



**West Region Operations**

7251 Amigo Street, Suite 120  
Las Vegas, NV 89119  
Tel: 702-407-4800  
Fax: 702-407-4852

September 6, 2005

Tony Rizk  
Los Angeles Regional Water Quality Control Board  
320 W. 4<sup>th</sup> Street, Suite 200  
Los Angeles, CA 90013

**Subject: Mandalay Generating Station NPDES Permit Renewal Application CA0001180**

Dear Mr. Rizk:

The Mandalay Generating (Mandalay) station is a 560 megawatt station located in the California coast, approximately 4.8 kilometers northwest of the City of Oxnard in Ventura County. Mandalay has the capability to discharge up to 255.3 million gallons/day of wastes consisting of once-through cooling water from two steam electric units (four condenser halves), metal cleaning wastes, and low volume wastes (including softener regeneration wastes, fireside and air preheater washes, floor drains, boiler blowdown and evaporator blowdown wastes) into the Pacific Ocean.

This application package contains EPA Form 1, EPA Form 2C, and California EPA Form 200. Information to support these forms is provided in the Appendices A-F provided at the end of the document.

Should you require additional information regarding the permit application, please contact Julie Babcock at (702) 407-4880.

Sincerely,

Robert W. Lawhn  
Environmental Director

2005 SEP -9 AM 10:17  
QUALITY CONTROL BOARD  
LOS ANGELES REGION

Enclosure:

Mandalay Permit Application



## APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



## I. FACILITY INFORMATION

## A. Facility:

Name: Mandalay Generating Station			
Address: 393 N. Harbor Blvd.			
City: Oxnard	County: Ventura	State: CA	Zip Code: 93035
Contact Person: Tom Di Ciolli		Telephone Number: 805-984-5241	

## B. Facility Owner:

Name: Reliant Energy Mandalay Inc.			Owner Type (Check One)	
Address: 393 N. Harbor Blvd			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Oxnard	State: CA	Zip Code: 93035	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person: Tom Di Ciolli		Telephone Number: 805-984-5241	5. <input type="checkbox"/> Other: _____	
		Federal Tax ID: 76-0555455		

## C. Facility Operator (The agency or business, not the person):

Name: Same as facility owner			Operator Type (Check One)	
Address:			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person:		5. <input type="checkbox"/> Other: _____		
		Telephone Number:		

## D. Owner of the Land:

Name: Same as facility owner			Owner Type (Check One)	
Address:			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person:		5. <input type="checkbox"/> Other: _____		
		Telephone Number:		

## E. Address Where Legal Notice May Be Served:

Address: 393 N. Harbor Blvd.		
City: Oxnard	State: CA	Zip Code: 93035
Contact Person: Tom Di Ciolli		Telephone Number: 805-984-5241

## F. Billing Address:

Address: 393 N. Harbor Blvd.		
City: Oxnard	State: CA	Zip Code: 93035
Contact Person: Tom Di Ciolli		Telephone Number: 805-984-5241



APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

A. WASTE DISCHARGE TO LAND

B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- Domestic/Municipal Wastewater Treatment and Disposal
Cooling Water
Mining
Waste Pile
Wastewater Reclamation
Other, please describe:

- Animal Waste Solids
Land Treatment Unit
Dredge Material Disposal
Surface Impoundment
Industrial Process Wastewater

- Animal or Aquacultural Wastewater
Biosolids/Residual
Hazardous Waste (see instructions)
Landfill (see instructions)
Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)
Facility: 183-0-022-025
Discharge Point: 001

2. Latitude
Facility: Mandalay
Discharge Point: 34 12' 23"

3. Longitude
Facility: Mandalay
Discharge Point: 119 15' 09"

IV. REASON FOR FILING

- New Discharge or Facility
Changes in Ownership/Operator (see instructions)
Change in Design or Operation
Waste Discharge Requirements Update or NPDES Permit Reissuance
Change in Quantity/Type of Discharge
Other:

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: SWRCB

Has a public agency determined that the proposed project is exempt from CEQA? Yes No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency:

Has a "Notice of Determination" been filed under CEQA? Yes No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

EIR Negative Declaration

Expected CEQA Completion Date:



**APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



**VI. OTHER REQUIRED INFORMATION**

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

**VII. OTHER**

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

See NPDES permit renewal application

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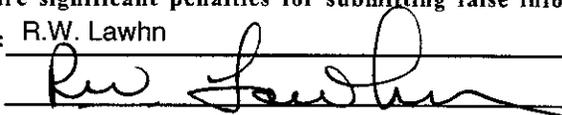
You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

**VIII. CERTIFICATION**

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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."

Print Name: R.W. Lawhn

Title: Environmental Director

Signature: 

Date: September 6, 2005

**FOR OFFICE USE ONLY**

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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## NPDES Application Supplemental Requirements

### I. Pollutants Analysis/Measurements

Analysis/measurement for the following pollutants should accompany the NPDES application for discharges of wastewater to surface waters.

Table I. List of Pollutants Analysis/Measurements

ID Num.	Pollutant	Quantitation Level Unit -- (µg/L)	Screening Levels		Minimum Levels (ML) Unit -- (µg/L)
			MUN <sup>a</sup>	Others <sup>b</sup>	
<b>Metals<sup>a)</sup></b>					
1097	Antimony (Sb)	ND (5.0)	14	4300	5
1000	Arsenic (As)	ND (10.0)	50	36	10
1012	Beryllium (Be)	ND (1.0)	4	--	0.5
1027	Cadmium (Cd)	ND (2.0)	2.4	9.4	0.5
1033	Chromium III (Cr3+)	7.04	50	--	10
1032	Chromium VI (Cr6+)	ND (20.0)	11	50	5
1119	Copper (Cu)	11.1	9.4	3.7	0.5
720	Cyanide (CN)	ND (50.0)	5.2	--	5
1051	Lead (Pb)	ND (5.0)	3.2	8.5	0.5
71900	Mercury (Hg)	ND (0.20)	0.050	0.051	0.2
1067	Nickel (Ni)	ND (5.0)	52	8.3	1
1147	Selenium (Se)	ND (10.0)	5.0	71	2
1077	Silver (Ag)	ND (2.0)	4	2.2	0.25
1059	Thallium (Tl)	ND (10.0)	1.7	6.3	1
1092	Zinc (Zn)	23.6	122	86	20
(a) = Metals concentrations are expressed as total recoverable					
<b>Volatile Organic Compounds</b>					
34496	1,1 Dichloroethane	ND (1.0)	5	5	1
34501	1,1 Dichloroethylene	ND (1.0)	0.057	3.2	0.5
34506	1,1,1 Trichloroethane	ND (1.0)	200	200	2
34511	1,1,2 Trichloroethane	ND (1.0)	0.60	42	0.5
34516	1,1,2,2 Tetrachloroethane	ND (1.0)	0.17	11	0.5
34536	1,2 Dichlorobenzene	ND (1.0)	600	17000	0.5
32103	1,2 Dichloroethane	ND (0.50)	0.38	99	0.5
34541	1,2 Dichloropropane	ND (1.0)	0.52	39	0.5
34549	1,2-Trans Dichloroethylene	ND (1.0)	10	140000	1
34566	1,3 Dichlorobenzene	ND (1.0)	400	2600	2
34561	1,3 Dichloropropylene	ND (0.5)	0.5	0.5	0.5
34571	1,4 Dichlorobenzene	ND (1.0)	5	0.5	0.5
34576	2-Chloroethyl vinyl ether	ND (1.0)	--	--	1
34210	Acrolein	ND (20.0)	100	100	5
34215	Acrylonitrile	ND (20)	0.059	0.66	2.0
34030	Benzene	ND (0.50)	1.0	1.0	0.5
32104	Bromoform	ND (1.0)	4.3	360	0.5
32102	Carbon Tetrachloride	ND (0.50)	0.25	4.4	0.5
34301	Chlorobenzene	ND (1.0)	30	21000	2
34306	Chlorodibromo-methane	ND (1.0)	0.401	34	0.5
85811	Chloroethane	ND (1.0)	100	100	2
32106	Chloroform	ND (1.0)	100	100	2
32101	Dichlorobromo-methane	ND (1.0)	0.56	46	0.5
78113	Ethylbenzene	ND (1.0)	700	700	2
34413	Methyl Bromide	ND (1.0)	10	4000	2
34418	Methylene Chloride	ND (5.0)	4.7	1600	0.5
34475	Tetrachloroethylene	ND (1.0)	0.8	0.85	0.5
34010	Toluene	ND (1.0)	150	150	2
39180	Trichloroethylene	ND (1.0)	2.7	5	0.5
39175	Vinyl Chloride	ND (0.50)	0.5	0.5	0.5
63	Xylenes	ND (1.0)	1750	1750	na
	Acetone	ND (25.0)	700	700	na
	Ethylene Dibromide		0.05	0.05	na
	Methyl Chloride	ND (10.0)	3	3	0.5

<sup>a</sup> Applies to water with Municipal and Domestic Supply (MUN) (indicated with E and I in the Basin Plan) beneficial uses designations.

<sup>b</sup> Applies to all other receiving waters.

ID Num	Pollutant	Quantitation Level	Screening Levels		Minimum Levels (ML)
			MUN	Others	
			Unit – (µg/L)	Unit – (µg/L)	
34336	Diethyl phthalate	ND (5.0)	23000	120000	10
34341	Dimethyl phthalate	ND (5.0)	313000	2900000	10
39110	di-n-Butyl phthalate	ND (5.0)	2700	12000	10
34596	di-n-Octyl phthalate	ND (5.0)	--	--	10
34376	Fluoranthene	ND (5.0)	300	370	10
34381	Fluorene	ND (5.0)	1300	14000	10
39700	Hexachlorobenzene	ND (5.0)	0.00075	0.00077	1
39702	Hexachlorobutadiene		0.44	50	1
34386	Hexachloro-cyclopentadiene	ND (15.0)	50	17000	5
34396	Hexachloroethane	ND (5.0)	1.9	8.9	1
34403	Indeno(1,2,3,cd)-pyrene	ND (5.0)	0.0044	0.049	0.05
34408	Isophorone	ND (5.0)	8.4	600	1
34438	N-Nitrosodimethyl amine (NDMA)	ND (10.0)	0.00069	8.1	5
34428	N-Nitroso-di-n-propyl amine	ND (5.0)	0.005	1.4	5
34433	N-Nitrosodiphenyl amine	ND (5.0)	5.0	16	1
34696	Naphthalene	ND (5.0)	21	--	10
34447	Nitrobenzene	ND (25.0)	17	1900	10
39032	Pentachlorophenol	ND (5.0)	0.28	7.9	1
34461	Phenanthrene	ND (5.0)	--	--	5
34694	Phenol	ND (5.0)	21000	4600000	50
34469	Pyrene	ND (5.0)	960	11000	10
<b>Miscellaneous</b>					
82698	2,3,7,8-TCDD (Dioxin)		1.3E-08	1.3E-08	na
948	Asbestos (in fibers/L k.s.)		7000000	7000000	na
	Perchlorate		4	4	na
	1,4-Dioxane		3	3	na
	Methyl tertiary butyl ether (MTBE)	ND (1.0)	5	5	2
	Di-isopropyl Ether (DIPE)	ND (2.0)	0.8	0.8	2
	Ethyl Tertiary Butyl Ether (ETBE)	ND (2.0)	2	2	2
	Tertiary Amyl Methyl Ether (TAME)	ND (2.0)	2	2	2
	Tertiary Butyl Alcohol (TBA)	ND (10)	12	12	10
	Methanol		1000	1000	1000
	Ethanol	ND (100)	1000	1000	1000
	Total Petroleum Hydrocarbons Using both EPA 418.1 and EPA 8015 (modified) methods		100	100	100
* Analysis required for petroleum-fuel impacted water only.					
<b>Conventional</b>		<b>mg/L</b>	<b>mg/L</b>	<b>mg/L</b>	<b>mg/L</b>
	Hardness		na	na	na
	pH (pH unit)		na	na	na
	Suspended solids		na	na	na
	BOD520°C		na	na	na
	Oil and grease		na	na	na
	Settleable Solids (ml/L)		na	na	na
	Turbidity		na	na	na
	Total Dissolved Solids		na	na	na
	Chlorides		na	na	na
	Sulfates		na	na	na
	Nitrites+Nitrates (as Nitrogen)		na	na	na
	Sulfides		na	na	na
	Boron		na	na	na
Note: na = not applicable -- = no screening level					

**II. Alternative Method of Disposal**

The application should also be accompanied by a feasibility study of reuse of the wastewater, and if reuse is not feasible, alternatives for disposal other than surface waters.

\* METAL CLEANING AND LOW VOLUME WASTE

## **Supplemental Requirements:**

### **Alternative Methods of Disposal**

The NPDES Supplemental Requirements require that the NPDES Application be accompanied by a discussion of alternatives for disposal wastewater other than surface waters if reuse is not feasible. Reuse is not feasible at Mandalay. Below is a description of the Resource Conservation Strategies that are implemented to minimize the amount of waste water discharged at the facility.

#### **A. Water Conservation**

All practical water resource conservation techniques, including but not limited to, minimization and recycling are practiced.

#### **B. Resource Recovery**

All practical resource recovery techniques, including but not limited to, minimization and recycling are practiced.

#### **C. Waste Recycling**

Where practical, recycle and reuse of waste materials are practiced.

#### **D. Waste Reuse**

Where practical, recycle and reuse of waste materials are practiced.

#### **E. Material or Product Substitution**

When practical hazardous and/or toxic raw materials are investigated for potential substitutes that are less hazardous and/or toxic.

<b>FORM</b> <b>1</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> S F <b>CAR00038174</b>
<b>GENERAL</b>		A C D

<b>LABEL ITEMS</b>	<b>PLEASE PLACE LABEL IN THIS SPACE</b>
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

**GENERAL INSTRUCTIONS**

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

**II. POLLUTANT CHARACTERISTICS**

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

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

C 1	SKIP	Mandalay Generating Station
--------	------	-----------------------------

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>	<b>B. PHONE (area code &amp; no.)</b>
C 2 Tom Di Cioli, General Manager	(805) 984 5241

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>	
C 3 393 North Harbor Blvd	45

<b>B. CITY OR TOWN</b>	<b>C. STATE</b>	<b>D. ZIP CODE</b>
C 4 Oxnard	CA	93035

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>	
C 5 393 North Harbor Blvd.	45
<b>B. COUNTY NAME</b>	
Ventura	

<b>C. CITY OR TOWN</b>	<b>D. STATE</b>	<b>E. ZIP CODE</b>	<b>F. COUNTY CODE (if known)</b>
C 6 Oxnard	CA	93035	

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

A. FIRST				B. SECOND			
7	4	9	1	7			
Electric Power Generation							
C. THIRD				D. FOURTH			
7				7			

VIII. OPERATOR INFORMATION

A. NAME						B. Is the name listed in Item VIII-A also the owner?	
8	Reliant Energy Mandalay Inc.					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)						D. PHONE (area code & no.)	
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		(702) 407 4880	
S = STATE		O = OTHER (specify)					
P = PRIVATE							
E. STREET OR P.O. BOX							
393 North Harbor Blvd							
F. CITY OR TOWN				G. STATE	H. ZIP CODE	IX. INDIAN LAND	
Oxnard				CA	93035	Is the facility located on Indian lands?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)			D. PSD (Air Emissions from Proposed Sources)		
9	N	CA0001180	9	P	
B. UIC (Underground Injection of Fluids)			E. OTHER (specify)		
9	U		9		00013
C. RCRA (Hazardous Wastes)			E. OTHER (specify)		
9	R		9		Title V Fed Air Operating Permit

XI. MAP

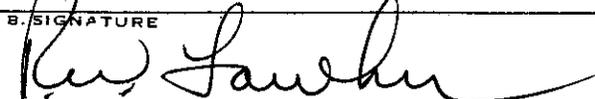
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal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

XII. NATURE OF BUSINESS (provide a brief description)

To generate and provide electrical power

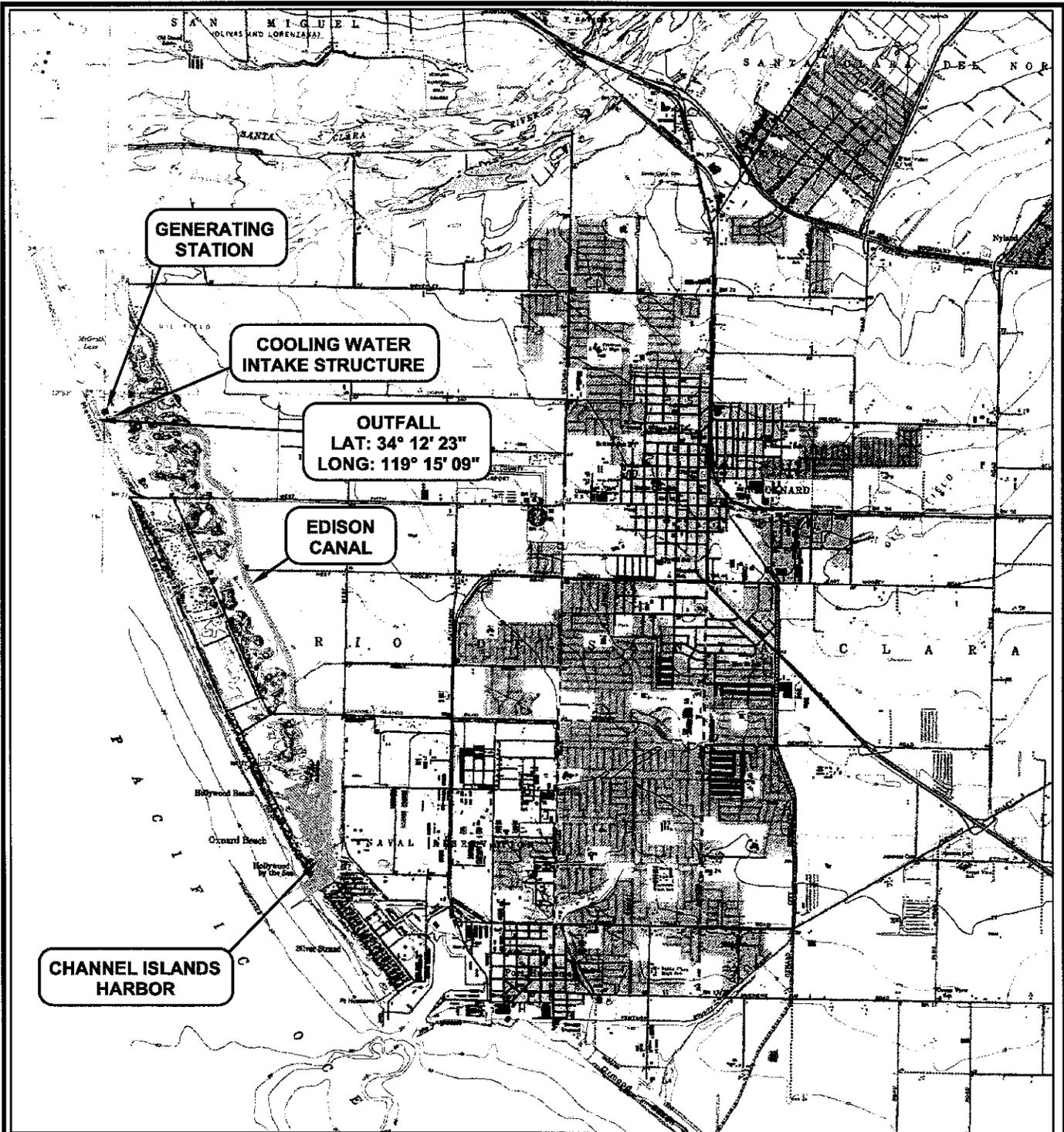
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R.W. Lawhn, Environmental Director		9/6/2005

COMMENTS FOR OFFICIAL USE ONLY

C	
15	16



Source: U.S.G.S. 7.5 Minute Quadrangle, Oxnard, CA

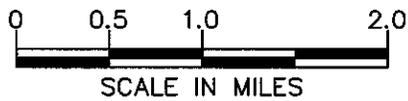
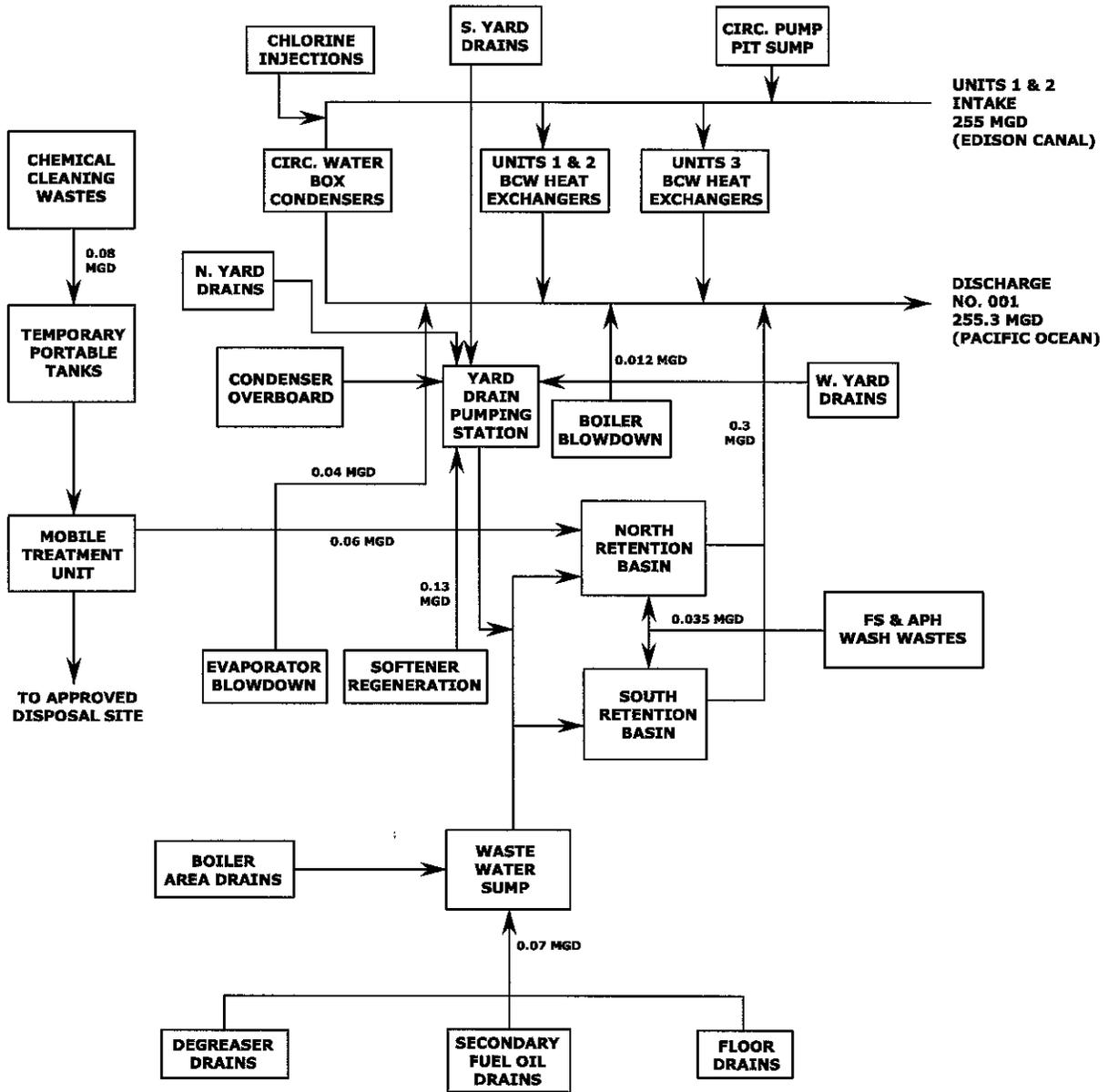


FIGURE 1  
**SITE LOCATION MAP**  
 Mandalay Generating Station  
 393 N. Harbor Blvd.  
 Oxnard, CA 93035

DRAWN: M. SCOP	DATE: 9/7/2005	PROJECT NO.	REV.
FILE NO. site	CHK BY: C. Mangiard	10267-035-100	

## FIGURE 2 SCHEMATIC OF WATER FLOW

MANDALAY BAY GENERATING STATION  
OXNARD, CALIFORNIA  
AUGUST, 2005



- INTERMITTENT FLOWS

j:\projects\10287 - Reliant\035 - Mandalay NPDES Permit Renewal\100 - Mandalay NPDES Application\Figure 2\Schematic Water Flow.dwg

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**CAR00038174**

Form Approved.  
 OMB No. 2040-0086.  
 Approval expires 8-31-98.

**FORM  
 2C  
 NPDES**



**U.S. ENVIRONMENTAL PROTECTION AGENCY  
 APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
 EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS  
 Consolidated Permits Program**

**I. OUTFALL LOCATION**

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

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	34	12	23	119	15	09	Pacific Ocean

**II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES**

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	Condenser Cooling	255 MG/day	Ocean Discharge	4B
	Boiler Blowdown	0.012 MG/day	Ocean Discharge	4B
	Evaporator Blowdown	0.04 MG/day	Ocean Discharge	4B
	South Yard Drains	Negligible	Retention & Ocean Discharge	I-U 4B
	North Yard Drains	Negligible	Retention & Ocean Discharge	I-U 4B
	Softener Regeneration	0.013 MG/day	Retention & Ocean Discharge	I-U 4B
	Fireside & Air Preheater Wash	0.035 MG/day	Retention & Ocean Discharge	I-U 4B
	Floor Drains	0.072 MG/day	Oil Removal, Retention &	4B I-U
		Ocean Discharge		
	Condensate Overboard	Negligible	Ocean Discharge	4B
	Metal Chemical Cleaning	0.08 MG/day	Lime Precipitation, Retention,	2C I-U
			Sludge Disposal & Ocean	5C 4B
			Discharge	
	West Yard Drains	Negligible	Retention & Ocean Discharge	I-U 4B
	Additional Information Provided	in Appendix A.		

OFFICIAL USE ONLY (effluent guidelines sub-categories)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?  
 YES (complete the following table)  NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				5. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
	*See Appendix B							
001	Boiler Blowdown	5	12	*	*	gal/day		
001	Softener Regeneration Waste	7	12	0.1	*	12,000	*	*
001	Condensate Overboard	*	*	*	*	13,000	*	*
001	Fireside & Air Preheater Washes	*	*	*	*	35,000	*	*
001	Metal Chemical Cleaning Wastes	*	*	*	*	80,000	*	*

**III. PRODUCTION**

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?  
 YES (complete Item III-B)  NO (to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?  
 YES (complete Item III-C)  NO (go to Section IV)

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

**1. AVERAGE DAILY PRODUCTION**

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

**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 waste-water treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.  
 YES (complete the following table)  NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
Letter Request for Schedule		Pacific Ocean	See Appendix C		1/08

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.  MARK 'X' IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

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CONTINUED FROM PAGE 2

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.  
 NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Not Applicable			

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

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

YES (list all such pollutants below)

NO (go to Item VI-B)

**VII. BIOLOGICAL TOXICITY TESTING DATA**

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

YES (Identify the test(s) and describe their purposes below)

NO (go to Section VIII)

Method specified in "Guidelines for Performing Static Acute Toxicity Fish Bioassays in Municipal and Industrial Wastewaters" (California State Water Resources Control Board and Department of Fish and Game, July 1976) for the purpose of satisfying NPDES permit monitoring requirement(s).

**VIII. CONTRACT ANALYSIS INFORMATION**

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

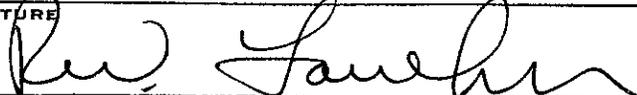
YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
SEE APPENDIX E			

**IX. CERTIFICATION**

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

A. NAME & OFFICIAL TITLE (type or print) R.W. Lawhn, Environmental Director	B. PHONE NO. (area code & no.) (702) 407-4884
C. SIGNATURE 	D. DATE SIGNED 9/6/2005

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**CAR00038174**

OUTFALL NO.  
**001**

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

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

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

1. POLLUTANT	2. EFFLUENT			3. UNITS (specify if blank)		4. INTAKE (optional)	
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		d. NO. OF ANALYSES	e. LONG TERM AVERAGE VALUE	
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS
a. Biochemical Oxygen Demand (BOD)	BQL (2)				1	mg/l	
b. Chemical Oxygen Demand (COD)	680				1	mg/l	
c. Total Organic Carbon (TOC)	2.5				1	mg/l	
d. Total Suspended Solids (TSS)	5.0				1	mg/l	
e. Ammonia (as N)	ND (0.01)				1	mg/l	
f. Flow	VALUE 254.9	VALUE 250.2	VALUE 154.4		1611	MG/day	VALUE
g. Temperature (winter)	VALUE 40.55	VALUE 37.2	VALUE 22.8		583	°C	VALUE
h. Temperature (summer)	VALUE 39.4	VALUE 32.7	VALUE 27.8		247	°C	VALUE
i. pH	MINIMUM 8.0	MAXIMUM 9.0	MINIMUM	MAXIMUM	517	STANDARD UNITS	

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

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. PRESENT	b. ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSES	e. LONG TERM AVERAGE VALUE	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS
a. Bromide (24959-67-9)	X									
b. Chlorine, Total Residual	X		0.28	360.03			53	mg/l	lb/day	
c. Color	X			N/A						
d. Fecal Coliform	X		< 10	NA			1	MPN/	100ml	10
e. Fluoride (14804-48-8)	X									
f. Nitrate-Nitrite (as N)	X		0.97	1247.25			1	mg/l	lb/day	

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT			4. UNITS			5. INTAKE (optional)			6. NO. OF ANAL. YSES
	a. YES	b. YES	b. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available)		c. CONCEN- TRATION	d. NO. OF ANAL. YSES	e. LONG TERM AVERAGE VALUE		f. MASS	g. NO. OF ANAL. YSES	
				(2) MASS	(1) CONCENTRATION			(2) MASS	(1) CONCENTRATION			
g. Nitrogen, Total Organic (as N)	X											
h. Oil and Grease	X											
i. Phosphorus (as P), Total (7723-14-0)	X											
j. Radioactivity												
(1) Alpha, Total	X		2.82	N/A			1	pCi/l				
(2) Beta, Total	X		1.79	N/A			1	pCi/l				
(3) Radium, Total		X										
(4) Radium 226, Total		X										
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	X											
l. Sulfide (as S)		X										
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	X											
n. Surfactants	X											
o. Aluminum, Total (7429-90-5)	X											
p. Barium, Total (7440-39-3)	X											
q. Boron, Total (7440-42-8)	X											
r. Cobalt, Total (7440-48-4)		X										
s. Iron, Total (7439-89-6)	X											
t. Magnesium, Total (7439-95-4)	X											
u. Molybdenum, Total (7439-98-7)		X										
v. Manganese, Total (7439-96-5)	X											
w. Tin, Total (7440-31-5)		X										
x. Titanium, Total (7440-32-6)		X										

CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS				5. INTAKE (optional)		
	TESTING REQUIRED	RECEIVED	8. MAXIMUM DAILY VALUE (1) CONCENTRATION	9. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	10. LONG TERM AVG. VALUE (1) MASS	11. NO. OF ANALYSES	8. CONCENTRATION	9. MASS	10. LONG TERM AVERAGE VALUE (1) CONCENTRATION	11. MASS	12. ANALYSES	13. LONG TERM AVERAGE VALUE (2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>													
1M. Antimony, Total (7440-36-0)	X		<0.02		<0.02	9	mg/l					<0.02	9
2M. Arsenic, Total (7440-38-2)	X		<0.02		<0.02	9	mg/l					<0.02	9
3M. Beryllium, Total, 7440-41-7)	X		<0.02		<0.02	9	mg/l					<0.02	9
4M. Cadmium, Total (7440-43-9)	X		<0.006		<0.006	9	mg/l					<0.006	9
5M. Chromium, Total (7440-47-3)	X		0.00704	9.05	0.001536	9	mg/l	lb/day	0.0007	0.90		0.0007	9
6M. Copper, Total (7440-50-8)	X		0.00141	1.81	0.008	9	mg/l	lb/day	0.007	0.90		0.007	9
7M. Lead, Total (7439-92-1)	X		<0.007		<0.007	9	mg/l					<0.007	9
8M. Mercury, Total (7439-97-6)	X		<0.005		<0.005	9	mg/l					<0.005	9
9M. Nickel, Total (7440-02-0)	X		<0.016		<0.016	9	mg/l					<0.016	9
10M. Selenium, Total (7782-48-2)	X		<0.05		<0.05	9	mg/l					<0.05	9
11M. Silver, Total (7440-22-4)	X		<0.005		<0.005	9	mg/l					<0.005	9
12M. Thallium, Total (7440-28-0)	X		<0.02		<0.02	9	mg/l					<0.02	9
13M. Zinc, Total (7440-66-6)	X		0.054	69.43	0.0238	9	mg/l	lb/day	0.0226	29.06		0.0226	9
14M. Cyanide, Total (57-12-5)	X		<0.05			1	mg/l						
15M. Phenols, Total	X		0.28	360.03		1	mg/l	lb/day					

DIOXIN		DESCRIBE RESULTS
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	X	See Appendix F.

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. TEST METHOD	b. USES	c. CONC. (µg/l)	d. MAXIMUM DAILY VALUE		e. LONG TERM AVG. VALUE (if available)		b. MASS	c. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>										
1V. Acrolein (107-02-8)	X			<20						
2V. Acrylonitrile (107-13-1)	X			<20						
3V. Benzene (71-43-2)	X			<0.5						
4V. Bis (Chloromethyl) Ether (542-88-1)										
5V. Bromoform (75-28-2)	X			<1.0						
6V. Carbon Tetrachloride (56-23-6)	X			<0.5						
7V. Chlorobenzene (108-90-7)	X			<1.0						
8V. Chlorobromomethane (124-48-1)	X			<1.0						
9V. Chloroethane (75-00-3)	X			<1.0						
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			<1.0						
11V. Chloroform (67-66-3)	X			<1.0						
12V. Dichlorobromomethane (75-27-4)	X			<1.0						
13V. Dichlorodifluoromethane (75-71-8)	X			<1.0						
14V. 1,1-Dichloroethane (75-34-3)	X			<1.0						
15V. 1,2-Dichloroethane (107-06-2)	X			<0.5						
16V. 1,1-Dichloroethylene (75-35-4)	X			<1.0						
17V. 1,2-Dichloropropane (78-87-5)	X			<1.0						
18V. 1,3-Dichloropropane (542-75-8)	X			<1.0						
19V. Ethylbenzene (100-41-4)	X			<1.0						
20V. Methyl Bromide (74-83-9)	X			<1.0						
21V. Methyl Chloride (74-87-3)	X			<10						

1. POLLUTANT NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		6. NO. OF ANAL. YSES
	a. TESTING EQUIP. USED	b. REC'D. SAMPLES	8. MAXIMUM DAILY VALUE		c. LONG TERM AVG. VALUE		a. CONCENTRATION	b. MASS	8. LONG TERM AVERAGE VALUE		
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>											
23V. Methylene Chloride (75-09-2)	X		<5.0					µg/l			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X		<1.0					µg/l			
24V. Tetrachloroethylene (127-18-4)	X		<1.0					µg/l			
25V. Toluene (108-88-3)	X		<1.0					µg/l			
26V. 1,2-Trans-Dichloroethylenes (156-60-5)	X		<1.0								
27V. 1,1,1-Trichloroethane (71-55-6)	X		<1.0					µg/l			
28V. 1,1,2-Trichloroethane (79-00-5)	X		<1.0					µg/l			
29V. Trichloroethylene (79-01-6)	X		<1.0					µg/l			
30V. Trichlorofluoromethane (79-08-4)	X		<10					µg/l			
31V. Vinyl Chloride (75-01-4)	X		<0.5					µg/l			
<b>GC/MS FRACTION - ACID COMPOUNDS</b>											
1A. 2-Chlorophenol (95-57-8)	X		<5.0					µg/l			
2A. 2,4-Dichlorophenol (120-83-2)	X		<5.0					µg/l			
3A. 2,4-Dimethylphenol (108-67-8)	X		<5.0					µg/l			
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X		<25.0								
5A. 2,4-Dinitrophenol (51-28-5)	X		<25					µg/l			
6A. 2-Nitrophenol (88-75-6)	X		<10					µg/l			
7A. 4-Nitrophenol (100-02-7)	X		<5.0					µg/l			
8A. p-Chloro-M-Cresol (89-50-7)	X		<5.0					µg/l			
9A. Pentachlorophenol (67-86-5)	X		<5.0					µg/l			
10A. Phenol (108-95-2)	X		<5.0					µg/l			
11A. 2,4,6-Trichlorophenol (88-06-2)	X		<5.0					µg/l			

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	D. SEC. PRESENT	E. SEC. PRESENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVERAGE VALUE (if available)	D. NO. OF ANAL. YSES	E. LONG TERM AVERAGE VALUE	F. NO. OF ANAL. YSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>										
1B. Acenaphthene (83-32-9)	X		<5.0				1	µg/l		
2B. Acenaphthylene (208-96-8)	X		<5.0				1	µg/l		
3B. Anthracene (120-12-7)	X		<5.0				1	µg/l		
4B. Benzidine (92-97-5)	X		<50.0				1	µg/l		
5B. Benzo (a) Anthracene (56-55-3)	X		<5.0				1	µg/l		
6B. Benzo (a) Pyrene (50-32-8)	X		<5.0				1	µg/l		
7B. 3,4-Benzo-fluoranthene (205-99-2)	X		<5.0				1	µg/l		
8B. Benzo (ghi) Perylene (191-24-2)	X		<5.0				1	µg/l		
9B. Benzo (k) Fluoranthene (207-08-9)	X		<5.0				1	µg/l		
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)	X		<10.0				1	µg/l		
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)	X		<10.0				1	µg/l		
12B. Bis (2-Chloro-propyl) Ether (102-60-1)	X		<5.0				1	µg/l		
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)	X		<5.0				1	µg/l		
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)	X		<5.0				1	µg/l		
15B. Butyl Benzyl Phthalate (85-68-7)	X		<5.0				1	µg/l		
16B. 3-Chloro-naphthalene (91-58-7)	X		<5.0				1	µg/l		
17B. 3-Chloro-phenyl Phenyl Ether (205-72-3)	X		<5.0				1	µg/l		
18B. Chrysene (216-51-8)	X		<5.0				1	µg/l		
19B. Dibenzo (a,h) Anthracene (53-70-3)	X		<5.0				1	µg/l		
20B. 1,2-Dichloro-benzene (95-50-1)	X		<5.0				1	µg/l		
21B. 1,3-Dichloro-benzene (541-73-1)	X		<5.0				1	µg/l		

1. POLLUTANT AND GAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	A. TEST EQUIPMENT	B. SEC. EQUIPMENT	B. MAXIMUM DAILY VALUE		C. LONG TERM AVRG. VALUE (if available)	D. NO. OF ANALYSES	E. CONCENTRATION	F. MASS	
			(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)									
22B. 1,4-Dichlorobenzene (106-46-7)	X			<5.0		1	µg/l		
23B. 3,3'-Dichlorobenzidine (81-94-1)	X			<5.0		1	µg/l		
24B. Diethyl Phthalate (84-66-2)	X			<5.0		1	µg/l		
25B. Dimethyl Phthalate (131-11-3)	X			<5.0		1	µg/l		
26B. Di-N Butyl Phthalate (84-74-2)	X			<5.0		1	µg/l		
27B. 2,4-Dinitrotoluene (121-14-2)	X			<5.0		1	µg/l		
28B. 2,6-Dinitrotoluene (896-20-2)	X			<5.0		1	µg/l		
29B. Di-N-Octyl Phthalate (117-84-0)	X			<5.0		1	µg/l		
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-86-7)	X			<2.0		1	µg/l		
31B. Fluoranthene (206-44-0)	X			<5.0		1	µg/l		
32B. Fluorene (86-73-7)	X			<5.0		1	µg/l		
33B. Hexachlorobenzene (118-74-1)	X			<5.0		1	µg/l		
34G. Hexachlorobutadiene (87-68-3)	X			<5.0		1	µg/l		
35B. Hexachlorocyclopentadiene (77-47-4)	X			<15.0		1	µg/l		
36B. Hexachloroethane (87-72-1)	X			<5.0		1	µg/l		
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X			<5.0		1	µg/l		
38B. Isopharone (78-69-1)	X			<5.0		1	µg/l		
39B. Naphthalene (91-20-3)	X			<5.0		1	µg/l		
40B. Nitrobenzene (98-96-3)	X			<25.0		1	µg/l		
41B. N-Nitrosodimethylamine (62-75-8)	X	X		<10.0		1	µg/l		
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			<5.0		1	µg/l		

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	STEEL NO.	PRE- SENT	8. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	9. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - BASE NEUTRAL COMPOUNDS (continued)</b>									
43B. N-Nitrosodiphenylamine (86-30-6)	X		<5.0				µg/l		
44B. Phenanthrene (85-01-8)	X		<5.0				µg/l		
45B. Pyrene (129-00-0)	X		<5.0				µg/l		
46B. 1,2,4-Trifluorobenzene (120-82-1)	X		<5.0				µg/l		
<b>GC/MS FRACTION - PESTICIDES</b>									
1P. Aldrin (506-00-3)	X		<0.05				µg/l		
2P. D-DHC (319-84-8)	X		<0.05				µg/l		
3P. β-BHC (319-86-7)	X		<0.05				µg/l		
4P. γ-BHC (89-89-9)	X		<0.05				µg/l		
5P. δ-BHC (319-86-8)	X		<0.05				µg/l		
6P. Chlordane (57-74-9)	X		<0.05				µg/l		
7P. 4,4'-DDT (50-29-3)	X		<0.05				µg/l		
8P. 4,4'-DDE (72-55-9)	X		<0.05				µg/l		
9P. 4,4'-DDD (72-54-8)	X		<0.05				µg/l		
10P. Dieldrin (60-57-1)	X		<0.05				µg/l		
11P. D-Endosulfan (115-29-7)	X		<0.05				µg/l		
12P. β-Endosulfan (115-29-7)	X		<0.05				µg/l		
13P. Endosulfan Sulfate (1031-07-8)	X		<0.05				µg/l		
14P. Endrin (72-20-8)	X		<0.05				µg/l		
15P. Endrin Aldehyde (7421-93-4)	X		<0.05				µg/l		
16P. Heptachlor (76-44-8)	X		<0.05				µg/l		

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	TESTING EQUIPMENT	C. SE-REVERSE TEST	B. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	G. LONG TERM AVERAGE VALUE (if available) (1) CONCENTRATION (2) MASS	A. CONCENTRATION	B. MASS	LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	D. NO. OF ANALYSES
GC/MS FRACTION -- PESTICIDES (continued)								
17P. Heptachlor Epoxide (1024-57-3)	X		<0.05		1	µg/l		
18P. PCB-1242 (63468-21-8)	X		<0.5		1	µg/l		
19P. PCB-1254 (11097-69-1)	X		<0.5		1	µg/l		
20P. PCB-1221 (11104-28-2)	X		<0.5		1	µg/l		
21P. PCB-1232 (11141-16-5)	X		<0.5		1	µg/l		
22P. PCB-1248 (12672-29-6)	X		<0.5		1	µg/l		
23P. PCB-1260 (11096-82-5)	X		<0.5		1	µg/l		
24P. PCB-1016 (12674-11-2)	X		<0.5		1	µg/l		
25P. Toxaphene (8001-35-2)	X		<2.0		1	µg/l		

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Appendix E provides an explanation of the constituents believed present in the effluent for which quantitative data is not provided or for which there is a quantitative value above detection limits.

## Appendix A

### Treatment Received by Wastewater

Operation	Treatment Process	Remarks
Outfall No. 001	Ocean Discharge	All waste streams listed under Outfall No. 001 are discharged through one outfall structure into the Pacific Ocean.
North Yard Drains, West Yard Drains, Softener Regeneration Wastes, Fireside and Air Preheater Washes, Floor Drains, Metal Chemical Cleaning Wastes	Retention and Oil Removal	These waste streams are sent to retention basins where the oil is skimmed off the top prior to discharge through Outfall No. 001.
Metal Chemical Cleaning Wastes	Lime Precipitation and Sludge Disposal	The metal chemical cleaning wastes are placed in portable tanks, then processed through a contractor-owned mobile lime treatment unit, which discharges to the retention basin. The sludge generated from this process is dewatered with a filter press and then disposed of at an approved offsite disposal site.

## Appendix B

### Intermittent or Seasonal Discharges

Outfall No.	Operation Contributing Flow	Remarks
001	Boiler Blowdown	This operation occurs once a week and lasts approximately 4 hours.
001	Softener Regeneration Wastes	Duration of this discharge is approximately four hours and may occur twice each day.
001	Condensate Overboard Evaporator Blowdown	During normal operation this discharge is not present. This discharge may be necessary during unit start up or abnormal operation, its frequency and duration may vary considerably. This water flow is primarily treated condensate which has been slightly contaminated with seawater.
001	Fireside and Air Preheater Washes	These operations occur approximately four times per year per unit and are usually done concurrently one unit at a time. Each operation lasts approximately sixteen hours.
001	Metal Chemical Cleaning Wastes	These operations occur approximately once every two years per unit. The duration of the discharge is approximately twenty-four hours.

## **Appendix C**

### **Letter Request for Schedule**

A letter request for schedule to submit information to comply with the Phase II 316(b) rule (40 CFR Part 125 Subpart J) was submitted to the Los Angeles Regional Water Quality Control Board on August 15, 2005. The letter requests that the schedule for submission of the Comprehensive Demonstration Study and associated documents be consistent with the January 7, 2008 deadline outlined in the rule.

## Appendix D

Appendix D provides narrative information supporting the quantitative information provided in Form 2C. Table 1 contains explanations for the presence of constituents outlined in Form 2C. This explanation is provided in lieu of quantitative data.

<b>Table 1</b>	
<b>Explanation of Presence of Constituents found in Discharge Effluent</b>	
<b>Constituent</b>	<b>Potential Source</b>
Bromide	Natural background and trace amounts from water treatment chemicals.
Color	Natural background
Fluoride	Natural background
Nitrogen, Total Organic	Trace amounts from treatment chemical.
Oil & Grease	Trace amounts from the low volume waste stream.
Aluminum	Trace amounts present in intake water.
Barium	Trace amounts present in intake water.
Boron	Trace amounts present in intake water.
Phosphorus, Total	Phosphorus is expected to be a constituent in the effluent as it is contained in products used by the facility including: sodium phosphate, trisodium phosphate, disodium phosphate
Sulfate	Natural background.
Sulfite	Natural background and trace amounts found in boiler water chemicals used in inplant processes. However, it is not a constituent that requires monitoring.
Surfactants	Trace amounts due to maintenance operations. However, it is not a constituent that requires monitoring.
Iron, Total	Trace amounts due to metallurgy. However, it is not a constituent that requires monitoring.
Magnesium, Total	Natural background
Manganese, Total	Natural background

## Appendix E

### Certified Labs used by Mandalay Generating Station

Reliant Energy, Inc. Mandalay  
393 N. Harbor Blvd  
Oxnard CA 93035  
Phone: 805-984-5205  
Pollutants Analyzed: pH, Free & Total Chlorine

Cal Science Environmental Laboratories Inc  
7440 Lincoln Way  
Garden Grove,  
California 92841  
Phone: 714.895.5494  
Pollutants Analyzed: priority pollutants ( metals, pesticides and pcb's, voc, svoc,  
ammonia, cyanide, nitrate, phenols)

Under CalScience:  
Alta Analytical Laboratory elap 1640  
1104 Windfield Way  
El Dorado Hills, CA 95762-5702  
Phone: 916.933.1640  
Pollutant: tcdd [dioxin]

Under CalScience:  
FGL Environmental  
2500 Stagecoach Road  
Stockton, CA 95215  
Phone: 209.942.0182  
Pollutant: gross alpha and beta

Capco Analytical Services Inc:  
1536 Eastman Ave  
Ventura CA 93003  
Phone: 805.644.1095  
Pollutants Analyzed: oil and Grease, TSS, and all the storm water (pH,  
Conductivity, O&G, toc, total iron)

Aquatic Bioassay & Consulting Laboratories Inc  
29 North Olive Street  
Ventura CA 93001  
Phone: 805.643.5621  
Pollutants Analyzed: chronic toxicities

## Appendix E cont.

Ventura County Health Dept Laboratory (elap 1910)  
2240 East Gonzales Road, Suite 160  
Oxnard, CA 93036  
Phone: 805.652.5965  
Pollutant: total and fecal coliforms and enterococcus

MBC Applied Environmental Sciences  
3000 Redhill Avenue  
Costa Mesa, CA 92626-4524  
Phone: 714.850.4830  
Pollutant: all on shore and off shore benthic samples

## **APPENDIX F**

### **Dioxin**

#### **2,3,7,8-Tetrachlorodibenzo-P Dioxin (1764-01-6)**

TCDD was not detected at the estimated detection limit (EDL). The EDL is the concentration of a given analyte required to produce a signal with a peak height of at least 2.5x the background signal level within the retention time window of TCDD.