Table I

Amoco Oil Company - Whiting Refinery

Existing Environmental Permits

NPDES

Permits

IN0000108

Permit Applications

Permit for Stormwater Discharges Associated with Industrial Activity
- Application submitted September 29, 1992

General Permit Related to Stormwater Runoff Associated with Construction Site Activities
- Notice Of Intent (NOI) submitted April 11, 1994

08/23/94

Table II

Amoco Oil Company - Whiting Refinery

Existing Environmental Permits

RCRA

Part A

IND 000717850
IND 000810879
IND 074375585
IND 984894667

Part B

IND 000810861
- Permit renewal application submitted May 19, 1994

08/23/94

Table III

Amoco Oil Company - Whiting Refinery

Existing Environmental Permits

AIR

State of Indiana Permits

45-08-93-0521	45-08-93-0536	45-08-93-0551	45-08-93-0566
45-08-93-0522	45-08-93-0537	45-08-93-0552	45-08-93-0567
45-08-93-0523	45-08-93-0538	45-08-93-0553	45-08-93-0568
45-08-93-0524	45-08-93-0539	45-08-93-0554	45-08-93-0569
45-08-93-0525	45-08-93-0540	45-08-93-0555	45-08-93-0570
45-08-93-0526	45-08-93-0541	45-08-93-0556	45-08-93-0571
45-08-93-0527	45-08-93-0542	45-08-93-0557	45-08-93-0572
45-08-93-0528	45-08-93-0543	45-08-93-0558	45-08-93-0573
45-08-93-0529	45-08-93-0544	45-08-93-0559	45-08-93-0574
45-08-93-0530	45-08-93-0545	45-08-93-0560	45-08-93-0575
45-08-93-0531	45-08-93-0546	45-08-93-0561	45-08-93-0576
45-08-93-0532	45-08-93-0547	45-08-93-0562	45-08-93-0577
45-08-93-0533	45-08-93-0548	45-08-93-0563	45-08-93-0578
45-08-93-0534	45-08-93-0549	45-08-93-0564	45-08-93-0579
45-08-93-0535	45-08-93-0550	45-08-93-0565	

089-00003
CP-089-2608

State of Indiana Permit Applications

Sulfur Recovery Unit Expansion
- Application submitted October 14, 1993

City of Hammond Permits

4629	4636	4643	4650	4657	4664
4630	4637	4644	4651	4658	4665
4631	4638	4645	4652	4659	4666
4632	4639	4646	4653	4660	4667
4633	4640	4647	4654	4661	4668
4634	4641	4648	4655	4662	4669
4635	4642	4649	4656	4663	4670

424
3077
4038

08/23/94

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

ease print or type in the unshaded areas only.

E .D. NUMBER (copy from Item 1 of Form 1)
IND000810861

FORM 2C NPDES

EPA

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

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
001	41	40	36	87	28	16	Lake Michigan
002	41	40	36	87	28	16	Lake Michigan
003	41	38	59	87	30	17	Indiana Harbor Ship Canal
004	41	38	48	87	29	51	Indiana Harbor Ship Canal

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures. See Attachments 3 and 4.

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Refinery Process Wastewater	23 mgd	See Table V		
	Stormwater and cooling				
	water: See Table IV				
002	Non-Contact Cooling Water:	117 mgd	See Table V		
	See Table IV				
003	Stormwater Run-Off	0.50 mgd*	See Table V		
004	Stormwater Run-Off	0.50 mgd*	See Table V		
	Notes:				
	mgd = million gallons per day				
	*Flow based on acreage drain to stormwater outfalls, average yearly				
	rainfall, and engineering judgement.				

(See EPA guidelines sub-categories)

August 26, 1994

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☒ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

Yes, for Outfall 001 - See Attachment 6

No, for Outfall 002, Outfall 003, and Outfall 004

VIII. CONTRACT ANALYSIS INFORMATION

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

☒ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
The ADVENT Group, Inc.	201 Summit View Drive Brentwood, TN 37027	(615) 377-4775	Bioassays
Hydrologic, Inc.	201 Summit View Drive Brentwood, TN 37027	(615) 377-8780	Br^-, Total Metals: Cr, Al, As, Cd, Cu, Pb, Hg, Ni, V, Zn
Hydrologic, Inc.	122 Lyman Street Ashville, NC 28801	(704) 254-5169	Total & Dissolved Metals: Cu, Pb, Al, Ba, Fe, Mg, V, Mn, Zn
Microbac Laboratories, Inc.	542-544 Conkey Street Hammond, IN 46324	(219) 932-1770	Fecal Coliform, TRC, CN^-, Color, TON, BOD, $S^=$, MBAS, TOC, Phosphorous
Pace, Inc.	800 Gemini Avenue Houston, TX 77058	(713) 488-1810	Rad., Pest., PCBs

IX. CERTIFICATION

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

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
Richard B. Sheldon, Refinery Manager	219-473-3179
C. SIGNATURE Richard B. Sheldon	D. DATE SIGNED August 26, 1994