



Alabama Department of Environmental Management
adem.alabama.gov

APRIL 20, 2021
1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ■ FAX (334) 271-7950

MR DUSTIN MOBERG
GENERAL MANAGER
WEST FRASER MAPLESVILLE PLANT
7475 HWY 22
MAPLESVILLE, AL 36750

RE: DRAFT PERMIT
NPDES PERMIT NUMBER AL0025437

Dear Mr. Moberg:

Transmitted herein is a draft of the referenced permit.

We would appreciate your comments on the permit within **30 days** of the date of this letter. Please direct any comments of a technical or administrative nature to the undersigned.

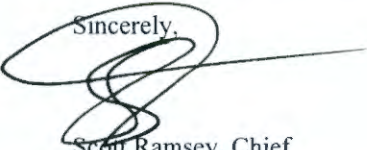
By copy of this letter and the draft permit, we are also requesting comments within the same time frame from EPA.

Our records indicate that you are currently utilizing the Department's web-based electronic environmental (E2) reporting system for submittal of discharge monitoring reports (DMRs). Your E2 DMRs will automatically update on the effective date of this permit, if issued.

The Alabama Department of Environmental Management encourages you to voluntarily consider pollution prevention practices and alternatives at your facility. Pollution Prevention may assist you in complying with effluent limitations, and possibly reduce or eliminate monitoring requirements.

If you have questions regarding this permit or monitoring requirements, please contact Scott Ramsey by e-mail at sramsey@adem.alabama.gov or by phone at (334) 271-7838.

Sincerely,



Scott Ramsey, Chief
Industrial Section
Industrial/Municipal Branch
Water Division

Enclosure: Draft Permit

pc via website: Montgomery Field Office
EPA Region IV
U.S. Fish & Wildlife Service
AL Historical Commission
Advisory Council on Historic Preservation
Department of Conservation and Natural Resources



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: WEST FRASER INC

FACILITY: WEST FRASER INC - MAPLESVILLE LUMBER MILL
7475 HWY 22
MAPLESVILLE, AL 36750

PERMIT NUMBER: AL0025437

RECEIVING WATERS: DSN001- 009: UNNAMED TRIBUTARY TO MULBERRY CREEK

In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1388 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, Code of Alabama 1975, §§ 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended, Code of Alabama 1975, §§22-22A-1 to 22-22A-17, and rules and regulations adopted thereunder, and subject further to the terms and conditions set forth in this permit, the Permittee is hereby authorized to discharge into the above-named receiving waters.

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

Draft

Alabama Department of Environmental Management

**INDUSTRIAL SECTION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT**

TABLE OF CONTENTS

PART I	DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS	1
A.	DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS	1
B.	DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS.....	5
1.	Representative Sampling.....	5
2.	Test Procedures	5
3.	Recording of Results	5
4.	Records Retention and Production.....	5
5.	Monitoring Equipment and Instrumentation.....	6
C.	DISCHARGE REPORTING REQUIREMENTS.....	6
1.	Reporting of Monitoring Requirements	6
2.	Noncompliance Notification.....	8
D.	OTHER REPORTING AND NOTIFICATION REQUIREMENTS	9
1.	Anticipated Noncompliance	9
2.	Termination of Discharge.....	9
3.	Updating Information	9
4.	Duty to Provide Information.....	9
5.	Cooling Water and Boiler Water Additives	9
6.	Permit Issued Based On Estimated Characteristics.....	9
E.	SCHEDULE OF COMPLIANCE.....	10
PART II	OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES	11
A.	OPERATIONAL AND MANAGEMENT REQUIREMENTS	11
1.	Facilities Operation and Maintenance.....	11
2.	Best Management Practices.....	11
3.	Spill Prevention, Control, and Management	11
B.	OTHER RESPONSIBILITIES	11
1.	Duty to Mitigate Adverse Impacts.....	11
2.	Right of Entry and Inspection.....	11
C.	BYPASS AND UPSET	11
1.	Bypass	11
2.	Upset	12
D.	DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES	12
1.	Duty to Comply	12
2.	Removed Substances	12
3.	Loss or Failure of Treatment Facilities.....	13
4.	Compliance with Statutes and Rules.....	13
E.	PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE.....	13
1.	Duty to Reapply or Notify of Intent to Cease Discharge	13
2.	Change in Discharge.....	13
3.	Transfer of Permit.....	14
4.	Permit Modification and Revocation.....	14
5.	Permit Termination.....	15
6.	Permit Suspension	15
7.	Request for Permit Action Does Not Stay Any Permit Requirement.....	15
F.	COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION	15
G.	DISCHARGE OF WASTEWATER GENERATED BY OTHERS.....	15
PART III	OTHER PERMIT CONDITIONS	16
A.	CIVIL AND CRIMINAL LIABILITY.....	16
B.	OIL AND HAZARDOUS SUBSTANCE LIABILITY	16
C.	PROPERTY AND OTHER RIGHTS	16
D.	AVAILABILITY OF REPORTS.....	17
E.	EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES	17
F.	COMPLIANCE WITH WATER QUALITY STANDARDS	17
G.	GROUNDWATER	17
H.	DEFINITIONS	17
I.	SEVERABILITY.....	20
PART IV	ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS	21
A.	BEST MANAGEMENT PRACTICES (BMP) PLAN REQUIREMENTS	21
B.	STORMWATER FLOW MEASUREMENT AND SAMPLING REQUIREMENTS.....	22

PART I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application:

DSN0011- DSN0081: Stormwater runoff from areas of industrial activity associated with lumber production. 3/4/5/

Such discharge shall be limited and monitored by the permittee as specified below:

<u>EFFLUENT CHARACTERISTIC</u>	<u>DISCHARGE LIMITATIONS</u>			<u>MONITORING REQUIREMENTS 1/</u>				
	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Daily Minimum</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Measurement Frequency 2/</u>	<u>Sample Type</u>	<u>Seasonal</u>
Solids, Total Suspended	-	-	-	-	REPORT mg/l	Monthly	Grab	-
Flow, In Conduit or Thru Treatment Plant		REPORT MGD				Monthly	Estimate	-

THE DISCHARGE SHALL HAVE NO SHEEN, AND THERE SHALL BE NO DISCHARGE OF VISIBLE OIL, FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

- 1/ Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Unless otherwise specified, composite samples shall be time composite samples collected using automatic sampling equipment or a minimum of eight (8) equal volume grab samples collected over equal time intervals. All composite samples shall be collected for the total period of discharge not to exceed 24 hours.
- 2/ If only one sampling event occurs during a month, the sample result shall be reported on the discharge monitoring report as both the monthly average and daily maximum value for all parameters with a monthly average limitation.
- 3/ See Part IV.A for Best Management Practices (BMP) Plan Requirements.
- 4/ See Part IV.B for Stormwater Measurement and Sampling Requirements.
- 5/ Monitoring is only required at outfalls DSN002, DSN006 and DSN008. These outfalls have been deemed as representative of the discharge from the facility.

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application:

DSN001Q – DSN008Q: Stormwater runoff from areas of industrial activity associated with lumber production. 3/4/5/

Such discharge shall be limited and monitored by the permittee as specified below:

<u>EFFLUENT CHARACTERISTIC</u>	<u>DISCHARGE LIMITATIONS</u>				<u>MONITORING REQUIREMENTS 1/</u>			
	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Daily Minimum</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Measurement Frequency 2/</u>	<u>Sample Type</u>	<u>Seasonal</u>
BOD, 5-Day (20 Deg. C)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
pH	-	-	REPORT S.U.	-	REPORT S.U.	Quarterly	Grab	-
Oil & Grease	-	-	-	-	15 mg/l	Quarterly	Grab	-
Nitrogen, Ammonia Total (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Nitrogen, Kjeldahl Total (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Nitrite Plus Nitrate Total 1 Det. (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Phosphorus, Total (As P)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Chemical Oxygen Demand (COD)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-

THE DISCHARGE SHALL HAVE NO SHEEN, AND THERE SHALL BE NO DISCHARGE OF VISIBLE OIL, FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

- 1/ Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Unless otherwise specified, composite samples shall be time composite samples collected using automatic sampling equipment or a minimum of eight (8) equal volume grab samples collected over equal time intervals. All composite samples shall be collected for the total period of discharge not to exceed 24 hours.
- 2/ If only one sampling event occurs during a month, the sample result shall be reported on the discharge monitoring report as both the monthly average and daily maximum value for all parameters with a monthly average limitation.
- 3/ See Part IV.A for Best Management Practices (BMP) Plan Requirements.
- 4/ See Part IV.B for Stormwater Measurement and Sampling Requirements.
- 5/ Monitoring is only required at outfalls DSN002, DSN006 and DSN008. These outfalls have been deemed as representative of the discharge from the facility.

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application:

DSN0091: Stormwater from areas of industrial activity associated with lumber production and wastewater from vehicle wash, iron filter backwash, wet deck, fire pump cooling system, air compressor condensate, kiln condensate and well pump lubricator water. 3/4/

Such discharge shall be limited and monitored by the permittee as specified below:

<u>EFFLUENT CHARACTERISTIC</u>	<u>DISCHARGE LIMITATIONS</u>			<u>MONITORING REQUIREMENTS 1/</u>				
	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Daily Minimum</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Measurement Frequency 2/</u>	<u>Sample Type</u>	<u>Seasonal</u>
BOD, 5-Day (20 Deg. C)	-	-	-	-	30 mg/l	Monthly	Grab	-
pH	-	-	6.0 S.U.	-	8.5 S.U.	Monthly	Grab	-
Solids, Total Suspended	-	-	-	-	REPORT mg/l	Monthly	Grab	-
Oil & Grease	-	-	-	-	15 mg/l	Monthly	Grab	-
Flow, In Conduit or Thru Treatment Plant	-	REPORT MGD	-	-	-	Monthly	Instantaneous	-

THE DISCHARGE SHALL HAVE NO SHEEN, AND THERE SHALL BE NO DISCHARGE OF VISIBLE OIL, FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

THERE SHALL BE NO DISCHARGE OF DEBRIS FROM WET STORAGE OPERATIONS.

- 1/ Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Unless otherwise specified, composite samples shall be time composite samples collected using automatic sampling equipment or a minimum of eight (8) equal volume grab samples collected over equal time intervals. All composite samples shall be collected for the total period of discharge not to exceed 24 hours.
- 2/ If only one sampling event occurs during a month, the sample result shall be reported on the discharge monitoring report as both the monthly average and daily maximum value for all parameters with a monthly average limitation.
- 3/ See Part IV.A for Best Management Practices (BMP) Plan Requirements.
- 4/ See Part IV.B for Stormwater Measurement and Sampling Requirements.

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application:

DSN009Q: Stormwater from areas of industrial activity associated with lumber production and wastewater from vehicle wash, iron filter backwash, wet deck, fire pump cooling system, air compressor condensate, kiln condensate and well pump lubricator water. 3/4/

Such discharge shall be limited and monitored by the permittee as specified below:

<u>EFFLUENT CHARACTERISTIC</u>	<u>DISCHARGE LIMITATIONS</u>			<u>MONITORING REQUIREMENTS 1/</u>				
	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Daily Minimum</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Measurement Frequency 2/</u>	<u>Sample Type</u>	<u>Seasonal</u>
Nitrogen, Ammonia Total (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Nitrogen, Kjeldahl Total (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Nitrite Plus Nitrate Total 1 Det. (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Phosphorus, Total (As P)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Magnesium, Total (As Mg)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Iron, Total (As Fe)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Manganese, Total (As Mn)	-	-	-	-	REPORT mg/l	Quarterly	Grab	-
Benzene, Ethylbenzenetoulene, Xylene Comb	-	-	-	-	REPORT ug/l	Quarterly	Grab	-

THE DISCHARGE SHALL HAVE NO SHEEN, AND THERE SHALL BE NO DISCHARGE OF VISIBLE OIL, FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

THERE SHALL BE NO DISCHARGE OF DEBRIS FROM WET STORAGE OPERATIONS.

- 1/ Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Unless otherwise specified, composite samples shall be time composite samples collected using automatic sampling equipment or a minimum of eight (8) equal volume grab samples collected over equal time intervals. All composite samples shall be collected for the total period of discharge not to exceed 24 hours.
- 2/ If only one sampling event occurs during a month, the sample result shall be reported on the discharge monitoring report as both the monthly average and daily maximum value for all parameters with a monthly average limitation.
- 3/ See Part IV.A for Best Management Practices (BMP) Plan Requirements.
- 4/ See Part IV.B for Stormwater Measurement and Sampling Requirements.

B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

1. Representative Sampling

Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge and shall be in accordance with the provisions of this permit.

2. Test Procedures

For the purpose of reporting and compliance, permittees shall use one of the following procedures:

- a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance; however, should EPA approve a method with a lower minimum level during the term of this permit the permittee shall use the newly approved method.

- b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.

Permittees may develop an effluent matrix-specific ML, where an effluent matrix prevents attainment of the established ML. However, a matrix specific ML shall be based upon proper laboratory method and technique. Matrix-specific MLs must be approved by the Department, and may be developed by the permittee during permit issuance, reissuance, modification, or during compliance schedule.

In either case the measured value should be reported if the analytical result is at or above the ML and "0" reported for values below the ML.

- c. For parameters without an EPA established ML, interim ML, or matrix-specific ML, a report of less than the detection limit shall constitute compliance if the detection limit of all analytical methods is higher than the permit limit using the most sensitive EPA approved method. For the purpose of calculating a monthly average, "0" shall be used for values reported less than the detection limit.

The Minimum Level utilized for procedures A and B above shall be reported on the permittee's DMR. When an EPA approved test procedure for analysis of a pollutant does not exist, the Director shall approve the procedure to be used.

3. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

- a. The facility name and location, point source number, date, time and exact place of sampling;
- b. The name(s) of person(s) who obtained the samples or measurements;
- c. The dates and times the analyses were performed;
- d. The name(s) of the person(s) who performed the analyses;
- e. The analytical techniques or methods used, including source of method and method number; and
- f. The results of all required analyses.

4. Records Retention and Production

The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records shall not be submitted unless requested.

All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.

5. Monitoring Equipment and Instrumentation

All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. The permittee shall develop and maintain quality assurance procedures to ensure proper operation and maintenance of all equipment and instrumentation. The quality assurance procedures shall include the proper use, maintenance, and installation, when appropriate, of monitoring equipment at the plant site.

C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements

- a. The permittee shall conduct the required monitoring in accordance with the following schedule:

MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.

QUARTERLY MONITORING shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring may be done anytime during the quarter, unless restricted elsewhere in this permit, but it should be submitted with the last DMR due for the quarter, i.e., (March, June, September and December DMR's).

SEMIANNUAL MONITORING shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be submitted with the last DMR for the month of the semiannual period, i.e. (June and December DMR's).

ANNUAL MONITORING shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be submitted with the December DMR.

- b. The permittee shall submit discharge monitoring reports (DMRs) on the forms provided by the Department and in accordance with the following schedule:

REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING shall be submitted on a monthly basis. The first report is due on the 28th day of (MONTH, YEAR). The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.

REPORTS OF QUARTERLY TESTING shall be submitted on a quarterly basis. The first report is due on the 28th day of [Month, Year]. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.

REPORTS OF SEMIANNUAL TESTING shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.

REPORTS OF ANNUAL TESTING shall be submitted on an annual basis. The first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.

- c. Except as allowed by Provision I.C.1.c.(1) or (2), the permittee shall submit all Discharge Monitoring Reports (DMRs) required by Provision I.C.1.b by utilizing the Department's web-based Electronic Environmental (E2) Reporting System.

- (1) If the permittee is unable to complete the electronic submittal of DMR data due to technical problems originating with the Department's E2 Reporting system (this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the date specified in Provision I.C.1.b, unless otherwise directed by the Department.

If the E2 Reporting System is down on the 28th day of the month in which the DMR is due or is down for an extended period of time, as determined by the Department, when a DMR is required to be submitted, the permittee may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within 5 calendar days of the E2 Reporting System resuming operation, the permittee shall enter the data into the E2 Reporting System, unless an alternate timeframe is approved by the Department. An attachment should be included with the E2 DMR submittal verifying the original submittal date (date of the fax, copy of the dated e-mail, or hand-delivery stamped date), if applicable.

- (2) The permittee may submit a request to the Department for a temporary electronic reporting waiver for DMR submittals. The waiver request should include the permit number; permittee name; facility/site name; facility address; name, address, and contact information for the responsible official or duly authorized representative; a detailed statement regarding the basis for requesting such a waiver; and the duration for which the waiver is requested. Approved electronic reporting waivers are not transferrable.

Permittees with an approved electronic reporting waiver for DMRs may submit hard copy DMRs for the period that the approved electronic reporting waiver request is effective. The permittee shall submit the Department-approved DMR forms to the address listed in Provision I.C.1.e.

- (3) If a permittee is allowed to submit a hard copy DMR, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit.
- (4) If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A. of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR and the increased frequency shall be indicated on the DMR.
- (5) In the event no discharge from a point source identified in Provision I.A. of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR.

- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear 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 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."

- e. Discharge Monitoring Reports required by this permit, the AWPCA, and the Department's Rules that are being submitted in hard copy shall be addressed to:

**Alabama Department of Environmental Management
Permits and Services Division
Environmental Data Section
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Certified and Registered Mail containing Discharge Monitoring Reports shall be addressed to:

**Alabama Department of Environmental Management
Permits and Services Division
Environmental Data Section
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400**

- f. All other correspondence and reports required to be submitted by this permit, the AWPCA, and the Department's Rules shall be addressed to:

Alabama Department of Environmental Management

Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

Certified and Registered Mail shall be addressed to:

Alabama Department of Environmental Management
Water Division
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400

- g. If this permit is a re-issuance, then the permittee shall continue to submit DMRs in accordance with the requirements of their previous permit until such time as DMRs are due as discussed in Part I.C.1.b above.

2. Noncompliance Notification

a. 24-Hour Noncompliance Reporting

The permittee shall report to the Director, within 24-hours of becoming aware of the noncompliance, any noncompliance which may endanger health or the environment. This shall include but is not limited to the following circumstances:

- (1) does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I. A. of this permit which is denoted by an "(X)";
- (2) threatens human health or welfare, fish or aquatic life, or water quality standards;
- (3) does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);
- (4) contains a quantity of a hazardous substance which has been determined may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);
- (5) exceeds any discharge limitation for an effluent characteristic as a result of an unanticipated bypass or upset; and
- (6) is an unpermitted direct or indirect discharge of a pollutant to a water of the state (unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision).

The permittee shall orally report the occurrence and circumstances of such discharge to the Director within 24-hours after the permittee becomes aware of the occurrence of such discharge. In addition to the oral report, the permittee shall submit to the Director or Designee a written report as provided in Part I.C.2.c no later than five (5) days after becoming aware of the occurrence of such discharge.

- b. If for any reason, the permittee's discharge does not comply with any limitation of this permit, the permittee shall submit to the Director or Designee a written report as provided in Part I.C.2.c below, such report shall be submitted with the next Discharge Monitoring Report required to be submitted by Part I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.

- c. Any written report required to be submitted to the Director or Designee by Part I.C.2 a. or b. shall be submitted using a Noncompliance Notification Form (ADEM Form 421) available on the Department's website (<http://adem.alabama.gov/DeptForms/Form421.pdf>) and include the following information:

- (1) A description of the discharge and cause of noncompliance;
- (2) The period of noncompliance, including exact dates and times or, if not corrected, the anticipated time the noncompliance is expected to continue; and
- (3) A description of the steps taken and/or being taken to reduce or eliminate the noncomplying discharge and to prevent its recurrence.

D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

1. Anticipated Noncompliance

The permittee shall give the Director written advance notice of any planned changes or other circumstances regarding a facility which may result in noncompliance with permit requirements.

2. Termination of Discharge

The permittee shall notify the Director, in writing, when all discharges from any point source(s) identified in Provision I. A. of this permit have permanently ceased. This notification shall serve as sufficient cause for instituting procedures for modification or termination of the permit.

3. Updating Information

a. The permittee shall inform the Director of any change in the permittee's mailing address, telephone number or in the permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules, and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the permittee shall furnish the Director with an update of any information provided in the permit application.

b. If the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

4. Duty to Provide Information

The permittee shall furnish to the Director, within a reasonable time, any information which the Director or his designee may request to determine whether cause exists for modifying, revoking and re-issuing, suspending, or terminating this permit, in whole or in part, or to determine compliance with this permit.

5. Cooling Water and Boiler Water Additives

a. The permittee shall notify the Director in writing not later than thirty (30) days prior to instituting the use of any biocide corrosion inhibitor or chemical additive in a cooling or boiler system, not identified in the application for this permit, from which discharge is allowed by this permit. Notification is not required for additives that do not contain a heavy metal(s) as an active ingredient and that pass through a wastewater treatment system prior to discharge nor is notification required for additives that should not reasonably be expected to cause the cooling water or boiler water to exhibit toxicity as determined by analysis of manufacturer's data or testing by the permittee. Such notification shall include:

- (1) name and general composition of biocide or chemical;
- (2) 96-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach;
- (2) quantities to be used;
- (3) frequencies of use;
- (4) proposed discharge concentrations; and
- (6) EPA registration number, if applicable.

b. The use of a biocide or additive containing tributyl tin, tributyl tin oxide, zinc, chromium or related compounds in cooling or boiler system(s), from which a discharge regulated by this permit occurs, is prohibited except as exempted below. The use of a biocide or additive containing zinc, chromium or related compounds may be used in special circumstances if (1) the permit contains limits for these substances, or (2) the applicant demonstrates during the application process that the use of zinc, chromium or related compounds as a biocide or additive will not pose a reasonable potential to violate the applicable State water quality standards for these substances. The use of any additive, not identified in this permit or in the application for this permit or not exempted from notification under this permit is prohibited, prior to a determination by the Department that permit modification to control discharge of the additive is not required or prior to issuance of a permit modification controlling discharge of the additive.

6. Permit Issued Based On Estimated Characteristics

- a. If this permit was issued based on estimates of the characteristics of a process discharge reported on an EPA NPDES Application Form 2D (EPA Form 3510-2D), the permittee shall complete and submit an EPA NPDES Application Form 2C (EPA Form 3510-2C) no later than two years after the date that discharge begins. Sampling required for completion of the Form 2C shall occur when a discharge(s) from the process(s) causing the new or increased discharge is occurring. If this permit was issued based on estimates concerning the composition of a stormwater discharge(s), the permittee shall perform the sampling required by EPA NPDES Application Form 2F (EPA Form 3510-2F) no later than one year after the industrial activity generating the stormwater discharge has been fully initiated.
- b. This permit shall be reopened if required to address any new information resulting from the completion and submittal of the Form 2C and or 2F.

E. SCHEDULE OF COMPLIANCE

1. The permittee shall achieve compliance with the discharge limitations specified in Provision I. A. in accordance with the following schedule:

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

2. No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

PART II OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

1. Facilities Operation and Maintenance

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of the permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities only when necessary to achieve compliance with the conditions of the permit.

2. Best Management Practices

- a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.
- b. The permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.
- c. The permittee shall prepare, submit for approval and implement a Best Management Practices (BMP) Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

3. Spill Prevention, Control, and Management

The permittee shall provide spill prevention, control, and/or management sufficient to prevent any spills of pollutants from entering a water of the state or a publicly or privately owned treatment works. Any containment system used to implement this requirement shall be constructed of materials compatible with the substance(s) contained and which shall prevent the contamination of groundwater and such containment system shall be capable of retaining a volume equal to 110 percent of the capacity of the largest tank for which containment is provided.

B. OTHER RESPONSIBILITIES

1. Duty to Mitigate Adverse Impacts

The permittee shall promptly take all reasonable steps to mitigate and minimize or prevent any adverse impact on human health or the environment resulting from noncompliance with any discharge limitation specified in Provision I. A. of this permit, including such accelerated or additional monitoring of the discharge and/or the receiving waterbody as necessary to determine the nature and impact of the noncomplying discharge.

2. Right of Entry and Inspection

The permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:

- a. enter upon the permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;
- b. have access to and copy, at reasonable times, any records that must be kept under the conditions of the permit;
- c. inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and
- d. sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

C. BYPASS AND UPSET

1. Bypass

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:

(1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;

- (2) It enters the same receiving stream as the permitted outfall; and
 - (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.
- c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:
- (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;
 - (2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and
 - (3) The permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the permittee is granted such authorization, and the permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.
- d. The permittee has the burden of establishing that each of the conditions of Provision II.C.1.b. or c. have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I. A. of this permit.

2. Upset

- a. A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A. of this permit if:
- (1) No later than 24-hours after becoming aware of the occurrence of the upset, the permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and
 - (2) No later than five (5) days after becoming aware of the occurrence of the upset, the permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that (i) an upset occurred; (ii) the permittee can identify the specific cause(s) of the upset; (iii) the permittee's facility was being properly operated at the time of the upset; and (iv) the permittee promptly took all reasonable steps to minimize any adverse impact on human health or the environment resulting from the upset.
- b. The permittee has the burden of establishing that each of the conditions of Provision II. C.2.a. of this permit have been met to qualify for an exemption from the discharge limitations specified in Provision I.A. of this permit.

D. DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES

1. Duty to Comply

- a. The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, for permit termination, revocation and reissuance, suspension, modification; or denial of a permit renewal application.
- b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a permittee in an enforcement action.
- c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.
- d. The permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.
- e. Nothing in this permit shall be construed to preclude and negate the permittee's responsibility or liability to apply for, obtain, or comply with other ADEM, Federal, State, or Local Government permits, certifications, licenses, or other approvals.

2. Removed Substances

Solids, sludges, filter backwash, or any other pollutant or other waste removed in the course of treatment or control of wastewaters shall be disposed of in a manner that complies with all applicable Department Rules.

3. Loss or Failure of Treatment Facilities

Upon the loss or failure of any treatment facilities, including but not limited to the loss or failure of the primary source of power of the treatment facility, the permittee shall, where necessary to maintain compliance with the discharge limitations specified in Provision I. A. of this permit, or any other terms or conditions of this permit, cease, reduce, or otherwise control production and/or all discharges until treatment is restored. If control of discharge during loss or failure of the primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

4. Compliance with Statutes and Rules

- a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Blvd., Montgomery, AL 36130.
- b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and Code of Alabama 1975, Section 22-22-14.

E. PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE

1. Duty to Reapply or Notify of Intent to Cease Discharge

- a. If the permittee intends to continue to discharge beyond the expiration date of this permit, the permittee shall file a complete permit application for reissuance of this permit at least 180 days prior to its expiration. If the permittee does not intend to continue discharge beyond the expiration of this permit, the permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.
- b. Failure of the permittee to apply for reissuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

2. Change in Discharge

- a. The permittee shall apply for a permit modification at least 180 days in advance of any facility expansion, production increase, process change, or other action that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant such that existing permit limitations would be exceeded or that could result in an additional discharge point. This requirement applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.
- b. The permittee shall notify the Director as soon as it is known or there is reason to believe:
 - (1) That any activity has occurred or will occur which would result in the discharge on a routine or frequent basis, of any toxic pollutant which is not limited in this permit, if that discharge will exceed the highest of the following notification levels:
 - (a) one hundred micrograms per liter;
 - (b) two hundred micrograms per liter for acrolein and acrylonitrile; five hundred micrograms per liter for 2,4-dinitrophenol and for 2-methyl-4,6-dini-trophenol; and one milligram per liter for antimony;
 - (c) five times the maximum concentration value reported for that pollutant in the permit application; or
 - (2) That any activity has occurred or will occur which would result in any discharge, on a non-routine or infrequent basis, of a toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following notification levels:
 - (a) five hundred micrograms per liter;
 - (b) one milligram per liter for antimony;
 - (c) ten times the maximum concentration value reported for that pollutant in the permit application.

3. Transfer of Permit

This permit may not be transferred or the name of the permittee changed without notice to the Director and subsequent modification or revocation and reissuance of the permit to identify the new permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of the permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership or control of the permittee's premises accompanied by a change or proposed change in effluent characteristics, a complete permit application is required to be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership or control, he may decide not to modify the existing permit and require the submission of a new permit application.

4. Permit Modification and Revocation

a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:

- (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;
- (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or
- (3) If modification or revocation and reissuance is requested by the permittee and cause exists, the Director may grant the request.

b. This permit may be modified during its term for cause, including but not limited to, the following:

- (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;
- (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;
- (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;
- (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;
- (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;
- (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;
- (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;
- (8) To agree with a granted variance under 301(c), 301(g), 301(h), 301(k), or 316(a) of the FWPCA or for fundamentally different factors;
- (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
- (10) When required by the reopener conditions in this permit;
- (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
- (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
- (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
- (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules.

5. Permit Termination

This permit may be terminated during its term for cause, including but not limited to, the following:

- a. Violation of any term or condition of this permit;
- b. The permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the permittee's misrepresentation of any relevant facts at any time;
- c. Materially false or inaccurate statements or information in the permit application or the permit;
- d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- e. The permittee's discharge threatens human life or welfare or the maintenance of water quality standards;
- f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;
- g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the permittee; or
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

6. Permit Suspension

This permit may be suspended during its term for noncompliance until the permittee has taken action(s) necessary to achieve compliance.

7. Request for Permit Action Does Not Stay Any Permit Requirement

The filing of a request by the permittee for modification, suspension or revocation of this permit, in whole or in part, does not stay any permit term or condition.

F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

If any applicable effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a), for a toxic pollutant discharged by the permittee and such standard or prohibition is more stringent than any discharge limitation on the pollutant specified in Provision I. A. of this permit, or controls a pollutant not limited in Provision I. A. of this permit, this permit shall be modified to conform to the toxic pollutant effluent standard or prohibition and the permittee shall be notified of such modification. If this permit has not been modified to conform to the toxic pollutant effluent standard or prohibition before the effective date of such standard or prohibition, the permittee shall attain compliance with the requirements of the standard or prohibition within the time period required by the standard or prohibition and shall continue to comply with the standard or prohibition until this permit is modified or reissued.

G. DISCHARGE OF WASTEWATER GENERATED BY OTHERS

The discharge of wastewater, generated by any process, facility, or by any other means not under the operational control of the permittee or not identified in the application for this permit or not identified specifically in the description of an outfall in this permit is not authorized by this permit.

PART III OTHER PERMIT CONDITIONS

A. CIVIL AND CRIMINAL LIABILITY

1. Tampering

Any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained or performed under the permit shall, upon conviction, be subject to penalties as provided by the AWPCA.

2. False Statements

Any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance shall, upon conviction, be subject to penalties as provided by the AWPCA.

3. Permit Enforcement

a. Any NPDES permit issued or reissued by the Department is a permit for the purpose of the AWPCA and the FWPCA and as such any terms, conditions, or limitations of the permit are enforceable under state and federal law.

b. Any person required to have a NPDES permit pursuant to ADEM Administrative Code Chapter 335-6-6 and who discharges pollutants without said permit, who violates the conditions of said permit, who discharges pollutants in a manner not authorized by the permit, or who violates applicable orders of the Department or any applicable rule or standard of the Department, is subject to any one or combination of the following enforcement actions under applicable state statutes.

(1) An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;

(2) An action for damages;

(3) An action for injunctive relief; or

(4) An action for penalties.

c. If the permittee is not in compliance with the conditions of an expiring or expired permit the Director may choose to do any or all of the following provided the permittee has made a timely and complete application for reissuance of the permit:

(1) initiate enforcement action based upon the permit which has been continued;

(2) issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;

(3) reissue the new permit with appropriate conditions; or

(4) take other actions authorized by these rules and AWPCA.

4. Relief from Liability

Except as provided in Provision II.C.1 (Bypass) and Provision II.C.2 (Upset), nothing in this permit shall be construed to relieve the permittee of civil or criminal liability under the AWPCA or FWPCA for noncompliance with any term or condition of this permit.

B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities or penalties to which the permittee is or may be subject under Section 311 of the FWPCA, 33 U.S.C. Section 1321.

C. PROPERTY AND OTHER RIGHTS

This permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to persons or property or invasion of other private rights, trespass, or any infringement of federal, state, or local laws or regulations, nor does it authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any waters of the state or of the United States.

D. AVAILABILITY OF REPORTS

Except for data determined to be confidential under Code of Alabama 1975, Section 22-22-9(c), all reports prepared in accordance with the terms of this permit shall be available for public inspection at the offices of the Department. Effluent data shall not be considered confidential.

E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

1. If this permit was issued for a new discharger or new source, this permit shall expire eighteen months after the issuance date if construction of the facility has not begun during the eighteen-month period.
2. If this permit was issued or modified to allow the discharge of increased quantities of pollutants to accommodate the modification of an existing facility and if construction of this modification has not begun during the eighteen month period after issuance of this permit or permit modification, this permit shall be modified to reduce the quantities of pollutants allowed to be discharged to those levels that would have been allowed if the modification of the facility had not been planned.
3. Construction has begun when the owner or operator has:
 - a. begun, or caused to begin as part of a continuous on-site construction program:
 - (1) any placement, assembly, or installation of facilities or equipment; or
 - (2) significant site preparation work including clearing, excavation, or removal of existing buildings, structures, or facilities which is necessary for the placement, assembly, or installation of new source facilities or equipment; or
 - b. entered into a binding contractual obligation for the purpose of placement, assembly, or installation of facilities or equipment which are intended to be used in its operation within a reasonable time. Options to purchase or contracts which can be terminated or modified without substantial loss, and contracts for feasibility, engineering, and design studies do not constitute a contractual obligation under the paragraph. The entering into a lease with the State of Alabama for exploration and production of hydrocarbons shall also be considered beginning construction.

F. COMPLIANCE WITH WATER QUALITY STANDARDS

1. On the basis of the permittee's application, plans, or other available information, the Department has determined that compliance with the terms and conditions of this permit should assure compliance with the applicable water quality standards.
2. Compliance with permit terms and conditions notwithstanding, if the permittee's discharge(s) from point sources identified in Provision I. A. of this permit cause or contribute to a condition in contravention of state water quality standards, the Department may require abatement action to be taken by the permittee in emergency situations or modify the permit pursuant to the Department's Rules, or both.
3. If the Department determines, on the basis of a notice provided pursuant to this permit or any investigation, inspection or sampling, that a modification of this permit is necessary to assure maintenance of water quality standards or compliance with other provisions of the AWPCA or FWPCA, the Department may require such modification and, in cases of emergency, the Director may prohibit the discharge until the permit has been modified.

G. GROUNDWATER

Unless specifically authorized under this permit, this permit does not authorize the discharge of pollutants to groundwater. Should a threat of groundwater contamination occur, the Director may require groundwater monitoring to properly assess the degree of the problem and the Director may require that the Permittee undertake measures to abate any such discharge and/or contamination.

H. DEFINITIONS

1. Average monthly discharge limitation - means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
2. Average weekly discharge limitation - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
3. Arithmetic Mean -- means the summation of the individual values of any set of values divided by the number of individual values.

4. AWPCA - means the Alabama Water Pollution Control Act.
5. BOD – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. Bypass - means the intentional diversion of waste streams from any portion of a treatment facility.
7. CBOD – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. Daily discharge - means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. Daily maximum - means the highest value of any individual sample result obtained during a day.
10. Daily minimum - means the lowest value of any individual sample result obtained during a day.
11. Day - means any consecutive 24-hour period.
12. Department - means the Alabama Department of Environmental Management.
13. Director - means the Director of the Department.
14. Discharge - means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other wastes into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(8).
15. Discharge Monitoring Report (DMR) - means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. DO – means dissolved oxygen.
17. 8HC – means 8-hour composite sample, including any of the following:
 - a. The mixing of at least 5 equal volume samples collected at constant time intervals of not more than 2 hours over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
 - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. EPA - means the United States Environmental Protection Agency.
19. FC – means the pollutant parameter fecal coliform.
20. Flow – means the total volume of discharge in a 24-hour period.
21. FWPCA - means the Federal Water Pollution Control Act.
22. Geometric Mean – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).
23. Grab Sample – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. Indirect Discharger – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. Industrial User – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category “Division D – Manufacturing” and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. MGD – means million gallons per day.
27. Monthly Average – means, other than for fecal coliform bacteria, the arithmetic mean of the entire composite or grab samples taken for the daily discharges collected in one month period. The monthly average for fecal coliform bacteria is the geometric mean of daily discharge samples collected in a one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.

28. New Discharger – means a person, owning or operating any building, structure, facility or installation:
 - a. from which there is or may be a discharge of pollutants;
 - b. that did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and
 - c. which has never received a final effective NPDES permit for dischargers at that site.
29. NH3-N – means the pollutant parameter ammonia, measured as nitrogen.
30. Permit application - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
31. Point source - means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
32. Pollutant - includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
33. Privately Owned Treatment Works – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a "POTW".
34. Publicly Owned Treatment Works – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
35. Receiving Stream – means the "waters" receiving a "discharge" from a "point source".
36. Severe property damage - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
37. Significant Source – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
38. Solvent – means any virgin, used or spent organic solvent(s) identified in the F-Listed wastes (F001 through F005) specified in 40 CFR 261.31 that is used for the purpose of solubilizing other materials.
39. TKN – means the pollutant parameter Total Kjeldahl Nitrogen.
40. TON – means the pollutant parameter Total Organic Nitrogen.
41. TRC – means Total Residual Chlorine.
42. TSS – means the pollutant parameter Total Suspended Solids.
43. 24HC – means 24-hour composite sample, including any of the following:
 - a. the mixing of at least 12 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
 - b. a sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected; or
 - c. a sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
44. Upset - means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

45. Waters - means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.
46. Week - means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.
47. Weekly (7-day and calendar week) Average – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

I. SEVERABILITY

The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

PART IV ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

A. BEST MANAGEMENT PRACTICES (BMP) PLAN REQUIREMENTS

1. **BMP Plan**

The permittee shall develop and implement a Best Management Practices (BMP) Plan which prevents, or minimizes the potential for, the release of pollutants from ancillary activities, including material storage areas; plant site runoff; in-plant transfer, process and material handling areas; loading and unloading operations, and sludge and waste disposal areas, to the waters of the State through plant site runoff; spillage or leaks; sludge or waste disposal; or drainage from raw material storage.

2. **Plan Content**

The permittee shall prepare and implement a best management practices (BMP) plan, which shall:

- a. Establish specific objectives for the control of pollutants:
 - (1) Each facility component or system shall be examined for its potential for causing a release of significant amounts of pollutants to waters of the State due to equipment failure, improper operation, natural phenomena such as rain or snowfall, etc.
 - (2) Where experience indicates a reasonable potential for equipment failure (e.g., a tank overflow or leakage), natural condition (e.g. precipitation), or circumstances to result in significant amounts of pollutants reaching surface waters, the plan should include a prediction of the direction, rate of flow, and total quantity of pollutants which could be discharged from the facility as a result of each condition or circumstance.
- b. Establish specific best management practices to meet the objectives identified under paragraph a. of this section, addressing each component or system capable of causing a release of significant amounts of pollutants to the waters of the State, and identifying specific preventative or remedial measures to be implemented;
- c. Establish a program to identify and repair leaking equipment items and damaged containment structures, which may contribute to contaminated stormwater runoff. This program must include regular visual inspections of equipment, containment structures and of the facility in general to ensure that the BMP is continually implemented and effective;
- d. Prevent the spillage or loss of fluids, oil, grease, gasoline, etc. from vehicle and equipment maintenance activities and thereby prevent the contamination of stormwater from these substances;
- e. Prevent or minimize stormwater contact with material stored on site;
- f. Designate by position or name the person or persons responsible for the day to day implementation of the BMP;
- g. Provide for routine inspections, on days during which the facility is manned, of any structures that function to prevent stormwater pollution or to remove pollutants from stormwater and of the facility in general to ensure that the BMP is continually implemented and effective;
- h. Provide for the use and disposal of any material used to absorb spilled fluids that could contaminate stormwater;
- i. Develop a solvent management plan, if solvents are used on site. The solvent management plan shall include as a minimum lists of the solvents on site; the disposal method of solvents used instead of dumping, such as reclamation, contract hauling; and the procedures for assuring that solvents do not routinely spill or leak into the stormwater;
- j. Provide for the disposal of all used oils, hydraulic fluids, solvent degreasing material, etc. in accordance with good management practices and any applicable state or federal regulations;
- k. Include a diagram of the facility showing the locations where stormwater exits the facility, the locations of any structure or other mechanisms intended to prevent pollution of stormwater or to remove pollutants from stormwater, the locations of any collection and handling systems;

- l. Provide control sufficient to prevent or control pollution of stormwater by soil particles to the degree required to maintain compliance with the water quality standard for turbidity applicable to the waterbody(s) receiving discharge(s) under this permit;
 - m. Provide spill prevention, control, and/or management sufficient to prevent or minimize contaminated stormwater runoff. Any containment system used to implement this requirement shall be constructed of materials compatible with the substance(s) contained and shall prevent the contamination of groundwater. The containment system shall also be capable of retaining a volume equal to 110 percent of the capacity of the largest tank for which containment is provided;
 - n. Provide and maintain curbing, diking or other means of isolating process areas to the extent necessary to allow segregation and collection for treatment of contaminated stormwater from process areas;
 - o. Be reviewed by plant engineering staff and the plant manager; and
 - p. Bear the signature of the plant manager.
3. Compliance Schedule
- The permittee shall have reviewed (and revised if necessary) and fully implemented the BMP plan as soon as practicable but no later than six months after the effective date of this permit.
4. Department Review
- a. When requested by the Director or his designee, the permittee shall make the BMP available for Department review.
 - b. The Director or his designee may notify the permittee at any time that the BMP is deficient and require correction of the deficiency.
 - c. The permittee shall correct any BMP deficiency identified by the Director or his designee within 30 days of receipt of notification and shall certify to the Department that the correction has been made and implemented.
5. Administrative Procedures
- a. A copy of the BMP shall be maintained at the facility and shall be available for inspection by representatives of the Department.
 - b. A log of the routine inspection required above shall be maintained at the facility and shall be available for inspection by representatives of the Department. The log shall contain records of all inspections performed for the last three years and each entry shall be signed by the person performing the inspection.
 - c. The permittee shall provide training for any personnel required to implement the BMP and shall retain documentation of such training at the facility. This documentation shall be available for inspection by representatives of the Department. Training shall be performed prior to the date that implementation of the BMP is required.
 - d. BMP Plan Modification. The permittee shall amend the BMP plan whenever there is a change in the facility or change in operation of the facility which materially increases the potential for the ancillary activities to result in a discharge of significant amounts of pollutants.
 - e. BMP Plan Review. The permittee shall complete a review and evaluation of the BMP plan at least once every three years from the date of preparation of the BMP plan. Documentation of the BMP Plan review and evaluation shall be signed and dated by the Plant Manager.

B. STORMWATER FLOW MEASUREMENT AND SAMPLING REQUIREMENTS

1. Stormwater Flow Measurement
 - a. All stormwater samples shall be collected from the discharge resulting from a storm event that is greater than 0.1 inches.
 - b. The total volume of stormwater discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must

be a minimum of 72 hours. This information must be recorded as part of the sampling procedure and records retained according to Part I.B. of this permit.

- c. The volume may be measured using flow measuring devices, or estimated based on a modification of the Rational Method using total depth of rainfall, the size of the drainage area serving a stormwater outfall, and an estimate of the runoff coefficient of the drainage area. This information must be recorded as part of the sampling procedure and records retained according to Part I.B. of this permit.

2. Stormwater Sampling

- a. A grab sample, if required by this permit, shall be taken during the first thirty minutes of the discharge (or as soon thereafter as practicable); and a flow-weighted composite sample, if required by this permit, shall be taken for the entire event or for the first three hours of the event.
- b. All test procedures will be in accordance with part I.B. of this permit.

ADEM PERMIT RATIONALE

PREPARED DATE: March 8, 2021
PREPARED BY: Ed Hughes

Permittee Name: West Fraser Inc.
Facility Name: West Fraser - Maplesville Plant
Permit Number: AL0025437

PERMIT IS REISSUANCE DUE TO EXPIRATION

DISCHARGE SERIAL NUMBERS & DESCRIPTIONS:

DSN001 – DSN008: Storm water runoff from areas of industrial activity associated with lumber production.

DSN009: Storm water from areas of industrial activity associated with lumber production and wastewater from vehicle wash, iron filter backwash, wet deck, fire pump cooling system, air compressor condensate, kiln condensate and well pump lubricator water.

INDUSTRIAL CATEGORY: 40 CFR 429 – Subpart A: Barking Subcategory
40 CFR 429 – Subpart I: Wet Storage Subcategory
40 CFR 429 – Subpart K: Sawmill and Planing Mill Subcategory

MAJOR: N

STREAM INFORMATION:

Receiving Stream:	Unnamed Tributary to Mulberry Creek
Classification:	Fish & Wildlife
River Basin:	Alabama River basin
7Q10:	0.0 cfs
1Q10:	0.0 cfs
Annual Average Flow:	0.0 cfs
303(d) List:	No
Impairment:	N/A
TMDL:	No

DISCUSSION:

The Maplesville lumber mill produces and sells southern yellow pine dimensional lumber from pine logs. Processes include debarking, sawing, trimming and planning lumber. Bark, sawdust, shavings and wood chips are produced and sold as by-products.

ADEM Administrative Rule 335-6-10-.12 requires applicants to new or expanded discharges to Tier II waters demonstrate that the proposed discharge is necessary for important economic or social development in the area in which the waters are located. The application submitted by the facility is not for a new or expanded discharge.

Therefore, the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

The proposed testing frequencies for permit limits based on Best Professional Judgment are based on a review of site specific conditions and an evaluation of similar facilities.

DSN0011 - 0081: Storm water runoff from areas of industrial activity associated with lumber production.

<u>Parameter</u>	<u>Monthly Avg Loading</u>	<u>Daily Max Loading</u>	<u>Daily Min Concentration</u>	<u>Monthly Avg Concentration</u>	<u>Daily Max Concentration</u>	<u>Sample Frequency</u>	<u>Sample Type</u>	<u>Basis*</u>
Solids, Total Suspended	-	-	-	-	REPORT mg/l	Monthly	Grab	BPJ
Flow, In Conduit or Thru Treatment Plant		REPORT MGD				Monthly	Estimate	BPJ

DSN001Q – DSN008Q: Storm water runoff from areas of industrial activity associated with lumber production.

<u>Parameter</u>	<u>Monthly Avg Loading</u>	<u>Daily Max Loading</u>	<u>Daily Min Concentration</u>	<u>Monthly Avg Concentration</u>	<u>Daily Max Concentration</u>	<u>Sample Frequency</u>	<u>Sample Type</u>	<u>Basis*</u>
BOD, 5-Day (20 Deg. C)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
pH	-	-	REPORT S.U.	-	REPORT S.U.	Quarterly	Grab	BPJ
Oil & Grease	-	-	-	-	15 mg/l	Quarterly	Grab	BPJ
Nitrogen, Ammonia Total (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Nitrogen, Kjeldahl Total (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Nitrite Plus Nitrate Total 1 Det. (As N)					REPORT mg/l	Quarterly	Grab	BPJ
Phosphorus, Total (As P)					REPORT mg/l	Quarterly	Grab	BPJ
Chemical Oxygen Demand (COD)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ

0091: Storm water from areas of industrial activity associated with lumber production and wastewater from vehicle wash, iron filter backwash, wet deck, fire pump cooling system, air compressor condensate, kiln condensate and well pump lubricator water.

<u>Parameter</u>	<u>Monthly Avg Loading</u>	<u>Daily Max Loading</u>	<u>Daily Min Concentration</u>	<u>Monthly Avg Concentration</u>	<u>Daily Max Concentration</u>	<u>Sample Frequency</u>	<u>Sample Type</u>	<u>Basis*</u>
BOD, 5-Day (20 Deg. C)	-	-	-	-	30 mg/l	Monthly	Grab	BPJ
pH	-	-	6.0 S.U.	-	8.5 S.U.	Monthly	Grab	WQBEL
Solids, Total Suspended	-	-	-	-	REPORT mg/l	Monthly	Grab	BPJ
Oil & Grease	-	-	-	-	15 mg/l	Monthly	Grab	BPJ
Flow, In Conduit or Thru Treatment Plant	-	REPORT MGD	-	-	-	Monthly	Instantaneous	BPJ

009Q: Storm water from areas of industrial activity associated with lumber production and wastewater from vehicle wash, iron filter backwash, wet deck, fire pump cooling system, air compressor condensate, kiln condensate and well pump lubricator water.

<u>Parameter</u>	<u>Monthly Avg Loading</u>	<u>Daily Max Loading</u>	<u>Daily Min Concentration</u>	<u>Monthly Avg Concentration</u>	<u>Daily Max Concentration</u>	<u>Sample Frequency</u>	<u>Sample Type</u>	<u>Basis*</u>
Nitrogen, Ammonia Total (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Nitrogen, Kjeldahl Total (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Nitrite Plus Nitrate Total 1 Det. (As N)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Phosphorus, Total (As P)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Magnesium, Total (As Mg)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Iron, Total (As Fe)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Manganese, Total (As Mn)	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ
Benzene, Ethylbenzenetoulene, Xylene Comb	-	-	-	-	REPORT ug/l	Quarterly	Grab	BPJ
Solids, Total Dissolved	-	-	-	-	REPORT mg/l	Quarterly	Grab	BPJ

*Basis for Permit Limitation

- BPJ – Best Professional Judgment
- WQBEL – Water Quality Based Effluent Limits
- EGL – Federal Effluent Guideline Limitations
- 303(d) – 303(d) List of Impaired Waters
- TMDL – Total Maximum Daily Load Requirements

Discussion

The operations at this site are regulated under CFR 429 Timber Products, Subparts A, I and K. Process wastewaters regulated under subparts A and K are not authorized to be discharged under this permit. Wastewaters generated by Subpart I (wet storage subcategory) are limited by the EGL imposed at 40 CFR 429.101. Other non-process wastewaters discharged such as vehicle wash waters, fire pump cooling, air compressor condensate are not specifically regulated under 40 CFR 429.

DSN001 – DSN008: Storm water runoff from areas of industrial activity associated with lumber production.

Outfalls DSN002, DSN006 and DSN008 were previously determined to be representative of the other stormwater outfalls. Monitoring will continue to be required at these sites.

Best Professional Judgment (BPJ)

The parameters of concern for this facility are based on the parameters of concern listed in EPA form 2F and from the current permit. These parameters are consistent with similar facilities in the state and have been proven to be reflective of the operations at this facility. The parameters with specific limits are discussed below

Oil & Grease

The daily maximum limit for Oil and Grease should prevent the occurrence of a visible sheen in the stream and has been shown to be achievable through the use of proper BMPs.

Best Management Practices (BMPs) are believed to be the most effective way to control the contamination of stormwater from areas of industrial activities. This facility is required to maintain a BMP plan. The requirements of the BMP plan call for minimization of stormwater contact with waste materials, products and by-products, and for prevention of spills or loss of fluids from equipment maintenance activities. The effectiveness of the BMPs will be measured through the monitoring of the pollutants of concern listed below.

pH, Biochemical Oxygen Demand, Total Suspended Solids, Chemical Oxygen Demand, Total Phosphorus, Nitrates + Nitrites, Ammonia, Total Kjeldahl Nitrogen :

Monitoring for these parameters will be continued in this issuance to evaluate the effectiveness of the facility's BMP and to provide the Department with data that can be used to develop future permit limits, if necessary to protect water quality.

To be consistent with other permits, monitoring for ammonia is being added in this issuance.

The existing permit requires monitoring for Iron, Magnesium and Manganese. Testing requirements are being removed from the permit, as operations in the main area of the facility are not expected to contribute these pollutants.

DSN009: Storm water from areas of industrial activity associated with lumber production and wastewater from vehicle wash, iron filter backwash, wet deck, fire pump cooling system, air compressor condensate, kiln condensate and well pump lubricator water.

Best Professional Judgment (BPJ)

The parameters of concern for this facility are based on the parameters of concern listed in EPA form 2F and from the current permit. These parameters are consistent with similar facilities in the state and have been proven to be reflective of the operations at this facility. The parameters with specific limits are discussed below:

Oil & Grease

The daily maximum limit for Oil and Grease should prevent the occurrence of a visible sheen in the stream and has been shown to be achievable through the use of proper BMPs.

Biochemical Oxygen Demand:

The existing daily maximum limitation of 30 mg/l is proposed to be continued in this issuance. This limitation is expected to protect water quality in the receiving stream.

Water Quality Based Effluent Limits (WOBEL)

pH:

ADEM Administrative Code, Division 6 Regulations, 335-6-10-.09 – Specify water quality for Fish & Wildlife classified streams states: Sewage, industrial wastes or other wastes shall not cause the pH to deviate more than one unit from the normal or neutral pH, nor be less than 6.0, nor greater than 8.5 standard units.”

Best Management Practices (BMPs) are believed to be the most effective way to control the contamination of stormwater from areas of industrial activities. This facility is required to maintain a BMP plan. The requirements of the BMP plan call for minimization of stormwater contact with waste materials, products and by-products, and for prevention of spills or loss of fluids from equipment maintenance activities. The effectiveness of the BMPs will be measured through the monitoring of the pollutants of concern listed below:

Total Suspended Solids, Total Phosphorus, Ammonia, Total Kjeldahl Nitrogen, Nitrates + Nitrites, Total Magnesium, Total Manganese, Total Iron, BETX, Total Dissolved Solids

Monitoring for these parameters will be to evaluate the effectiveness of the facility's BMP and to provide the Department with data that can be used to develop future permit limits, if necessary to protect water quality.

To be consistent with other permits that require nutrient monitoring, Ammonia testing was added and the Phosphate test requirement was changed to Total Phosphorus.

Because the facility uses well water as a source, monitoring for Total Residual Chlorine is not required.

Federal Effluent Guideline Limitations (EGL)

40 CFR 429 Subpart A regulates barking operations. 40 CFR 429 Subpart K regulates saw mill and planing operations. Both subparts specify no discharge of process wastewaters. This permit allows only the discharge of stormwater from lumber operations.

40 CFR 429 Subpart I regulates wet storage operations. The only EGL for this subpart is a pH limitation that is less stringent than the applicable water quality based limitation. Therefore, the more stringent water quality based limits of 6.0 to 8.5 s.u. will be included in the permit. This subpart also requires that there shall be no debris discharged. This stipulation is included in the permit.

303(d) List of Impaired Waters/Total Maximum Daily Load (TMDL)

The receiving stream is not listed on the 2020 303(d) List of Impaired Waters nor has a TMDL been developed.



West Fraser, Inc.

West Fraser Inc.
Maplesville Lumber Division
2475 Alabama Highway 22
Maplesville, Alabama 36750

March 31, 2021

Alabama Department of Environmental Management
Attention: Industrial Water Section
P.O. Box 301463
Montgomery, Alabama 36130-1463



Re: **West Fraser, Inc**
Maplesville Lumber Division
NPDES Permit No. AL0025437
Re-Permit Renewal on Updated Forms

R# 21-53086

To whom it may concern:

Enclosed please find the following completed forms for the renewal of West Fraser, Inc. Maplesville Lumber Division (WF) NPDES Wastewater/Stormwater Discharge Permit No. AL0025437.

- Form 187 Application Supplementary Information
- Form 2C Wastewater Discharge Information
- Form 2F Application for Permit to Discharge Stormwater Discharges (one each for sampled outfalls; DSN002, DSN006, DSN008, DSN009)
- Facility Outfall Map

Should you have any questions or need additional information, please contact WF EHS Resource Manager, Dale Mims dale.mims@westfraser.com or by phone at 334-366-1366 or myself dustin.moberg@westfraser.com or by phone 334-366-1324

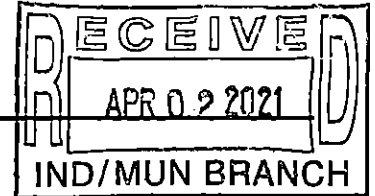
Sincerely,

Dustin Moberg
General Manager
West Fraser, Inc.
Maplesville Lumber Division

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES INDIVIDUAL PERMIT APPLICATION
SUPPLEMENTARY INFORMATION FOR INDUSTRIAL FACILITIES

Instructions: This form should be used to submit the required supplementary information for an application for an NPDES individual permit for industrial facilities. The completed application should be submitted to ADEM in duplicate. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

ADEM-Water Division
Industrial Section
P O Box 301463
Montgomery, AL 36130-1463



PURPOSE OF THIS APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> Initial Permit Application for New Facility*
<input type="checkbox"/> Modification of Existing Permit
<input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*
<input checked="" type="checkbox"/> Reissuance of Existing Permit

<i>* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</i> |
|--|---|

SECTION A – GENERAL INFORMATION

1. Facility Name: West Fraser Inc - Maplesville Lumber Mill
2. NPDES Permit Number: AL0025437 (not applicable if initial permit application)
3. SID Permit Number (if applicable): IU
4. NPDES General Permit Number (if applicable): ALG
5. Facility Location (Front Gate): Latitude: 32 45' 54" Longitude: 86 52' 30"
7. Responsible Official (as described on the last page of this application):
Name: Dustin Moberg Title: General Manager
Address: 7475 hwy 22
City: Maplesville State: Al Zip: 36750
Phone Number: 334-366-1324 Email Address: dustin.moberg@westfraser.com
8. Designated Discharge Monitoring Report (DMR) Contact:
Name: Dale Mims Title: EHS Resource
Phone Number: 334-366-1366 Email Address: dale.mims@westfraser.com
9. Type of Business Entity:
 Corporation General Partnership Limited Partnership Limited Liability Company Sole Proprietorship
 Other (Please Specify) _____
10. Complete this section if the Applicant's business entity is a Corporation
 - a) Location of Incorporation:
Address: 7475 hwy 22
City: Maplesville County: Chilton State: AL Zip: 36760
 - b) Parent Corporation of Applicant:
Name: West Fraser Inc
Address: 1900 Exeter Road
City: Germantown State: TN Zip: 38138

c) Subsidiary Corporation(s) of Applicant:

Name: N/A

Address: _____

City: _____ State: _____ Zip: _____

d) Corporate Officers:

Name: Chester Fort, VP US Lumber Operations

Address: 1900 Exeter Road

City: Germantown State: TN Zip: 38138

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

e) Agent designated by the corporation for purposes of service:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

11. If the Applicant's business entity is a Partnership, please list the general partners.

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

12. If the Applicant's business entity is a Proprietorship, please enter the proprietor's information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

15. Identify all Administrative Complaints, Notices of Violation, Directives, Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation or subsidiary corporations within the State of Alabama within the past five years (attach additional sheets if necessary):

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION B – BUSINESS ACTIVITY

If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply):

Industrial Categories

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Molding and Casting |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Metal Products |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming |
| <input type="checkbox"/> Can Making | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Canned and Preserved Fruit and Vegetables | <input type="checkbox"/> Oil and Gas Extraction |
| <input type="checkbox"/> Canned and Preserved Seafood | <input type="checkbox"/> Organic Chemicals Manufacturing |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Paint and Ink Formulating |
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Paving and Roofing Manufacturing |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Pesticides Manufacturing |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Photographic |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Plastics Processing Manufacturing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Foundries (Metal Molding and Casting) | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Steam and Electric |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Gum and Wood Chemicals Manufacturing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Inorganic Chemicals | <input checked="" type="checkbox"/> Timber Products |
| <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Waste Combustion |
| <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Meat Products | |

A facility with processes inclusive in these business areas may be covered by Environmental Protection (EPA) categorical standards. These facilities are termed "categorical users".

SECTION C – WASTEWATER DISCHARGE INFORMATION

1. Do you share an outfall with another facility? Yes No (If no, continue to C.2)

For each shared outfall, provide the following:

Applicant's Outfall No.	Name of Other Permittee/Facility	NPDES Permit No.	Where is sample collected by Applicant?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

- | | | | | |
|-----------------|--------------------|------------------------------|--|------------------------------|
| Current: | Flow Metering | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| | Sampling Equipment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| Planned: | Flow Metering | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| | Sampling Equipment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

3. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

- Yes No (If no, continue to C.4)

Briefly describe these changes and their anticipated effects on the wastewater volume and characteristics:

4. List the trade name and chemical composition of all biocides and corrosion inhibitors used:

Trade Name	Chemical Composition
_____	_____
_____	_____
_____	_____
_____	_____

For each biocide and/or corrosion inhibitor used, please include the following information:

- (1) 96-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach,
- (2) quantities to be used,
- (3) frequencies of use,
- (4) proposed discharge concentrations, and
- (5) EPA registration number, if applicable

SECTION D – WATER SUPPLY

Water Sources (check as many as are applicable):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Private Well | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Municipal Water Utility (Specify City): _____ | <input type="checkbox"/> Other (Specify): _____ |

IF MORE THAN ONE WELL OR SURFACE INTAKE, PROVIDE DATA FOR EACH ON AN ATTACHMENT

City: .00025 MGD* Well: 0.2448 MGD* Well Depth: 310 Ft. Latitude: 32 45' 54" Longitude: 86 52' 57"

Surface Intake Volume: _____ MGD* Intake Elevation in Relation to Bottom: _____ Ft.

Intake Elevation: _____ Ft. Latitude: _____ Longitude: _____

Name of Surface Water Source: _____

* MGD – Million Gallons per Day

Cooling Water Intake Structure Information

Complete D.1 and D.2 if your water supply is provided by an outside source and not by an onsite water intake structure? (e.g., another industry, municipality, etc...)

- 1. Does the provider of your source water operate a surface water intake? Yes No
(If yes, continue, if no, go to Section E.)
a) Name of Provider: _____ b) Location of Provider: _____
c) Latitude: _____ Longitude: _____
- 2. Is the provider a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water)? Yes No (If yes, go to Section E, if no, continue.)

Only to be completed if you have a cooling water intake structure or the provider of your water supply uses an intake structure and does not treat the raw water.

- 3. Is any water withdrawn from the source water used for cooling? Yes No
- 4. Using the average monthly measurements over any 12-month period, approximately what percentage of water withdrawn is used exclusively for cooling purposes? _____%
- 5. Does the cooling water consist of treated effluent that would otherwise be discharged? Yes No
(If yes, go to Section E, if no, complete D.6 – D.17)
- 6. a. Is the cooling water used in a once-through cooling system? Yes No
b. Is the cooling water used in a closed cycle cooling system? Yes No
- 7. When was the intake installed? _____
(Please provide dates for all major construction/installation of intake components including screens)
- 8. What is the maximum intake volume? _____
(maximum pumping capacity in gallons per day)
- 9. What is the average intake volume? _____
(average intake pump rate in gallons per day average in any 30-day period)
- 10. What is the actual intake flow (AIF) as defined in 40 CFR §125.92(a)? _____MGD
- 11. How is the intake operated? (e.g., continuously, intermittently, batch) _____
- 12. What is the mesh size of the screen on your intake? _____
- 13. What is the intake screen flow-through area? _____
- 14. What is the through-screen design intake flow velocity? _____ft/sec
- 15. What is the through-screen actual velocity (in ft/sec)? _____ft/sec
- 16. What is the mechanism for cleaning the screen? (e.g., does it rotate for cleaning) _____
- 17. Do you have any additional fish detraction technology on your intake? Yes No
- 18. Have there been any studies to determine the impact of the intake on aquatic organisms? Yes No (If yes, please provide.)
- 19. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

SECTION E – WASTE STORAGE AND DISPOSAL INFORMATION

Provide a description of the location of all sites involved in the storage of solids or liquids that could be accidentally discharged to a water of the state, either directly or indirectly via such avenues as storm water drainage, municipal wastewater systems, etc., which are located at the facility for which the NPDES application is being made. Where possible, the location should be noted on a map and included with this application:

Description of Waste	Description of Storage Location
Diesel Fuel and Gasoline	Metal covered building with concrete containment
Chips and Bark	On concrete pad
Kiln Fly Ash	Stored on site until shipped out

SECTION F – COASTAL ZONE INFORMATION

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County? Yes No
 If yes, complete items F.1 – F.12:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the project require new construction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the project be a source of new air emissions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the project involve dredging and/or filling of a wetland area or water way?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, has the Corps of Engineers (COE) permit been received?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| COE Project No. _____ | | |
| 4. Does the project involve wetlands and/or submersed grassbeds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are oyster reefs located near the project site?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include a map showing project and discharge location with respect to oyster reefs | | |
| 6. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-.02(bb)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the project involve mitigation of shoreline or coastal area erosion?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the project involve construction on beaches or dune areas?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the project interfere with public access to coastal waters?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the project lie within the 100-year floodplain?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the project involve the registration, sale, use, or application of pesticides?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained?..... | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION G – ANTI-DEGRADATION EVALUATION

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity. If further information is required to make this demonstration, attach additional sheets to the application.

- Is this a new or increased discharge that began after April 3, 1991? Yes No
 If yes, complete G.2 below. If no, go to Section H.
- Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in G.1? Yes No

If yes, do not complete this section. If no, and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete G.2.A – G.2.F below and ADEM Forms 311 and 313 (attached). ADEM Form 313 must be provided for each alternative considered technically viable.

Information required for new or increased discharges to high quality waters:

A. What environmental or public health problem will the discharger be correcting?

B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?

C. How much reduction in employment will the discharger be avoiding?

D. How much additional state or local taxes will the discharger be paying?

E. What public service to the community will the discharger be providing?

F. What economic or social benefit will the discharger be providing to the community?

SECTION H – EPA Application Forms

All Applicants must submit EPA permit application forms. More than one application form may be required from a facility depending on the number and types of discharges or outfalls found. The EPA application forms are found on the Department's website at <http://www.adem.alabama.gov/programs/water/waterforms.cnt>. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. Applicants for existing industrial facilities (including manufacturing facilities, commercial facilities, mining activities, and silvicultural activities) which discharge process wastewater must submit Form 2C.
3. Applicants for new industrial facilities which propose to discharge process wastewater must submit Form 2D.
4. Applicants for new and existing industrial facilities which discharge only non-process wastewater (i.e., non-contact cooling water and/or sanitary wastewater) must submit Form 2E.
5. Applicants for new and existing facilities whose discharge is composed entirely of storm water associated with industrial activity must submit Form 2F, unless exempted by § 122.26(c)(1)(ii). If the discharge is composed of storm water and non-storm water, the applicant must also submit Forms 2C, 2D, and/or 2E, as appropriate (in addition to Form 2F).

SECTION I – ENGINEERING REPORT/BMP PLAN REQUIREMENTS

See ADEM 335-6-6-.08(i) & (j)

SECTION J- RECEIVING WATERS

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
DSN009	Tributary to Mulberry Creek	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DSN006	Tributary to Mulberry Creek	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DSN008	Tributary to Mulberry Creek	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DSN002	Tributary to Mulberry Creek	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

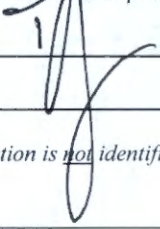
*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);
- (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);
- (3) Requested interim limitations, if applicable;
- (4) Date of final compliance with the TMDL limitations; and,
- (5) Any other additional information available to support requested compliance schedule.

SECTION K - APPLICATION CERTIFICATION

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 "signatories to permit applications and reports" (see below).

"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."

Signature of Responsible Official:  Date Signed: March 31/21
 Name: Dustin Moberg Title: General Manager

If the Responsible Official signing this application is not identified in Section A.7, provide the following information:

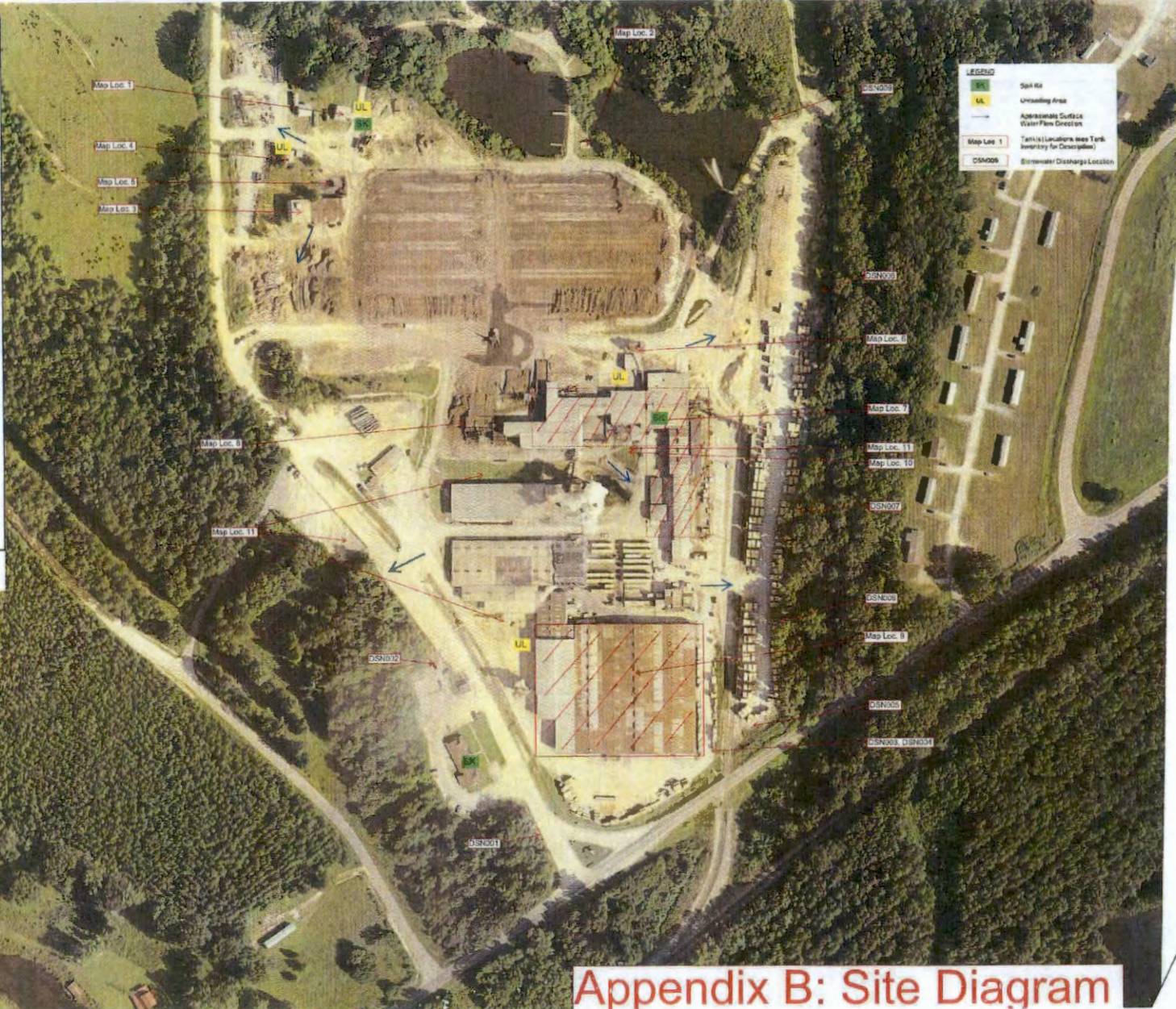
Mailing Address: 7475 Hwy 22
 City: Maplesville State: AL Zip: 36750
 Phone Number: 334-366-1324 Email Address: dustin.moberg@westfraser.com

335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

- (1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:
 - (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
 - (b) In the case of a partnership, by a general partner;
 - (c) In the case of a sole proprietorship, by the proprietor; or
 - (d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.


Map Location	Tank	Oil Type	Tank Capacity (gallons) ¹
1	Bulk Gasoline Tank	Non-leaded gasoline	3,000
1	Bulk Diesel Tank	Diesel Fuel	6,000
2	Rise System Diesel Tank	Diesel Fuel	675
3	Waste Oil Tank	Waste Oil	350
3, 4	44 (Max.) 55 gallon drums	Lube/Hydraulic Oils/Transmission Fluids	55 gal/mch, 2,420 gal total
4	Waste Oil Tota	Waste Oil	390
6	Oil Skimmer Tank	Used Oil	565
3	Hydraulic Oil Tank	Hydraulic Oil	505
3	Motor Oil Tank	Motor Oil	330
6	Portable Used Oil Tank	Used oil	955
7	Sherman Edger	Hydraulic Oil	280
7	Sawmill Bulk Tank	Hydraulic Oil	1,045
7	Pew-End Bolla Tank	Hydraulic Oil	55
7	Skidding Pansa Tank	Hydraulic Oil	175
7	Log Loader/Board Feeder Tank	Hydraulic Oil	180
7	Sawmill Package Maker	Hydraulic Oil	215
7	Lumber Macker	Hydraulic Oil	166
7	CNS Center Tank	Hydraulic Oil	355
7	Double Length Infeed Tank	Hydraulic Oil	405
7	Chain Feed Works Tank	Hydraulic Oil	155
7	Debarker #2 (Ring) Tank	Hydraulic Oil	165
7	Debarker #2 (Gear) Tank	Hydraulic Oil	80
7	Used Oil Drum for Debarker	Used oil	55
7	Log Merchandiser	Hydraulic Oil	630
8	Quadrent Loader	Hydraulic Oil	380
9	Flaser Infeed	Hydraulic Oil	80
9	Flaser Bulk Tank	Hydraulic Oil	1,040
9	Flaser Drop Sorter	Hydraulic Oil	150
9	Signode Strapper	Hydraulic Oil	70
7	Sawmill Sawblade Oil	Lubricant O8	100
7	Debarker #1 (Ring) Tank	Lubricant O8	115
7	Debarker #1 (Gear) Tank	Lubricant O8	115
10	Skidding Transformer Substation	Transmission Oil	> 55
11	Flanned Transformer Substation	Transmission Oil	> 55

¹Total facility oil capacity is greater 10,000 gallons; therefore facility does not qualify as a Tier I or II Qualified facility per 40 CFR 112.2(g) for self-certification of plan.



Appendix B: Site Diagram

EPA Identification Number ADL78956547	NPDES Permit Number AL0025437	Facility Name West Fraser, Inc	Form Approved 03/05/19 OMB No. 2040-0004
--	----------------------------------	-----------------------------------	---

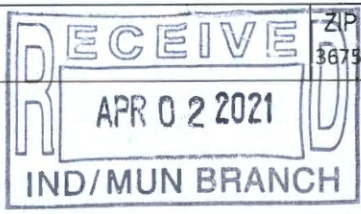
Form 1 NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION
--------------------	---	--

SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))

Activities Requiring an NPDES Permit	1.1	Applicants Not Required to Submit Form 1	
	1.1.1	Is the facility a new or existing publicly owned treatment works ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input checked="" type="checkbox"/> No	1.1.2 Is the facility a new or existing treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input checked="" type="checkbox"/> No
	1.2	Applicants Required to Submit Form 1	
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No	1.2.2 Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input type="checkbox"/> No
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input checked="" type="checkbox"/> No	1.2.4 Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No
1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). <input type="checkbox"/> No		

SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))

Name, Mailing Address, and Location	2.1	Facility Name		
		West Fraser, Inc		
	2.2	EPA Identification Number		
		ALD78956547		
2.3	Facility Contact			
	Name (first and last) DALE MIMS	Title EHS RESOURCE	Phone number (334) 366-1366	
	Email address dale.mims@westfraser.com			
2.4	Facility Mailing Address			
	Street or P.O. box 7475 hwy 22			
	City or town Maplesville	State AL	ZIP code 36750	



EPA Identification Number ADL78956547		NPDES Permit Number AL0025437		Facility Name West Fraser, Inc		Form Approved 03/05/19 OMB No. 2040-0004		
Name, Mailing Address, and Location Continued	2.5	Facility Location						
	Street, route number, or other specific identifier 7475 hwy 22							
	County name Chilton		County code (if known)					
	City or town Maplesville		State AL		ZIP code 36750			
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))								
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)				
	2421							
	3.2	NAICS Code(s)		Description (optional)				
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))								
Operator Information	4.1	Name of Operator						
	West Fraser, Inc							
	4.2	Is the name you listed in Item 4.1 also the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	4.3	Operator Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____						
Operator Information Continued	4.4	Phone Number of Operator						
	(901) 620-4200							
Operator Information Continued	4.5	Operator Address						
	Street or P.O. Box 1900 Exeter Road							
	City or town Germantown		State TN		ZIP code 38138			
	Email address of operator chester.fort@westfraser.com							
SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))								
Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

EPA Identification Number ADL78956547	NPDES Permit Number AL0025437	Facility Name West Fraser, Inc	Form Approved 03/05/19 OMB No. 2040-0004
--	----------------------------------	-----------------------------------	---

SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input checked="" type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)
-----	-----	---

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business. The Maplesville Lumber Mill produces and sells southern yellow pine dimensional lumber from pine logs. Processes include: debarking, sawing, trimming, and planing lumber. Bark, shavings and wood chips are produced and sold as by-products.
--------------------	-----	---

SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Cooling Water Intake Structures	9.1	Does your facility use cooling water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)

SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)
		<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) <input checked="" type="checkbox"/> Not applicable

EPA Identification Number
ADL78956547

NPDES Permit Number
AL0025437


Facility Name
West Fraser, Inc

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
	Column 1	Column 2
	<input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 7: Map	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

11.2	Certification Statement <i>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.</i>
	Name (print or type first and last name) Dustin Moberg
	Official title General Manager
	Signature 
	Date signed March 31/21

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
West Fraser Inc

Form Approved 03/05/19
OMB No. 2040-0004

Form
2C
NPDES



U.S. Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

1.1 Provide information on each of the facility's outfalls in the table below.

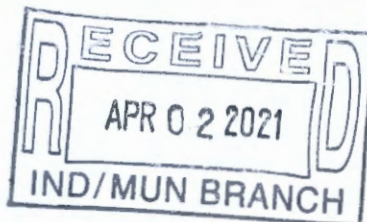
Outfall Location	Outfall Number	Receiving Water Name	Latitude			Longitude		
	DSN009	UNNAMED TRIBUTARY to M ₊	32°	45'	54"	86°	52'	30"
	DSN001-DSN	UNNAMED TRIBUTARY to M ₊	32°	45'	54"	86°	52'	30"
			.	'	"	.	'	"

SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))

2.1 Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.)
 Yes No

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.	
		Outfall Number DSN009	
		Operations Contributing to Flow	
		Operation	Average Flow
		Wet Decking, CDK condensate, vehicle wash down pad water	0.10 mgd
			mgd
			mgd
			mgd
		Treatment Units	
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1
	settling pond discharges to surface water	1-u	4-A



EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
West Fraser Inc

Form Approved 03/05/19
OMB No. 2040-0004

Average Flows and Treatment Continued

3.1
cont.

****Outfall Number**** DSN001-DSI

Operations Contributing to Flow

Operation	Average Flow
ONLY SURFACE WATER FROM RAIN EVENTS	0.046 mgd
	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

****Outfall Number**** _____

Operations Contributing to Flow

Operation	Average Flow
	mgd
	mgd
	mgd
	mgd

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

System Users

- 3.2 Are you applying for an NPDES permit to operate a privately owned treatment works?
 Yes No → SKIP to Section 4.
- 3.3 Have you attached a list that identifies each user of the treatment works?
 Yes No

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
West Fraser Inc

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
			days/week	months/year	mgd	mgd	days	
			days/week	months/year	mgd	mgd	days	

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		
	5.2	Provide the following information on applicable ELGs.		
		ELG Category	ELG Subcategory	Regulatory Citation
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.		
		Outfall Number	Operation, Product, or Material	Quantity per Day

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
West Fraser Inc

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements

6.1 Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?
 Yes No → SKIP to Item 6.3.

6.2 Briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

6.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (optional item)
 Yes No Not applicable

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

Table A. Conventional and Non-Conventional Pollutants

7.1 Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?
 Yes No → SKIP to Item 7.3.

7.2 If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.
 Outfall Number _____ Outfall Number _____ Outfall Number _____

7.3 Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?
 Yes No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.

Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants

7.4 Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)
 Yes No → SKIP to Item 7.8.

7.5 Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?
 Yes No

7.6 List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.

Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)			
	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide

Effluent and Intake Characteristics Continued

7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input type="checkbox"/> No
7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Table C. Certain Conventional and Non-Conventional Pollutants	
7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input type="checkbox"/> Yes <input type="checkbox"/> No
Table D. Certain Hazardous Substances and Asbestos	
7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)	
7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input checked="" type="checkbox"/> No → SKIP to Section 8.
7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))

Used or Manufactured Toxics

8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.	
8.2	List the pollutants below.	
1.	4.	7.
2.	5.	8.
3.	6.	9.

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
West Fraser Inc

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.		
	9.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.		
	10.2	Provide information for each contract laboratory or consulting firm below.		
			Laboratory Number 1	Laboratory Number 2
		Name of laboratory/firm	Energy Technical Services	
		Laboratory address	14176 Highway 69 North Nortport, AL 35475	
		Phone number	(205) 330-7994	
	Pollutant(s) analyzed	2C		

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Has the NPDES permitting authority requested additional information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.	
	11.2	List the information requested and attach it to this application.	
		1.	4.
		2.	5.
	3.	6.	

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
	Column 1	Column 2
	<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 2: Line Drawing	<input type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input checked="" type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls
		<input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments
		<input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table B
		<input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table D
		<input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ analytical results as an attachment
<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

12.2 **Certification Statement**

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.

Name (print or type first and last name)	Official title
Dustin Moberg	General Manager

Signature	Date signed
	March 31/21

This page intentionally left blank.

EPA Identification Number ALD78956547	NPDES Permit Number AI0025437	Facility Name West Fraser Inc	Outfall Number DSN009
--	----------------------------------	----------------------------------	--------------------------

TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

Pollutant	Waiver Requested (if applicable)	Units (specify)		Effluent				Intake (Optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1. Biochemical oxygen demand (BOD ₅)	<input checked="" type="checkbox"/>	Concentration	mg/1	8.1	8.1	6.26	3		
		Mass							
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration							
		Mass							
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration							
		Mass							
4. Total suspended solids (TSS)	<input checked="" type="checkbox"/>	Concentration	mg/1	56.0	56.0	35.7	3		
		Mass							
5. Ammonia (as N)	<input type="checkbox"/>	Concentration							
		Mass							
6. Flow	<input checked="" type="checkbox"/>	Rate	mgd	6.796	6/796	3.454	3		
7. Temperature	<input type="checkbox"/>	winter	°C	°C					
	<input type="checkbox"/>	summer	°C	°C					
8. pH	<input checked="" type="checkbox"/>	minimum	Standard units	s.u.	6.58	7.00			
	<input checked="" type="checkbox"/>	maximum	Standard units	s.u.			3		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
<input type="checkbox"/>	Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.											
Section 1. Toxic Metals, Cyanide, and Total Phenols												
1.1	Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.2	Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.3	Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.4	Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.5	Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.6	Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.7	Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.8	Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.9	Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.10	Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.11	Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number ALD78956547	NPDES Permit Number AI0025437	Facility Name West Fraser Inc	Outfall Number DSN009
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
1.12	Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
2.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
2.22	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.25	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.26	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.27	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.28	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)												
3.1	2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.2	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.3	2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.4	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.5	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)												
4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.7	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.20	1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.21	1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.22	1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.23	3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.24	Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.25	Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.26	Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.27	2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.28	2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.29	Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.31	Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.32	Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.33	Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.46	1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)												
5.1	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.2	α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.3	β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.4	γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.5	δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.11	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.12	β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.14	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

EPA Identification Number ALD78956547	NPDES Permit Number AI0025437	Facility Name West Fraser Inc	Outfall Number DSN009
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.25	Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number

Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))'

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)		
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for <i>each</i> pollutant.										
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for <i>each</i> pollutant.										
1.	Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
2.	Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
3.	Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
4.	Fecal coliform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
5.	Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
6.	Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/1	0.45	0.45	0.54	3	
				Mass						
7.	Nitrogen, total organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
8.	Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/1	1.9	1.9	0.66	3	
				Mass						
9.	Phosphorus (as P), total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/1	0.11	0.11	0.03	3	
				Mass						
10.	Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
11.	Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number

Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
13. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
18. Iron, total (7439-89-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/l	1.155	1.155	0.385	3	
			Mass						
19. Magnesium, total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/l	2.728	2.278	0.909	3	
			Mass						
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
21. Manganese, total (7439-96-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/l	0.181	0.181	0.060	3	
			Mass						
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

EPA Identification Number ALD78956547	NPDES Permit Number AI0025437	Facility Name West Fraser Inc	Outfall Number
--	----------------------------------	----------------------------------	----------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24. Radioactivity									
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

EPA Identification Number ALD78956547	NPDES Permit Number AI0025437	Facility Name West Fraser Inc	Outfall Number DSN009
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24.	Dichlone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26.	Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27.	Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28.	Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29.	Dinitrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30.	Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31.	Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32.	Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33.	Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34.	Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35.	Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36.	Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37.	Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38.	Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number
ALD78956547

NPDES Permit Number
AI0025437

Facility Name
West Fraser Inc

Outfall Number
DSN009

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
76.	Vanadium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

EPA Identification Number ALD78956547	NPDES Permit Number AI0025437	Facility Name West Fraser Inc	Outfall Number DSN009
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

EPA Identification Number ALD78956547	NPDES Permit Number AI0025437	Facility Name West Fraser Inc	Outfall Number
--	----------------------------------	----------------------------------	----------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

Form
2F
NPDES



U.S Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

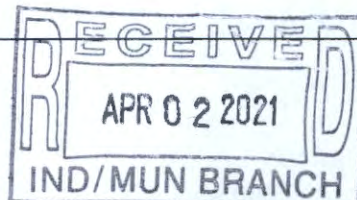
Outfall Location

1.1	Provide information on each of the facility's outfalls in the table below			
	Outfall Number	Receiving Water Name	Latitude	Longitude
	DSN009	UNNNAMED TRIBUTARY TO MILBERRY CREEK	32° 45' 54"	86° 52' 30"
	DSN001 thru	UNNNAMED TRIBUTARY TO MILBERRY CREEK	32° 45' 54"	86° 52' 30"
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "

SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

Improvements

2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?				
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No → SKIP to Section 3.		
	2.2 Briefly identify each applicable project in the table below.				
	Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
				Required	Projected
2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)				
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		



EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.			
		Outfall Number	Impervious Surface Area (within a mile radius of the facility)		Total Surface Area Drained (within a mile radius of the facility)
		DSN002		<i>specify units</i>	<i>specify units</i>
		DSN006		<i>specify units</i>	<i>specify units</i>
		DSN008		<i>specify units</i>	<i>specify units</i>
		DSN009		<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>
				<i>specify units</i>	<i>specify units</i>

Pollutant Sources	4.2	<p>Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)</p> <p>This site is a sawmill where untreated wood products, i.e. logs, bark, wood chips and green lumber are handled and stored. Due to the nature of the business materials are stockpiled before and after cutting. No pesticides, herbicides or fertilizers are applied to the site process.</p>
-------------------	-----	---

Pollutant Sources	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)		
		Stormwater Treatment		
		Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)
		DSN002	Grating at discharge point to catch solids and oil booms at discharge point	
		DSN006	Grating at discharge point to catch solids and oil booms at discharge point	
		DSN008	Grating at discharge point to catch solids and oil booms at discharge point	
		DSN009	Grating at discharge point to catch solids and oil booms at discharge point	

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges

5.1 *I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.*

Name (print or type first and last name)	Official title
Signature	Date signed

5.2 Provide the testing information requested in the table below.

Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
DSN002	Grab sample taken during first 30 minutes of run off		DSN002
DSN006	Grab sample taken during first 30 minutes of run off		DSN006
DSN008	Grab sample taken during first 30 minutes of run off		DSN008
DSN009	Grab sample taken during first 30 minutes of run off		DSN009

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.
NONE

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?

Yes → See instructions regarding submission of *estimated data*. No → See instructions regarding submission of *actual data*.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

Yes No

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.
7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No
7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.
7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.
7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.
7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.
7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))

Biological Toxicity Testing Data	8.1	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 three years?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.		
	8.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.		
			Laboratory Number 1	Laboratory Number 2
		Name of laboratory/firm	Energy Techinal Services	
		Laboratory address	14176 Highway 69 North Northport, AL 35475	
	Phone number	(205) 330-7994		
	Pollutant(s) analyzed	2C		


SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7	<input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**
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.

Name (print or type first and last name) Dustin Moberg	Official title General Manager
Signature 	Date signed March 31/21

EPA Identification Number ALD78956547	NPDES Permit Number AL0025437	Facility Name WEST FRASER,INC	Outfall Number DSN002
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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 and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	3.7mg/1		3.7mg/1		12	
2. Biochemical oxygen demand (BOD ₅)	12.8mg/1		12.8mg/1		4	
3. Chemical oxygen demand (COD)	74mg/l		74mg/1		4	
4. Total suspended solids (TSS)	9mg/1		9mg/1		12	
5. Total phosphorus	0.17mg/1		0.17mg/1		4	
6. Total Kjeldahl nitrogen (TKN)	n/a		n/a			
7. Total nitrogen (as N)	n/a		n/a			
8. pH (minimum)	7.02S.U.		7.02S.U.		12	
	7.03S.U.		7.03S.U.		12	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

This page intentionally left blank.

This page intentionally left blank.

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility name
WEST FRASER, INC

Outfall Number
DSN002

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

Provide a description of the method of flow measurement or estimate.

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

Form
2F
NPDES



U.S Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

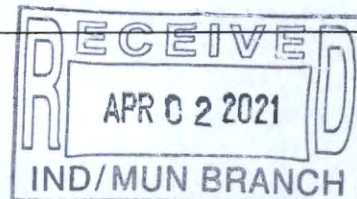
Outfall Location

1.1	Provide information on each of the facility's outfalls in the table below			
	Outfall Number	Receiving Water Name	Latitude	Longitude
	DSN009	UNNNAMED TRIBUTARY TO MULBERRY CREEK	32° 45' 54"	86° 52' 30"
	DSN001	UNNNAMED TRIBUTARY TO MULBERRY CREEK	32° 45' 54"	86° 52' 30"
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "

SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

Improvements

2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?					
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No → SKIP to Section 3.			
	2.2	Briefly identify each applicable project in the table below.				
		Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
					Required	Projected
2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				



SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.			
		Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)	
		DSN002	<i>specify units</i>	<i>specify units</i>	
		DSN006	<i>specify units</i>	<i>specify units</i>	
		DSN008	<i>specify units</i>	<i>specify units</i>	
		DSN009	<i>specify units</i>	<i>specify units</i>	
			<i>specify units</i>	<i>specify units</i>	
			<i>specify units</i>	<i>specify units</i>	
		4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.) This site is a sawmill where untreated wood products, i.e. logs, bark, wood chips and green lumber are handled and stored. Due to the nature of the business materials are stockpiled before and after cutting. No pesticides, herbicides or fertilizers are applied to the site process.		
		4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)		
		Stormwater Treatment			
		Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	
		DSN002	Grating at discharge point to catch solids and oil booms at discharge point		
		DSN006	Grating at discharge point to catch solids and oil booms at discharge point		
		DSN008	Grating at discharge point to catch solids and oil booms at discharge point		
		DSN009	Grating at discharge point to catch solids and oil booms at discharge point		

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges

5.1 I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.

Name (print or type first and last name)	Official title
--	----------------

Signature	Date signed
-----------	-------------

5.2 Provide the testing information requested in the table below.

Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
DSN002	Grab sample taken during first 30 minutes of run off		DSN002
DSN006	Grab sample taken during first 30 minutes of run off		DSN006
DSN008	Grab sample taken during first 30 minutes of run off		DSN008
DSN009	Grab sample taken during first 30 minutes of run off		DSN009

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.
NONE

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?
 Yes → See instructions regarding submission of estimated data. No → See instructions regarding submission of actual data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?
 Yes No

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.
7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No
7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.
7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.
7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.
7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.
7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
		1.	4.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))

Biological Toxicity Testing Data	8.1	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 three years?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.		
	8.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.		
			Laboratory Number 1	Laboratory Number 2
		Name of laboratory/firm	Energy Techinal Services	
		Laboratory address	14176 Highway 69 North Northport, Al 35475	
	Phone number	(205) 330-7994		
	Pollutant(s) analyzed	2C		

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))


Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7	<input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**
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.

Name (print or type first and last name)	Official title
Dustin Moberg	General Manager

Signature	Date signed
	March 31/21

EPA Identification Number ALD78956547	NPDES Permit Number AL0025437	Facility Name WEST FRASER,INC	Outfall Number DSN006
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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 and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	3.7mg/l		3.7mg/l		12	
2. Biochemical oxygen demand (BOD ₅)	12.8mg/l		12.8mg/l		4	
3. Chemical oxygen demand (COD)	74mg/l		74mg/l		4	
4. Total suspended solids (TSS)	9mg/l		9mg/l		12	
5. Total phosphorus	0.17mg/l		0.17mg/l		4	
6. Total Kjeldahl nitrogen (TKN)	n/a		n/a			
7. Total nitrogen (as N)	n/a		n/a			
8. pH (minimum)	7.02S.U.		7.02S.U.		12	
	7.03S.U.		7.03S.U.		12	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

This page intentionally left blank.

This page intentionally left blank.

EPA Identification Number ALD78956547	NPDES Permit Number AL0025437	Facility name WEST FRASER,INC	Outfall Number DSN006
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

Provide a description of the method of flow measurement or estimate.

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

Form
2F
NPDES



U.S Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

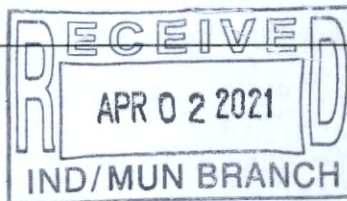
Outfall Location

1.1	Provide information on each of the facility's outfalls in the table below			
	Outfall Number	Receiving Water Name	Latitude	Longitude
	DSN009	UNNNAMED TRIBUTARY TO MILLBERRY CREEK	32° 45' 54"	86° 52' 30"
	DSN001	UNNNAMED TRIBUTARY TO MILLBERRY CREEK	32° 45' 54"	86° 52' 30"
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "

SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

Improvements

2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?					
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No → SKIP to Section 3.			
	2.2	Briefly identify each applicable project in the table below.				
		Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
					Required	Projected
2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)					
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			



SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.		
		Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)
		DSN002	<i>specify units</i>	<i>specify units</i>
		DSN006	<i>specify units</i>	<i>specify units</i>
		DSN008	<i>specify units</i>	<i>specify units</i>
		DSN009	<i>specify units</i>	<i>specify units</i>
			<i>specify units</i>	<i>specify units</i>
			<i>specify units</i>	<i>specify units</i>
	4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.) This site is a sawmill where untreated wood products, i.e. logs, bark, wood chips and green lumber are handled and stored. Due to the nature of the business materials are stockpiled before and after cutting. No pesticides, herbicides or fertilizers are applied to the site process.		
	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)		
		Stormwater Treatment		
		Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)
		DSN002	Grating at discharge point to catch solids and oil booms at discharge point	
	DSN006	Grating at discharge point to catch solids and oil booms at discharge point		
	DSN008	Grating at discharge point to catch solids and oil booms at discharge point		
	DSN009	Grating at discharge point to catch solids and oil booms at discharge point		

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges	5.1	<i>I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.</i>			
		Name (print or type first and last name)	Official title		
		Signature	Date signed		
	5.2	Provide the testing information requested in the table below.			
		Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
		DSN002	Grab sample taken during first 30 minutes of run off		DSN002
		DSN006	Grab sample taken during first 30 minutes of run off		DSN006
		DSN008	Grab sample taken during first 30 minutes of run off		DSN008
	DSN009	Grab sample taken during first 30 minutes of run off		DSN009	

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. NONE

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	7.1	Is this a new source or new discharge? <input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated data</i> . <input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual data</i> .
	Tables A, B, C, and D	
	7.2	Have you completed Table A for each outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.
7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No
7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.
7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.
7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.
7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.
7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
		1.	4.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))

Biological Toxicity Testing Data	8.1	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 three years?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.		
	8.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.		
			Laboratory Number 1	Laboratory Number 2
		Name of laboratory/firm	Laboratory Number 3	
		Laboratory address		
		Phone number		
	Pollutant(s) analyzed			

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7	<input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**

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.

Name (print or type first and last name)

Dustin Moberg

Official title

General Manager

Signature



Date signed

March 31/21

EPA Identification Number ALD78956547	NPDES Permit Number AL0025437	Facility Name WEST FRASER,INC	Outfall Number DSN008
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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 and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	1mg/l		1mg/l		12	
2. Biochemical oxygen demand (BOD ₅)	8.7mg/l		8.7mg/l		4	
3. Chemical oxygen demand (COD)	70mg/l		70mg/l		4	
4. Total suspended solids (TSS)	30mg/l		30mg/l		12	
5. Total phosphorus	0.14mg/l		0.14mg/l		4	
6. Total Kjeldahl nitrogen (TKN)	n/a		n/a			
7. Total nitrogen (as N)	n/a		n/a			
8. pH (minimum)	7.00S.U.		7.00S.U.		12	
	pH (maximum)	7.00S.U.		7.00S.U.	12	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

This page intentionally left blank.

This page intentionally left blank.

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility name
WEST FRASER,INC

Outfall Number
DSN008

Form Approved 03/05/19
OMB No. 2040-0004

TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)

Provide a description of the method of flow measurement or estimate.

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

Form
2F
NPDES



U.S Environmental Protection Agency
Application for NPDES Permit to Discharge Wastewater
STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

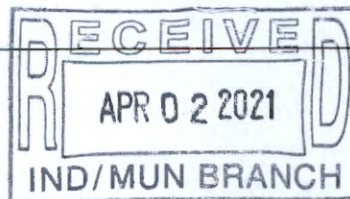
Outfall Location

1.1	Provide information on each of the facility's outfalls in the table below			
	Outfall Number	Receiving Water Name	Latitude	Longitude
	DSN009	UNNNAMED TRIBUTARY TO MULBERRY CREEK	32° 45' 54"	86° 52' 30"
	DSN001	UNNAMED TRIBUTARY TO MULBERRY CREEK	32° 45' 54"	86° 52' 30"
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "
			° ' "	° ' "

SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

Improvements

2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?					
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No → SKIP to Section 3.			
	2.2	Briefly identify each applicable project in the table below.				
		Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates	
					Required	Projected
2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item)					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				



SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site
Drainage
Map

3.1 Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
 Yes No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources

4.1 Provide information on the facility's pollutant sources in the table below.

Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)
DSN002	<i>specify units</i>	<i>specify units</i>
DSN006	<i>specify units</i>	<i>specify units</i>
DSN008	<i>specify units</i>	<i>specify units</i>
DSN009	<i>specify units</i>	<i>specify units</i>
	<i>specify units</i>	<i>specify units</i>
	<i>specify units</i>	<i>specify units</i>

4.2 Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)
This site is a sawmill where untreated wood products, i.e. logs, bark, wood chips and green lumber are handled and stored. Due to the nature of the business materials are stockpiled before and after cutting. No pesticides, herbicides or fertilizers are applied to the site process.

4.3 Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)

Stormwater Treatment		
Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)
DSN002	Grating at discharge point to catch solids and oil booms at discharge point	
DSN006	Grating at discharge point to catch solids and oil booms at discharge point	
DSN008	Grating at discharge point to catch solids and oil booms at discharge point	
DSN009	Grating at discharge point to catch solids and oil booms at discharge point	

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges

5.1	I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.		
	Name (print or type first and last name)		Official title
Signature		Date signed	
5.2	Provide the testing information requested in the table below.		
	Outfall Number	Description of Testing Method Used	Onsite Drainage Points Directly Observed During Test
	DSN002	Grab sample taken during first 30 minutes of run off	DSN002
	DSN006	Grab sample taken during first 30 minutes of run off	DSN006
	DSN008	Grab sample taken during first 30 minutes of run off	DSN008
	DSN009	Grab sample taken during first 30 minutes of run off	DSN009

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills

6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. NONE
-----	--

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
7.1	Is this a new source or new discharge? <input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated data</i> . <input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual data</i> .
Tables A, B, C, and D	
7.2	Have you completed Table A for each outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

Discharge Information Continued

7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.
7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.
7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No
7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.
7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.
7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.
7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.
7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct?	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Section 8.
	7.19	List the pollutants below, including TCDD if applicable.	
		1.	4.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))

Biological Toxicity Testing Data	8.1	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 three years?		
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Section 9.	
	8.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm?			
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.			
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm	Energy Techinal Services		
		Laboratory address	14176 Highway 69 North Northport, AL 35475		
		Phone number	(205) 330-7994		
	Pollutant(s) analyzed	2C			

EPA Identification Number
ALD78956547

NPDES Permit Number
AL0025437

Facility Name
WEST FRASER, INC

Form Approved 03/05/19
OMB No. 2040-0004

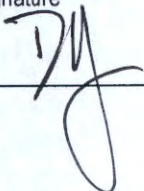
SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7	<input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**
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.

Name (print or type first and last name) Dustin Moberg	Official title General Manager
Signature 	Date signed March 31/21

EPA Identification Number ALD78956547	NPDES Permit Number AL0025437	Facility Name WEST FRASER,INC	Outfall Number DSN009
--	----------------------------------	----------------------------------	--------------------------

Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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 and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	1.1mg/1		1.1mg/1		12	
2. Biochemical oxygen demand (BOD ₅)	7.8mg/1		7.8mg/1		4	
3. Chemical oxygen demand (COD)	N/A		N/A			
4. Total suspended solids (TSS)	17mg/1		17mg/1		12	
5. Total phosphorus	0.06mg/1		0.06mg/1		4	
6. Total Kjeldahl nitrogen (TKN)	<1.00		<1.00		4	
7. Total nitrogen (as N)	n/a		n/a			
8. pH (minimum)	7.00S.U.		7.00S.U.		12	
	7.00S.U.		7.00S.U.		12	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

This page intentionally left blank.

This page intentionally left blank.

This page intentionally left blank.

