WESTERN KENTUCKY ENERGY
A SUBSIDIARY OF LG&E ENERGY

000089
046121

CG11Z

DATE	INVOICE NUMBER	DESCRIPTION	DISCOUNT	NET AMOUNT
07-APR-09	11437	KPDES Permit Renewal fee for R/	0.00	640.00
			0.00	640.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

WESTERN KENTUCKY ENERGY
A SUBSIDIARY OF LG&E ENERGY

Western Kentucky Energy Corp.
PO Box 1518
145 N. Main Street
Henderson, KY 42420

611-GA / 433

Bank of America, N.A.
Atlanta, Dekalb County, GA

VOID AFTER 90 DAYS

NO. 198243

DATE	NET AMOUNT
09-APR-09	$********640.00

PAY Six Hundred Forty Dollars And 00 Cents**********

Daniel K. Arbogast
SIGNATURE

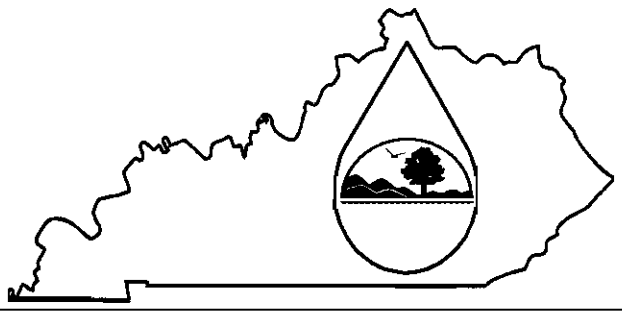
COUNTERSIGNED

TO THE ORDER OF

KENTUCKY STATE TREASURER
REVENUE CABINET
Sales and Use Tax Division
FRANKFORT, KY 40620-0003

⑈0198243⑈ ⑆061112788⑆ 329902767⑈

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)
- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE							
A Name of Business, Municipality, Company, Etc. Requesting Permit Western Kentucky Energy								
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner's mailing address (if different) in D.**							
Facility Location Name: Green/Reid/Henderson Station II Power Plant	Facility Contact Name and Title: Mr. ☒ Ms. ☐ Timothy Hall R.E.M. Environmental Scientist III							
Facility Location Address (i.e. street, road, etc , **not P.O. Box**): 9000 Highway 2096	Mailing Address: P.O. Box 1518							
Facility Location City, State, Zip Code: Robards, Kentucky 42452	Mailing City, State, Zip Code: Henderson, Kentucky 42419-1518							
D. Owner's name (if not the same as in part A and C): Big Rivers Electric Corp. (owner)	Facility Contact Telephone Number: 270-844-6031							
Owner's Mailing Address: 201 Third St. Henderson, Ky 42420	Owner's Telephone Number (if different): 270-827-2561							

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Coal-fired steam electric power generation

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4911 Steam Electric		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Webster County	City where facility is located (if applicable): Near Sebree, Kentucky
C. Body of water receiving discharge: Green River	
D. Facility Site Latitude (degrees, minutes, seconds): N37 38' 52"	Facility Site Longitude (degrees, minutes, seconds): W87 30' 27"
E. Method used to obtain latitude & longitude (see instructions):	USGS map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	031072619

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
N/A	
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes ☐ No ☐	Is the operator certified? If yes, list certification class and number below Yes ☐ No ☐
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit	Expiration Date of Current Permit:
KY 00001929	December 1, 2004	November 30, 2009
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
6	2/18/75	
Kentucky DOW Operational Permit #:	Kentueky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	V-99-066 (Reid/Henderson) V-99-067 (Green)	
Solid or Special Waste	117-00007	
Hazardous Waste - Registration or Permit	KYD-991-276-775	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Environmental and Technical Services, Tom Shaw
DMR Official Telephone Number:	270-844-6031

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Western Kentucky Energy Corporation
DMR Mailing Address:	P.O. Box 1518
DMR Mailing City, State, Zip Code:	Henderson, Kentucky 42419-1518

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Major Industry	$640

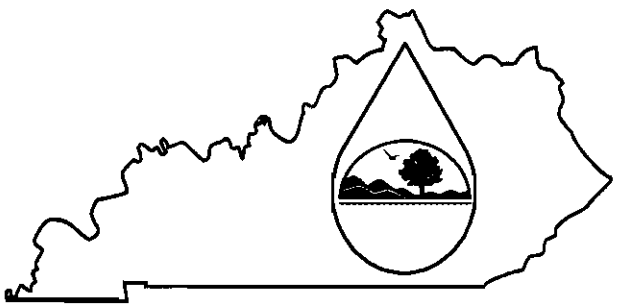
VIII. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ Thomas Shaw	270-844-6031
SIGNATURE Thomas Shaw	DATE: 5/26/2009

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	38	43	87	29	52	Green River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
001	Once through cooling discharge from Green River. Includes effluent from Reid Ashpond 004 Henderson Cooling tower blowdown 002 Wastewater Clarifier 009 Green Cooling Tower Blowdown 007	60.0 MGD 8.21 MGD 0.05 MGD 0.72 MGD 0.08 MGD	Mixed with Reid Ashpond and Henderson Cooling Tower Blowdown All other flows discharge into 001 Outfall canal prior to river discharge	4-A 1-0

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
Asbestos	Transite Board on Green & Henderson Cooling Towers		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☒ Yes (List all such pollutants below) ☐ No (Go to Item VI-B)

14. Ammonia
79. Chlorine
135. Ethylene diaminetetracetic acid (EDTA)
241. Sodium Hydroxide
245. Sodium Phosphate (dibasic)
246. Sodium Phosphate (tribasic)
251. Sulfuric Acid

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☒ Yes (Identify the test(s) and describe their purposes below) ☐ No (Go to Section VIII)

Permit Requirement 001 Acute

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/09

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional) Outfall 010		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	ND							mg/l				
b. Chemical Oxygen Demand (COD)	ND							mg/l				
c. Total Organic Carbon (TOC)	3.36							mg/l				
d. Total Suspended Solids (TSS)	35.0							mg/l				
e. Ammonia (as N)	0.303							mg/l				
f. Flow (in units of MGD)	VALUE 67 09		VALUE 67.09		VALUE 65.3			MGD		VALUE 74.949		
g. Temperature (winter)	VALUE 11.1		VALUE 13.3		VALUE 12.5			°c		VALUE 48		
h. Temperature (summer)	VALUE 41.7		VALUE 20 6		VALUE 32.2			°c		VALUE 87		
i. pH	MINIMUM 6.9	MAXIMUM 7.9	MINIMUM 7.8	MAXIMUM 7.9				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		X								mg/l				
b. Bromine Total Residual		X								mg/l				
c. Chloride			23.5							mg/l				
d Chlorine, Total Residual		X	ND							mg/l				
e Color			25							mg/l				
f Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			0.246							mg/l				
h. Hardness (as $CaCO_3$)			177.6							mg/l				
i. Nitrate – Nitrite (as N)			5.28							mg/l				
j. Nitrogen, Total Organic (as N)			4.97							mg/l				
k. Oil and Grease			ND							mg/l				
l. Phosphorous (as P), Total 7723-14-0			.421							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	3. EFFLUENT a. Maximum Daily Value (2) Mass	3. EFFLUENT b. Maximum 30-Day Value (if available) (1) Concentration	3. EFFLUENT b. Maximum 30-Day Value (if available) (2) Mass	3. EFFLUENT c. Long-Term Avg. Value (if available) (1) Concentration	3. EFFLUENT c. Long-Term Avg. Value (if available) (2) Mass	3. EFFLUENT d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	5. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration	5. INTAKE (optional) a. Long-Term Avg. Value (2) Mass	5. INTAKE (optional) b. No. of Analyses
n Sulfate (as SO_4) (14808-79-8)			145							mg/l				
o. Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_4) (14286-46-3)			26 0							mg/l				
q. Surfactants			0.0657							mg/l				
r. Aluminum, Total (7429-90)			0.85							mg/l				
s. Barium, Total (7440-39-3)			0.0397							mg/l				
t. Boron, Total (7440-42-8)			0.124							mg/l				
u. Cobalt, Total (7440-48-4)			ND							mg/l				
v. Iron, Total (7439-89-6)			1.4							mg/l				
w. Magnesium Total (7439-96-4)			18.2							mg/l				
x Molybdenum Total (7439-98-7)			ND							mg/l				
y. Manganese, Total (7439-96-6)			0.151							mg/l				
z Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additioual details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			ND							mg/l				
6M Copper Total (7550-50-8)	X			ND							mg/l				
7M Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel. Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			ND							mg/l				
11M. Silver. Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M Thallium, Total (7440-28-0)	X			ND							mg/l				
13M Zinc, Total (7440-66-6)	X			ND							mg/l				
14M. Cyanide, Total (57-12-5)	X			ND							mg/l				
15M Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V Acrolein (107-02-8)	X			ND							mg/l				
2V Acrylonitrile (107-13-1)	X			ND							mg/l				
3V Benzene (71-43-2)	X			ND							mg/l				
5V. Bromoform (75-25-2)	X			ND							mg/l				
6V. Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V Chloro-benzene (108-90-7)	X			ND							mg/l				
8V. Chlorodibro-momethane (124-48-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V Chloroethane (74-00-3)	X			ND							mg/l				
10V 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V. Chloroform (67-66-3)	X			ND							mg/l				
12V Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V. 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1,2-Dichloroethane (107-06-2)	X			ND							mg/l				
16V. 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V 1,2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V. 1,3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
21V Methyl Chloride (74-87-3)	X			ND							mg/l				
22V Methylene Chloride (75-00-2)	X			ND							mg/l				
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V Toluene (108-88-3)	X			ND							mg/l				
26V 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V. Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A 2,4-Dichlor-Orophenol (120-83-2)	X			ND							mg/l				
3A. 2,4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A 4,6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A 2,4-Dinitro-phenol (51-28-5)	X			ND							mg/l				
6A. 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A. 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A. P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A Phenol (108-05-2)	X			ND							mg/l				
11A 2,4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B Accna-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B Acenaphtylene (208-96-8)	X			ND							mg/l				
3B Anthracene (120-12-7)	X			ND							mg/l				
4B. Benzidine (92-87-5)	X			ND							mg/l				
5B Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B 3,4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B Benzo(ghl) perylene (191-24-2)	X			ND							mg/l				
9B Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B Bis(2-chlor-oethoxy)-methane (111-91-1)	X			ND							mg/l				
11B Bis (2-chlor-oisopropyl)-Ether	X			ND							mg/l				
12B Bis (2-ethyl-hexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B. 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B. 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B. 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B. 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B. Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B. Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B 2,4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B. Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B. Fluoranthene (208-44-0)	X			ND							mg/l				
31B Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B Hexachloroethane (67-72-1)	X			ND							mg/l				
36B Indneo-(1,2,3-oc)-Pyrene (193-39-5)	X			ND							mg/l				
37B Isophorone (78-59-1)	X			ND							mg/l				
38B. Napthalene (91-20-3)	X			ND							mg/l				
39B Nitrobenzene (98-95-3)	X			ND							mg/l				
40B. N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B Phenanthrene (85-01-8)	X			ND							mg/l				
44B Pyrene (129-00-0)	X			ND							mg/l				
45B. 1,2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

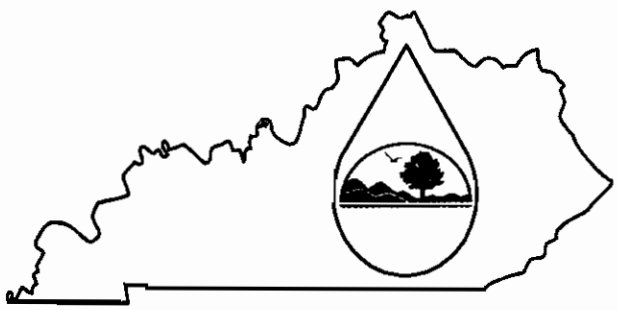
Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P Aldrin (309-00-2)			X								mg/l				
2P α-BHC (319-84-6)			X								mg/l				
3P β-BHC (58-89-9)			X								mg/l				
4P gamma-BHC (58-89-9)			X								mg/l				
5P. δ-BHC (319-86-8)			X								mg/l				
6P Chlordane (57-74-9)			X								mg/l				
7P. 4,4'-DDT (50-29-3)			X								mg/l				
8P 4,4'-DDE (72-55-9)			X								mg/l				
9P 4,4'-DDD (72-54-8)			X								mg/l				
10P Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P β-Endosulfan (115-29-7)			X								mg/l				
13P Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P. Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X								mg/l				
16P Heptachlor (76-44-8)			X								mg/l				
17P Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P PCB-1242 (53469-21-9)			X								mg/l				
19P PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P. PCB-1232 (11141-16-5)			X								mg/l				
22P PCB-1248 (12672-29-6)			X								mg/l				
23P. PCB-1260 (11096-82-5)			X								mg/l				
24P. PCB-1016 (12674-11-2)			X								mg/l				
25P Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
002	37	38		87	29		GREEN RIVER

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
002	Henderson Cooling Tower	0.05 MGD	Blowdown to Green River	4-A

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
Asbestos	Transite Board on Cooling Towers		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☒ Yes (List all such pollutants below) ☐ No (Go to Item VI-B)

79. Chlorine

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	3.24							mg/l				
b. Chemical Oxygen Demand (COD)	18.3							mg/l				
c. Total Organic Carbon (TOC)	8.29							mg/l				
d. Total Suspended Solids (TSS)	65.5							mg/l				
e. Ammonia (as N)	0.198							mg/l				
f. Flow (in units of MGD)	VALUE 2.785		VALUE 0		VALUE 2.6			MGD		VALUE		
g Temperature (winter)	VALUE 7.8		VALUE 7.8		VALUE 7.8			°c		VALUE		
h. Temperature (summer)	VALUE 31.7		VALUE 31.7		VALUE 31.7			°c		VALUE		
i pH	MINIMUM 7.4	MAXIMUM 8.54	MINIMUM 7.4	MAXIMUM 8.5				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		X	ND							mg/l				
b. Bromine Total Residual		X								mg/l				
c Chloride			27.4							mg/l				
d. Chlorine, Total Residual		X								mg/l				
e. Color			50							mg/l				
f Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			0.377							mg/l				
h. Hardness (as $CaCO_3$)			498							mg/l				
i. Nitrate – Nitrite (as N)			4.47							mg/l				
j. Nitrogen, Total Organic (as N)			5 72							mg/l				
k Oil and Grease			ND							mg/l				
l. Phosphorous (as P), Total 7723-14-0			.421							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	(2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	(2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	(2) Mass		a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	(2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)			278							mg/l				
o. Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_3) (14286-46-3)			8.00							mg/l				
q. Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			0 943							mg/l				
s. Barium, Total (7440-39-3)			0.0822							mg/l				
t. Boron, Total (7440-42-8)			0.122							mg/l				
u. Cobalt, Total (7440-48-4)			ND							mg/l				
v. Iron, Total (7439-89-6)			1.33							mg/l				
w. Magnesium Total (7439-96-4)			24.8							mg/l				
x. Molybdenum Total (7439-98-7)			ND							mg/l				
y. Manganese, Total (7439-96-6)			0.225							mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			ND							mg/l				
6M Copper Total (7550-50-8)	X			0.329							mg/l				
7M Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			ND							mg/l				
11M. Silver, Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	X			ND							mg/l				
13M. Zinc, Total (7440-66-6)	X			0.457							mg/l				
14M. Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P. Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			ND							mg/l				
2V. Acrylonitrile (107-13-1)	X			ND							mg/l				
3V. Benzene (71-43-2)	X			ND							mg/l				
5V. Bromoform (75-25-2)	X			ND							mg/l				
6V. Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V Chloro-benzene (108-90-7)	X			ND							mg/lmg/l				
8V Chlorodibro-momethane (124-48-1)	X			ND											

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V. Chloroethane (74-00-3)	X			ND							mg/l				
10V 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V. Chloroform (67-66-3)	X			ND							mg/l				
12V. Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V. 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1,2-Dichloroethane (107-06-2)	X			ND							mg/l				
16V. 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V. 1.2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V. 1.3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
21V. Methyl Chloride (74-87-3)	X			ND							mg/l				
22V. Methylene Chloride (75-00-2)	X			ND							mg/l				
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V. Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V Toluene (108-88-3)	X			ND							mg/l				
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V. 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A. 2,4-Dichlor-Orophenol (120-83-2)	X			ND							mg/l				
3A 2,4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A. 4,6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A 2,4-Dinitro-phenol (51-28-5)	X			ND							mg/l				
6A. 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A. P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A. Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A. Phenol (108-05-2)	X			ND							mg/l				
11A. 2,4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)	X			ND							mg/l				
3B. Anthracene (120-12-7)	X			ND							mg/l				
4B. Benzidine (92-87-5)	X			ND							mg/l				
5B. Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B. Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B. Benzo(ghi) perylene (191-24-2)	X			ND							mg/l				
9B. Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B Bis(2-chlor-oethoxy)-methane (111-91-1)	X			ND							mg/l				
11B. Bis (2-chlor-oisopropyl)-Ether	X			ND							mg/l				
12B. Bis (2-ethyl-hexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B. 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B. 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B. 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B. 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B. Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B. Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B. 2,4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B. 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B. Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B. Fluoranthene (208-44-0)	X			ND							mg/l				
31B. Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B. Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B. Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

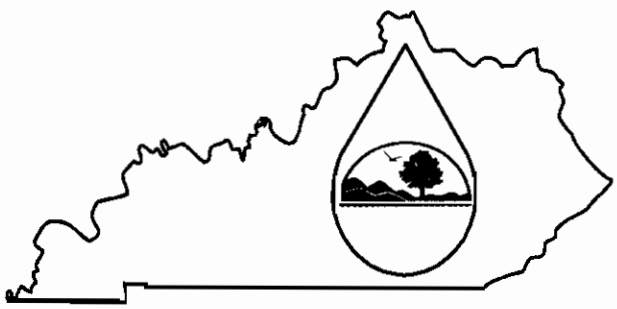
Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		e. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B Hexachlorocthane (67-72-1)	X			ND							mg/l				
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)	X			ND							mg/l				
37B. Isophorone (78-59-1)	X			ND							mg/l				
38B Napthalene (91-20-3)	X			ND							mg/l				
39B. Nitro-benzene (98-95-3)	X			ND							mg/l				
40B. N-Nitroso-dimethyl-amine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodı-n-propylamine (621-64-7)	X			ND							mg/l				
42B. N-nitro-sodıphenyl-amine (86-30-6)	X			ND							mg/l				
43B. Phenan-thrcne (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B. 1,2,4 Tri-chloro-benzene (120-82-1)	X			ND							mg/l				

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Loug-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X								mg/l				
2P. α-BHC (319-84-6)			X								mg/l				
3P. β-BHC (58-89-9)			X								mg/l				
4P. gamma-BHC (58-89-9)			X								mg/l				
5P δ-BHC (319-86-8)			X								mg/l				
6P Chlordane (57-74-9)			X								mg/l				
7P. 4.4'-DDT (50-29-3)			X								mg/l				
8P 4.4'-DDE (72-55-9)			X								mg/l				
9P. 4,4'-DDD (72-54-8)			X								mg/l				
10P. Dieldrin (60-57-1)			X								mg/l				
11P α-Endosulfan (115-29-7)			X								mg/l				
12P. β-Endosulfan (115-29-7)			X								mg/l				
13P. Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P. Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X								mg/l				
16P Heptachlor (76-44-8)			X								mg/l				
17P. Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P PCB-1242 (53469-21-9)			X								mg/l				
19P. PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P. PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P. PCB-1260 (11096-82-5)			X								mg/l				
24P PCB-1016 (12674-11-2)			X								mg/l				
25P Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
003	37	38		87	29		Normal-Green Ash Pond Emergency - Green River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
003	Coal Pile & Scrubber thickener Area	0.054 MGD	Discharge is normally to Green	4-A
	runnoff		Ashpond (009) Emergency	& 1-U
			discharge to Green Riveer	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Loug-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT						d. No. of Analyses	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	17.1							mg/l				
b. Chemical Oxygen Demand (COD)	11.8							mg/l				
c. Total Organic Carbon (TOC)	3.62							mg/l				
d. Total Suspended Solids (TSS)	15.5							mg/l				
e. Ammonia (as N)	0.291							mg/l				
f. Flow (in units of MGD)	VALUE 2.625		VALUE 0		VALUE .58			MGD		VALUE		
g. Temperature (winter)	VALUE 8.9		VALUE 8 0		VALUE 8 0			°c		VALUE		
h. Temperature (summer)	VALUE 33.3		VALUE 34		VALUE 34			°c		VALUE		
i. pH	MINIMUM 3 42	MAXIMUM 8.5	MINIMUM 3.4	MAXIMUM 8.5				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		X	ND							mg/l				
b. Bromine Total Residual		X	ND							mg/l				
c. Chloride			217							mg/l				
d. Chlorine, Total Residual		X								mg/l				
e Color			45							mg/l				
f. Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			0.988							mg/l				
h. Hardness (as $CaCO_3$)			9000							mg/l				
i. Nitrate – Nitrite (as N)			0.283							mg/l				
j. Nitrogen, Total Organic (as N)			1.89							mg/l				
k. Oil and Grease			ND							mg/l				
l. Phosphorons (as P), Total 7723-14-0			ND							mg/l				
m. Radioactivity														
(1) Alpha. Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)			1310							mg/l				
o. Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_4) (14286-46-3)			8.4							mg/l				
q. Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			0 135							mg/l				
s. Barium, Total (7440-39-3)			0.0346							mg/l				
t. Boron, Total (7440-42-8)			1.63							mg/l				
u. Cobalt, Total (7440-48-4)			ND							mg/l				
v. Iron, Total (7439-89-6)			0.160							mg/l				
w. Magnesium Total (7439-96-4)			140							mg/l				
x. Molybdenum Total (7439-98-7)			0 0553							mg/l				
y. Manganese, Total (7439-96-6)			0.101							mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M. Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			ND							mg/l				
6M. Copper Total (7550-50-8)	X			ND							mg/l				
7M. Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mereury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			0.0112							mg/l				
10M. Selenium, Total (7782-49-2)	X			0.0161							mg/lmg/l				
11M. Silver, Total (7440-28-0)	X			ND											

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M Thallium, Total (7440-28-0)	X			ND							mg/l				
13M. Zinc, Total (7440-66-6)	X			ND							mg/l				
14M. Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7,8 Tetrachlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS.											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			ND							mg/l				
2V Acrylonitrile (107-13-1)	X			ND							mg/l				
3V. Benzene (71-43-2)	X			ND							mg/l				
5V. Bromoform (75-25-2)	X			ND							mg/l				
6V. Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V. Chloro-benzene (108-90-7)	X			ND							mg/l				
8V. Chlorodibro-momethane (124-48-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V Chloroethane (74-00-3)	X			ND							mg/l				
10V 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V Chloroform (67-66-3)	X			ND							mg/l				
12V Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1,2-Dichloroethane (107-06-2)	X			ND							mg/l				
16V. 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V. 1,2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V. 1,3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V. Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)	X			ND							mg/l				
22V. Methylene Chloride (75-00-2)	X			ND							mg/l				
23V 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V. Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V. Toluene (108-88-3)	X			ND							mg/l				
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V. 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V. Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V. Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A 2.4-Dichlor-Orophenol (120-83-2)	X			ND							mg/l				
3A 2.4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A. 4.6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A 2.4-Dinitro-phenol (51-28-5)	X			ND							mg/l				
6A 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A. 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A. Phenol (108-05-2)	X			ND							mg/l				
11A. 2,4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)	X			ND							mg/l				
3B Anthracene (120-12-7)	X			ND							mg/l				
4B. Benzidine (92-87-5)	X			ND							mg/l				
5B. Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B. 3,4-Benzofluoranthene (205-99-2)	X			ND							mg/l				
8B. Benzo(ghl) perylene (191-24-2)	X			ND							mg/l				
9B. Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B Bis(2-chloroethoxy)-methane (111-91-1)	X			ND							mg/l				
11B. Bis (2-chloroisopropyl)-Ether	X			ND							mg/l				
12B. Bis (2-ethylhexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B. 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B. 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B. 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B. Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B 2,4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B. 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B. Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B. Fluoranthene (208-44-0)	X			ND							mg/l				
31B. Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B. Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B Hexachloroethane (67-72-1)	X			ND							mg/l				
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)	X			ND							mg/l				
37B. Isophorone (78-59-1)	X			ND							mg/l				
38B. Napthalene (91-20-3)	X			ND							mg/l				
39B. Nitrobenzene (98-95-3)	X			ND							mg/l				
40B N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B. N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B Phenanthrene (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B. 1,2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

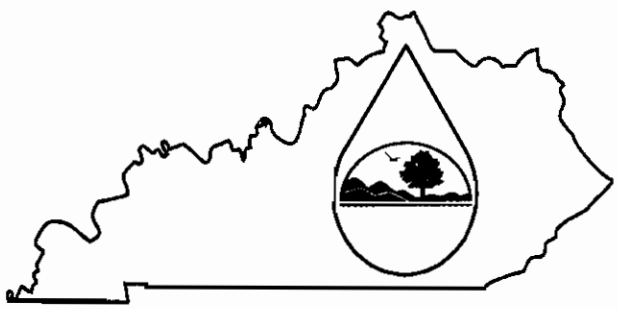
Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X								mg/l				
2P α-BHC (319-84-6)			X								mg/l				
3P. β-BHC (58-89-9)			X								mg/l				
4P. gamma-BHC (58-89-9)			X								mg/l				
5P. δ-BHC (319-86-8)			X								mg/l				
6P Chlordane (57-74-9)			X								mg/l				
7P. 4,4'-DDT (50-29-3)			X								mg/l				
8P 4,4'-DDE (72-55-9)			X								mg/l				
9P 4,4'-DDD (72-54-8)			X								mg/l				
10P. Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P β-Endosulfan (115-29-7)			X								mg/l				
13P. Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X								mg/l				
16P. Heptachlor (76-44-8)			X								mg/l				
17P. Heptaelor Epoxide (1024-57-3)			X								mg/l				
18P. PCB-1242 (53469-21-9)			X								mg/l				
19P. PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P. PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P. PCB-1260 (11096-82-5)			X								mg/l				
24P. PCB-1016 (12674-11-2)			X								mg/l				
25P. Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
004	37	38		87	29		GREEN RIVER

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
004	Reid Ashpond:	0.152 MGD	Ashpond:	4-A
	Misc Drains Area	0.009 MGD	Sedimentation settling &	1-U
	Regeneration waste	0.015 MGD	Neutralization	2-K
	In-plant usage	0.114 MGD	Discharge mixes with once thru	
	Ash Hopper	0.144 MGD	cooling water and discharges to	
	Ash sluicing	5.44 MGD	the Green River	
	Boiler Blowdown	0.004 MGD		
	R1 Ash Hopper	0.072 MGD		
	Cooling Tower Blowdown	0.05 MGD		

	Cooling Tower Blowdown	0.05MGD		

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Loug-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION		

AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	ND							mg/l				
b. Chemical Oxygen Demand (COD)	ND							mg/l				
c. Total Organic Carbon (TOC)	2.51							mg/l				
d. Total Suspended Solids (TSS)	9.5		42		30			mg/l				
e. Ammonia (as N)	0.155							mg/l				
f. Flow (in units of MGD)	VALUE	10.791	VALUE	10.096	VALUE	8.6		MGD		VALUE		
g. Temperature (winter)	VALUE	9.44	VALUE	9	VALUE	10		°c		VALUE		
h. Temperature (summer)	VALUE	32.2	VALUE	33	VALUE	33		°c		VALUE		
i. pH	MINIMUM 6.6	MAXIMUM 8.3	MINIMUM 7.2	MAXIMUM 8.3				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		X	ND							mg/l				
b. Bromine Total Residual		X	ND							mg/l				
c. Chloride			16 2							mg/l				
d. Chlorine, Total Residual		X								mg/l				
e. Color			10							mg/l				
f. Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			0.251							mg/l				
h. Hardness (as $CaCO_3$)			295.6							mg/l				
i. Nitrate – Nitrite (as N)			2 34							mg/l				
j. Nitrogen. Total Organic (as N)			3.13							mg/l				
k. Oil and Grease			ND	ND	ND	ND	5	ND	64	mg/l				
l Phosphorous (as P), Total 7723-14-0			0.103							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	5. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration	5. INTAKE (optional) a. Long-Term Avg. Value (2) Mass	5. INTAKE (optional) b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)			193							mg/l				
o Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_4) (14286-46-3)			9.6							mg/l				
q. Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			0.348							mg/l				
s. Barium, Total (7440-39-3)			0.107							mg/l				
t Boron, Total (7440-42-8)			0.195							mg/l				
u Cobalt, Total (7440-48-4)			ND							mg/l				
v. Iron. Total (7439-89-6)			0.375							mg/l				
w. Magnesium Total (7439-96-4)			13.1							mg/l				
x. Molybdenum Total (7439-98-7)			ND							mg/l				
y. Manganese, Total (7439-96-6)			0.200							mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M. Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			ND							mg/l				
6M. Copper Total (7550-50-8)	X			0.0247							mg/l				
7M. Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			ND							mg/l				
11M. Silver, Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	X			ND							mg/l				
13M. Zinc, Total (7440-66-6)	X			0.0715							mg/l				
14M. Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2.3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			ND							mg/l				
2V Acrylonitrile (107-13-1)	X			ND							mg/l				
3V. Benzene (71-43-2)	X			ND							mg/l				
5V. Bromoform (75-25-2)	X			ND							mg/l				
6V. Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V. Chloro-benzene (108-90-7)	X			ND							mg/l				
8V. Chlorodibro-momethane (124-48-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V. Chloroethane (74-00-3)	X			ND							mg/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V. Chloroform (67-66-3)	X			ND							mg/l				
12V. Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V. 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1,2-Diehloroethane (107-06-2)	X			ND							mg/l				
16V. 1,1-Dichlorcthylene (75-35-4)	X			ND							mg/l				
17V 1,2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V. 1.3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V. Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V Methyl Chloride (74-87-3)	X			ND							mg/l				
22V. Methylene Chloride (75-00-2)	X			ND							mg/l				
23V 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V. Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V Toluene (108-88-3)	X			ND							mg/l				
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V. 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A 2,4-Dichlor-Orophenol (120-83-2)	X			ND							mg/l				
3A 2.4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A. 4,6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A. 2.4-Dinitro-phenol (51-28-5)	X			ND							mg/l				
6A. 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A. 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A. Phenol (108-05-2)	X			ND							mg/l				
11A 2.4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)	X			ND							mg/l				
3B Anthracene (120-12-7)	X			ND							mg/l				
4B. Benzidine (92-87-5)	X			ND							mg/l				
5B. Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B 3,4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B. Benzo(ghl) perylene (191-24-2)	X			ND							mg/l				
9B. Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B Bis(2-chlor-oethoxy)-methane (111-91-1)	X			ND							mg/l				
11B. Bis (2-chlor-oisopropyl)-Ether	X			ND							mg/l				
12B. Bis (2-ethyl-hexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B. 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B. 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B. Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B. Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B. 2.4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B. Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B. Fluoranthene (208-44-0)	X			ND							mg/l				
31B. Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B. Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)	X			ND							mg/l				
36B Indneo-(1,2,3-oc)-Pyrene (193-39-5)	X			ND							mg/l				
37B Isophorone (78-59-1)	X			ND							mg/l				
38B. Napthalene (91-20-3)	X			ND							mg/l				
39B. Nitrobenzene (98-95-3)	X			ND							mg/l				
40B. N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B. N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B. Phenanthrene (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B. 1,2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

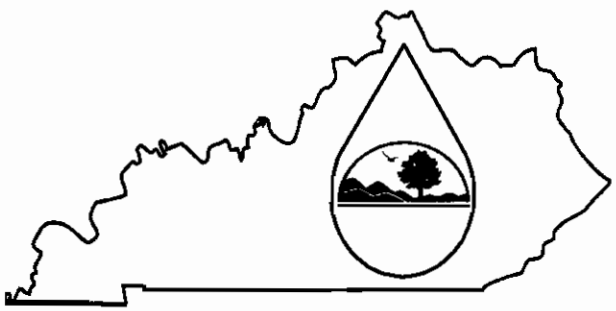
Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X								mg/l				
2P. α-BHC (319-84-6)			X								mg/l				
3P. β-BHC (58-89-9)			X								mg/l				
4P gamma-BHC (58-89-9)			X								mg/l				
5P. δ-BHC (319-86-8)			X								mg/l				
6P. Chlordane (57-74-9)			X								mg/l				
7P. 4,4'-DDT (50-29-3)			X								mg/l				
8P. 4,4'-DDE (72-55-9)			X								mg/l				
9P. 4,4'-DDD (72-54-8)			X								mg/l				
10P. Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P. β-Endosulfan (115-29-7)			X								mg/l				
13P. Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P. Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X								mg/l				
16P Heptachlor (76-44-8)			X								mg/l				
17P. Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P. PCB-1242 (53469-21-9)			X								mg/l				
19P. PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P. PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P. PCB-1260 (11096-82-5)			X								mg/l				
24P. PCB-1016 (12674-11-2)			X								mg/l				
25P. Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
005	37	38		87	29		This Outfall is an internal outfall for metal cleaning wastes from the Reid/HMPL side of the plant.
005							Reid/HMP&L metal cleaning used once every 5 years. Contractors haul away solid waste and liquid phase is pumped to boiler for incineration.
							There is no discharge to any outfall.

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
005	Reid/HMPL Metal Cleaning Waste	0 MGD	Sedimentation & Settling	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☐ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
NA								

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☐ No (Go to Item VI-B)

N/A

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
006	37	38		87	29		This Outfall has been discontinued and the package S.T.P. is no longer being used.

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
NA								

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☐ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	
NA			

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
NA			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☐ No (Go to Item VI-B)

NA

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

☐ Yes (Complete Item VI-C) ☐ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☐ No (Go to Section VIII)

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VIII. CONTRACT ANALYSIS INFORMATION

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

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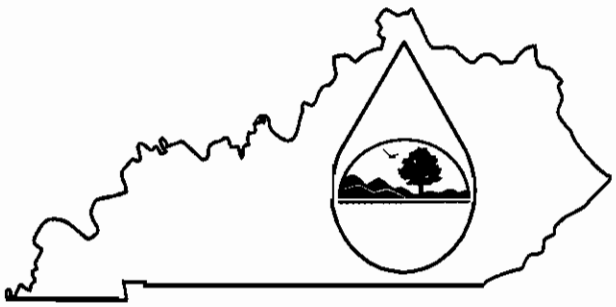
NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE 	DATE 5/26/2009

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

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Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
007	37	38		87	29		GREEN RIVER

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
007	Cooling Tower Blowdown	0.08 MGD	Mixes with Green Ashpond	4-A
	Units 1 & 2		before discharging to Outfall	2-C
			001	2-F
				2-H
				2-K

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
Asbestos	Transite Board Pannels on outside structure		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☒ Yes (List all such pollutants below) ☐ No (Go to Item VI-B)

79. Chlorine

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	ND							mg/l				
b. Chemical Oxygen Demand (COD)	23.6							mg/l				
c. Total Organic Carbon (TOC)	9 09							mg/l				
d Total Suspended Solids (TSS)	29.0							mg/l				
e. Ammonia (as N)	0.117							mg/l				
f. Flow (in units of MGD)	VALUE 4.055		VALUE 1.584		VALUE 1.46			MGD		VALUE		
g. Temperature (winter)	VALUE 10		VALUE 10		VALUE 9			°c		VALUE		
h. Temperature (summer)	VALUE 32.2		VALUE 33		VALUE 33			°c		VALUE		
i. pH	MINIMUM 7.5	MAXIMUM 8.23	MINIMUM 7.5	MAXIMUM 8.3				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a Bromide (24959-67-9)		X	ND							mg/l				
b. Bromine Total Residual		X	ND							mg/l				
c. Chloride			16.2							mg/l				
d. Chlorine, Total Residual		X								mg/l				
e Color			20							mg/l				
f Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			0 642							mg/l				
h. Hardness (as $CaCO_3$)			380							mg/l				
i. Nitrate – Nitrite (as N)			9.64							mg/l				
j. Nitrogen. Total Organic (as N)			9.64							mg/l				
k. Oil and Grease			ND							mg/l				
l Phosphorous (as P), Total 7723-14-0			0.927							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	(2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	(2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	(2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	(2) Mass	b. No. of Analyses
n Sulfate (as SO_4) (14808-79-8)			753							mg/l				
o. Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_4) (14286-46-3)			7.20							mg/l				
q. Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			1.44							mg/l				
s. Barium, Total (7440-39-3)			0.154							mg/l				
t. Boron, Total (7440-42-8)			0.242							mg/l				
u. Cobalt, Total (7440-48-4)			ND							mg/l				
v. Iron, Total (7439-89-6)			0.390							mg/l				
w. Magnesium Total (7439-96-4)			50 1							mg/l				
x. Molybdenum Total (7439-98-7)			ND							mg/l				
y. Manganese, Total (7439-96-6)			0 0580							mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains proeess wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all sueh GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fraetions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that therc are seven pagcs to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M. Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			0.00550							mg/l				
6M. Copper Total (7550-50-8)	X			0.0158							mg/l				
7M. Lead Total (7439-92-1)	X			ND							mg/l				
8M Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			ND							mg/l				
11M. Silver, Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	X			ND							mg/l				
13M Zinc, Total (7440-66-6)	X			ND							mg/l				
14M Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS.											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			ND							mg/l				
2V. Acrylonitrile (107-13-1)	X			ND							mg/l				
3V. Benzene (71-43-2)	X			ND							mg/l				
5V. Bromoform (75-25-2)	X			ND							mg/l				
6V. Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V Chloro-benzene (108-90-7)	X			ND							mg/l				
8V. Chlorodibro-momethane (124-48-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V Chloroethane (74-00-3)	X			ND							mg/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V Chloroform (67-66-3)	X			ND							mg/l				
12V. Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V. 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1,2-Dichloroethane (107-06-2)	X			ND							mg/l				
16V. 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V 1,2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V. 1,3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V. Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V Methyl Chloride (74-87-3)	X			ND							mg/l				
22V Methylene Chloride (75-00-2)	X			ND							mg/l				
23V 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V. Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V Toluene (108-88-3)	X			ND							mg/l				
26V 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V. Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V. Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A 2,4-Dichlor-Orophenol (120-83-2)	X			ND							mg/l				
3A. 2,4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A 4,6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A 2,4-Dinitro-phenol (51-28-5)	X			ND							mg/l				
6A. 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A. Phenol (108-05-2)	X			ND							mg/l				
11A. 2,4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B Acena-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B Acenaphtylene (208-96-8)	X			ND							mg/l				
3B Anthracene (120-12-7)	X			ND							mg/l				
4B. Benzidine (92-87-5)	X			ND							mg/l				
5B Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B. 3.4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B. Benzo(ghl) perylene (191-24-2)	X			ND							mg/l				
9B. Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B Bis(2-chlor-oethoxy)-methane (111-91-1)	X			ND							mg/l				
11B Bis (2-chlor-oisopropyl)-Ether	X			ND							mg/l				
12B. Bis (2-ethyl-hexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B. 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B. 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B. 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B. Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B. Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B. 2.4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B. Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B. Fluoranthene (208-44-0)	X			ND							mg/l				
31B. Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B. Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B. Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B Hexachloroethane (67-72-1)	X			ND							mg/l				
36B Indneo-(1,2,3-oc)-Pyrene (193-39-5)	X			ND							mg/l				
37B Isophorone (78-59-1)	X			ND							mg/l				
38B Napthalene (91-20-3)	X			ND							mg/l				
39B Nitrobenzene (98-95-3)	X			ND							mg/l				
40B. N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B. N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B. Phenanthrene (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B 1.2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

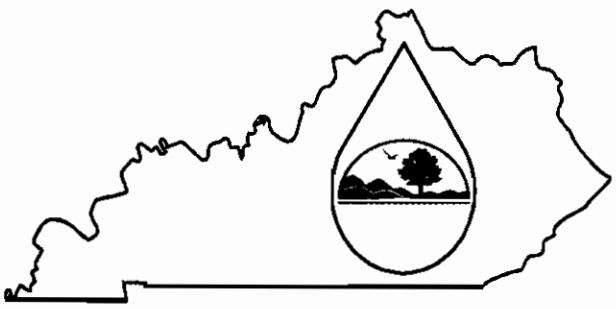
Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X								mg/l				
2P. α-BHC (319-84-6)			X								mg/l				
3P. β-BHC (58-89-9)			X								mg/l				
4P. gamma-BHC (58-89-9)			X								mg/l				
5P. δ-BHC (319-86-8)			X								mg/l				
6P. Chlordane (57-74-9)			X								mg/l				
7P. 4,4'-DDT (50-29-3)			X								mg/l				
8P. 4,4'-DDE (72-55-9)			X								mg/l				
9P. 4,4'-DDD (72-54-8)			X								mg/l				
10P. Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P. β-Endosulfan (115-29-7)			X								mg/l				
13P. Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P. Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P Endrin Aldehyde (7421-93-4)			X								mg/l				
16P Heptachlor (76-44-8)			X								mg/l				
17P. Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P. PCB-1242 (53469-21-9)			X								mg/l				
19P. PCB-1254 (11097-69-1)			X								mg/l				
20P PCB-1221 (11104-28-2)			X								mg/l				
21P PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P PCB-1260 (11096-82-5)			X								mg/l				
24P PCB-1016 (12674-11-2)			X								mg/l				
25P Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
008	37	38		87	29		This Outfall is an internal outfall for metal cleaning wastes from the Green side of the plant and if any discharge it goes to Green Ash Pond 009.

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
008	Green Metal Cleaning Waste	0 MGD	Sedimentation & Settling	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☐ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
NA								

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☐ No (Go to Item VI-B)

N/A

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
009	37	38		87	30		GREEN RIVER

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
009	Green Ash Pond			1-U
	Includes: coal pile, thickener	0.054 MGD		4-A
	area runoff, Plant area runoff	0.067 MGD		2-K
	Boiler Blowdown, Misc Drains	0.004 MGD		1-G
	Intake Clarifier Blowdown;	0.15 MGD		2-D
	Metal Cleaning waste	0.022 MGD		1-0
	Regeneration waste CST yard Sump	0.027 MGD 0.428 MGD		
	Area runoff	0.0014 MGD		

	Ashpond rainfall bottom ash sluicing seal water	0.09 MGD 6.48 MGD 2.448 MGD		

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	2.64							mg/l				
b. Chemieal Oxygen Demand (COD)	ND							mg/l				
c. Total Organic Carbon (TOC)	10 0							mg/l				
d. Total Suspended Solids (TSS)	11 0		33		18.2		64	mg/l				
e. Ammonia (as N)	ND							mg/l				
f. Flow (in units of MGD)	VALUE	1.872	VALUE	5.332	VALUE	0.521		MGD		VALUE		
g. Temperature (winter)	VALUE	8.9	VALUE	8	VALUE	8		°c		VALUE		
h Temperature (summer)	VALUE	33.3	VALUE	33 3	VALUE	33.3		°c		VALUE		
i. pH	MINIMUM 6.2	MAXIMUM 8.9	MINIMUM 6.2	MAXIMUM 8.9				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)			9.00							mg/l				
b Bromine Total Residual		X								mg/l				
c. Chloride			386							mg/l				
d. Chlorine, Total Residual		X								mg/l				
e. Color			20							mg/l				
f. Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			2 68							mg/l				
h Hardness (as $CaCO_3$)			1866.4							mg/l				
i. Nitrate – Nitrite (as N)			1.83							mg/l				
j. Nitrogen, Total Organic (as N)			3.24							mg/l				
k. Oil and Grease			ND		5 4		5			mg/l				
l. Phosphorous (as P), Total 7723-14-0			ND							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)			2290							mg/l				
o. Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_4) (14286-46-3)			13.6							mg/l				
q. Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			ND							mg/l				
s. Barium, Total (7440-39-3)			ND							mg/l				
t. Boron, Total (7440-42-8)			3.56							mg/l				
u. Cobalt. Total (7440-48-4)			ND							mg/l				
v. Irou, Total (7439-89-6)			0 898							mg/l				
w. Magnesium Total (7439-96-4)			359							mg/l				
x. Molybdenum Total (7439-98-7)			ND							mg/l				
y. Manganese, Total (7439-96-6)			0.739							mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M. Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			ND							mg/l				
6M. Copper Total (7550-50-8)	X			ND							mg/l				
7M. Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			ND							mg/l				
11M. Silver, Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M Thallium, Total (7440-28-0)	X			ND							mg/l				
13M Zinc, Total (7440-66-6)	X			ND							mg/l				
14M Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7,8 Tetrachlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			ND							mg/l				
2V. Acrylonitrile (107-13-1)	X			ND							mg/l				
3V. Benzene (71-43-2)	X			ND							mg/l				
5V Bromoform (75-25-2)	X			ND							mg/l				
6V Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V. Chlorobenzene (108-90-7)	X			ND							mg/l				
8V. Chlorodibromomethane (124-48-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V. Chloroethane (74-00-3)	X			ND							mg/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V. Chloroform (67-66-3)	X			ND							mg/l				
12V Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1,2-Dichloroethane (107-06-2)	X			ND							mg/l				
16V 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V 1,2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V 1,3-Diehloropro-pylene (452-75-6)	X			ND							mg/l				
19V. Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)	X			ND							mg/l				
22V. Methylene Chloride (75-00-2)	X			ND							mg/l				
23V 1,1,2,2-Tetraehloro-ethane (79-34-5)	X			ND							mg/l				
24V Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V Toluene (108-88-3)	X			ND							mg/l				
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V. 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V. Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A. 2,4-Dichlor-Orophenol (120-83-2)	X			ND							mg/l				
3A. 2,4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A. 4,6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A. 2,4-Dnitro-phenol (51-28-5)	X			ND							mg/l				
6A. 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A Phenol (108-05-2)	X			ND							mg/l				
11A 2,4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)	X			ND							mg/l				
3B. Anthracene (120-12-7)	X			ND							mg/l				
4B. Benzidine (92-87-5)	X			ND							mg/l				
5B. Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B. Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B. Benzo(ghl) perylene (191-24-2)	X			ND							mg/l				
9B. Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B. Bis(2-chloroethoxy)-methane (111-91-1)	X			ND							mg/l				
11B. Bis (2-chloroisopropyl)-Ether	X			ND							mg/l				
12B. Bis (2-ethylhexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B. 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B. 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B. 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B. 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B. Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B. 2.4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B 2.6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B. Fluoranthene (208-44-0)	X			ND							mg/l				
31B. Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B. Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B. Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)	X			ND							mg/l				
36B Indneo-(1,2,3-oe)-Pyrene (193-39-5)	X			ND							mg/l				
37B Isophorone (78-59-1)	X			ND							mg/l				
38B. Napthalene (91-20-3)	X			ND							mg/l				
39B. Nitrobenzene (98-95-3)	X			ND							mg/l				
40B. N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B. N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B. Phenanthrene (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B. 1,2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
1P Aldrin (309-00-2)			X								mg/l				
2P. α-BHC (319-84-6)			X								mg/l				
3P β-BHC (58-89-9)			X								mg/l				
4P gamma-BHC (58-89-9)			X								mg/l				
5P. δ-BHC (319-86-8)			X								mg/l				
6P. Chlordane (57-74-9)			X								mg/l				
7P. 4,4'-DDT (50-29-3)			X								mg/l				
8P. 4,4'-DDE (72-55-9)			X								mg/l				
9P. 4,4'-DDD (72-54-8)			X								mg/l				
10P. Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P. β-Endosulfan (115-29-7)			X								mg/l				
13P. Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P. Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X								mg/l				
16P. Heptachlor (76-44-8)			X								mg/l				
17P. Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P. PCB-1242 (53469-21-9)			X								mg/l				
19P. PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P. PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P. PCB-1260 (11096-82-5)			X								mg/l				
24P. PCB-1016 (12674-11-2)			X								mg/l				
25P. Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
010	37	38		87	29		This is intake water from the Green River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
010	Green River Intake Water	74.949		

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
N/A								

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall uumbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

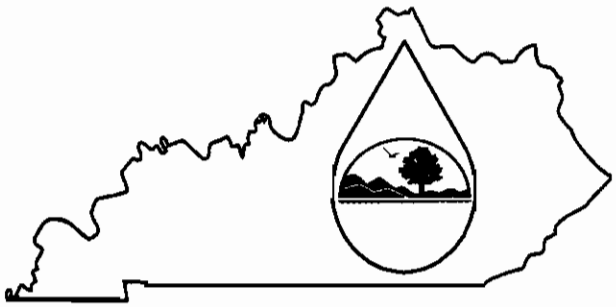
NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
011	37	38	28	87	29	59	GREEN RIVER

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
011	CSI Building Area Runoff	0.012 MGD	Runoff drains to a pond for	1-U
	Overflow from yard sump		settling and neutralization.	4-K
			Effluent is pumped to Green	2-K
			Ashpond.	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	3.71							mg/l				
b. Chemical Oxygen Demand (COD)	ND							mg/l				
c. Total Organic Carbon (TOC)	6.51							mg/l				
d. Total Suspended Solids (TSS)	14.5		43		18		8	mg/l				
e. Ammonia (as N)	ND							mg/l				
f. Flow (in units of MGD)	VALUE 0		VALUE 0		VALUE 0			MGD		VALUE		
g. Temperature (winter)	VALUE 10		VALUE 10		VALUE 10			°c		VALUE		
h. Temperature (summer)	VALUE 33		VALUE 33		VALUE 33			°c		VALUE		
i. pH	MINIMUM 8.5	MAXIMUM 8.9	MINIMUM 8.4	MAXIMUM 8.9				STANDARD UNITS				

Part B - In the MARK "X" column, plaee an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	6. INTAKE (optional) a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	6. INTAKE (optional) b. No. of Analyses
a. Bromide (24959-67-9)		X	ND							mg/l				
b. Bromine Total Residual		X								mg/l				
c. Chloride			155							mg/l				
d. Chlorine, Total Residual		X								mg/l				
e Color			15							mg/l				
f. Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			1.36							mg/l				
h. Hardness (as $CaCO_3$)			1481.2							mg/l				
i. Nitrate – Nitrite (as N)			0 194							mg/l				
j. Nitrogen, Total Organic (as N)			1.00							mg/l				
k. Oil and Grease			ND							mg/l				
l. Phosphorous (as P), Total 7723-14-0			3.16							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass		a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)			1450							mg/l				
o. Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_3) (14286-46-3)			9.20							mg/l				
q Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			0 190							mg/l				
s. Barium, Total (7440-39-3)			0 0880							mg/l				
t. Boron, Total (7440-42-8)			1.49							mg/l				
u. Cobalt, Total (7440-48-4)			ND							mg/l				
v. Iron, Total (7439-89-6)			0.285							mg/l				
w. Magnesium Total (7439-96-4)			115							mg/l				
x. Molybdenum Total (7439-98-7)			0.133							mg/l				
y. Manganese, Total (7439-96-6)			0.0438							mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium. Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Reqnired** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M. Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M Chromium Total (7440-43-9)	X			ND							mg/l				
6M. Copper Total (7550-50-8)	X			ND							mg/l				
7M. Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			0.0433							mg/l				
11M. Silver, Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	X			ND							mg/l				
13M. Zinc, Total (7440-66-6)	X			ND							mg/l				
14M Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7.8 Tetra-chlorodibenzo. P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			ND							mg/l				
2V. Acrylonitrile (107-13-1)	X			ND							mg/l				
3V. Benzene (71-43-2)	X			ND							mg/l				
5V. Bromoform (75-25-2)	X			ND							mg/l				
6V. Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V. Chloro-benzene (108-90-7)	X			ND							mg/l				
8V. Chlorodibro-momethane (124-48-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V Chloroethane (74-00-3)	X			ND							mg/l				
10V 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V Chloroform (67-66-3)	X			ND							mg/l				
12V. Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V. 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V 1,2-Dichloroethane (107-06-2)	X			ND							mg/l				
16V. 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V. 1,2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V. 1,3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V. Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
21V. Methyl Chloride (74-87-3)	X			ND							mg/l				
22V. Methylene Chloride (75-00-2)	X			ND							mg/l				
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V. Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V. Toluene (108-88-3)	X			ND							mg/l				
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V. 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V. Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V. Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A 2,4-Dichlor-Orophenol (120-83-2)	X			ND							mg/l				
3A 2,4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A. 4,6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A 2,4-Dinitro-phenol (51-28-5)	X			ND							mg/l				
6A 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A. 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A. Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A Phenol (108-05-2)	X			ND							mg/l				
11A. 2,4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)	X			ND							mg/l				
3B Anthracene (120-12-7)	X			ND							mg/l				
4B. Benzidine (92-87-5)	X			ND							mg/l				
5B. Benzo(a)-anthraeene (56-55-3)	X			ND							mg/l				
6B Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B. Benzo(ghl) perylene (191-24-2)	X			ND							mg/l				
9B. Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B Bis(2-chlor-oethoxy)-methane (111-91-1)	X			ND							mg/l				
11B. Bis (2-ehlor-oisopropyl)-Ether	X			ND							mg/l				
12B. Bis (2-ethyl-hexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B. 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B. 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B. Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B 2,4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B Fluoranthene (208-44-0)	X			ND							mg/l				
31B. Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B. Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B Hexachloroethane (67-72-1)	X			ND							mg/l				
36B Indneo-(1,2,3-oc)-Pyrene (193-39-5)	X			ND							mg/l				
37B. Isophorone (78-59-1)	X			ND							mg/l				
38B. Napthalene (91-20-3)	X			ND							mg/l				
39B Nitrobenzene (98-95-3)	X			ND							mg/l				
40B. N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B. N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B. Phenanthrene (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B 1,2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

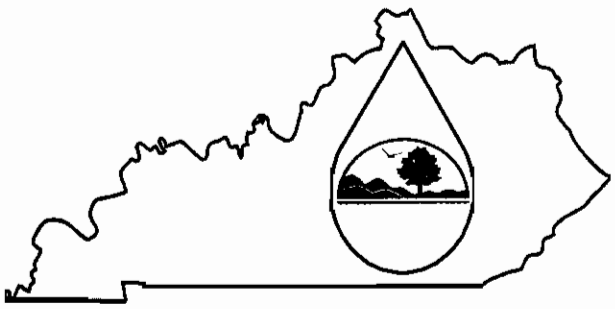
Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X								mg/l				
2P. α-BHC (319-84-6)			X								mg/l				
3P. β-BHC (58-89-9)			X								mg/l				
4P. gamma-BHC (58-89-9)			X								mg/l				
5P δ-BHC (319-86-8)			X								mg/l				
6P. Chlordane (57-74-9)			X								mg/l				
7P. 4,4'-DDT (50-29-3)			X								mg/l				
8P. 4,4'-DDE (72-55-9)			X								mg/l				
9P. 4,4'-DDD (72-54-8)			X								mg/l				
10P. Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P. β-Endosulfan (115-29-7)			X								mg/l				
13P. Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P Endrin Aldehyde (7421-93-4)			X								mg/l				
16P Heptachlor (76-44-8)			X								mg/l				
17P. Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P PCB-1242 (53469-21-9)			X								mg/l				
19P. PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P. PCB-1260 (11096-82-5)			X								mg/l				
24P. PCB-1016 (12674-11-2)			X								mg/l				
25P. Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
012	37	38	15	87	30	02	GREEN RIVER

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
012	FGD Landfill	0.013 MGD	Runoff is collected in ponds.	1-U
	South Area		Sedimentation settling and	4-A
			neutralization discharge is	2-K
			controlled by a hand operated	
			value.	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	3. UNITS (specify if blank) a. Concentration	3. UNITS (specify if blank) b. Mass	4. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration	4. INTAKE (optional) a. Long-Term Avg. Value (2) Mass	4. INTAKE (optional) b. No of Analyses
a. Biochemical Oxygen Demand (BOD)	ND							mg/l				
b. Chemical Oxygen Demand (COD)	ND							mg/l				
c Total Organic Carbon (TOC)	4 74							mg/l				
d. Total Suspended Solids (TSS)	10.5		310		4.6			mg/l				
e. Ammonia (as N)	0.121							mg/l				
f. Flow (in units of MGD)	VALUE .0245		VALUE .984		VALUE .035			MGD		VALUE		
g. Temperature (winter)	VALUE 11		VALUE 12		VALUE 10			°c		VALUE		
h. Temperature (summer)	VALUE 33		VALUE 33.3		VALUE 35			°c		VALUE		
i. pH	MINIMUM 7 21	MAXIMUM 8.9	MINIMUM 7.21	MAXIMUM 11				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)			11 8							mg/l				
b. Bromine Total Residual		X								mg/l				
c. Chloride			1410							mg/l				
d. Chlorine, Total Residual		X								mg/l				
e. Color			10							mg/l				
f. Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			0.122							mg/l				
h. Hardness (as $CaCO_3$)			2,057 2							mg/l				
i. Nitrate – Nitrite (as N)			2.32							mg/l				
j. Nitrogen, Total Organic (as N)			3 72							mg/l				
k Oil and Grease			ND		ND		ND			mg/l				
l Phosphorous (as P), Total 7723-14-0			ND							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta. Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium. 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)			1310							mg/l				
o Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_4) (14286-46-3)			8.80							mg/l				
q. Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			ND							mg/l				
s. Barium, Total (7440-39-3)			ND							mg/l				
t. Boron, Total (7440-42-8)			1.63							mg/l				
u. Cobalt, Total (7440-48-4)			ND							mg/l				
v. Iron, Total (7439-89-6)			ND							mg/l				
w. Magnesium Total (7439-96-4)			17.0							mg/l				
x. Molybdenum Total (7439-98-7)			0.541							mg/l				
y. Mangancse. Total (7439-96-6)			0.330							mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M. Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			ND							mg/l				
6M. Copper Total (7550-50-8)	X			ND							mg/l				
7M. Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			ND							mg/l				
11M. Silver, Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M Thallium, Total (7440-28-0)	X			ND							mg/l				
13M Zinc, Total (7440-66-6)	X			ND							mg/l				
14M Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7,8 Tetrachlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V Acrolein (107-02-8)	X			ND							mg/l				
2V. Acrylonitrile (107-13-1)	X			ND							mg/l				
3V. Benzene (71-43-2)	X			ND							mg/l				
5V Bromoform (75-25-2)	X			ND							mg/l				
6V. Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V Chlorobenzene (108-90-7)	X			ND							mg/l				
8V Chlorodibromomethane (124-48-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V Chloroethane (74-00-3)	X			ND							mg/l				
10V 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V. Chloroform (67-66-3)	X			ND							mg/l				
12V. Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V. 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1.2-Dichloroethane (107-06-2)	X			ND							mg/l				
16V. 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V. 1,2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V. 1,3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V. Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)	X			ND							mg/l				
22V. Methylene Chloride (75-00-2)	X			ND							mg/l				
23V 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V. Tetraehloro-ethylene (127-18-4)	X			ND							mg/l				
25V Toluene (108-88-3)	X			ND							mg/l				
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V. 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A 2.4-Dichlor-Orophcool (120-83-2)	X			ND							mg/l				
3A 2.4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A 4,6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A. 2.4-Dinitro-phenol (51-28-5)	X			ND							mg/l				
6A 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A. 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A. P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A Phenol (108-05-2)	X			ND							mg/l				
11A. 2.4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B Acena-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)	X			ND							mg/l				
3B. Anthracene (120-12-7)	X			ND							mg/l				
4B Benzidine (92-87-5)	X			ND							mg/l				
5B Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B 3,4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B Benzo(ghl) perylene (191-24-2)	X			ND							mg/l				
9B Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B Bis(2-chlor-oethoxy)-methane (111-91-1)	X			ND							mg/l				
11B. Bis (2-chlor-oisopropyl)-Ether	X			ND							mg/l				
12B Bis (2-ethyl-hexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B. 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B. 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B. 2,4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B. 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B. Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B Fluoranthene (208-44-0)	X			ND							mg/l				
31B. Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B. Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B. Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)	X			ND							mg/l				
36B. Indneo-(1,2,3-oe)-Pyrene (193-39-5)	X			ND							mg/l				
37B. Isophorone (78-59-1)	X			ND							mg/l				
38B. Napthalene (91-20-3)	X			ND							mg/l				
39B. Nitrobenzene (98-95-3)	X			ND							mg/l				
40B. N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B. N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B. Phenanthrene (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B 1,2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

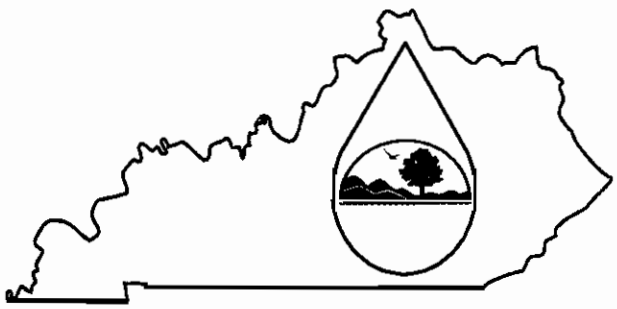
Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
1P Aldrin (309-00-2)			X								mg/l				
2P α-BHC (319-84-6)			X								mg/l				
3P. β-BHC (58-89-9)			X								mg/l				
4P. gamma-BHC (58-89-9)			X								mg/l				
5P. δ-BHC (319-86-8)			X								mg/l				
6P. Chlordane (57-74-9)			X								mg/l				
7P. 4,4'-DDT (50-29-3)			X								mg/l				
8P 4,4'-DDE (72-55-9)			X								mg/l				
9P 4,4'-DDD (72-54-8)			X								mg/l				
10P Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P. β-Endosulfan (115-29-7)			X								mg/l				
13P. Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P Endrin Aldehyde (7421-93-4)			X								mg/l				
16P Heptachlor (76-44-8)			X								mg/l				
17P Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P. PCB-1242 (53469-21-9)			X								mg/l				
19P. PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P. PCB-1260 (11096-82-5)			X								mg/l				
24P PCB-1016 (12674-11-2)			X								mg/l				
25P Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
014	37	37	46	87	30	02	GREEN RIVER

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
014	FGD Landfill	0.113 MGD	Collection of runoff for	1-U
	East and North Areas		sedimentation settling and	4-A
			neutralization. Effluent is	2-K
			filtered thru rock before	
			discharge.	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT						d. No. of Analyses	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	ND							mg/l				
b. Chemical Oxygen Demand (COD)	15.4							mg/l				
c. Total Organic Carbon (TOC)	2 60							mg/l				
d. Total Suspended Solids (TSS)	7.5		20		8			mg/l				
e. Ammonia (as N)	0.268							mg/l				
f Flow (in units of MGD)	VALUE 1 231		VALUE 1.231		VALUE .01			MGD		VALUE		
g. Temperature (winter)	VALUE 11		VALUE 10		VALUE 11			°c		VALUE		
h. Temperature (summer)	VALUE 32		VALUE 33		VALUE 32			°c		VALUE		
i. pH	MINIMUM 7.87	MAXIMUM 8.6	MINIMUM 7.8	MAXIMUM 8.6				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)			7.45							mg/l				
b. Bromine Total Residual		X								mg/l				
c Chloride			1120		1120		498			mg/l				
d. Chlorine, Total Residual		X								mg/l				
e. Color			10							mg/l				
f Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			0 524							mg/l				
h Hardness (as $CaCO_3$)			1,795.6							mg/l				
i Nitrate – Nitrite (as N)			1.70							mg/l				
j. Nitrogen, Total Organic (as N)			ND							mg/l				
k. Oil and Grease			ND		ND		ND			mg/l				
l. Phosphorous (as P), Total 7723-14-0			1.79							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	3. EFFLUENT a. Maximum Daily Value (2) Mass	3. EFFLUENT b. Maximum 30-Day Value (if available) (1) Concentration	3. EFFLUENT b. Maximum 30-Day Value (if available) (2) Mass	3. EFFLUENT c. Long-Term Avg. Value (if available) (1) Concentration	3. EFFLUENT c. Long-Term Avg. Value (if available) (2) Mass	3. EFFLUENT d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	5. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration	5. INTAKE (optional) a. Long-Term Avg. Value (2) Mass	5. INTAKE (optional) b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)			1760		1180		966			mg/l				
o. Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_3) (14286-46-3)			17.6							mg/l				
q. Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			ND							mg/l				
s. Barium, Total (7440-39-3)			ND							mg/l				
t. Boron, Total (7440-42-8)			2.77							mg/l				
u. Cobalt, Total (7440-48-4)			ND							mg/l				
v. Iron, Total (7439-89-6)			ND							mg/l				
w. Magnesium Total (7439-96-4)			12.7							mg/l				
x. Molybdenum Total (7439-98-7)			0.783							mg/l				
y. Manganese. Total (7439-96-6)										mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa. Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M Antimony Total (7440-36-0)	X			ND							mg/l				
2M. Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			ND							mg/l				
6M Copper Total (7550-50-8)	X			ND							mg/l				
7M. Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			ND							mg/l				
11M. Silver, Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M Thallium, Total (7440-28-0)	X			ND							mg/l				
13M Zinc, Total (7440-66-6)	X			ND							mg/l				
14M. Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V Acrolein (107-02-8)	X			ND							mg/l				
2V. Acrylonitrile (107-13-1)	X			ND							mg/l				
3V Benzene (71-43-2)	X			ND							mg/l				
5V. Bromoform (75-25-2)	X			ND							mg/l				
6V Carbon Tetrachloride (56-23-5)	X			ND							mg/l				
7V. Chloro-benzene (108-90-7)	X			ND							mg/l				
8V. Chlorodibro-momethane (124-48-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)	X			ND							mg/l				
10V 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V Chloroform (67-66-3)	X			ND							mg/l				
12V. Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1,2-Dichloroethane (107-06-2)	X			ND							mg/l				
16V 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V. 1,2-Di-chloropropane (78-87-5)	X			ND							mg/l				
18V. 1,3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
21V. Methyl Chloride (74-87-3)	X			ND							mg/l				
22V Methylene Chloride (75-00-2)	X			ND							mg/l				
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V. Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V Toluene (108-88-3)	X			ND							mg/l				
26V 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V. Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V. Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A 2-Chloro-phenol (95-57-8)	X			ND							mg/l				
2A 2,4-Dichlor-Orophenol (120-83-2)	X			ND							mg/l				
3A. 2,4-Dimeth-ylphenol (105-67-9)	X			ND							mg/l				
4A. 4,6-Dinitro-o-cresol (534-52-1)	X			ND							mg/l				
5A 2,4-Dinitro-phenol (51-28-5)	X			ND							mg/l				
6A. 2-Nitro-phenol (88-75-5)	X			ND							mg/l				
7A. 4-Nitro-phenol (100-02-7)	X			ND							mg/l				
8A P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A. Pentachloro-phenol (87-88-5)	X			ND							mg/l				
10A Phenol (108-05-2)	X			ND							mg/l				
11A. 2,4,6-Tri-chlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Accna-phthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B Acenaphtylene (208-96-8)	X			ND							mg/l				
3B Anthracene (120-12-7)	X			ND							mg/l				
4B Benzidine (92-87-5)	X			ND							mg/l				
5B Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B. 3.4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B. Benzo(ghi) perylene (191-24-2)	X			ND							mg/l				
9B. Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B. Bis(2-chlor-oethoxy)-methane (111-91-1)	X			ND							mg/l				
11B. Bis (2-chlor-oisopropyl)-Ether	X			ND							mg/l				
12B Bis (2-ethyl-hexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phienyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B. 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	X			ND							mg/l				
21B. 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B. Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)	X			ND							mg/l				
25B. Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B. 2,4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B. Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B. Fluoranthene (208-44-0)	X			ND							mg/l				
31B. Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)	X			ND							mg/l				
36B Indneo-(1,2,3-oc)-Pyrene (193-39-5)	X			ND							mg/l				
37B. Isophorone (78-59-1)	X			ND							mg/l				
38B. Napthalene (91-20-3)	X			ND							mg/l				
39B. Nitrobenzene (98-95-3)	X			ND							mg/l				
40B. N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B Phenanthrene (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B 1,2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X								mg/l				
2P. α-BHC (319-84-6)			X								mg/l				
3P. β-BHC (58-89-9)			X								mg/l				
4P gamma-BHC (58-89-9)			X								mg/l				
5P. δ-BHC (319-86-8)			X								mg/l				
6P. Chlordane (57-74-9)			X								mg/l				
7P. 4,4`-DDT (50-29-3)			X								mg/l				
8P. 4,4`-DDE (72-55-9)			X								mg/l				
9P. 4,4`-DDD (72-54-8)			X								mg/l				
10P Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P β-Endosulfan (115-29-7)			X								mg/l				
13P Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X								mg/l				
16P Heptachlor (76-44-8)			X								mg/l				
17P. Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P. PCB-1242 (53469-21-9)			X								mg/l				
19P PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P PCB-1260 (11096-82-5)			X								mg/l				
24P PCB-1016 (12674-11-2)			X								mg/l				
25P. Toxaphene (8001-35-2)			X								mg/l				

KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Green/Reid/Henderson Station II	County: Webster
I. OUTFALL LOCATION	AGENCY USE

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

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
015	37	38	52	87	30	27	Groves Creek to Green River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
015	Storm Water Runoff	0.021 MGD	Runoff is collected for	1-U
	from Henderson Station II		sedimentation settliing.	4-A
	Units 1 & 2 Plant Area,		Effluent is released	2-K
	Cooling Tower, and Scrubber		by valve and discharges	
			to Groves Creek then	
			to Green River	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

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

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

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

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

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Test America	2960 Foster Creighton Drive Nashville, TN	615-726-0177	

IX. CERTIFICATION

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

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Thomas Shaw Manager Environmental & Technical Services	270-844-6031
SIGNATURE Thomas Shaw	DATE 5/26/2009

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

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

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

1. POLLUTANT	2. EFFLUENT						d. No. of Analyses	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	ND							mg/l				
b. Chemical Oxygen Demand (COD)	16.7							mg/l				
c. Total Organic Carbon (TOC)	6.42							mg/l				
d. Total Suspended Solids (TSS)	9.0		55		12			mg/l				
e. Ammonia (as N)	0.114							mg/l				
f. Flow (in units of MGD)	VALUE .943		VALUE 1.231		VALUE .894			MGD		VALUE		
g. Temperature (winter)	VALUE 8.9		VALUE 10		VALUE 11			°c		VALUE		
h. Temperature (summer)	VALUE 31.7		VALUE 32		VALUE 32			°c		VALUE		
i. pH	MINIMUM 6.7	MAXIMUM 8.86	MINIMUM 7.5	MAXIMUM 8.5				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)			ND							mg/l				
b. Bromine Total Residual		X								mg/l				
c. Chloride			62.0		146		83			mg/l				
d. Chlorine, Total Residual		X								mg/l				
c. Color			15							mg/l				
f. Fecal Coliform		X								mg/l				
g. Fluoride (16984-48-8)			0.843							mg/l				
h. Hardness (as $CaCO_3$)			587.2							mg/l				
i. Nitrate – Nitrite (as N)			3.36							mg/l				
j. Nitrogen, Total Organic (as N)			4.24							mg/l				
k. Oil and Grease			ND		ND		ND			mg/l				
l. Phosphorous (as P), Total 7723-14-0			0.251							mg/l				
m. Radioactivity														
(1) Alpha, Total		X								mg/l				
(2) Beta, Total		X								mg/l				
(3) Radium Total		X								mg/l				
(4) Radium, 226, Total		X								mg/l				

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	(2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	(2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	(2) Mass		a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	(2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)			427		520		404			mg/l				
o. Sulfide (as S)			ND							mg/l				
p. Sulfite (as SO_4) (14286-46-3)			9.2							mg/l				
q. Surfactants			ND							mg/l				
r. Aluminum, Total (7429-90)			0.468							mg/l				
s. Barium, Total (7440-39-3)			0.0692							mg/l				
t. Boron, Total (7440-42-8)			0 564							mg/l				
u. Cobalt, Total (7440-48-4)			ND							mg/l				
v Iron, Total (7439-89-6)			0.516							mg/l				
w. Magnesium Total (7439-96-4)			62.3							mg/l				
x Molybdenum Total (7439-98-7)			ND							mg/l				
y Manganese, Total (7439-96-6)			0.106							mg/l				
z. Tin, Total (7440-31-5)			ND							mg/l				
aa Titanium, Total (7440-32-6)			ND							mg/l				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			ND							mg/l				
2M Arsenic, Total (7440-38-2)	X			ND							mg/l				
3M. Beryllium Total (7440-41-7)	X			ND							mg/l				
4M. Cadmium Total (7440-43-9)	X			ND							mg/l				
5M. Chromium Total (7440-43-9)	X			ND							mg/l				
6M. Copper Total (7550-50-8)	X			0.0650							mg/l				
7M. Lead Total (7439-92-1)	X			ND							mg/l				
8M. Mercury Total (7439-97-6)				ND							mg/l				
9M. Nickel, Total (7440-02-0)	X			ND							mg/l				
10M. Selenium, Total (7782-49-2)	X			0.0152							mg/l				
11M Silver, Total (7440-28-0)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	X			ND							mg/l				
13M. Zinc, Total (7440-66-6)	X			0.0790							mg/l				
14M. Cyanide, Total (57-12-5)	X			ND							mg/l				
15M. Phenols, Total	X			ND							mg/l				
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X	ND							mg/l				
2V. Acrylonitrile (107-13-1)			X	ND							mg/l				
3V. Benzene (71-43-2)			X	ND							mg/l				
5V. Bromoform (75-25-2)			X	ND							mg/l				
6V. Carbon Tetrachloride (56-23-5)			X	ND							mg/l				
7V. Chloro-benzene (108-90-7)			X	ND							mg/l				
8V. Chlorodibro-momethane (124-48-1)			X	ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V Chloroetbane (74-00-3)	X			ND							mg/l				
10V 2-Chloro-ethylvinyl Ether (110-75-8)	X			ND							mg/l				
11V. Chloroform (67-66-3)	X			ND							mg/l				
12V Dichloro-bromomethane (75-71-8)	X			ND							mg/l				
14V 1,1-Dichloroethane (75-34-3)	X			ND							mg/l				
15V. 1.2-Dicbloroethane (107-06-2)	X			ND							mg/l				
16V. 1,1-Dichlorethylene (75-35-4)	X			ND							mg/l				
17V 1,2-Di-cbloropropane (78-87-5)	X			ND							mg/l				
18V 1.3-Dichloropro-pylene (452-75-6)	X			ND							mg/l				
19V. Ethyl-benzene (100-41-4)	X			ND							mg/l				
20V. Methyl Bromide (74-83-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
21V Methyl Chloride (74-87-3)	X			ND							mg/l				
22V Methylene Chloride (75-00-2)	X			ND							mg/l				
23V 1,1,2,2-Tetrachloro-ethane (79-34-5)	X			ND							mg/l				
24V. Tetrachloro-ethylene (127-18-4)	X			ND							mg/l				
25V. Toluene (108-88-3)	X			ND							mg/l				
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)	X			ND							mg/l				
27V. 1,1,1-Tri-chloroethane (71-55-6)	X			ND							mg/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	X			ND							mg/l				
29V. Trichloro-ethylene (79-01-6)	X			ND							mg/l				
30V. Vinyl Chloride (75-01-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			ND							mg/l				
2A 2,4-Dichlorophenol (120-83-2)	X			ND							mg/l				
3A. 2,4-Dimethylphenol (105-67-9)	X			ND							mg/l				
4A 4,6-Dinitro-o-eresol (534-52-1)	X			ND							mg/l				
5A. 2,4-Dinitrophenol (51-28-5)	X			ND							mg/l				
6A. 2-Nitrophenol (88-75-5)	X			ND							mg/l				
7A. 4-Nitrophenol (100-02-7)	X			ND							mg/l				
8A. P-chloro-m-cresol (59-50-7)	X			ND							mg/l				
9A. Pentachlorophenol (87-88-5)	X			ND							mg/l				
10A. Phenol (108-05-2)	X			ND							mg/l				
11A. 2,4,6-Trichlorophenol (88-06-2)	X			ND							mg/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B Acenaphthene (83-32-9)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B Acenaphtylene (208-96-8)	X			ND							mg/l				
3B Anthracene (120-12-7)	X			ND							mg/l				
4B Benzidine (92-87-5)	X			ND							mg/l				
5B Benzo(a)-anthracene (56-55-3)	X			ND							mg/l				
6B. Benzo(a)-pyrene (50-32-8)	X			ND							mg/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			ND							mg/l				
8B. Benzo(ghi) perylene (191-24-2)	X			ND							mg/l				
9B. Benzo(k)-fluoranthene (207-08-9)	X			ND							mg/l				
10B. Bis(2-chlor-oethoxy)-methane (111-91-1)	X			ND							mg/l				
11B. Bis (2-chlor-oisopropyl)-Ether	X			ND							mg/l				
12B. Bis (2-ethyl-hexyl)-phthalate (117-81-7)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B 4-Bromo-phenyl Phenyl ether (101-55-3)	X			ND							mg/l				
14B. Butyl-benzyl phthalate (85-68-7)	X			ND							mg/l				
15B 2-Chloro-naphthalene (7005-72-3)	X			ND							mg/l				
16B 4-Chloro-phenyl phenyl ether (7005-72-3)	X			ND							mg/l				
17B. Chrysene (218-01-9)	X			ND							mg/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	X			ND							mg/l				
19B. 1,2-Dichloro-benzene (95-50-1)	X			ND							mg/l				
20B. 1,3-Diehloro-Benzene (541-73-1)	X			ND							mg/l				
21B 1,4-Dichloro-benzene (106-46-7)	X			ND							mg/l				
22B 3,3-Dichloro-benzidene (91-94-1)	X			ND							mg/l				
23B Diethyl Phthalate (84-66-2)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B Dimethyl Phtbalate (131-11-3)	X			ND							mg/l				
25B. Di-N-butyl Phthalate (84-74-2)	X			ND							mg/l				
26B. 2,4-Dinitro-toluene (121-14-2)	X			ND							mg/l				
27B 2,6-Dinitro-toluene (606-20-2)	X			ND							mg/l				
28B. Di-n-octyl Phthalate (117-84-0)	X			ND							mg/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	X			ND							mg/l				
30B. Fluoranthene (208-44-0)	X			ND							mg/l				
31B Fluorene (86-73-7)	X			ND							mg/l				
32B. Hexachloro-benzene (118-71-1)	X			ND							mg/l				
33B. Hexachloro-butadiene (87-68-3)	X			ND							mg/l				
34B Hexachloro-cyclopenta-diene (77-47-4)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B Hexachloroethane (67-72-1)	X			ND							mg/l				
36B Indeno-(1,2,3-cd)-Pyrene (193-39-5)	X			ND							mg/l				
37B. Isophorone (78-59-1)	X			ND							mg/l				
38B. Napthalene (91-20-3)	X			ND							mg/l				
39B. Nitrobenzene (98-95-3)	X			ND							mg/l				
40B. N-Nitrosodimethylamine (62-75-9)	X			ND							mg/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	X			ND							mg/l				
42B N-nitrosodiphenylamine (86-30-6)	X			ND							mg/l				
43B. Phenanthrene (85-01-8)	X			ND							mg/l				
44B. Pyrene (129-00-0)	X			ND							mg/l				
45B. 1,2,4 Trichlorobenzene (120-82-1)	X			ND							mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X								mg/l				
2P. α-BHC (319-84-6)			X								mg/l				
3P. β-BHC (58-89-9)			X								mg/l				
4P. gamma-BHC (58-89-9)			X								mg/l				
5P. δ-BHC (319-86-8)			X								mg/l				
6P. Chlordane (57-74-9)			X								mg/l				
7P. 4,4`-DDT (50-29-3)			X								mg/l				
8P. 4,4`-DDE (72-55-9)			X								mg/l				
9P. 4,4`-DDD (72-54-8)			X								mg/l				
10P. Dieldrin (60-57-1)			X								mg/l				
11P. α-Endosulfan (115-29-7)			X								mg/l				
12P. β-Endosulfan (115-29-7)			X								mg/l				
13P. Endosulfan Sulfate (1031-07-8)			X								mg/l				
14P. Endrin (72-20-8)			X								mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X								mg/l				
16P Heptachlor (76-44-8)			X								mg/l				
17P. Heptaclor Epoxide (1024-57-3)			X								mg/l				
18P PCB-1242 (53469-21-9)			X								mg/l				
19P. PCB-1254 (11097-69-1)			X								mg/l				
20P. PCB-1221 (11104-28-2)			X								mg/l				
21P. PCB-1232 (11141-16-5)			X								mg/l				
22P. PCB-1248 (12672-29-6)			X								mg/l				
23P. PCB-1260 (11096-82-5)			X								mg/l				
24P. PCB-1016 (12674-11-2)			X								mg/l				
25P Toxaphene (8001-35-2)			X								mg/l				