



Douglas C. Emmett
Sr. Director of Environmental Services

October 4, 2013



Mr. Anthony Hummel, CHMM
Environmental Engineer
Surface Water Discharges Section
Division of Water
89 Kings Highway
Dover, DE 19901

RE: NPDES Permit # DE0000736 Renewal Application
Pinnacle Foods Group LLC – Millsboro, DE Facility

Dear Mr. Hummel:

Enclosed please find the Pinnacle Foods Group LLC NPDES Permit Renewal Application.

I have included all pages in the Form 2F (except page 1) for all outfalls and signed on outfall 004 as that is the one with sample results. Outfall 004 is at the end of all of the Form 2F pages. The signature covers all Form 2F pages and outfalls.

If you have any questions or require any additional information, please contact me.

Sincerely,

A handwritten signature in blue ink that reads "Douglas C. Emmett".

Douglas C. Emmett
Sr. Director of Environmental Services

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER DED 057161309
LABEL ITEMS		<div style="border: 2px solid blue; padding: 10px; display: inline-block;"> <p style="font-size: 24px; color: blue; margin: 0;">RECEIVED</p> <p style="font-size: 18px; color: red; margin: 5px 0;">OCT 07 2013</p> <p style="font-size: 24px; color: blue; margin: 0;">SURFACE WATER</p> </div> <p style="margin-top: 10px;">PLEASE PLACE LABEL IN THIS SPACE</p>	T/A C D
I. EPA I.D. NUMBER			
III. FACILITY NAME			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			
II. POLLUTANT CHARACTERISTICS			
<p>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.</p>			
	Mark "X"		Mark "X"
SPECIFIC QUESTIONS	YES NO FORM ATTACHED	SPECIFIC QUESTIONS	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	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)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
III. NAME OF FACILITY			
c 1 SKIP Pinnacle Foods Group LLC			
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
c 2 Lynch Robert Environmental/Wastewater Supervisor			
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
c 3 P O Box 625			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
c 4 Millsboro		DE	19966
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
c 5 29984 Pinnacle Way			
B. COUNTY NAME			
Sussex			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
c 6 Millsboro		DE	19966

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C	7	2035	(specify) Pickling, fruits and vegetables
15	16	17	18
C. THIRD		D. FOURTH	
C	7		(specify)
15	16	17	18

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
C	8	Pinnacle Foods Group LLC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	16	17	18
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)
S = STATE	O = OTHER (specify)	56	
P = PRIVATE			
15	16	18	19

E. STREET OR P.O. BOX	
399 Jefferson Road	
26	65

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
B	NJ	07054	Is the facility located on Indian lands?
15	16	40	41
15	16	42	47
51	52	53	54
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	9	N	DE 0000736
15	16	17	18
C	9	P	APC-2000/0305
15	16	17	18
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	9	U	LTS-5017-92-11
15	16	17	18
			(specify) Spray Irrigation
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	9	R	89-0009M2
15	16	17	18
			(specify) Water Allocation
15	16	17	18

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.

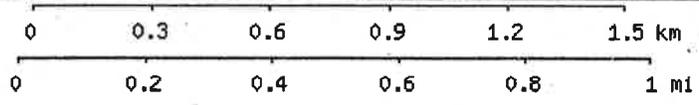
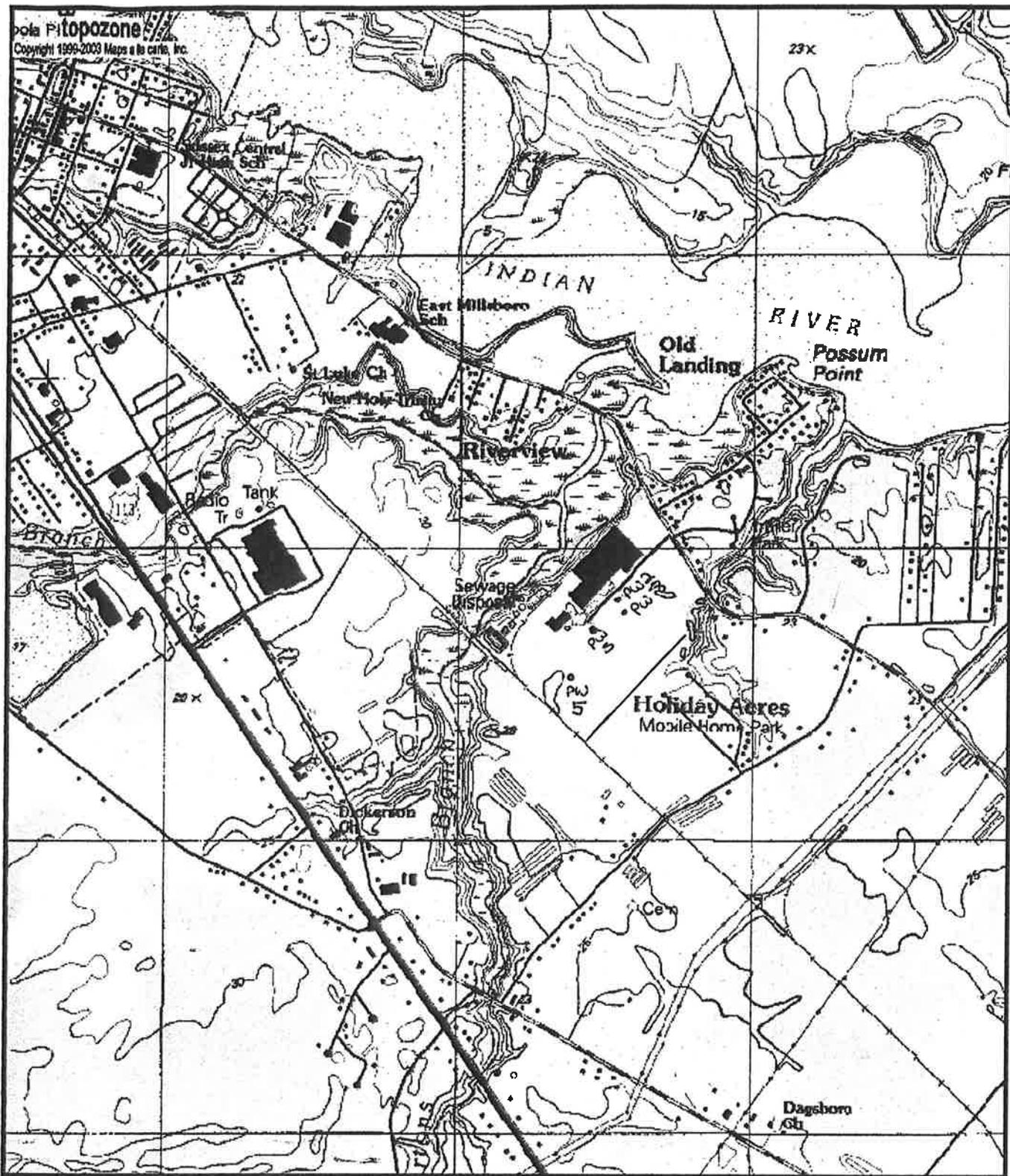
XII. NATURE OF BUSINESS (provide a brief description)
 The products produced are pickles and peppers.

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) Douglas Emmett/Sr. Director of Environmental Services	B. SIGNATURE 	C. DATE SIGNED 10/4/2013
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COMMENTS FOR OFFICIAL USE ONLY	
C	
15	16
55	

Pola Pitopozone
Copyright 1999-2003 Maps & the cart, Inc.



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

EPA I.D. NUMBER (copy from Item 1 of Form 1)
 DED 057161309

Form Approved.
 OMB No. 2040-0086.
 Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM 2C NPDES		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS <i>Consolidated Permits Program</i>
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I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER <i>(list)</i>	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER <i>(name)</i>
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38.50	765.00	65.00	75.20	732.00	55.00	Whartons Branch

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

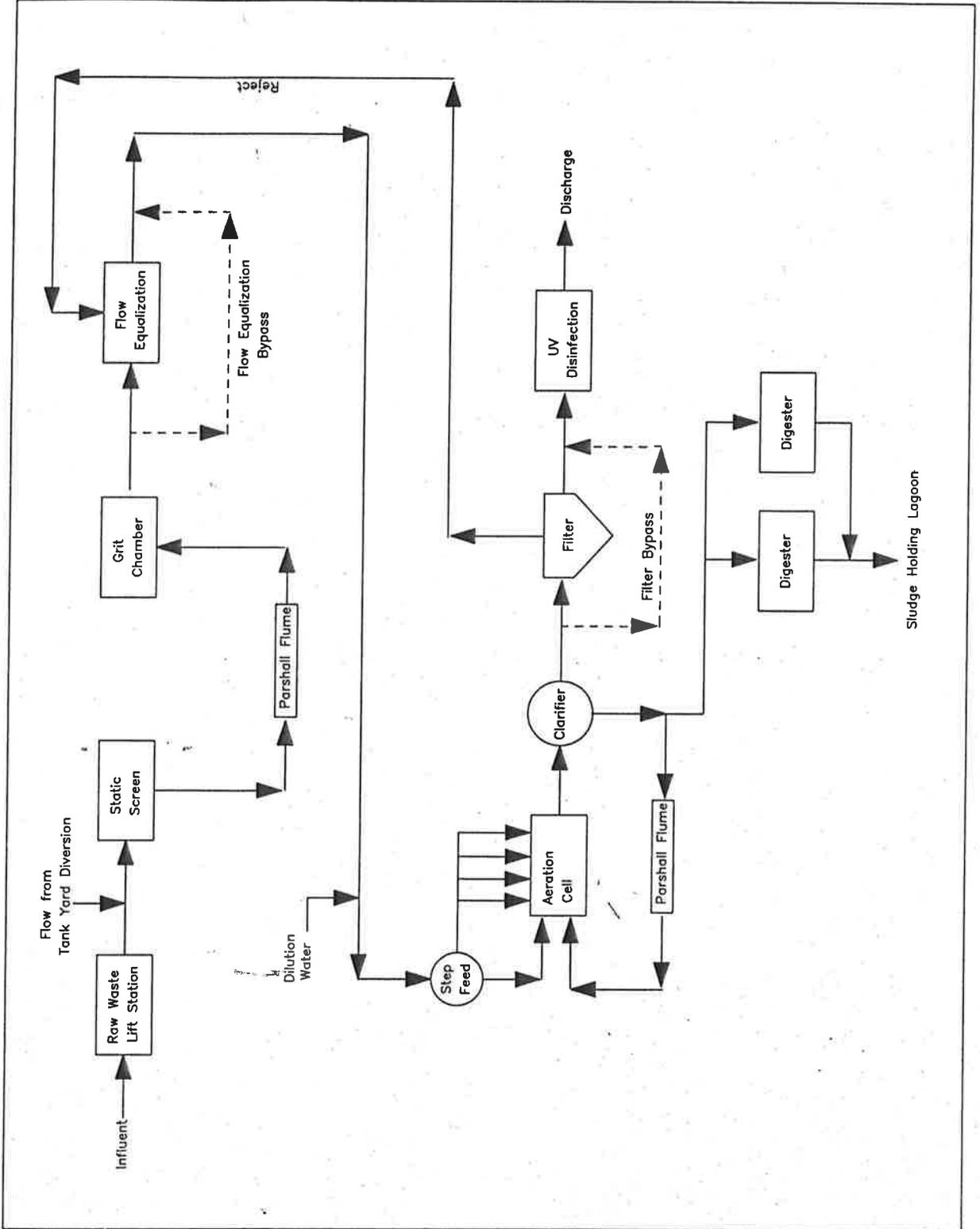
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	Pickle Processing	0.191 MGD	Screening	1-T
	Cooling Water	0.060 MGD	Grit Removal	1-M
	Storm Water	0.012 MGD	Equalization	XX
	Sanitary Wastewater	0.010 MGD	Step Feed	XX
			Activated Sludge	3-A
			Sedimentation	1-U
			Filtration	1-V
			UV Disinfection	2-R
			Discharge to Surface	4-A
			Acrobic Digestion	5-A
			Sludge Lagoon	5-T
			Land Application	5-P

OFFICIAL USE ONLY (effluent guidelines sub-categories)

Pinnacle Foods Corporation Process Flow Diagram



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)

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) NO (go 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			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
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 operations 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 schedules for construction.

MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)
DED 057161309

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

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 17-B)

Empty space for listing pollutants not covered by analysis.

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 TKN

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) Douglas Emmett/Sr. Director of Environmental Services	B. PHONE NO. (area code & no.) (973) 541-8646
C. SIGNATURE 	D. DATE SIGNED 10/4/2013

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)
DED 057161309

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

OUTFALL NO.
001

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)	12.8	51.9	8.3	30	5.2	13	49	mg/l	lbs.			
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)	13	32	8.7	23.8	5	10.7	49	mg/l	lbs.			
e. Ammonia (as N)	1.67	2.8	1.04	1.9	<0.2	<0.4	14	mg/l	lbs.			
f. Flow	VALUE	0.664	VALUE	0.520	VALUE	0.273	365	mgd		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	7.02	MAXIMUM	8.05	MINIMUM	7.77	339	STANDARD UNITS				

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 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						
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X		data	not available										
d. Fecal Coliform	X		data	not available										
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		1.94	3.252	<1.79	<2.915	14	mg/l	lbs.	<0.41	<0.76			

ITEM V-B CONTINUED FROM FRONT

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		c. LONG TERM AVRG. VALUE		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS
g. Nitrogen, Total Organic (as N)	X		3.064	8.182	3.064	8.182	<1.79	<4.23	14	mg/l	lbs.		
h. Oil and Grease		X											
i. Phosphorus (as P), Total (7723-14-0)	X		1.72	2.47	1.72	2.47	.501	.90	14	mg/l	lbs.		
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											
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											

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)
DED 057161309

OUTFALL NUMBER
001

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 each of these pollutants discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available) (1)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)	b. NO. OF ANALYSES
					(2) MASS CONCENTRATION	(2) MASS CONCENTRATION						
METALS, CYANIDE, AND TOTAL PHENOLS												
1M. Antimony, Total (7440-36-0)			X									
2M. Arsenic, Total (7440-38-2)			X									
3M. Beryllium, Total (7440-41-7)			X									
4M. Cadmium, Total (7440-43-9)			X									
5M. Chromium, Total (7440-47-3)			X									
6M. Copper, Total (7440-50-8)			X									
7M. Lead, Total (7439-92-1)			X									
8M. Mercury, Total (7439-97-6)			X									
9M. Nickel, Total (7440-02-0)			X									
10M. Selenium, Total (7782-49-2)			X									
11M. Silver, Total (7440-22-4)			X									
12M. Thallium, Total (7440-28-0)			X									
13M. Zinc, Total (7440-66-6)			X									
14M. Cyanide, Total (57-12-5)			X									
15M. Phenols, Total			X									
DIOXIN												
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X									

DESCRIBE RESULTS

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE <i>(optional)</i>		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVRG. VALUE	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
GC/MS FRACTION – VOLATILE COMPOUNDS											
1V. Acrolein (107-02-8)			X								
2V. Acrylonitrile (107-13-1)			X								
3V. Benzene (71-43-2)			X								
4V. Bis (Chloromethyl) 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. Chlorodibromomethane (124-48-1)			X								
9V. Chloroethane (75-00-3)			X								
10V. 2-Chloroethylnyl Ether (110-75-8)			X								
11V. Chloroform (67-66-3)			X								
12V. Dichlorobromomethane (75-27-4)			X								
13V. Dichlorodifluoromethane (75-71-8)			X								
14V. 1,1-Dichloroethane (75-34-3)			X								
15V. 1,2-Dichloroethane (107-06-2)			X								
16V. 1,1-Dichloroethylene (75-35-4)			X								
17V. 1,2-Dichloropropane (78-87-5)			X								
18V. 1,3-Dichloropropylene (542-75-6)			X								
19V. Ethylbenzene (100-41-4)			X								
20V. Methyl Bromide (74-83-9)			X								
21V. Methyl Chloride (74-87-3)			X								

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE <i>(optional)</i>				
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE <i>(if available)</i>		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE <i>(1)</i>	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
GC/MS FRACTION – VOLATILE COMPOUNDS <i>(continued)</i>													
22V. Methylene Chloride (75-09-2)			X										
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X										
24V. Tetrachloroethylene (127-18-4)			X										
25V. Toluene (108-88-3)			X										
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X										
27V. 1,1,1-Trichloroethane (71-55-6)			X										
28V. 1,1,2-Trichloroethane (79-00-5)			X										
29V Trichloroethylene (79-01-6)			X										
30V. Trichlorofluoromethane (75-69-4)			X										
31V. Vinyl Chloride (75-01-4)			X										
GC/MS FRACTION – ACID COMPOUNDS													
1A. 2-Chlorophenol (95-57-8)			X										
2A. 2,4-Dichlorophenol (120-83-2)			X										
3A. 2,4-Dimethylphenol (105-67-9)			X										
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X										
5A. 2,4-Dinitrophenol (51-28-5)			X										
6A. 2-Nitrophenol (88-75-5)			X										
7A. 4-Nitrophenol (100-02-7)			X										
8A. P-Chloro-M-Cresol (59-50-7)			X										
9A. Pentachlorophenol (87-86-5)			X										
10A. Phenol (108-95-2)			X										
11A. 2,4,6-Trichlorophenol (88-05-2)			X										

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE <i>(optional)</i>		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		c. LONG TERM AVRG. VALUE		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS											
1B. Acenaphthene (83-32-9)			X								
2B. Acenaphthylene (208-96-8)			X								
3B. Anthracene (120-12-7)			X								
4B. Benzidine (92-87-5)			X								
5B. Benzo (a) Anthracene (56-55-3)			X								
6B. Benzo (a) Pyrene (50-32-8)			X								
7B. 3,4-Benzo-fluoranthene (205-99-2)			X								
8B. Benzo (ghi) Perylene (191-24-2)			X								
9B. Benzo (k) Fluoranthene (207-08-9)			X								
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X								
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X								
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)			X								
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X								
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X								
15B. Butyl Benzyl Phthalate (85-68-7)			X								
16B. 2-Chloronaphthalene (91-58-7)			X								
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X								
18B. Chrysene (218-01-9)			X								
19B. Dibenzo (a,h) Anthracene (53-70-3)			X								
20B. 1,2-Dichlorobenzene (95-50-1)			X								
21B. 1,3-Di-chlorobenzene (541-73-1)			X								

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE <i>(optional)</i>	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE ⁽¹⁾ CONCENTRATION	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS <i>(continued)</i>											
22B, 1,4-Dichloro-benzene (106-46-7)			X								
23B, 3,3-Dichloro-benzidine (91-94-1)			X								
24B, Diethyl Phthalate (84-66-2)			X								
25B, Dimethyl Phthalate (131-11-3)			X								
26B, Di-N-Butyl Phthalate (84-74-2)			X								
27B, 2,4-Dinitro-toluene (121-14-2)			X								
28B, 2,6-Dinitro-toluene (606-20-2)			X								
29B, Di-N-Octyl Phthalate (117-84-0)			X								
30B, 1,2-Diphenyl-hydrazine (as Azobenzene) (122-66-7)			X								
31B, Fluoranthene (206-44-0)			X								
32B, Fluorene (96-73-7)			X								
33B, Hexachloro-benzene (118-74-1)			X								
34B, Hexachloro-butadiene (87-68-3)			X								
35B, Hexachloro-cyclopentadiene (77-47-4)			X								
36B, Hexachloro-ethane (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 (98-95-3)			X								
41B, N-Nitro-sodimethylamine (62-75-9)			X								
42B, N-Nitrosodi-N-Propylamine (621-64-7)			X								

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		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	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS <i>(continued)</i>													
43B. N-Nitrosodiphenylamine (86-30-6)			X										
44B. Phenanthrene (85-01-8)			X										
45B. Pyrene (129-00-0)			X										
46B. 1,2,4-Trichlorobenzene (120-82-1)			X										
GC/MS FRACTION – PESTICIDES													
1P. Aldrin (309-00-2)			X										
2P. α-BHC (319-84-6)			X										
3P. β-BHC (319-85-7)			X										
4P. γ-BHC (58-89-9)			X										
5P. δ-BHC (319-86-8)			X										
6P. Chlordane (57-74-9)			X										
7P. 4,4'-DDT (50-29-3)			X										
8P. 4,4'-DDE (72-55-9)			X										
9P. 4,4'-DDD (72-54-8)			X										
10P. Dieldrin (60-57-1)			X										
11P. α-Endosulfan (115-29-7)			X										
12P. β-Endosulfan (115-29-7)			X										
13P. Endosulfan Sulfate (1031-07-8)			X										
14P. Endrin (72-20-8)			X										
15P. Endrin Aldehyde (7421-93-4)			X										
16P. Heptachlor (76-44-8)			X										

EPA I.D. NUMBER (copy from Item 1 of Form 1)
 DED 057161309

OUTFALL NUMBER
 001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANALYSES
GC/MS FRACTION - PESTICIDES (continued)											
17P. Heptachlor Epoxide (1024-57-3)			X								
18P. PCB-1242 (53469-21-9)			X								
19P. PCB-1254 (11097-69-1)			X								
20P. PCB-1221 (11104-28-2)			X								
21P. PCB-1232 (11141-16-5)			X								
22P. PCB-1248 (12672-29-6)			X								
23P. PCB-1260 (11096-82-5)			X								
24P. PCB-1016 (12674-11-2)			X								
25P. Toxaphene (6001-35-2)			X								

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	N/A	6084 sq.ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This swale collects rainwater from the tank yard back aisle and the adjoining railroad track area. Significant materials stored in the tank yard are salt and product. Herbicides are applied annually to railroad tracks. This swale runs through the center of the WWTP.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
002	N/A	4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Douglas Emmett/Sr. Dir of Env Serv		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Continued from Page 2

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX)

VIII. 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 (list all such pollutants below) No (go to Section IX)

IX. Contract Analysis Information

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

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. 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) Douglas Emmett/Sr. Director of Environmental Services	B. Area Code and Phone No. (973) 541-8646
C. Signature	D. Date Signed

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
003	N/A	22,032 sq.ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This swale collects rainwater from the tank yard back aisle and the adjoining railroad track area. Significant materials stored in the tank yard are salt and product. Herbicides are applied annually to railroad tracks. This swale runs just east of the WTPP.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
003	N/A	4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Douglas Emmett/Sr. Dir of Env Serv		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Continued from Page 2

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX)

VIII. 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 (list all such pollutants below) No (go to Section IX)

IX. Contract Analysis Information

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

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. 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) Douglas Emmett/Sr. Director of Environmental Services	B. Area Code and Phone No. (973) 541-8646
C. Signature	D. Date Signed

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
005	86,571 sq. ft.	86,571 sq.ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This stormwater outfall drains a portion of the plant rooftop, all of the process room roof and the concrete pad surrounding the process room. Significant materials include glycol in the glycol chiller units (bermed). Also product is transported by fork truck via the concrete pad.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
005	All entry points are grated.	4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Douglas Emmett/Sr. Dir of Env Serv		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

005

EPA ID Number (copy from Item 1 of Form 1)
DED 057161309

Continued from Page 2

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX)

VIII. 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 (list all such pollutants below) No (go to Section IX)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?
 Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
	2		

X. 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) Douglas Emmett/Sr. Director of Environmental Services	B. Area Code and Phone No. (973) 541-8646
C. Signature	D. Date Signed

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
006	please delete			sheet flow only	

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Rooftop only- no significant materials. This rooftop storm drain discharges as sheet flow.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
006		4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Douglas Emmett/Sr Dir of Env Serv		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
DED 057161309**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX)
VIII. 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 (list all such pollutants below)

 No (go to Section IX)
IX. Contract Analysis Information

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

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

 No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. 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) Douglas Emmett/Sr. Director of Environmental Services	B. Area Code and Phone No. (973) 541-8646
C. Signature	D. Date Signed

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
007	80,990 sq. ft.	80,990 sq.ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This rooftop area includes the new warehouse loading dock and a portion of the new warehouse roof. Trucks docked at the loading dock are the only potential contaminant. Good housekeeping practices are employed.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
007	All receptor points are grated.	4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Douglas Emmett/Sr Dir of Env Serv		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Continued from Page 2

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX)

VIII. 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 (list all such pollutants below)

No (go to Section IX)

IX. Contract Analysis Information

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

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

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. 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) Douglas Emmett/Sr. Director of Environmental Services	B. Area Code and Phone No. (973) 541-8646
C. Signature	D. Date Signed

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
008	please delete			No longer connected	

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This rooftop only drainage is no longer flowing via 008. The roof gutters now flow onto the ground as sheet flow. Delete outfall 008, it is disconnected.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
008		4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Douglas Emmett/Sr Dir of Env Serv		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

008

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
DED 057161309

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX)

VIII. 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 (list all such pollutants below) No (go to Section IX)

IX. Contract Analysis Information

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

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. 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) Douglas Emmett/Sr. Director of Environmental Services	B. Area Code and Phone No. (973) 541-8646
C. Signature	D. Date Signed

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
009	83,751 sq. ft.	83,751 sq.ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This area includes a portion of the plant rooftop as well as the original loading dock area. Best management practices are employed.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
009	Receptor is grated.	4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Douglas Emmett/Sr Dir of Env Serv		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

009

EPA ID Number (copy from Item 1 of Form 1)
DED 057161309

Continued from Page 2

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX)

VIII. 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 (list all such pollutants below)

No (go to Section IX)

IX. Contract Analysis Information

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

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

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. 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) Douglas Emmett/Sr. Director of Environmental Services	B. Area Code and Phone No. (973) 541-8646
C. Signature	D. Date Signed

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
004	303,922 sq. ft.	303,922 sq.ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This drainage area encompasses the employee parking areas, vinegar storage (bermed), various offices and storage buildings, produce unloading, produce drum storage, staging area and a tank yard. The tank yard drains to a pumping station, capturing the first flush and diverting it to the WWTP. Good housekeeping practices are employed.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
004	Three collection points feed 004, two have bar grates and one a screen	4-A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Douglas Emmett/Sr. Dir of Env Serv		10/4/2013

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

004

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
DED 057161309**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, 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 Section IX)
VIII. 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 (list all such pollutants below)

 No (go to Section IX)
IX. Contract Analysis Information

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

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

 No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Envirocorp Inc.	14 Commerce St. Harrington, DE 19952	302-398-4313	Fecal Enterococcus Enterolert Chloride Ammonia as N BOD5 TSS

X. 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)

Douglas Emmett/Sr. Director of Environmental Services

B. Area Code and Phone No.

(973) 541-8646

C. Signature

Douglas C. Emmett

D. Date Signed

10/4/2013

