

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

A. FIRST				B. SECOND			
C 7	N/A	(specify)		7	N/A	(specify)	
15	16	17		15	16	19	
C. THIRD				D. FOURTH			
C 7	N/A	(specify)		7	N/A	(specify)	
15	16	17		15	16	19	

VIII. OPERATOR INFORMATION

A. NAME						B. Is the name listed in Item VIII-A also the owner?	
C 8	Arran Mc Ginnis					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18	19					55	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)				D. PHONE (area code & no.)			
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		C A	
S = STATE		O = OTHER (specify)				15	
P = PRIVATE						16	18
						19	21
						22	25
E. STREET OR PO BOX							
6100 Red Hook Quarters B-3							
26							

F. CITY OR TOWN		G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C B	St. Thomas	VI		00802		Is the facility located on Indian lands?	
15	16	40	42	42	47	51	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C 9	T N	I	N/A	C 9	Y P	8	
15	16	17	18	15	16	17	18
30				30			
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C 9	T U	I	N/A	(Specify)			
15	16	17	18				
30				30			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C 9	T R	I	N/A	(Specify)			
15	16	17	18				
30				30			

XI. MAP

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

XII. NATURE OF BUSINESS (provide a brief description)

Private Residence, Domestic Use, Irrigation use.

XIII. CERTIFICATION (see instructions)

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

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
██████████ - Island Manager		

COMMENTS FOR OFFICIAL USE ONLY

C	
C	
15	16
55	

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

EPA NUMBER (copy from Item 1 of Form 1)
VI 0040525

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)											
PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.											
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)			4. INTAKE (optional)	
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATI ON	b. NO. OF ANALYSES
	(1) CONCENTRATI ON	(2) MASS	(1) CONCENTRATI ON	(2) MASS	(1) CONCENTRATI ON	(2) MASS					
a. Biochemical Oxygen Demand (BOD)	N/A										
b. Chemical Oxygen Demand (COD)	N/A										
c. Total Organic Carbon (TOC)	N/A										
d. Total Suspended Solids (TSS)	N/A										
e. Ammonia (as N)	N/A										
f. Flow	Value	300,000	Value	9,000,000	Value	6,000,000	30 Day			Value	
g. Temperature (winter)	Value	29c	Value	29c	Value	29c	Daily			Value	
h. Temperature (summer)	Value	29c	Value	29c	Value	29c	Daily			Value	
i. pH	Minimum	7.6	Maximum	7.8	Minimum	7.6	30 Day	STANDARD UNITS			
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.											
2. MARK 'X'											
1. POLLUT- ANT AND CAS NO. (if available)	a. BE- LIEVE D AB- SENT	b. BE- LIEVE D AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		d. NO. OF ANALYSIS	4. UNITS (specify if blank)		5. INTAKE (optional)	
	(1) CONCENTRA- TION	(2) MASS	(1) CONCENTRATIO N	(2) MASS	(1) CONCENTRATIO N	(2) MASS		a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
b. Chlorine Total Residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
c. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
d. Fecal Coliform	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
f. Nitrate- Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>									