

**Exxon Mobil Corporation Baytown Chemical Plant
TPDES Permit No. WQ0001215000 Application 2018**

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Reference Key

- AR1.0 Administrative Report 1.0
- AR1.1 Administrative Report 1.1
- TR Technical Report
- SPIF Supplemental Permit Information Form

INDUSTRIAL ADMINISTRATIVE REPORT 1.0

The following information is required for all applications—renewals, new, and amendments.

1. TYPE OF APPLICATION AND FEES (Instructions, Page 21)

Permit No.: WQ0001215000

EPA ID No.: TX0007013

- | | |
|------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> New TPDES permit | <input type="checkbox"/> New TLAP permit |
| <input checked="" type="checkbox"/> Major Amendment with Renewal | <input type="checkbox"/> Major Amendment without Renewal |
| <input type="checkbox"/> Renewal of existing permit | <input type="checkbox"/> Stormwater only discharge |
| <input type="checkbox"/> Minor Amendment to permit | <input type="checkbox"/> Minor modification to permit |

If applying for an amendment or modification of a permit, please describe the request in detail.

(1) Add Outfall 007. (2) Remove Outfalls 103 and 203. (3) Increase the daily average limit for TSS for Outfall 003 to 198 mg/L. (4) Modify the reporting of the daily average for all pollutants for Outfall 003 that are sampled once a year. (5) Authorize additional Wastewaters for Outfall 003. (6) Modify the description of emergency firefighting wastewaters in the list of allowable non-storm water flows.

Please indicate by a check mark the amount submitted for the application fee:

EPA Classification	New	Major Amendment (With or Without Renewal)	Renewal Only	Minor Amendment/ Minor Modification
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$1,250	<input checked="" type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A*	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,015	<input type="checkbox"/> \$450

* All facilities are designated as minors until formally classified as a major by EPA.

Payment Information:

Mailed Check or Money Order Number: 6204

Check or Money Order Amount: \$1,350.00

Named Printed on Check or Money Order: Tischler/Kocurek

EPAY Voucher Number:

Copy of Voucher Enclosed? Yes

Attachment: A-1 Copy of Application Fee Payment. Fee of \$1,350 includes an additional \$100 for public notice mailing because there are more than 100 adjacent landowners.

5. BILLING CONTACT INFORMATION (Instructions, Page 22)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits in effect on September 1 of each year. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (using form TCEQ-20029).

First/Last Name: Snigdha Joshi Rege Credential:
Organization Name: ExxonMobil Baytown Chemical Plant Title: Environmental Coordinator
Mailing Address: P.O. Box 4004, W-118
City: Baytown State: TX ZIP Code: 77522-4004
Phone No.: 346-259-5146 Ext.: Fax No.: 281-834-5788
E-mail Address: snigdha.n.joshi@exxonmobil.com

6. DMR/MER CONTACT INFORMATION (Instructions, Pages 22-23)

Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (EPA 3320-1) or Monthly Effluent Reports.

First/Last Name: Robert Catudal Credential:
Organization Name: ExxonMobil Baytown Chemical Plant Title: BTCP Site Manager
Mailing Address: P.O. Box 4004, W-431
City: Baytown State: TX ZIP Code: 77522-4004
Phone No.: 832-625-4090 Ext.: Fax No.: 281-834-2292
E-mail Address: robert.s.catudal@exxonmobil.com

You can submit DMR data on the TCEQ website at <https://www.tceq.texas.gov/field/netdmr/netdmr.html>. Establish an electronic reporting account with the permit number.

7. NOTICE INFORMATION (Instructions, Pages 23-24)

a. Individual Publishing the Notices

First/Last Name: Snigdha Joshi Rege Credential:
Organization Name: ExxonMobil Baytown Chemical Plant Title: Environmental Coordinator
Mailing Address: P.O. Box 4004, W-118
City: Baytown State: TX ZIP Code: 77522
Phone No.: 346-259-5146 Ext.: Fax No.: 281-834-5788
E-mail Address: snigdha.n.joshi@exxonmobil.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

Indicate by a check mark the preferred method for receiving the first notice and instructions:

E-mail Address: snigdha.n.joshi@exxonmobil.com

FaxNo.:

Regular Mail:

Mailing Address: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Phone No.: 346-259-5146 Ext.: [REDACTED] Fax: 281-834-5788

c. Contact in the Notice

First/Last Name: Snigdha Joshi Rege Credential: [REDACTED]

Organization Name: ExxonMobil Baytown Chemical Plant Title: Environmental Coordinator

Phone No.: 346-259-5146 Ext.: [REDACTED] E-mail: snigdha.n.joshi@exxonmobil.com

d. Public Place Information

If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.

Public building name: Sterling Municipal Library

Location within the building: [REDACTED]

Physical Address of Building: 1 Mary Elizabeth Wilbanks Avenue

City: Baytown County: Harris

Contact Name: [REDACTED]

Phone No.: 281-427-7331 Ext.: N/A

e. Bilingual Notice Requirements:

This information is required for new, major amendment, and renewal applications. It is not required for minor amendment or minor modification applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

Yes No

If no, publication of an alternative language notice is not required; skip to Item 8 (REGULATED ENTITY AND PERMITTED SITE INFORMATION.)

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?
 Yes No
3. Do the students at these schools attend a bilingual education program at another location?
 Yes No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
 Yes No
5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

8. REGULATED ENTITY AND PERMITTED SITE INFORMATION
(Instructions Pages 24 -2 6)

If the site of your business is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch> to determine the RN or to see if the larger site may already be registered as a regulated site:

If the site is found, provide the assigned Regulated Entity Number and provide the information for the site to be authorized through this application below. The site information for this authorization may vary from the larger site information.

TCEQ issued Regulated Entity Number (RN): RN 102574803

- a. State/TPDES Permit No.: WQ0001215000 Expiration Date: August 1, 2018
EPA Identification No. (TPDES Permits only): TX 0007013
- b. Name of project or site (the name known by the community where located): ExxonMobil Baytown Chemical Plant
- c. Is the location address of the facility in the existing permit the same?
 Yes No
- d. If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.
- e. Owner of treatment facility: Exxon Mobil Corporation
Ownership of Facility: Public Private Both Federal
- f. Owner of land where treatment facility is or will be:
First/Last Name: Exxon Mobil Corporation
Mailing Address: P.O. Box 4004
City: Baytown State: TX ZIP Code: 77522

Phone No.: 346-259-5146

E-mail Address: N/A

If not the same as the facility owner, there must be a long-term lease agreement in effect for at least six years. In some cases, a lease may not suffice - see instructions.

Attachment: N/A

g. Owner of effluent disposal site:

First/Last Name: N/A

Mailing Address: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

If not the same as the facility owner, there must be a long-term lease agreement in effect for at least six years.

Attachment: N/A

h. Owner of sewage sludge disposal site:

First/Last Name: N/A

Mailing Address: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

If not the same as the facility owner, there must be a long-term lease agreement in effect for at least six years.

Attachment: N/A

(This information is required only if authorization is sought in the permit for sludge disposal on property owned or controlled by the applicant.)

9. DISCHARGE/ DISPOSAL INFORMATION (Instructions, Pages 26-28)

a. Is the facility located on or does the treated effluent cross American Indian Land?

Yes No

b. Provide an **original** full size USGS Topographic Map with all required information. Indicate by a check mark that the following information is provided.

- | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Applicant's property boundary | <input type="checkbox"/> Effluent disposal site boundaries |
| <input type="checkbox"/> Treatment facility boundaries | <input checked="" type="checkbox"/> New and future construction |
| <input checked="" type="checkbox"/> Labeled point(s) of discharge and highlighted discharge route(s) | <input checked="" type="checkbox"/> One-mile radius and three-miles downstream information |
| <input type="checkbox"/> Sewage sludge disposal site | <input checked="" type="checkbox"/> All ponds |

c. Is the location of the sewage sludge disposal site in the existing permit accurate?

Yes No

If no, or a new permit application, please give an accurate description:

N/A

d. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

Yes No

If no, or a new or amendment permit application, provide an accurate description:

This application includes an amendment request to add Outfall 007. See Attachment T-1 Facility Description and T-3 Amendment Requests for a description of the outfall, and Worksheet 4 for a description of the receiving water and discharge route.

e. City nearest the outfall(s): Baytown

f. County in which the outfalls(s) is/are located: Harris

g. Outfall Latitude: Multiple outfalls. See Technical Report, pg. 6. Longitude: [REDACTED]

h. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

Yes No

If yes, indicate by a check mark if:

Authorization granted Authorization pending

For new and amendment applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment: A-7 Outfall 007 NOI Letters to City and County

i. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge.

N/A

j. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

Yes No

If no, or a new or amendment permit application, provide an accurate description:

N/A

k. City nearest the disposal site: N/A

l. County in which the disposal site is located: N/A

m. Disposal Site Latitude: N/A Longitude: N/A

n. For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

N/A

o. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

N/A

10. MISCELLANEOUS INFORMATION (Instructions, Pages 28-29)

a. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

Yes No

List each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:

None

b. Do you owe any fees to the TCEQ?

Yes No

If yes, provide the following information:

Account number:

Amount past due:

c. Do you owe any penalties to the TCEQ?

Yes No

If yes, please provide the following information:

Enforcement order number:

Amount past due:

11. SIGNATURE PAGE (Instructions, Page 29)

Permit Number: WQ0001215000

Applicant: Exxon Mobil Corporation

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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Robert Catudal

Signatory title: BTCP Site Manager

Signature: *Robert A. Catudal* Date: January 18, 2018

(Use blue ink)

Subscribed and Sworn to before me by the said Robert Catudal

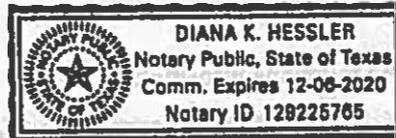
on this 18th day of January, 2018.

My commission expires on the 16th day of December, 2019.

Diana Kessler
Notary Public

[SEAL]

Harris
County, Texas



If co-applicants are necessary, each entity must submit an original, separate signature page.

INDUSTRIAL ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

1. AFFECTED LANDOWNER INFORMATION (Instructions, Pages 30-32)

a. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable.

- The applicant's property boundaries
- The facility site boundaries within the applicant's property boundaries
- The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- The boundaries of the effluent disposal site (for example, irrigation area or subsurface drain field site) and all evaporation/holding ponds within the applicant's property
- The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located
- The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

b. Indicate by a check mark in which format the landowners list is submitted:

- Readable/Writeable CD
- Four sets of labels

c. Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowners map has been provided.

d. Provide the source of the landowners' names and mailing addresses: Harris County Appraisal District

e. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

- Yes
- No

f. If yes, provide the location and foreseeable impacts and effects this application has on the land(s):

N/A

2. ORIGINAL PHOTOGRAPHS (Instructions, Page 32)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

- At least one original photograph of the new or expanded treatment unit location
- At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- At least one photograph of the existing/proposed effluent disposal site
- A plot plan or map showing the location and direction of each photograph

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SUPPLEMENTAL PERMIT INFORMATION FORM
(SPIF)

**FOR AGENCIES REVIEWING INDUSTRIAL
TPDES WASTEWATER PERMIT APPLICATIONS**

TCEQ USE ONLY:

Application type: ___ Renewal ___ Major Amendment ___ Minor Amendment ___ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

___ Texas Historical Commission

___ U.S. Fish and Wildlife

___ Texas Parks and Wildlife Department

___ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 33)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: Exxon Mobil Corporation

2. Permit No. WQ00 01215000

EPA ID No. TX TX0007013

3. Address of the project (location description that includes street/highway, city/vicinity, and county):
At the intersection of Bayway Drive and Wooster Cedar Bayou County Road in the City of Baytown, Harris County, Texas 77520

4. Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

First/Last Name: Snigdha Joshi Rege

Credential: _____

Organization Name: ExxonMobil Baytown Chemical Plant Title: Environmental Coordinator

Mailing Address: P.O. Box 4004, W-118

City: Baytown

State: TX

ZIP Code: 77522-4004

Phone: 346-259-5146

Fax: 281-834-5788

E-mail Address: _____

snigdha.n.joshi@exxonmobil.com

5. List the county in which the facility is located: Harris
6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A

7. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

From Outfall 003 to an unnamed tidal inlet, thence to Scott Bay in Segment No. 2429 of the Bays and Estuaries. From Outfall 007 to an unnamed ditch, thence to West Fork Goose Creek, thence to Goose Creek, thence to Tabbs Bay in Segment No. 2426 of the Bays and Estuaries.

8. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).
9. Provide original photographs of any structures 50 years or older on the property.
10. Does your project involve any of the following? Check all that apply.

- Proposed access roads, utility lines, construction easements
- Visual effects that could damage or detract from a historic property's integrity
- Vibration effects during construction or as a result of project design
- Additional phases of development that are planned for the future
- Sealing caves, fractures, sinkholes, other karst features
- Disturbance of vegetation or wetlands

11. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

Private access roads, located within the ExxonMobil property, will be constructed to facilitate access to the work site. Heavy machinery that may produce vibration effects will be utilized during construction.

12. Describe existing disturbances, vegetation, and land use:

Heavily industrialized area

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

13. List construction dates of all buildings and structures on the property:

The site has been used for chemical manufacturing since World War II, when butyl production began as part of a government project. New production units and expansion projects have been constructed periodically since then. With regard to Item 9 above, there is some process equipment that is older than 50 years; photos are not included in the application.

14. Provide a brief history of the property, and name of the architect/builder, if known.

The site has been used for chemical manufacturing since World War II.

TECHNICAL REPORT 1.0 INDUSTRIAL

This application form is for an industrial wastewater discharge authorization only. Your facility may need additional authorizations from the TCEQ Waste Permitting Division or the TCEQ Air Permitting Division.

The following information is required for all TPDES and TLAP renewal, new, and amendment applications.

1. FACILITY/SITE INFORMATION (Instructions, Pages 35-36)

a. Describe the type of activity and general nature of your business.

See Attachment T-1 Facility Description.

b. Describe the wastewater-generating processes.

See Attachment T-1 Facility Description.

c. Provide a list of raw materials, major intermediates, and products handled at your facility.

Materials List

Raw Materials	Intermediate Products	Final Products
See Attachment T-1 Facility Description, Table 1 Raw Materials, Major Intermediates, and Final Products.		

d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, and waste-disposal areas
- The location of each unit of the wastewater treatment plant including the location of wastewater collection sumps, impoundments, and outfalls (also include locations of sampling points if significantly different from outfall locations)

Attachment: T-2 BTCP Stormwater Site Drainage Plan

e. Is this a new permit application for an existing facility?

Yes No

If yes, provide background discussion below.

N/A

f. Is the treatment facility/disposal site located above the 100-year frequency flood level?

Yes No

List source(s) used to determine 100-year frequency flood plain:

FEMA FIRM Map No. 48201C0935J

If no, provide the elevation of the 100-year frequency flood plain and describe what protective measures are in use or planned to be used to prevent flooding of the treatment facility/disposal area.

N/A

g. For new or amendment permit applications, will any construction operations result in a discharge of fill material into a water in the state?

Yes No

If no, proceed to Item 2.

h. If yes to the above question, has the applicant applied for a U.S. Army Corps of Engineers 404 Dredge and Fill permit?

Yes No

If yes, provide the permit number: N/A

If no, provide the approximate date you anticipate submitting your application to the Corps: N/A

2. TREATMENT SYSTEM (Instructions, Page 36)

- a. List any physical, chemical, or biological treatment process that you use for the treatment of wastewater at your facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

See Attachment T-1 Facility Description.

- b. Attach a flow schematic with a water balance showing each treatment unit and all sources of water and wastewater flow into the treatment plant and to each outfall/point of disposal.

Attachment: T-1 Facility Description, Figure 1 Wastewater Flow Diagram. A water balance is not provided because the flows from the outfalls are intermittent and variable.

3. IMPOUNDMENTS (Instructions, Pages 36-39)

Do you use or plan to use any wastewater lagoons, ponds, or impoundments?

Yes No

If yes, complete Item 3.a for existing impoundments and Items 3.a-3.h for new or proposed impoundments. If no, proceed to Item 4.

Please note: Surface impoundments may also require additional authorizations from the TCEQ Waste Permit Division.

- a. Provide the following information in the table provided:

Use Designation: Indicate the appropriate use designation for each pond: Treatment (T), Disposal (D), Containment (C), or Evaporation (E).

Associated Outfall Number: If a discharge occurs from the impoundments, designate the outfall associated with the impoundment.

Liner Type: If the impoundments are lined to comply with specifications outlined for 1) a compacted clay liner (C), 2) an in-situ clay liner (I), or 3) a synthetic/plastic/rubber liner (S), indicate the liner type with the appropriate letter designation (**see instructions for further detail on liner specifications**). If not, provide a reference to the attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Dimensions: Provide the dimensions, freeboard, surface area, and storage capacity of the impoundments. For impoundments with irregular shapes, submit surface area (instead of length and width), the average depth, and the maximum depth below natural ground level.

Impoundment Information

Parameter	Pond #1 Stormwater Retention Pond (Butyl Polymers Area)	Pond#2 Stormwater Retention Pond (Northwest Chemicals Area)	Pond #3 Stormwater Retention Pond (Outfall 007)	Pond#
Use Designation: (T) (D) (C) or (E)	C	C	C	
Associated Outfall Number	N/A	N/A	007	
Liner Type (C) (I) or (S)	C	C		
Alt. Liner Attachment Reference	N/A	N/A	N/A	
Length (ft)	146.5	N/A	N/A	
Width (ft)	146.5	N/A	N/A	
Depth from Water Surface (ft)	11.5	8.5		
Avg Depth from Nat. Ground Level (ft)	13.5	12.0	3	
Max Depth from Nat. Ground Level (ft)	N/A	N/A	4	
Freeboard (ft)	2.5	3.5		
Surface Area (acres)	0.49	1.01	2.55	
Storage Capacity (gallons)	1,900,000	2,500,000	2,300,000	
Compliance with 40 CFR Chapter 257, Subpart D is required.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Impoundment Information

Parameter	Pond#	Pond#	Pond#	Pond#
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) or (S)				
Alt. Liner Attachment Reference				
Length (ft)				
Width (ft)				
Depth from Water Surface (ft)				
Avg Depth from Nat. Ground Level (ft)				
Max Depth from Nat. Ground Level (ft)				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				
Compliance with 40 CFR Chapter 257, Subpart D is required.	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The following information (b - h) is required only for new or proposed impoundments.

b. Indicate if any of the following data was provided with the application:

- Compacted clay liner data
- Synthetic/plastic/rubber liner data
- In-situ clay liner data

Attachment: The storm water retention pond for Outfall 007 will be reconstructed to accommodate the construction of two new production units. After design of the new pond is completed, specifications and any other necessary information on the pond can be provided to the TCEQ upon request.

c. Are there any leak detection systems or groundwater monitoring wells in place or planned?

- Yes
- No

If yes, attach information on the leak detection system for each pond and groundwater monitoring well data.

Attachment: See note above.

d. Is the bottom of the pond above the seasonal high water table in the shallowest waste-bearing zone?

- Yes
- No

If no, attach additional information describing the depth of the seasonal high water table in the shallowest waste-bearing zone in relation to the depth of the bottom of the new or proposed impoundment and how this may or may not impact groundwater.

Attachment: See note above.

e. Attach a USGS quadrangle map or a color copy of original quality and scale which accurately locates and identifies water supply wells and monitor wells within 1/2 mile radius of the impoundments

Attachment: See note above.

f. Attach copies of State Water Well Reports (driller's logs, completion data), and data on depths to groundwater for water supply wells including a description of how the depths to groundwater were obtained

Attachment: See note above.

g. For TLAP permit applications: Are new or proposed impoundment(s) and the land application disposal area are located in the same general area?

- Yes
- No

If yes, provide information for this item in Worksheet 3.0 (Item 5).

h. Attach information pertaining to the groundwater, soils, geology, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment: See note above.

4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, Pages 39- 42)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge operations and for each point of disposal for TLAP operations.

For TLAP permit applications: Indicate the disposal method and each individual irrigation area (I), evaporation pond (E), or subsurface drainage system (S) by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for "Outfall" designation (e.g. "E1" for evaporation pond 1, "I2" for irrigation area No. 2, etc.).

Outfall Latitude and Longitude

Outfall Number	Latitude-degrees	Latitude-minutes	Latitude-seconds	Longitude-degrees	Longitude-minutes	Longitude-seconds
003	29	44	31.45	95	01	38.15
103	29	44	43.80	95	01	35.91
203	29	44	55.32	95	01	32.73
007	29	45	44.78	95	01	9.30

Outfall Location Description

Outfall Number	Location Description
003	At the commingled flow in collection box no. 1
103	At the 30-inch discharge pipe from the Butyl Plant pump station, downstream of the oil/water separator
203	At the 24-inch pipe from the Northwest Chemicals Area pump station, downstream of the oil/water separator
007	At the discharge from the PPU and MPF Storm Water Retention Pond

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point
003	Same as outfall location
103	Same as outfall location
203	Same as outfall location
007	Same as outfall location

Outfall Flow Information – Permitted and Proposed

Outfall Number	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)
003	Intermittent and variable	Intermittent and variable	Intermittent and variable	Intermittent and variable
103	Intermittent and variable	Intermittent and variable	Intermittent and variable	Intermittent and variable
203	Intermittent and variable	Intermittent and variable	Intermittent and variable	Intermittent and variable
007	Intermittent and variable	Intermittent and variable	Intermittent and variable	Intermittent and variable

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
003	N	Y	Estimate
103	N	Y	Estimate
203	N	Y	Estimate
007	N	Y	Estimate

Outfall Discharge – Flow Characteristics

Outfall Number	Intermittent Discharge? Y/N	Seasonal Discharge? Y/N	Continuous Discharge? Y/N	Discharge Duration (hours/day)	Discharge Duration (days/month)	Discharge Duration (months/year)
003	Y	N	N	Variable	Variable	Variable
103	Y	N	N	Variable	Variable	Variable
203	Y	N	N	Variable	Variable	Variable
007	Y	N	N	Variable	Variable	Variable

Wastestream Contributions

Outfall No.: 003

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Storm water	Intermittent and variable	N/A
Outfalls 103 and 203	Intermittent and variable	N/A
Other wastewaters, see Attachment T-1 Facility Description, Table 2 Outfall 003 Wastewaters	Intermittent and variable	N/A

Outfall No.: 103 and 203

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Storm water	Intermittent and variable	N/A
De minimis quantities of other facility wastewaters	Intermittent and variable	N/A

Outfall No.: 007

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Storm water	Intermittent and variable	N/A
Other wastewaters, see Attachment T-1 Facility Description, Table 3 Outfall 007 Wastewaters	Intermittent and variable	N/A

Additional Outfall wastestream contributions included as Attachment: N/A

5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES (Instructions, Pages 40-41)

a. Does your facility use any cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s)?

Yes No

b. Does your facility discharge once-through cooling water to the outfall(s)?

Yes No

c. If yes to either Item a or b, attach the appropriate SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product in wastestream (if above item is for whole product)
- Concentration of active ingredient in wastestream (if above item is for active ingredient)

Please provide a summary attachment of this information in addition to the submittal of the SDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

Attachment: T-4 Treatment Chemicals and SDSs

d. Cooling Towers and Boilers

Cooling Towers and Boilers

Type of Unit	Number of Units	Dly Avg Blowdown (gallons/day)	Dly Max Blowdown (gallons/day)
Cooling Towers	6	Intermittent and variable*	Intermittent and variable*
Boilers	2	Intermittent and variable*	Intermittent and variable*

*Normally routed off-site to the BTRF wastewater system and discharged under TPDES Permit No. WQ0000592000.

6. STORMWATER MANAGEMENT (Instructions, Page 41)

Are there any existing or proposed outfalls which discharge stormwater runoff commingled with other wastestreams?

Yes No

If no, proceed to Item 7.

If yes, briefly describe the industrial processes and activities that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff in areas where runoff is generated.

7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND SEPTAGE MANAGEMENT AND DISPOSAL (Instructions, Pages 414-2)

a. Please check the appropriate method(s) of domestic sewage and domestic sewage sludge treatment/disposal and complete Worksheet 5.0 or Item 7.b if directed to do so.

- Facility is connected to a wastewater treatment plant permitted to receive domestic sewage, or the domestic sewage is transported off-site to a permitted facility for treatment, disposal, or both. COMPLETE ITEM 7.b BELOW.
- Domestic sewage is disposed of by an on-site septic tank and drainfield system. COMPLETE ITEM 7.b BELOW.
- Both domestic and industrial treatment sludge ARE commingled prior to use or disposal.
- Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. COMPLETE WORKSHEET 5.0 OF THIS APPLICATION.
- Facility is a POTW. COMPLETE WORKSHEET 5.0 OF THIS APPLICATION.
- Domestic sewage is not generated on-site.
- Other (e.g., portable toilets): Please provide a detailed description:

Domestic sewage is collected in holding tanks and transported by truck to the BTRF sanitary treatment plant or nearby municipal treatment plant.

b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
ExxonMobil Baytown Refinery	WQ0000592000
Texas Outhouse	22739
Sprint Waste Services	23833
Port-a-San	23062
AAA Flexible Pipe Cleaning	20010

8. IMPROVEMENTS OR COMPLIANCE/ENFORCEMENT REQUIREMENTS (Instructions, Page 42)

Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

- Yes No

If yes, provide a brief summary of the requirements and a status update.

N/A

9. TOXICITY TESTING (Instructions, Pages 42-43)

Have any biological tests for acute or chronic toxicity been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?

Yes No

If yes, identify the tests and describe their purposes below. Please attach a copy of all tests performed that have not been previously sent to the TCEQ or the EPA.

Attachment: N/A

10. OFF-SITE/THIRD PARTY WASTES (Instructions, Page 43)

Do you receive wastes from off-site sources for any or all of the following: treatment in your facility, disposal on-site via land application, or discharge via a permitted outfall?

Yes No

If no, proceed to Item 11.

If yes, provide responses to Items a, b, and c below.

a. Attach the following information to the application:

- List of wastes received
- Characterization of wastes received
- Volumes of each waste received
- Information on compatibility with on-site wastes
- Identified sources of wastes received
- Name and addresses of generators
- Description of the relationship of waste source(s) with your facility's activities

Attachment: N/A

b. Is wastewater from a TCEQ, NPDES, or TPDES permitted facility commingled with your wastewater after your final treatment and prior to discharge via your final outfall/point of disposal?

Yes No

If yes, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment:

c. Is your facility a Publicly Owned Treatment Works (POTW) that accepts process wastewater from any Significant Industrial User (SIU) and has or is required to have an approved pretreatment program under the NPDES/TPDES program?

Yes No

If yes, complete **Worksheet 6.0** of this application.

11. RADIOACTIVE MATERIALS (Instructions, Page 44)

a. Are radioactive materials mined, used, stored, or processed at this facility?

Yes No

If yes, use the following table to provide the results of one analysis of your effluent for all radioactive materials that may be present. Provide results in picocuries per liter (pCi/L).

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material	Concentration (pCi/L)

b. Do you have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

Yes No

If yes, use the following table to provide the results of one analysis of your effluent for all radioactive materials that may be present. Provide results in picocuries per liter (pCi/L). Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material	Concentration (pCi/L)

12. COOLING WATER INTAKE STRUCTURES (Instructions, Pages 44-46)

a. The facility uses or proposes to use a cooling water intake structure to obtain water for cooling purposes?

Yes No

If yes, complete this item (12. Cooling Water Intake Structures); otherwise, stop here.

b. Cooling Water Supplier

1. Complete the following table with information regarding the Cooling Water Intake Structure(s) owner(s), operator(s), and location

Cooling Water Intake Structure(s) Owner(s), Operator(s), and Location

CWISID	S1013456A – Intake 1 Lake Houston (from TCEQ PWS database)		
Owner	N/A		
Operator	San Jacinto River Authority Highlands Division		
Latitude	29.9243		
Longitude	-95.1253		

2. Cooling water is obtained from a Public Water Supplier (PWS)

Yes No

If yes, provide the Public Water Supplier Registration No. for the entity providing cooling water in the space provided, and stop here.

- PWS Registration Number: TX1013456 (San Jacinto River Authority Highlands)

3. Cooling water is obtained from an Independent Supplier

Yes No

If no, proceed to section c; otherwise, if yes provide the following:

- Independent Supplier's TPDES permit number:
If the Independent Supplier holds a TPDES Industrial Wastewater Permit, provide the permit number in the space provided. Otherwise enter N/A and continue.
- Independent Supplier's CWIS AIF (in MGD):
Enter the Independent Supplier's CWIS actual intake flow (AIF) in million gallons per day in the space provided, and continue.
- The facility uses or proposes to use less than 25% of the Independent Supplier's CWIS AIF for cooling purposes?

Yes No

If yes, stop here. If no, proceed to section c.

c. 316(b) General Criteria

Complete all questions in this section unless otherwise directed.

1. The CWIS(s) have or will have a design intake flow of 2 MGD or greater
 Yes No
2. At least 25% of the total water withdrawn by the CWIS is used or will be used exclusively for cooling purposes on an annual average basis
 Yes No
3. The facility withdraws or proposes to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*
 Yes No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2* in the space provided. If additional space is needed for the explanation, include the information as an attachment to the application and provide the attachment number in the space instead.

Explanation:

If **yes** to all three questions in section c above, proceed to section d. If **no** to any of the questions in section c above the facility does not meet the minimum criteria to be subject to the full requirements of 316(b). Complete Worksheet 11.0, items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon best professional judgement (BPJ).

d. Phase I vs Phase II Facilities

1. Existing facility (Phase II)
 Yes No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable. Otherwise, continue.

2. New Facility – (Phase I)
 Yes No

If **yes**, continue.

3. Compliance track selection (For Phase I only; must choose one of the following)

- Track I - AIF greater than 2 MGD, but less than 10 MGD

If selected, include information required under *40 CFR §§ 125.86(b)(2)-(4)* as an attachment and complete Worksheet 11.0, items 2 and 3, and Worksheet 11.2.

- Track I - AIF greater than 10 MGD

If selected, include information required under *40 CFR § 125.86(b)* as an attachment and complete Worksheet 11.0, items 2 and 3, and Worksheet 11.2.

- Track II

If selected, include information required under *40 CFR § 125.86(c)* as an attachment and complete Worksheet 11.0, items 2 and 3, and Worksheet 11.2.

Attachment:

Note: Items 12, 13, and 14 are required only for existing permitted facilities.

13. MAJOR AMENDMENT REQUESTS (Instructions, Page 46)

Are you requesting a major amendment of an existing permit?

Yes No

If yes, list each specific request and provide discussion on the scope of any requested permit changes. If necessary, provide supplemental information or additional data that will support the request.

(1) Add Outfall 007. (2) Remove Outfalls 103 and 203. (3) Increase the daily average limit for TSS for Outfall 003 to 198 mg/L. (4) Modify the reporting of the daily average for all pollutants for Outfall 003 that are sampled once a year. (5) Authorize additional wastewaters for Outfall 003. (6) Modify the description of emergency firefighting wastewaters in the list of allowable non-storm water flows. See Attachment T-3 Amendment Requests for additional information.

14. MINOR MODIFICATION REQUESTS (Instructions, Page 47)

Are you requesting any minor modifications to the permit? Note: see the instructions for an exclusive list of changes considered as minor modifications.

Yes No

If yes, list and discuss the requested changes.

N/A

15. MINOR AMENDMENT REQUESTS (Instructions, Page 47)

Are you requesting any minor amendments to the permit?

Yes No

If yes, list and discuss the requested changes.

N/A

WORKSHEET 2.0 POLLUTANT ANALYSES REQUIREMENTS

Worksheet 2.0 is **required** for applications submitted for a TPDES permit.

Worksheet 2.0 is **not required** for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater runoff.

1. LABORATORY ACCREDITATION (Instructions, Page 52)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of 30 TAC Chapter 25, *Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

- a. The laboratory is an in-house laboratory and is:
 1. periodically inspected by the TCEQ; or
 2. located in another state and is accredited or inspected by that state; or
 3. performing work for another company with a unit located in the same site; or
 4. performing pro bono work for a governmental agency or charitable organization.
- b. The laboratory is accredited under federal law.
- c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- d. The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of designated representatives who may sign the certification.

I, David Williams, certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, *Environmental Testing Laboratory Accreditation and Certification*.
Note: Any exceptions are noted in the worksheet tables.

2. GENERAL TESTING REQUIREMENTS (Instructions, Pages 52-54)

Please read the general testing requirements in the instructions for important information about sampling, test methods, MALs, and averaging sample results.

3. SPECIFIC TESTING REQUIREMENTS (Instructions, Pages 54-66)

Table 1 and Table 2 (Instructions, Page 54)

Completion of Tables 1 and 2 is required for all external outfalls for new, renewal, and amendment applications.

Table 1 for Outfall No.: 001

Samples are (check one): Composites Grabs

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	Average (mg/L)
BOD (5-day)	6.74	2.39	11.7	8.67	7.38
CBOD (5-day)	6.23	23	10.3	7.74	6.64
Chemical oxygen demand	29	25	87	63	51
Total organic carbon	5	4.3	9.2	7.5	6.5
Dissolved oxygen	9.15*	8.38*	9.3*	7.63*	8.62*
Ammonia nitrogen	0.0419	0.078	0.2147	0.1846	0.13
Total suspended solids	68.5	54.3	175.4	145.6	111
Nitrate nitrogen	-	0.345	1.57	0.551	0.82
Total organic nitrogen	<0.5	<0.5	0.9	0.6	0.5
Total phosphorus	0.06	0.16	0.32	0.2125	0.19
Oil and grease	<1.11	<1.16	<1.15	<1.15	<1.14
Total residual chlorine	<0.02*	0.08*	<0.02*	<0.02*	0.03*
Total dissolved solids	258	308	1090	272	482
Sulfate	160	141	2955	104	840
Chloride	10.6	8.87	482	20.4	130
Fluoride	0.49	0.423	1.53	<0.5	0.67
Total alkalinity (mg/L as CaCO ₃)	55	86	88	104	83
Temperature (°F)	76	78	76	64	74
pH (standard units)	7.5	9.2	7.5	7.2	7.8

*The facility was not able to analyze dissolved oxygen, total residual chlorine, and sulfite on-site within the required 15 minutes of sample collection. Analyses of these parameters were measured instead in the laboratory outside of the holding time to provide an estimate of effluent quality.

Table 2 for Outfall No.: 001

Samples are (check one): Composites Grabs

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Average (µg/L)	MAL(µg/L)
Aluminum, total	1420	1240	1600	3440	1925	25
Antimony, total	2.24	4.71	3.24	4.84	3.76	5
Arsenic, total	4.16	3.8	4.72	5.84	4.63	0.5
Barium, total	46.77	41.08	102.56	92.5	70.73	3
Beryllium, total	0.71	1.08	0.59	1.49	0.97	0.5
Cadmium, total	<0.1	<0.1	0.17	0.16	0.11	1
Chromium, total	3.59	4.02	5.85	8.49	5.49	3
Chromium, hexavalent	1	2	<0.5	<0.5	0.88	3
Chromium, trivalent	2.6	2	5.8	8.5	4.73	N/A
Copper, total	10.65	7.81	14.11	18.43	12.75	2
Cyanide, available	<6	<6	<6	<6	<6	2/10
Lead, total	4.96	5.32	11.65	14.48	9.10	0.5
Mercury, total	0.00916	0.00584	0.0514	0.035	0.0254	0.005/0.0005
Nickel, total	3.09	3.31	4.41	6.48	4.32	2
Selenium, total	0.73	<0.7	0.93	0.94	0.74	5
Silver, total	<0.1	<0.1	<0.1	0.23	0.10	0.5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Average (µg/L)	MAL(µg/L)
Thallium, total	<0.1	<0.1	<0.1	<0.1	<0.1	0.5
Zinc, total	54.27	105.69	215.6	210.45	146.5	5.0

TABLE 3 (Instructions, Page 54).

Completion of Table 3 is required for all external outfalls which discharge process wastewater.

Partial completion of Table 3 is required for all external outfalls with non-process wastewater discharges.

For discharges of stormwater runoff commingled with other wastestreams, complete Table 3 as instructed

Table 3 for Outfall No.: 003

Samples are (check one): Composites Grabs

Pollutant	Samp. 1 (µg/L)*	Samp. 2 (µg/L)*	Samp. 3 (µg/L)*	Samp. 4 (µg/L)*	Avg. (µg/L)*	MAL (µg/L)*
Acrylonitrile	<3	<3	<3	<3	<3	50
Anthracene	<2	<2	<2	<2	<2	10
Benzene	<1	<1	<1	<1	<1	10
Benidine	<13	<13	<13	<13	<13	50
Benzo(a)anthracene	<2	<2	<2	<2	<2	5
Benzo(a)pyrene	<2	<2	<2	<2	<2	5
Bis(2-chloroethyl)ether	<1	<1	<1	<1	<1	10
Bis(2-ethylhexyl)phthalate	<2	<2	<2	<2	<2	10
Bromodichloromethane [Dichlorobromomethane]	<1	<1	<1	<1	<1	10
Bromoform	4.8	113	<1	<1	29.7	10
Carbon tetrachloride	<1	<1	<1	<1	<1	2
Chlorobenzene	<1	<1	<1	<1	<1	10
Chlorodibromomethane [Dibromochloromethane]	<1	<1	<1	<1	<1	10
Chloroform	<1	<1	<1	1	0.6	10
Chrysene	<2	<2	<2	<2	<2	5
m-Cresol [3-Methylphenol]	<5	<5	<5	<5	<5	10
o-Cresol [2-Methylphenol]	<2	<2	<2	<2	<2	10
p-Cresol [4-Methylphenol]	<5	<5	<5	<5	<5	10
1,2-Dibromoethane	<1	<1	<1	<1	<1	10
m-Dichlorobenzene [1,3-Dichlorobenzene]	<1	<1	<1	<1	<1	10
o-Dichlorobenzene [1,2-Dichlorobenzene]	<1	<1	<1	<1	<1	10
p-Dichlorobenzene [1,4-Dichlorobenzene]	<1	<1	<1	<1	<1	10
3,3'-Dichlorobenzidine	<5	<5	<5	<5	<5	5
1,2-Dichloroethane	<1	<1	<1	<1	<1	10
1,1-Dichloroethene [1,1-Dichloroethylene]	<1	<1	<1	<1	<1	10

Pollutant	Samp. 1 (µg/L)*	Samp. 2 (µg/L)*	Samp. 3 (µg/L)*	Samp. 4 (µg/L)*	Avg. (µg/L)*	MAL (µg/L)*
Dichloromethane [Methylene chloride]	<1	<1	<1	<1	<1	20
1,2-Dichloropropane	<1	<1	<1	<1	<1	10
1,3-Dichloropropene [1,3-Dichloropropylene]	<1	<1	<1	<1	<1	10
2,4-Dimethylphenol	<4	<4	<4	<4	<4	10
Di-n-Butyl phthalate	<2	<2	2.9	<2	1.5	10
Ethylbenzene	<1	<1	<1	<1	<1	10
Fluoride	490	423	1530	<500	673	500
Hexachlorobenzene	<2	<2	<2	<2	<2	5
Hexachlorobutadiene	<3	<3	<3	<3	<3	10
Hexachlorocyclopentadiene	<2	<2	<2	<2	<2	10
Hexachloroethane	<2	<2	<2	<2	<2	20
Methylethylketone	<1	<1	<1	<1	<1	50
Nitrobenzene	<2	<2	<2	<2	<2	10
N-Nitrosodiethylamine	<3	<3	<3	<3	<3	20
N-Nitroso-di-n-butylamine	<20	<20	<20	<20	<20	20
Nonylphenol	<5	<2.5	<2.5	<2.5	<3.1	333
Pentachlorobenzene	<3	<3	<3	<3	<3	20
Pentachlorophenol	<2	<2	<2	<2	<2	5
Phenanthrene	<2	<2	<2	<2	<2	10
Polychlorinated biphenyls (PCBs) (**)	<0.175	<0.175	<0.175	<0.0094	<0.1	0.2
Pyridine	<10	<10	<10	<10	<10	20
1,2,4,5-Tetrachlorobenzene	<3	<3	<3	<3	<3	20
1,1,2,2-Tetrachloroethane	<1	<1	<1	<1	<1	10
Tetrachloroethene [Tetrachloroethylene]	<1	<1	<1	<1	<1	10
Toluene	<1	2.5	<1	<1	1.0	10
1,1,1-Trichloroethane	<1	<1	<1	<1	<1	10
1,1,2-Trichloroethane	<1	<1	<1	<1	<1	10
Trichloroethene [Trichloroethylene]	<1	<1	<1	<1	<1	10
2,4,5-Trichlorophenol	<3	<3	<3	<3	<3	50
TTHM (Total trihalomethanes)	4.8	13	<2	<2	30	10
Vinyl chloride	<1	<1	<1	<1	<1	10

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

TABLE 4 (Instructions, Page 55)

Partial completion of Table 4 (only those pollutants which are required by the conditions specified below) is required for each external outfall.

Completion of Table 4 is not required for internal outfalls.

a. Tributyltin

Is your facility an industrial/commercial facility which directly disposes of wastewater from the types of operations listed below or a domestic facility which receives wastewater from the types of industrial/commercial operations listed below?

Yes No

If yes, indicate all of the following criteria which apply and provide the appropriate testing results in the table below.

- Manufacturers and formulators of tributyltin or related compounds
- Painting of ships, boats and marine structures
- Ship and boat building and repairing
- Ship and boat cleaning, salvage, wrecking and scaling
- Operation and maintenance of marine cargo handling facilities and marinas
- Facilities engaged in wood preserving
- Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci

Does or will your facility discharge **directly** into **saltwater** receiving waters and: Enterococci bacteria are expected to be present in the discharge based on facility processes?

Yes No

Domestic wastewater is or will be discharged?

Yes No

If yes to either question, provide the appropriate testing results in Table 4 below.

c. E.coli

Does or will your facility discharge **directly** into **freshwater** receiving waters and: E. coli bacteria are expected to be present in the discharge based on facility processes?

Yes No

Domestic wastewater is or will be discharged?

Yes No

If yes to either question, provide the appropriate testing results in Table 4 below.

Table 4 for Outfall No.: N/A

Samples are (check one): Composites Grabs

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	Average	MAL
Tributyltin (µg/L)						0.010
Enterococci (cfu or MPN/100 mL)						N/A
E.coli (cfu or MPN/100 mL)						N/A

TABLE 5 (Instructions, Page 56)

Completion of Table 5 is required for all external outfalls which discharge process wastewater or other wastewaters which may contain pesticides or herbicides from a facility which manufactures or formulates pesticides or herbicides. Completion of Table 5 is not required for internal outfalls.

Does your facility manufacture or formulate pesticides or herbicides?

Yes No

If yes, provide the appropriate testing results in Table 5.

Table 5 for Outfall No.: N/A

Samples are (check one): Composites Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	Average (µg/L)*	MAL (µg/L)*
Aldrin						0.01
Carbaryl						5
Chlordane						0.2
Chlorpyrifos						0.05
4,4'-DDD						0.1
4,4'-DDE						0.1
4,4'-DDT						0.02
2,4-D						0.7
Danitol [Fenprothrin]						---
Demeton						0.20
Diazinon						0.5/0.1
Dicofol [Kelthane]						1
Dieldrin						0.02
Diuron						0.090
Endosulfan I (alpha)						0.01
Endosulfan II (beta)						0.02
Endosulfan sulfate						0.1
Endrin						0.02
Guthion [Azinphos methyl]						0.1
Heptachlor						0.01
Heptachlor epoxide						0.01
Hexachlorocyclohexane (alpha)						0.05
Hexachlorocyclohexane (beta)						0.05
Hexachlorocyclohexane (gamma) [Lindane]						0.05
Hexachlorophene						10
Malathion						0.1
Methoxychlor						2.0
Mirex						0.02
Parathion (ethyl)						0.1
Toxaphene						0.3
2,4,5-TP [Silvex]						0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 56)

Completion of Table 6 is required for all external outfalls but is not required for internal outfalls.

Table 6 for Outfall No.: 003

Samples are (check one): Composites Grabs

Pollutants	Believed Present	Believed Absent	Average Concentration (mg/L)	Maximum Concentration (mg/L)	No. of Samples	MAL (µg/L)*
Bromide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	0.996	1	400
Color (PCU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	20	1	--
Nitrate-Nitrite (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	0.4	1	--
Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	<0.03	1	--
Sulfite (as SO ₃)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	<2	1	--
Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	<0.1	1	--
Boron, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	0.024	1	20
Cobalt, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	0.00057	1	0.3
Iron, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	1.1	1	7
Magnesium, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	2.13	1	20
Manganese, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	0.03385	1	0.5
Molybdenum, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	0.00555	1	1
Tin, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	<0.005	1	5
Titanium, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	0.021	1	30

* Indicate units if different from µg/L.

TABLE 7 (Instructions, Page 56)

Indicate any of the industrial categories applicable to your facility; otherwise, check the "N/A" box below. If GC/MS testing is required, indicate with an 'x' in the box provided that the testing results for the appropriate parameters are provided with the application.

N/A

Table 7 for Applicable Industrial Categories

Industrial Category	40CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
<input type="checkbox"/> Adhesives and Sealants		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Aluminum Forming	467	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Auto and Other Laundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Battery Manufacturing	461	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Coal Mining	434	No	No	No	No
<input type="checkbox"/> Coil Coating	465	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Copper Forming	468	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Electric and Electronic Components	469	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Electroplating	413	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Explosives Manufacturing	457	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Foundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts A,B,C,E	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Gum and Wood Chemicals- Subparts D,F	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Inorganic Chemicals Manufacturing	415	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Iron and Steel Manufacturing	420	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Leather Tanning and Finishing	425	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Mechanical Products Manufacturing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Nonferrous Metals Manufacturing	421,471	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Ore Mining- Subpart B	440	No	<input type="checkbox"/> Yes	No	No
<input checked="" type="checkbox"/> Organic Chemicals Manufacturing	414	<input checked="" type="checkbox"/> Yes			
<input checked="" type="checkbox"/> Paint and Ink Formulation	446,447	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Pesticides	455	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Petroleum Refining	419	<input type="checkbox"/> Yes	No	No	No
<input checked="" type="checkbox"/> Pharmaceutical Preparations	439	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input checked="" type="checkbox"/> Photographic Equipment and Supplies	459	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input checked="" type="checkbox"/> Plastic and Synthetic Materials Manufacturing	414	<input checked="" type="checkbox"/> Yes			
<input type="checkbox"/> Plastic Processing	463	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Porcelain Enameling	466	No	No	No	No
<input checked="" type="checkbox"/> Printing and Publishing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills-Subpart C	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills- Subparts F, K	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills- Subparts I, J, L	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills-Subpart E	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *
<input checked="" type="checkbox"/> Rubber Processing	428	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input checked="" type="checkbox"/> Soap and Detergent Manufacturing	417	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Steam Electric Power Plants	423	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input checked="" type="checkbox"/> Textile Mills (Not Subpart C)	410	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Timber Products Processing	429	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Pages 56-57)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all external outfalls that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **is not required** for internal outfalls.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8 for Outfall No.: 003: Volatile Compounds

Samples are (check one): Composites Grabs

Pollutant	Average (µg/L)*	Maximum (µg/L)*	No. of Samples	MAL (µg/L)
Acrolein	<6	<6	4	50
Acrylonitrile	<3	<3	4	50
Benzene	<1	<1	4	10
Bromoform	29.7	113	4	10
Carbon tetrachloride	<1	<1	4	2
Chlorobenzene	<1	<1	4	10
Chlorodibromomethane	<1	<1	4	10
Chloroethane	<1	<1	4	50
2-Chloroethylvinyl ether	<6	<6	4	10
Chloroform	0.6	1	4	10
Dichlorobromomethane [Bromodichloromethane]	<1	<1	4	10
1,1-Dichloroethane	<1	<1	4	10
1,2-Dichloroethane	<1	<1	4	10
1,1-Dichloroethylene [1,1-Dichloroethene]	<1	<1	4	10
1,2-Dichloropropane	<1	<1	4	10
1,3-Dichloropropylene [1,3-Dichloropropene]	<1	<1	4	10
Ethylbenzene	<1	<1	4	10
Methyl bromide [Bromomethane]	<2	<2	4	50
Methyl chloride [Chloromethane]	<1	<1	4	50
Methylene chloride [Dichloromethane]	<1	<1	4	20
1,1,2,2-Tetrachloroethane	<1	<1	4	10
Tetrachloroethylene [Tetrachloroethene]	<1	<1	4	10
Toluene	1.0	25	4	10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]	<1	<1	4	10
1,1,1-Trichloroethane	<1	<1	4	10
1,1,2-Trichloroethane	<1	<1	4	10
Trichloroethylene [Trichloroethene]	<1	<1	4	10
Vinyl chloride	<1	<1	4	10

Table 9 for Outfall No.: 003: Acid Compounds

Samples are (check one): Composites Grabs

Pollutant	Average (µg/L)*	Maximum (µg/L)*	No. of Samples	MAL (µg/L)
2-Chlorophenol	<1	<1	4	10
2,4-Dichlorophenol	<2	<2	4	10
2,4-Dimethylphenol	<4	<4	4	10
4,6-Dinitro-o-cresol	<2	<2	4	50
2,4-Dinitrophenol	<2	<2	4	50
2-Nitrophenol	<2	<2	4	20
4-Nitrophenol	<2	<2	4	50
p-Chloro-m-cresol	<1	<1	4	10
Pentachlorophenol	<2	<2	4	5
Phenol	<3	<3	4	10
2,4,6-Trichlorophenol	<2	<2	4	10

Table 10 for Outfall No.: 003: Base/Neutral Compounds

Samples are (check one): Composites Grabs

Pollutant	Average (µg/L)*	Maximum (µg/L)*	No. of Samples	MAL (µg/L)
Acenaphthene	<3	<3	4	10
Acenaphthylene	<3	<3	4	10
Anthracene	<2	<2	4	10
Benzidine	<13	<13	4	50
Benzo(a)anthracene	<2	<2	4	5
Benzo(a)pyrene	<2	<2	4	5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]	<3	<3	4	10
Benzo(ghi)perylene	<3	<3	4	20
Benzo(k)fluoranthene	<2	<2	4	5
Bis(2-chloroethoxy)methane	<2	<2	4	10
Bis(2-chloroethyl)ether	<1	<1	4	10
Bis(2-chloroisopropyl)ether	<1	<1	4	10
Bis(2-ethylhexyl)phthalate	<2	<2	4	10
4-Bromophenyl phenyl ether	<2	<2	4	10
Butylbenzyl phthalate	<2	<2	4	10
2-Chloronaphthalene	<3	<3	4	10
4-Chlorophenyl phenyl ether	<2	<2	4	10
Chrysene	<2	<2	4	5
Dibenzo(a,h)anthracene	<2	<2	4	5
1,2-Dichlorobenzene [o-Dichlorobenzene]	<1	<1	4	10
1,3-Dichlorobenzene [m-Dichlorobenzene]	<1	<1	4	10
1,4-Dichlorobenzene [p-Dichlorobenzene]	<1	<1	4	10

Pollutant	Average (µg/L)*	Maximum (µg/L)*	No. of Samples	MAL (µg/L)
3,3'-Dichlorobenzidine	<5	<5	4	5
Diethyl phthalate	<2	<2	4	10
Dimethyl phthalate	<2	<2	4	10
Di-n-butyl phthalate	15	29	4	10
2,4-Dinitrotoluene	<2	<2	4	10
2,6-Dinitrotoluene	<2	<2	4	10
Di-n-octyl phthalate	<2	<2	4	10
1,2-Diphenylhydrazine (as Azobenzene)	<2	<2	4	20
Fluoranthene	<2	<2	4	10
Fluorene	<3	<3	4	10
Hexachlorobenzene	<2	<2	4	5
Hexachlorobutadiene	<3	<3	4	10
Hexachlorocyclopentadiene	<2	<2	4	10
Hexachloroethane	<2	<2	4	20
Indeno(1,2,3-cd)pyrene	<2	<2	4	5
Isophorone	<2	<2	4	10
Naphthalene	<3	<3	4	10
Nitrobenzene	<2	<2	4	10
N-Nitrosodimethylamine	<1	<1	4	50
N-Nitrosodi-n-propylamine	<1	<1	4	20
N-Nitrosodiphenylamine	<2	<2	4	20
Phenanthrene	<2	<2	4	10
Pyrene	<2	<2	4	10
1,2,4-Trichlorobenzene	<2	<2	4	10

Table 11 for Outfall No.: 003: Pesticides

Samples are (check one): Composites Grabs

Pollutant	Average (µg/L)*	Maximum (µg/L)*	No. of Samples	MAL (µg/L)
Aldrin	-	<0.003	1	0.01
alpha-BHC [alpha-Hexachlorocyclohexane]	-	<0.003	1	0.05
beta-BHC [beta-Hexachlorocyclohexane]	-	<0.004	1	0.05
gamma-BHC [gamma-Hexachlorocyclohexane]	-	<0.003	1	0.05
delta-BHC [delta-Hexachlorocyclohexane]	-	<0.003	1	0.05
Chlordane	-	<0.1	1	0.2
4,4'-DDT	-	<0.003	1	0.02
4,4'-DDE	-	<0.004	1	0.1
4,4'-DDD	-	<0.004	1	0.1
Dieldrin	-	<0.003	1	0.02
Endosulfan I (alpha)	-	<0.003	1	0.01
Endosulfan II (beta)	-	<0.003	1	0.02

Pollutant	Average (µg/L)*	Maximum (µg/L)*	No. of Samples	MAL (µg/L)
Endosulfan sulfate	-	<0.004	1	0.1
Endrin	-	<0.004	1	0.02
Endrin aldehyde	-	<0.004	1	0.1
Heptachlof	-	<0.004	1	0.01
Heptachlof epoxide	-	<0.004	1	0.01
PCB 1242	<0.066	<0.085	4	0.2
PCB 1254	<0.066	<0.085	4	0.2
PCB 1221	<0.066	<0.085	4	0.2
PCB 1232	<0.066	<0.085	4	0.2
PCB 1248	<0.066	<0.085	4	0.2
PCB 1260	<0.134	<0.175	4	0.2
PCB 1016	<0.096	<0.125	4	0.2
Toxaphene	-	<0.1	1	0.3

* Indicate units if different from µg/L

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete Table 12 as directed. Table 12 is not required for internal outfalls. (Instructions, Pages 57-58)

a. Are any of the following compounds manufactured or used in a process at the facility?

Yes No

If yes, indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility.

- | | | |
|----------------------------------------------------------------------------------|--------------------|----------------|
| <input type="checkbox"/> 2,4,5-trichlorophenoxy acetic acid | (2,4,5-T) | CASRN 93-76-5 |
| <input type="checkbox"/> 2-(2,4,5-trichlorophenoxy) propanoic acid | (Silvex, 2,4,5-TP) | CASRN 93-72-1 |
| <input type="checkbox"/> 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate | (Erbon) | CASRN 136-25-4 |
| <input type="checkbox"/> o,o-dimethyl o-(2,4,5-trichlorophenyl) phosphorothioate | (Ronnel) | CASRN 299-84-3 |
| <input type="checkbox"/> 2,4,5-trichlorophenol | (TCP) | CASRN 95-95-4 |
| <input type="checkbox"/> hexachlorophene | (HCP) | CASRN 70-30-4 |

Description:

b. Do you know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

Yes No

If yes, provide a brief description of the conditions for its presence.

c. If you responded yes to either Item a or b, complete Table 12 as instructed.

Table 12 for Outfall No.: N/A

Samples are (check one): Composites Grabs

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	0.5					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50
2,3,7,8-TCDF	0.1					10
1,2,3,7,8-PeCDF	0.05					50
2,3,4,7,8-PeCDF	0.5					50
2,3,7,8-HxCDFs	0.1					50
2,3,4,7,8-HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

WORKSHEET 4.0 RECEIVING WATERS

This worksheet is required for all renewal, amendment, and new TPDES permit applications.

1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 78)

Is there a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge?

Yes No

If **yes**, identify owner of the drinking water supply, the distance and direction to the intake, and locate and identify the intake on the USGS map.

Indicate with an 'x' in the box that the requested information is provided.

2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 78)

a. Width of the receiving water at the outfall? At tidal inlet, 30 feet

b. Are there oyster reefs in the vicinity of the discharge?

Yes No

If **yes**, indicate approximate distance and direction from outfall(s):

N/A

c. Are there any sea grasses within the vicinity of the point of discharge?

Yes No

If **yes**, provide the distance and direction to the grasses:

N/A

3. CLASSIFIED SEGMENT (Instructions, Page 78)

Is the discharge directly into (or within 300 feet of) a classified segment?

Yes No

If **yes**, stop here. It is not necessary to complete Items 4 and 5, and it is not necessary to complete Worksheet 4.1.

If **no**, complete Items 4 and 5.

WORKSHEET 4.0 RECEIVING WATERS

This worksheet is required for all renewal, amendment, and new TPDES permit applications.

1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 78)

Is there a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge?

Yes No

If yes, identify owner of the drinking water supply, the distance and direction to the intake, and locate and identify the intake on the USGS map.

Indicate with an 'x' in the box that the requested information is provided.

2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 78)

a. Width of the receiving water at the outfall? N/A feet

b. Are there oyster reefs in the vicinity of the discharge?

Yes No

If yes, indicate approximate distance and direction from outfall(s):

N/A

c. Are there any sea grasses within the vicinity of the point of discharge?

Yes No

If yes, provide the distance and direction to the grasses:

N/A

3. CLASSIFIED SEGMENT (Instructions, Page 78)

Is the discharge directly into (or within 300 feet of) a classified segment?

Yes No

If yes, stop here. It is not necessary to complete Items 4 and 5, and it is not necessary to complete Worksheet 4.1.

If no, complete Items 4 and 5.

4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS
 (Instructions, Page 79)

Name of the immediate receiving waters: Unnnamed ditch

a. Check the appropriate description of the receiving waters

- | | |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Lake or Pond | <input checked="" type="checkbox"/> Man-made Channel or Ditch |
| Surface area (acres): _____ | <input type="checkbox"/> Stream or Creek |
| Average depth of the entire water body (feet): _____ | <input type="checkbox"/> Freshwater Swamp or Marsh |
| Average depth of water body within a 500-foot radius of the discharge point (feet): _____ | <input type="checkbox"/> Tidal Stream, Bayou, or Marsh |
| | <input type="checkbox"/> Open Bay |
| | <input type="checkbox"/> Other: _____ |

If you checked "man-made channel or ditch" or "stream or creek" above, provide responses to items b - e below:

b. For existing discharges, check the description below that best characterizes the area upstream of the discharge.

For new discharges, check the description below that best characterizes the area downstream of the discharge.

- Intermittent (dry for at least one week during most years)
- Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)
- Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

- USGS flow records
- personal observation
- historical observation by adjacent landowner(s)
- others, specify: _____

c. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point:

West Fork Goose Creek, thence to Goose Creek, thence to Tabbs Bay

d. Do the receiving water characteristics change within three miles downstream of the discharge? (e.g., natural or man-made dams, ponds, reservoirs, etc.)

- Yes No

If yes, discuss how:

The stream channel changes from a man-made ditch to a natural streambed and the flow conditions change from intermittent to perennial. The natural streambed becomes wider downstream towards the tidally influenced portion of Goose Creek.

e. Provide general observations of the water body during normal dry weather conditions:

Man-made channel. Upstream of discharge is lined with bull rock to mitigate soil erosion. In addition, the surrounding area is naturally vegetated. The channel connects to a concrete channel before progressing off-site.

Date and time of observation: 11/17/2017 9:00 AM

Was water body influenced by stormwater runoff during observations?

Yes No

5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 7)

a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by (check as appropriate):

- | | |
|----------------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> oil field activities | <input type="checkbox"/> urban runoff |
| <input checked="" type="checkbox"/> agricultural runoff | <input type="checkbox"/> septic tanks |
| <input checked="" type="checkbox"/> upstream discharges | <input type="checkbox"/> others, specify: |

b. Uses of water body observed or evidence of such uses (check as appropriate):

- | | | |
|-----------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> livestock watering | <input type="checkbox"/> contact recreation | <input type="checkbox"/> navigation |
| <input type="checkbox"/> non-contact recreation | <input type="checkbox"/> fishing | <input type="checkbox"/> picnic park activities |
| <input checked="" type="checkbox"/> domestic water supply | <input type="checkbox"/> industrial water supply | <input checked="" type="checkbox"/> others, specify: <u>Storm water drainage</u> |
| | <input type="checkbox"/> irrigation withdrawal | |

c. Check the description (only one) that best describes the aesthetics of the receiving water and the surrounding area:

- Wilderness: outstanding natural beauty; usually wooded or unpastured area: water clarity exceptional
- Natural Area: trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored
- Common Setting: not offensive, developed but uncluttered; water may be colored or turbid
- Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

WORKSHEET 7.0 STORMWATER RUNOFF

This worksheet is required for all TPDES permit applications requesting individual permit coverage for discharges of stormwater runoff.

1. APPLICABILITY (Instructions, Page 87)

Do discharges from any of the proposed or existing outfalls consist of storm water runoff only or stormwater runoff and any of the listed non-stormwater discharges on page 88 of the Instructions?

Yes No

If yes, proceed as directed.

If no, stop here.

2. STORMWATER OUTFALL COVERAGE (Instructions, Page 88)

Indicate which type of authorization covers or is proposed to cover discharges from each stormwater outfall.

Authorization coverage

Outfall	Authorized Under MSGP	Authorized Under Individual Permit
004	<input checked="" type="checkbox"/>	<input type="checkbox"/>
005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
006	<input checked="" type="checkbox"/>	<input type="checkbox"/>
007*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
008	<input checked="" type="checkbox"/>	<input type="checkbox"/>
009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Outfall 007 is currently authorized under the MSGP. This application includes an amendment request to transfer the outfall to TPDES Permit No. WQ0001215000.

If you have indicated that all existing or proposed stormwater outfalls are authorized under the MSGP, stop here.

If you have indicated that you are seeking authorization for any stormwater outfall under an individual permit, proceed as directed.

The following information is required for each outfall that discharges stormwater for which you are seeking individual authorization under this permit application.

3. **SITE MAP (Instructions, Page 88)**

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

Attachment: T-2 BTCP Stormwater Site Drainage Plan

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in stormwater runoff
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to precipitation or runoff
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence stormwater runoff or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in 30 TAC§ 327.4) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to precipitation or runoff

Indicate with an 'x' in the box that all the above information was provided on the facility site map(s).

4. **FACILITY/SITE INFORMATION (Instructions, Pages 88-89)**

a. Provide the area of impervious surface and the total area drained by each outfall that discharges stormwater for which you are seeking individual authorization under this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)
007 (including drainage areas of MSGP Outfalls 008 and 009)	71 acres	139 acres

b. Provide the following local area rainfall information and the source of the information.

Wettest month: June [1]

Average rainfall for wettest month (total inches): 5.84 [1]

25-year, 24-hour rainfall (inches): 10 [2]

Source: [1] Climatology of the United States No. 81, Supplement No. 1; [2] Technical Paper No. 40 Rainfall Frequency Atlas of the United States

c. Provide an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation.

See Attachment T-1 Facility Description; Table 1 Raw Materials, Major Intermediates, and Final Products.

d. Provide narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff.

See Attachment T-1, Facility Description.

e. Describe any best management practices and controls that you are using to prevent or effectively reduce pollution in stormwater discharges from the facility.

See Attachment T-1, Facility Description.

5. POLLUTANT ANALYSIS (Instructions, Pages 89-91)

a. Complete Table 17 as directed on page 90 of the Instructions.

Table 17 Pollutant Analysis for Outfall No.: Outfall samples were not collected for the application because conditions in the drainage area for the outfall will likely change after two new process units are constructed.

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

b. Complete Table 18 as directed on pages 90-92 of the Instructions.

Table 18 Pollutant Analysis for Outfall No.: N/A

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

6. STORM EVENT DATA (Instructions, Page 91)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: N/A

Duration of storm event (minutes): [REDACTED]

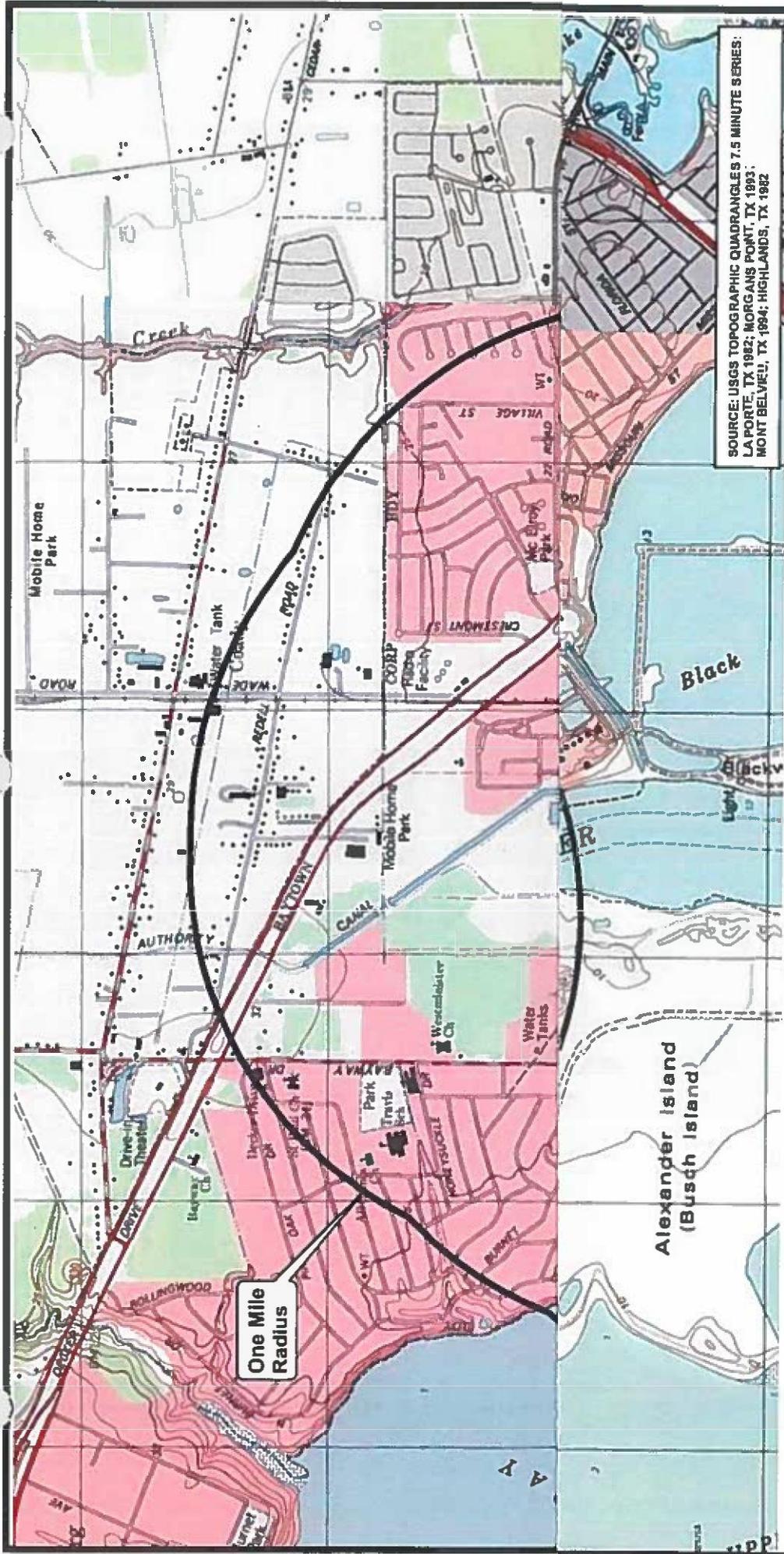
Total rainfall during storm event (inches): [REDACTED]

Number of hours between beginning of storm measured and end of previous measurable rain event (hours): [REDACTED]

Maximum flow rate during rain event (gallons/minute): [REDACTED]

Total stormwater flow from rain event (gallons): [REDACTED]

Provide a description of the method of flow measurement or estimate: [REDACTED]

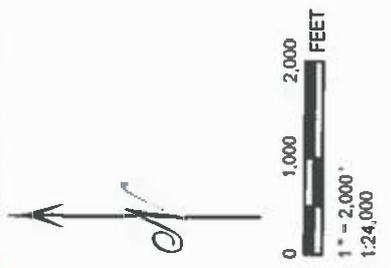


SOURCE: USGS TOPOGRAPHIC QUADRANGLES 7.5 MINUTE SERIES:
 LA PORTE, TX 1962; MORGANS POINT, TX 1893;
 MONT BELVIEU, TX 1994; HIGHLANDS, TX 1982

**EXXON MOBIL CORPORATION
 BAYTOWN CHEMICAL PLANT**

**ATTACHMENT SPIF-1
 USGS MAP**

DRAWN BY:	L WILSON	SCALE:	AS NOTED	PROJ NO	TPDES 2017
CHECKED BY:	OKOCUREK	DATE:	December, 2017	FILE NO	USGS Map.mxd
APPROVED BY:	D KOCUREK				



- Legend**
-  Baytown Chemical Plant
 -  Areas of New Construction
 -  Outfalls
 -  Discharge Route
 -  One Mile Radius

ATTACHMENT A-2



TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)
 New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)
 Renewal (Core Data Form should be submitted with the renewal form) Other

2. Customer Reference Number (if issued)
 CN 600123939

3. Regulated Entity Reference Number (if issued)
 RN 102574803

Follow this link to search for CN or RN numbers in Central Registry**

SECTION II: Customer Information

4. General Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy) 12/07/2017

New Customer Update to Customer Information Change in Regulated Entity Ownership - Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John) *If new Customer, enter previous Customer below:*
 Exxon Mobil Corporation

7. TX SOS/CPA Filing Number 0003382806

8. TX State Tax ID (11 digits) 11354090059

9. Federal Tax ID (9 digits) 135409005

10. DUNS Number (if applicable) 001213214

11. Type of Customer: Corporation Individual Partnership: General Limited
 Government: City County Federal State Other Sole Proprietorship Other:

12. Number of Employees 0-20 21-100 101-250 251-500 501 and higher

13. Independently Owned and Operated? Yes No

14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following:
 Owner Operator Owner & Operator Occupational Licensee Responsible Party Voluntary Cleanup Applicant Other:

15. Mailing Address: 5959 Las Colinas Boulevard
 City Irving State TX ZIP 75039 ZIP+4 2298

16. Country Mailing Information (if outside USA)

17. E-Mail Address (if applicable)

18. Telephone Number () - -

19. Extension or Code

20. Fax Number (if applicable) () - -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)
 New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)
 ExxonMobil Baytown Chemical Plant

23. Street Address of the Regulated Entity: (No PO Boxes)	5000 Bayway Drive						
	City	Baytown	State	TX	ZIP	77520	ZIP + 4
24. County	Harris						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City	Baytown			State	TX	Nearest ZIP Code	77520
27. Latitude (N) In Decimal:	29.740556		28. Longitude (W) In Decimal:	95.025278			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	44	26.00	95	01	31.00		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)				
2869	2822	325110	325212				

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

Manufacture of elastomers, organic chemicals, plastics, synthetic gas, and lubricating oil

34. Mailing Address:	P.O. Box 4004						
	City	Baytown	State	TX	ZIP	77522	ZIP + 4

35. E-Mail Address:						
36. Telephone Number	37. Extension or Code	38. Fax Number (if applicable)				
() -		() -				

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
www.tceq.texas.gov				

SECTION IV: Preparer Information

40. Name:	Srigdha Joshi Rege		41. Title:	Environmental Coordinator
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(346) 259-5140		(281) 834-5788	srigdha.n.joshi@exxonmobil.com	

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Exxon Mobil Corporation	Job Title:	BICP, Site Manager
Name (In Print):	Robert Caporal	Phone:	(832) 825-4090
Signature:		Date:	January 18, 2019

ATTACHMENT A-3
Delegation of Authority

INCUMBENT POWER OF ATTORNEY - ENVIRONMENTAL PERMITS
(EXXON MOBIL CORPORATION CHEMICAL FACILITIES)

KNOW ALL PERSONS BY THESE PRESENTS That EXXON MOBIL CORPORATION, (formerly called Exxon Corporation), a New Jersey corporation, having an office in Spring, Texas, acting by and through B. H. March, Senior Vice President, Global Operations, ExxonMobil Chemical Company, does hereby nominate, constitute, and appoint each incumbent of the following positions in ExxonMobil Chemical Company (hereinafter called "Company" or "EMCC"), a division of Exxon Mobil Corporation:

<u>Site</u>	<u>Position</u>
Baton Rouge Chemical Plant ("BRCP")	BRCP Site Manager
Baton Rouge Resin Finishing Plant ("BRFP")	BRFP Plant Manager
Baton Rouge Plastics Plant ("BRPP")	BRPP Plant Manager
Baton Rouge Polyolefins Plant ("BRPO")	BRPO Plant Manager
Baytown Chemical Plant ("BTCP")	BTCP Site Manager
Baytown Olefins Plant	Baytown Olefins Plant Manager
Baytown Technology & Engineering Complex ("BTEC")	BTEC Operations Manager
Mont Belvieu Plastics Plant	Mont Belvieu Plastics Plant Manager

as Agent and Attorney-in-Fact of Exxon Mobil Corporation for purposes of executing and delivering instruments and documents as more particularly described below, and does hereby grant, delegate, and invest each of said incumbents with power and authority to execute and deliver in the name and on behalf of Exxon Mobil Corporation, and in connection with the business and affairs of said Company, instruments and documents of the following types:

All permit applications, reports, instruments, and documents of a similar nature, and all other information required or requested by a regulatory agency within the jurisdiction of the United States, whether federal, state, or promulgated by local government, to the extent execution of such document by said incumbents is otherwise authorized or allowed by applicable law or regulation.

Each incumbent of said position in said Company may exercise the power and authority herein granted, delegated, and invested, in any particular and appropriate transaction or matter, as an Agent and Attorney-in-Fact of Exxon Mobil Corporation. Any action taken as authorized under this Incumbent Power of Attorney shall be an act of Exxon Mobil Corporation and binding upon it. Each incumbent shall observe the procedures set forth in the attached "Signatories to Environmental Permit Applications and Reports" document.

Certificates of incumbency confirming that, on the dates set out therein, the individual named therein was an incumbent of said position may be issued by the Secretary or any Assistant Secretary of Exxon Mobil Corporation and may be relied upon by third parties dealing with Exxon Mobil Corporation or said Company.

In the event there is a subsequent change in the names or descriptions of the above positions and/or sites, the preceding authority shall continue in full force and effect except that the same shall be deemed to refer to the above positions and/or sites as so changed in name or description.

This Incumbent Power of Attorney hereby ratifies and confirms actions as described above taken by the incumbents of the above positions, including any such actions taken by the incumbents prior to the date of this Incumbent Power of Attorney.