

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	7	15	16	19			
C. THIRD						D. FOURTH						
C 7	N/A		(specify)			7	N/A		(specify)			
15	16	17	15	16	19	7	15	16	19			
VIII. OPERATOR INFORMATION												
A. NAME										B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input type="checkbox"/> NO		
C 8	Arran Mc Ginnis											
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	340		690		1487	
S = STATE		O = OTHER (specify)				15	16	18	19	21	22	25
P = PRIVATE						56						
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15	16	40	42	42	47	51						
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	T P	S N/A				
15	16	17	18	30	15	16	17	18	30			
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)						
C 9	T U	I N/A				C 9	T N/A	S N/A	(Specify)			
15	16	17	18	30	15	16	17	18	30			
C. RCRA (Hazardous Wastes)						E. OTHER (specify)						
C 9	T R	I N/A				C 9	T N/A	S N/A	(Specify)			
15	16	17	18	30	15	16	17	18	30			
XI. MAP												
<p>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.</p>												
XII. NATURE OF BUSINESS (provide a brief description)												
Private Residence, Domestic Use, Irrigation use.												
XIII. CERTIFICATION (see instructions)												
<p>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.</p>												
A. NAME & OFFICIAL TITLE (type or print)						B. SIGNATURE			C. DATE SIGNED			
Brice Gordon - 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.

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

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. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES		
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(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		30 Day		Value					
g. Temperature (winter)		Value		Value		Value		Daily	°C	Value					
h. Temperature (summer)		Value		Value		Value		Daily	°C	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.															
1. POLLUTANT AND CAS NO. (if available)		2. MARK 'X'		3. EFFLUENT				4. UNITS (specify if blank)				5. INTAKE (optional)			
		a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
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 (16964-48-8)		<input type="checkbox"/>	<input checked="" type="checkbox"/>												
f. Nitrate-Nitrite (as N)		<input type="checkbox"/>	<input checked="" type="checkbox"/>												

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY			I. EPA I.D. NUMBER						
		GENERAL INFORMATION			S		T/A	C			
		Consolidated Permits Program			F	VI0040525		D			
		(Read the "General Instructions" before starting.)			1	2	13	14	15		
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE					GENERAL INSTRUCTIONS				
I. EPA I.D. NUMBER							<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below.</p> <p>Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI(except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorization under which this data is collected.</p>				
II. FACILITY NAME											
III. FACILITY MAILING ADDRESS											
IV. FACILITY LOCATION											
II. POLLUTANT CHARACTERISTICS											
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.											
SPECIFIC QUESTIONS			MARK "X"			SPECIFIC QUESTIONS			MARK "X"		
			YES	NO	FORM ATTACHED				YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			16	17	18				19	20	21
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D. Is this proposal facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			22	23	24				25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			28	29	30				31	32	33
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			34	35	36				37	38	39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			40	41	42				43	44	45
III. NAME OF FACILITY											
C	SKIP										
1											
15	16-29						30	69			
IV. FACILITY CONTACT											
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)							
C	Gordon Brice Mang.			340	513	9855					
2				45	46	48	52				
15	16						55				
V. FACILITY MAILING ADDRESS											
A. STREET OR BOX											
C	600 Red Hook Quarters B-3										
3											
15	16						45				
B. CITY OR TOWN				C. STATE	D. ZIP CODE						
C	ST. Thomas			VI	00802						
4				41	42	47					
15	16						51				
VI. FACILITY LOCATION											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
C	Little St. James Island										
5											
15	16						45				
B. COUNTY NAME											
USA											
46											
C. CITY OR TOWN				D. STATE	E. ZIP CODE	F. COUNTY CODE					
C	NA			VI	00802		N/A				
6				41	42	47					
15	16						51				

CONTINUED FROM THE FRONT

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	17	19				
C. THIRD						D. FOURTH						
C	7	N/A (specify)				7	N/A (specify)					
15	16	17			15	16	17	19				
VIII. OPERATOR INFORMATION												
A. NAME										B. Is the name listed in Item VIII-A also the owner?		
C	8	ARRAN McGinnis								<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						
S = STATE		O = OTHER (specify)				A	340		690		1487	
P = PRIVATE						15	16	18	19	21	22	25
E. STREET OR PO BOX												
6160 Red Hook Quarters B-3												
26						55						
F. CITY OR TOWN				G. STATE		H. ZIP CODE		IX. INDIAN LAND				
C	ST. Thomas			VI		00802		Is the facility located on Indian lands?				
B								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15	16	40			42	42	47	51				
X. EXISTING ENVIRONMENTAL PERMITS												
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)						
C	T	I	N/A			C	T	8				
9	N					9	P					
15	16	17	18	30		15	16	17	18	30		
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)						
C	T	I	N/A			C	T	8	(Specify)			
9	U					9						
15	16	17	18	30		15	16	17	18	30		
C. RCRA (Hazardous Wastes)						E. OTHER (specify)						
C	T	I	N/A			C	T	8	(Specify)			
9	R					9						
15	16	17	18	30		15	16	17	18	30		
XI. MAP												
<p>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.</p>												
XII. NATURE OF BUSINESS (provide a brief description)												
<p>Private Residence, domestic use, irrigation use.</p>												
XIII. CERTIFICATION (see instructions)												
<p>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.</p>												
A. NAME & OFFICIAL TITLE (type or print)						B. SIGNATURE			C. DATE SIGNED			
Brice Gordon Mgr.						Isl.						
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 I.D. NUMBER (copy from Item 1 of Form 1)
 VI0040525

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO.								
PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.									
1. POLLUTANT	2. EFFLUENT		3. EFFLUENT		4. EFFLUENT		5. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVERAGE VALUE (1) CONCENTRATION	d. NO. OF ANALYSES (2) MASS	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE (1) CONCENTRATION	h. NO. OF ANALYSES (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	VALUE	VALUE	VALUE					
g. Temperature (winter)	300,000	9,000,000		30 Day					
h. Temperature (summer)	VALUE	VALUE	VALUE	Daily					
i. pH	MINIMUM	MAXIMUM	MINIMUM	Daily					
	7.6	7.8	7.6	30 Day					
			MAXIMUM						
			7.8						
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.									
1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	a. RECEIVED	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVERAGE VALUE (1) CONCENTRATION	d. NO. OF ANALYSES (2) MASS	e. LONG TERM AVERAGE VALUE (1) CONCENTRATION	f. NO. OF ANALYSES (2) MASS	
a. Bromide (2-4959-57-9)	X								
b. Chlorine, Total Residual	X								
c. Color	X								
d. Fecal Coliform	X								
e. Fluoride (1609-4-68-9)	X								
f. Nitrate-Nitrite (as N)	X								