESENTATIVE	8. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	9. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	10. NO. OF ANALYSES	11. CONCENTRATION	12. MASS	13. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	14. NO. OF ANALYSES
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>									
1B. Acenaphthene (83-32-9)		X							
2B. Acenaphthylene (208-96-8)		X							
3B. Anthracene (120-12-7)		X							
4B. Benzidine (92-87-6)		X							
5B. Benzo (a) Anthracene (56-95-3)		X							
6B. Benzo (a) Pyrene (50-32-8)		X							
7B. 3,4-Benzo-fluoranthene (206-99-2)		X							
8B. Benzo (ghi) Perylene (181-24-2)		X							
9B. Benzo (k) Fluoranthene (207-98-9)		X							
10B. Bis (2-Chloroethoxy) Methane (111-91-1)		X							
11B. Bis (2-Chloroethyl) Ether (111-44-4)		X							
12B. Bis (2-Chloroisopropyl) Ether (102-90-1)		X							
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)		X							
14B. 4-Bromo-phenyl Phenyl Ether (101-58-3)		X							
15B. Butyl Benzyl Phthalate (98-68-7)		X							
16B. 3-Chloro-naphthalene (91-59-7)		X							
17B. 4-Chloro-phenyl Phenyl Ether (7006-72-3)		X							
18B. Chrysenes (218-61-8)		X							
19B. Dibenzo (a,h) Anthracene (53-70-3)		X							
20B. 1,2-Dichlorobenzene (95-50-1)		X							
21B. 1,3-Dichlorobenzene (841-73-1)		X							

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1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	TEST RECEIVED	CONCENTRATION	B. MAXIMUM DAILY VALUE		C. LONG TERM AVG. VALUE		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
	DATE	UNIT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>										
23B. 1,4-Dichlorobenzene (106-46-7)	X									
23B. 3,5-Dichlorobenzidine (81-06-1)	X									
24B. Diethyl Phthalate (84-66-2)	X									
25B. Diethyl Phthalate (84-66-2)	X									
25B. Di-n-Butyl Phthalate (84-74-2)	X									
27B. 2,4-Dinitrotoluene (121-14-2)	X									
28B. 2,5-Dinitrotoluene (506-20-2)	X									
29B. Di-n-Octyl Phthalate (117-84-0)	X									
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	X									
31B. Fluorethene (206-44-0)	X									
32B. Fluorene (86-73-7)	X									
33. Hexachlorobenzene (18-74-1)	X									
34B. Hexachlorobutadiene (67-66-3)	X									
35B. Hexachlorocyclopentadiene (77-47-4)	X									
36B. Hexachloroethane (67-72-1)	X									
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X									
38B. Isophorone (78-59-1)	X									
39B. Naphthalene (91-20-3)	X									
40B. Nitrobenzene (98-96-3)	X									
41B. N-Nitrosodimethylamine (62-78-6)	X									
42B. N-Nitrosodi-n-Propylamine (621-64-7)	X									

CONTINUED FROM THE FRONT

I. POLLUTANT AND GAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	TEST QUANTITY	D. SEC. REAGENT	B. MAXIMUM DAILY VALUE		C. LONG TERM AVERAGE VALUE		a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
<b>3C/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>										
3B. N-Nitro- odiphenylamine 86-30-6)										
4B. Phenanthrene 85-01-8)										
5B. Pyrene 129-00-0)										
6B. 1,2,4-Trifluorobenzene 120-37-1)										
<b>IC/MS FRACTION - PESTICIDES</b>										
P. Aldrin 505-90-2)										
P. D-DDE 319-84-8)										
P. D-BHC 319-84-7)										
P. 7-BHC 39-59-9)										
P. D-BHC 319-86-8)										
P. Chlordane 57-74-0)										
P. 4,4'-DDT 50-28-3)										
P. 4,4'-DDE 72-86-9)										
P. 4,4'-DDD 72-84-8)										
DP. Dieldrin 30-57-1)										
1P. D-Endosulfan 115-29-7)										
2P. β-Endosulfan 15-29-7)										
3P. Endosulfan sulfate 031-07-8)										
4P. Endrin 2-20-8)										
5P. Endrin isohyde 421-93-4)										
6P. Heptachlor 6-44-8)										

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CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)			
	D. TEST INC. QUANT. FD.	C. BE- LIEVED SENT	B. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	C. LONG TERM (if available) (1) CONCENTRATION	(2) MASS	D. NO. OF ANAL- YSES	A. CONCENTRATION	B. MASS	B. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	D. NO. OF ANAL- YSES
<b>CMS FRACTION — PESTICIDES (continued)</b>												
7P. Heptachlor oxide (024-57-3)		X										
8P. PCB-1242 (3466-21-9)		X										
3P. PCB-1254 (1067-66-1)		X										
2P. PCB-1221 (1104-28-2)		X										
1P. PCB-1232 (1141-16-5)		X										
2P. PCB-1248 (2672-29-6)		X										
1P. PCB-1260 (1090-62-5)		X										
1P. PCB-1016 (2674-11-2)		X										
1P. Toxaphene (001-36-2)		X										