

EPA Identification Number  
N/ANPDES Permit Number  
WA0501487Facility Name  
CITY OF ROCK ISLAND WWTPForm Approved 03/05/19  
OMB No. 2040-0004U.S. Environmental Protection Agency  
Application for NPDES Permit to Discharge Wastewater  
NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS

## SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(i)(1) and (9))

|  |  |                                |  |
|--|--|--------------------------------|--|
| Facility Information                   |  |                                |  |
| 1.1                                    | Facility name<br>City of rock island wwtp  |                                |  |
|  | Mailing address (street or P.O. box)<br>5 N Garden Ave, p.o. box 99  |                                |  |
|  | City or town<br>Rock Island  | State<br>WA                    | ZIP code<br>98850                                |
|  | Contact name (first and last)<br>Wyatt long  | Title<br>public works director | Phone number<br>(509) 884-1261                   |
|  | Location address (street, route number, or other specific identifier)<br>201 4th st sw   |                                | <input type="checkbox"/> Same as mailing address |
|  | City or town<br>rock island  | State<br>wa                    | ZIP code<br>98850                                |
| 1.2                                    | Is this application for a facility that has yet to commence discharge?<br><input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No  |                                |  |
| 1.3                                    | Is applicant different from entity listed under Item 1.1 above?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.   |                                |  |
| Applicant name                         |  |                                |  |
| Applicant address (street or P.O. box) |  |                                |  |
| City or town                           |  | State                          | ZIP code   |
| Contact name (first and last)          |  | Title                          | Phone number                                     |
|  |  |                                | Email address                                    |
| 1.4                                    | Is the applicant the facility's owner, operator, or both? (Check only one response.)<br><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Both  |                                |  |
| 1.5                                    | To which entity should the NPDES permitting authority send correspondence? (Check only one response.)<br><input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same) |                                |  |
| 1.6                                    | Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)  |                                |  |
| Existing Environmental Permits         |  |                                |  |
| <input checked="" type="checkbox"/>    | NPDES (discharges to surface water)<br>WA0501487   | <input type="checkbox"/>       | RCRA (hazardous waste)                           |
| <input type="checkbox"/>               | PSD (air emissions)  | <input type="checkbox"/>       | Nonattainment program (CAA)                      |
| <input type="checkbox"/>               | Ocean dumping (MPRSA)  | <input type="checkbox"/>       | Dredge or fill (CWA Section 404)                 |
|  |  | <input type="checkbox"/>       | UIC (underground injection control)              |
|  |  | <input type="checkbox"/>       | NESHAPs (CAA)                                    |
|  |  | <input type="checkbox"/>       | Other (specify)                                  |

|                                  |                                  |   |   |
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|----------------------------------|----------------------------------|---|---|

| Collection System and Population Served                |                   | 1.7  |   | Provide the collection system information requested below for the treatment works.                                     |                  |                                 |
|--|-------------------|--|---|--|------------------|---------------------------------|
| Municipality Served                                    | Population Served | Collection System Type<br>(Indicate percentage)  | Ownership Status  |  |                  |                                 |
| CITY OF ROCK ISLAND                                    | 1400              | <input type="checkbox"/> 100 % separate sanitary sewer<br><input type="checkbox"/> % combined storm and sanitary sewer<br><input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> Own<br><input type="checkbox"/> Own<br><input type="checkbox"/> Own | <input checked="" type="checkbox"/> Maintain<br><input type="checkbox"/> Maintain<br><input type="checkbox"/> Maintain |                  |                                 |
|  |                   | <input type="checkbox"/> % separate sanitary sewer<br><input type="checkbox"/> % combined storm and sanitary sewer<br><input type="checkbox"/> Unknown     | <input type="checkbox"/> Own<br><input type="checkbox"/> Own<br><input type="checkbox"/> Own            | <input type="checkbox"/> Maintain<br><input type="checkbox"/> Maintain<br><input type="checkbox"/> Maintain            |                  |                                 |
|  |                   | <input type="checkbox"/> % separate sanitary sewer<br><input type="checkbox"/> % combined storm and sanitary sewer<br><input type="checkbox"/> Unknown     | <input type="checkbox"/> Own<br><input type="checkbox"/> Own<br><input type="checkbox"/> Own            | <input type="checkbox"/> Maintain<br><input type="checkbox"/> Maintain<br><input type="checkbox"/> Maintain            |                  |                                 |
| Total Population Served                                | 1400              |  |   |  |                  |                                 |
| Total percentage of each type of sewer line (in miles) |                   | Separate Sanitary Sewer System   | 100 %   | Combined Storm and Sanitary Sewer  | 0 %              |                                 |
| 1.8  |                   | Is the treatment works located in Indian Country?  |   |  |                  |                                 |
|  |                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |                  |                                 |
| 1.9  |                   | Does the facility discharge to a receiving water that flows through Indian Country?  |   |  |                  |                                 |
|  |                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |                  |                                 |
| 1.10   |                   | Provide design and actual flow rates in the designated spaces.   |   |  |                  |                                 |
|  |                   |  |   |  | Design Flow Rate |                                 |
|  |                   |  |   |  | 0.225 mgd        |                                 |
| Design and Actual Flow Rates                           |                   | Annual Average Flow Rates (Actual)   |   |  |                  |                                 |
|  |                   | Two Years Ago  |   | Last Year  | This Year        |                                 |
|  |                   | 0.0595 mgd   |   | 0.0625 mgd   | 0.0679 mgd       |                                 |
|  |                   | Maximum Daily Flow Rates (Actual)  |   |  |                  |                                 |
|  |                   | Two Years Ago  |   | Last Year  | This Year        |                                 |
|  |                   | 0.077 mgd  |   | 0.081 mgd  | 0.088 mgd        |                                 |
| 1.11   |                   | Provide the total number of effluent discharge points to waters of the United States by type.  |   |  |                  |                                 |
|  |                   | Total Number of Effluent Discharge Points by Type  |   |  |                  |                                 |
|  |                   | Treated Effluent   | Untreated Effluent  | Combined Sewer Overflows   | Bypasses         | Constructed Emergency Overflows |
|  |                   | 1  | 0   | 0  | 0                | 0                               |
| Discharge Points by Type                               |                   |  |   |  |                  |                                 |

| Outfalls Other Than to Waters of the United States |   |  |  |  |
|--|---|--|--|--|
| 1.12   | Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14. |  |  |  |
| 1.13   | Provide the location of each surface impoundment and associated discharge information in the table below.   |  |  |  |
|  | Surface Impoundment Location and Discharge Data   |  |  |  |
|  | Location  | Average Daily Volume Discharged to Surface Impoundment | Continuous or Intermittent (check one)                                       |  |
|  |   | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |  |
|  |   | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |  |
|  |   | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |  |
| 1.14   | Is wastewater applied to land?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.16.  |  |  |  |
| 1.15   | Provide the land application site and discharge data requested below.   |  |  |  |
|  | Land Application Site and Discharge Data  |  |  |  |
|  | Location  | Size   | Average Daily Volume Applied   | Continuous or Intermittent (check one)                                       |
|  |   | acres  | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |
|  |   | acres  | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |
|  |   | acres  | gpd  | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |
| 1.16   | Is effluent transported to another facility for treatment prior to discharge?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.21.   |  |  |  |
| 1.17   | Describe the means by which the effluent is transported (e.g., tank truck, pipe).   |  |  |  |
| 1.18   | Is the effluent transported by a party other than the applicant?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.20.   |  |  |  |
| 1.19   | Provide information on the transporter below.   |  |  |  |
|  | Transporter Data  |  |  |  |
|  | Entity name   | Mailing address (street or P.O. box)                   |  |  |
|  | City or town  | State  | ZIP code   |  |
|  | Contact name (first and last)   | Title  |  |  |
|  | Phone number  | Email address  |  |  |

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|  |                           |   |                                       |  |          |
|--|---------------------------|---|---------------------------------------|--|----------|
| 1.20 In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.   |                           |   |                                       |  |          |
| Receiving Facility Data  |                           |   |                                       | Mailing address (street or P.O. box)   |          |
| Facility name  |                           | City or town                            |                                       | State  | ZIP code |
| Contact name (first and last)  |                           | Phone number                            |                                       | Title  |          |
| NPDES number of receiving facility (if any)  |                           | <input type="checkbox"/> None           |                                       | Email address  |          |
| 1.21 Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?           |                           | <input checked="" type="checkbox"/> Yes |                                       | <input checked="" type="checkbox"/> No → SKIP to Item 1.23.                  |          |
| 1.22 Provide information in the table below on these other disposal methods.   |                           |   |                                       |  |          |
| Information on Other Disposal Methods  |                           |   |                                       |  |          |
| Disposal Method Description  | Location of Disposal Site | Size of Disposal Site                   | Annual Average Daily Discharge Volume | Continuous or Intermittent (check one)                                       |          |
|  |                           | acres                                   | gpd                                   | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |          |
|  |                           | acres                                   | gpd                                   | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |          |
|  |                           | acres                                   | gpd                                   | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent |          |
| 1.23 Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) |                           |   |                                       |  |          |
| <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2))   |                           |   |                                       |  |          |
| <input checked="" type="checkbox"/> Not applicable   |                           |   |                                       |  |          |
| 1.24 Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?  |                           |   |                                       |  |          |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.   |                           |   |                                       |  |          |
| 1.25 Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.   |                           |   |                                       |  |          |
| Contractor Information   |                           |   |                                       |  |          |
|  |                           | Contractor 1                            |                                       | Contractor 2   |          |
|  |                           | Contractor 3                            |                                       |  |          |
| Contractor name (company name)   |                           |   |                                       |  |          |
| Mailing address (street or P.O. box)   |                           |   |                                       |  |          |
| City, state, and ZIP code  |                           |   |                                       |  |          |
| Contact name (first and last)  |                           |   |                                       |  |          |
| Phone number   |                           |   |                                       |  |          |
| Email address  |                           |   |                                       |  |          |
| Operational and maintenance responsibilities of contractor   |                           |   |                                       |  |          |

|                                  |                                  |   |
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**SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))**

**Outfalls to Waters of the United States**

| Design Flow | 2.1  |   |
|-------------|--|---|
|             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3. | Does the treatment works have a design flow greater than or equal to 0.1 mgd? |

| Inflow and Infiltration  | 2.2  | Average Daily Volume of Inflow and Infiltration |
|--|--|---|
|  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3. | 20 gpd  |
| Provide the treatment works' current average daily volume of inflow and infiltration.<br><br>Indicate the steps the facility is taking to minimize inflow and infiltration.<br>Infiltration testing of all new sewer mains/stubs, monitoring and evaluation of existing collection system infrastructure |  |   |

| Topographic Map   | 2.3   |
|---|---|
|   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) |   |

| Flow Diagram  | 2.4   |
|---|---|
|   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) |   |

| Scheduled Improvements and Schedules of Implementation | 2.5  |
|--|--|
|  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3. |
|  | Are improvements to the facility scheduled?  |
|  | Briefly list and describe the scheduled improvements.                                    |
|  | 1.   |
| 2.   |  |
| 3.   |  |
| 4.   |  |

| Scheduled Improvements and Schedules of Implementation  | 2.6   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
|---|---|---|---|---------------------------------|-------------------------------|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|
|   | Provide scheduled or actual dates of completion for improvements.   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
|   | <b>Scheduled or Actual Dates of Completion for Improvements</b>   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
|   | <table border="1"> <thead> <tr> <th>Scheduled Improvement (from above)</th> <th>Affected Outfalls (list outfall number)</th> <th>Begin Construction (MM/DD/YYYY)</th> <th>End Construction (MM/DD/YYYY)</th> <th>Begin Discharge (MM/DD/YYYY)</th> <th>Attainment of Operational Level (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Scheduled Improvement (from above)      | Affected Outfalls (list outfall number) | Begin Construction (MM/DD/YYYY) | End Construction (MM/DD/YYYY) | Begin Discharge (MM/DD/YYYY)                 | Attainment of Operational Level (MM/DD/YYYY) | 1. |  |  |  |  |  | 2. |  |  |  |  |  | 3. |  |  |  |  |  | 4. |  |  |  |  |  |
|   | Scheduled Improvement (from above)  | Affected Outfalls (list outfall number) | Begin Construction (MM/DD/YYYY)         | End Construction (MM/DD/YYYY)   | Begin Discharge (MM/DD/YYYY)  | Attainment of Operational Level (MM/DD/YYYY) |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
| 1.  |   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
| 2.  |   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
| 3.  |   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
| 4.  |   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
| 2.7   |   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
| Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. |   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable                 |   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |
| Explanation:  |   |   |   |                                 |                               |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |

|                                  |                                  |   |
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**SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))**

|  |  |                                  |                                  |
|--|--|----------------------------------|----------------------------------|
| 3.1 Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)   |  |                                  |                                  |
|  | <b>Outfall Number</b> <u>0.001</u>                 | <b>Outfall Number</b> <u>N/A</u> | <b>Outfall Number</b> <u>N/A</u> |
| State  | WASHINGTON   |                                  |                                  |
| County   | DOUGLAS  |                                  |                                  |
| City or town   | ROCK ISLAND  |                                  |                                  |
| Distance from shore  | 100 ft.  |                                  | ft.                              |
| Depth below surface  | 15 ft.   |                                  | ft.                              |
| Average daily flow rate  | 0.055 mgd  |                                  | mgd                              |
| Latitude   | 47° 37' 02" N <input checked="" type="checkbox"/>  | ° ' "                            | ° ' "                            |
| Longitude  | 120° 13' 48" W <input checked="" type="checkbox"/> | ° ' "                            | ° ' "                            |
| 3.2 Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.   |  |                                  |                                  |
| 3.3 If so, provide the following information for each applicable outfall.  |  |                                  |                                  |
|  | <b>Outfall Number</b> _____                        | <b>Outfall Number</b> _____      | <b>Outfall Number</b> _____      |
| Number of times per year discharge occurs  |  |                                  |                                  |
| Average duration of each discharge (specify units)   |  |                                  |                                  |
| Average flow of each discharge   |  | mgd                              | mgd                              |
| Months in which discharge occurs   |  |                                  |                                  |
| 3.4 Are any of the outfalls listed under Item 3.1 equipped with a diffuser?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6.   |  |                                  |                                  |
| 3.5 Briefly describe the diffuser type at each applicable outfall.   |  |                                  |                                  |
|  | <b>Outfall Number</b> <u>0.001</u>                 | <b>Outfall Number</b> <u>N/A</u> | <b>Outfall Number</b> <u>N/A</u> |
|  | Duck bill check valve                              |                                  |                                  |
| 3.6 Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6. |  |                                  |                                  |
| Waters of the U.S.   |  |                                  |                                  |

|                                  |                                  |   |   |
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|                             |  |   |   |   |
|-----------------------------|--|---|---|---|
| Receiving Water Description | 3.7  | Provide the receiving water and related information (if known) for each outfall.  |   |   |
|                             |  | Outfall Number _____  | Outfall Number _____  | Outfall Number _____  |
|                             | Receiving water name   |   |   |   |
|                             | Name of watershed, river, or stream system                     |   |   |   |
|                             | U.S. Soil Conservation Service 14-digit watershed code         |   |   |   |
|                             | Name of state management/river basin                           |   |   |   |
|                             | U.S. Geological Survey 8-digit hydrologic cataloging unit code |   |   |   |
|                             | Critical low flow (acute)                                      | cfs   | cfs   | cfs   |
|                             | Critical low flow (chronic)                                    | cfs   | cfs   | cfs   |
|                             | Total hardness at critical low flow                            | mg/L of CaCO <sub>3</sub>   | mg/L of CaCO <sub>3</sub>   | mg/L of CaCO <sub>3</sub>   |
| Treatment Description       | 3.8  | Provide the following information describing the treatment provided for discharges from each outfall.   |   |   |
|                             |  | Outfall Number _____  | Outfall Number _____  | Outfall Number _____  |
|                             | Highest Level of Treatment (check all that apply per outfall)  | <input type="checkbox"/> Primary<br><input type="checkbox"/> Equivalent to secondary<br><input type="checkbox"/> Secondary<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Primary<br><input type="checkbox"/> Equivalent to secondary<br><input type="checkbox"/> Secondary<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Primary<br><input type="checkbox"/> Equivalent to secondary<br><input type="checkbox"/> Secondary<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Other (specify) _____ |
|                             | Design Removal Rates by Outfall                                |   |   |   |
|                             | BOD <sub>5</sub> or CBOD <sub>5</sub>                          | %   | %   | %   |
|                             | TSS  | %   | %   | %   |
|                             | Phosphorus   | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  |
|                             | Nitrogen   | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  |
|                             | Other (specify) _____  | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  | <input type="checkbox"/> Not applicable<br>%  |

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| Treatment Description Continued |  |   |  |  |         |       |
|---------------------------------|--|---|--|--|---------|-------|
| 3.9                             | Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.  |   |  |  |         |       |
|                                 |  | Outfall Number _____  | Outfall Number _____   | Outfall Number _____   |         |       |
|                                 |  | Disinfection type   |  |  |         |       |
|                                 |  | Seasons used  |  |  |         |       |
|                                 | Dechlorination used?   | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                  | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |         |       |
| 3.10                            | Have you completed monitoring for all Table A parameters and attached the results to the application package?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |         |       |
| 3.11                            | Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points?  | <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.   |  |  |         |       |
| 3.12                            | Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.  |   |  |  |         |       |
|                                 |  | Outfall Number _____  | Outfall Number _____   | Outfall Number _____   |         |       |
|                                 |  | Acute   | Chronic  | Acute  | Chronic | Acute |
|                                 | Number of tests of discharge water   |   |  |  |         |       |
|                                 | Number of tests of receiving water   |   |  |  |         |       |
| 3.13                            | Does the treatment works have a design flow greater than or equal to 0.1 mgd?  | <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.   |  |  |         |       |
| 3.14                            | Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent?  | <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine. |  |  |         |       |
| 3.15                            | Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |         |       |
| 3.16                            | Does one or more of the following conditions apply?  |   |  |  |         |       |
|                                 | <ul style="list-style-type: none"><li>• The facility has a design flow greater than or equal to 1 mgd.</li><li>• The POTW has an approved pretreatment program or is required to develop such a program.</li><li>• The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).</li></ul> |   |  |  |         |       |
|                                 | <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable.  | <input type="checkbox"/> No → SKIP to Section 4.  |  |  |         |       |
| 3.17                            | Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |         |       |
| 3.18                            | Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package?  | <input type="checkbox"/> Yes <input type="checkbox"/> No → additional sampling required by NPDES permitting authority.                  |  |  |         |       |

| Effluent Testing Data |   |
|-----------------------|---|
| 3.15                  | Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package?   |
| 3.16                  | Does one or more of the following conditions apply?   |
| 3.17                  | Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package?   |
| 3.18                  | Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? |



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## Effluent Testing Data Continued

|  |  |                                   |                    |  |  |
|--|--|-----------------------------------|--------------------|--|--|
| 3.19   | Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.  |                                   |                    |  |  |
| 3.20   | Have you previously submitted the results of the above tests to your NPDES permitting authority?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.   |                                   |                    |  |  |
| 3.21   | Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.<br><table><tr><td>Date(s) Submitted<br/>(MM/DD/YYYY)</td><td>Summary of Results</td></tr><tr><td></td><td></td></tr></table>   | Date(s) Submitted<br>(MM/DD/YYYY) | Summary of Results |  |  |
| Date(s) Submitted<br>(MM/DD/YYYY)  | Summary of Results   |                                   |                    |  |  |
|  |  |                                   |                    |  |  |
| 3.22   | Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.  |                                   |                    |  |  |
| 3.23   | Describe the cause(s) of the toxicity:   |                                   |                    |  |  |
| 3.24   | Has the treatment works conducted a toxicity reduction evaluation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.  |                                   |                    |  |  |
| 3.25   | Provide details of any toxicity reduction evaluations conducted.   |                                   |                    |  |  |
| 3.26   | Have you completed Table E for all applicable outfalls and attached the results to the application package?<br><input type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.  |                                   |                    |  |  |
| <b>SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))</b> |  |                                   |                    |  |  |
| 4.1  | Does the POTW receive discharges from SILs or NSCILs?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.  |                                   |                    |  |  |
| 4.2  | Indicate the number of SILs and NSCILs that discharge to the POTW.<br><table><tr><td>Number of SILs</td><td>Number of NSCILs</td></tr><tr><td></td><td></td></tr></table>  | Number of SILs                    | Number of NSCILs   |  |  |
| Number of SILs   | Number of NSCILs   |                                   |                    |  |  |
|  |  |                                   |                    |  |  |
| 4.3  | Does the POTW have an approved pretreatment program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                                   |                    |  |  |
| 4.4  | Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.6. |                                   |                    |  |  |
| 4.5  | Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.   |                                   |                    |  |  |
| 4.6  | Have you completed and attached Table F to this application package?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                                   |                    |  |  |

## Industrial Discharges and Hazardous Wastes

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4.7 Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? ☐ Yes ☐ No → SKIP to Item 4.9.

4.8 If yes, provide the following information:

| Hazardous Waste Number | Waste Transport Method<br>(check all that apply) |  | Annual Amount of Waste Received | Units |
|------------------------|--|--|---------------------------------|-------|
|                        | <input type="checkbox"/> Truck                   | <input type="checkbox"/> Rail                  |                                 |       |
|                        | <input type="checkbox"/> Dedicated pipe          | <input type="checkbox"/> Other (specify) _____ |                                 |       |
|                        | <input type="checkbox"/> Truck                   | <input type="checkbox"/> Rail                  |                                 |       |
|                        | <input type="checkbox"/> Dedicated pipe          | <input type="checkbox"/> Other (specify) _____ |                                 |       |
|                        | <input type="checkbox"/> Truck                   | <input type="checkbox"/> Rail                  |                                 |       |
|                        | <input type="checkbox"/> Dedicated pipe          | <input type="checkbox"/> Other (specify) _____ |                                 |       |

4.9 Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(n) of RCRA? ☐ Yes ☐ No → SKIP to Section 5.

4.10 Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? ☐ Yes → SKIP to Section 5. ☐ No

4.11 Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? ☐ Yes ☐ No

**SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))**

5.1 Does the treatment works have a combined sewer system? ☐ Yes ☐ No → SKIP to Section 6.

5.2 Have you attached a CSO system map to this application? (See instructions for map requirements.) ☐ Yes ☐ No

5.3 Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) ☐ Yes ☐ No

**CSO Map and Diagram****Industrial Discharges and Hazardous Wastes Continued**

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| CSO Outfall Description                           |   |  |  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
|---|---|--|--|--------------------------|--------------------------|---------------------------------------|--|--|--|----------------------------|--|--|--|------------------------------|---|---|---|---|--|--|--|---------------|--|--|--|------------------------|--|--|--|---------------------|-----|-----|-----|
| 5.4   | For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)   |  |  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
|   | <table><thead><tr><th></th><th>CSO Outfall Number _____</th><th>CSO Outfall Number _____</th><th>CSO Outfall Number _____</th></tr></thead><tbody><tr><td>City or town</td><td></td><td></td><td></td></tr><tr><td>State and ZIP code</td><td></td><td></td><td></td></tr><tr><td>County</td><td></td><td></td><td></td></tr><tr><td>Latitude</td><td>° ' "</td><td>° ' "</td><td>° ' "</td></tr><tr><td>Longitude</td><td>° ' "</td><td>° ' "</td><td>° ' "</td></tr><tr><td>Distance from shore</td><td>ft.</td><td>ft.</td><td>ft.</td></tr><tr><td>Depth below surface</td><td>ft.</td><td>ft.</td><td>ft.</td></tr></tbody></table>  |  | CSO Outfall Number _____   | CSO Outfall Number _____ | CSO Outfall Number _____ | City or town                          |  |  |  | State and ZIP code         |  |  |  | County                       |   |   |   | Latitude  | ° ' "  | ° ' "  | ° ' "  | Longitude     | ° ' "  | ° ' "  | ° ' "  | Distance from shore    | ft.  | ft.  | ft.  | Depth below surface | ft. | ft. | ft. |
|   | CSO Outfall Number _____  | CSO Outfall Number _____   | CSO Outfall Number _____   |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| City or town                                      |   |  |  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| State and ZIP code                                |   |  |  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| County  |   |  |  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Latitude  | ° ' "   | ° ' "  | ° ' "  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Longitude   | ° ' "   | ° ' "  | ° ' "  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Distance from shore                               | ft.   | ft.  | ft.  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Depth below surface                               | ft.   | ft.  | ft.  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| 5.5   | Did the POTW monitor any of the following items in the past year for its CSO outfalls?  |  |  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
|   | <table><thead><tr><th></th><th>CSO Outfall Number _____</th><th>CSO Outfall Number _____</th><th>CSO Outfall Number _____</th></tr></thead><tbody><tr><td>Rainfall</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>CSO flow volume</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>CSO pollutant concentrations</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Receiving water quality</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>CSO frequency</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Number of storm events</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></tbody></table> |  | CSO Outfall Number _____   | CSO Outfall Number _____ | CSO Outfall Number _____ | Rainfall                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | CSO flow volume            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | CSO pollutant concentrations | <input type="checkbox"/> Yes <input type="checkbox"/> No                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Receiving water quality                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | CSO frequency | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of storm events | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |     |     |     |
|   | CSO Outfall Number _____  | CSO Outfall Number _____   | CSO Outfall Number _____   |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Rainfall  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| CSO flow volume                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| CSO pollutant concentrations                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Receiving water quality                           | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| CSO frequency                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Number of storm events                            | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| 5.6   | Provide the following information for each of your CSO outfalls.  |  |  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
|   | <table><thead><tr><th></th><th>CSO Outfall Number _____</th><th>CSO Outfall Number _____</th><th>CSO Outfall Number _____</th></tr></thead><tbody><tr><td>Number of CSO events in the past year</td><td>events</td><td>events</td><td>events</td></tr><tr><td>Average duration per event</td><td>hours</td><td>hours</td><td>hours</td></tr><tr><td>Average volume per event</td><td><input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons</td><td><input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons</td><td><input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons</td></tr><tr><td>Minimum rainfall causing a CSO event in last year</td><td><input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall</td><td><input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall</td><td><input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall</td></tr></tbody></table>  |  | CSO Outfall Number _____   | CSO Outfall Number _____ | CSO Outfall Number _____ | Number of CSO events in the past year | events   | events   | events   | Average duration per event | hours  | hours  | hours  | Average volume per event     | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons | Minimum rainfall causing a CSO event in last year | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall |               |  |  |  |                        |  |  |  |                     |     |     |     |
|   | CSO Outfall Number _____  | CSO Outfall Number _____   | CSO Outfall Number _____   |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Number of CSO events in the past year             | events  | events   | events   |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Average duration per event                        | hours   | hours  | hours  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Average volume per event                          | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons   | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons    | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated million gallons    |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| Minimum rainfall causing a CSO event in last year | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall  | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall | <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated inches of rainfall |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |
| CSO Events in Past Year                           |   |  |  |                          |                          |                                       |  |  |  |                            |  |  |  |                              |   |   |   |   |  |  |  |               |  |  |  |                        |  |  |  |                     |     |     |     |

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## CSO Receiving Waters

|     |   |                                  |                                  |                                  |
|-----|---|----------------------------------|----------------------------------|----------------------------------|
| 5.7 | Provide the information in the table below for each of your CSO outfalls.   | CSO Outfall Number _____         | CSO Outfall Number _____         | CSO Outfall Number _____         |
|     | Receiving water name  |                                  |                                  |                                  |
|     | Name of watershed/<br>stream system   |                                  |                                  |                                  |
|     | U.S. Soil Conservation<br>Service 14-digit<br>watershed code<br>(if known)  | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
|     | Name of state<br>management/river basin   |                                  |                                  |                                  |
|     | U.S. Geological Survey<br>8-Digit Hydrologic Unit<br>Code (if known)  | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
|     | Description of known<br>water quality impacts on<br>receiving stream by CSO<br>(see instructions for<br>examples) |                                  |                                  |                                  |

## SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

|                                     |   |  |  |
|-------------------------------------|---|--|--|
| 6.1                                 | In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.   | Column 1   | Column 2   |
| <input checked="" type="checkbox"/> | Section 1: Basic Application Information for All Applicants   | <input type="checkbox"/> w/ variance request(s)  | <input type="checkbox"/> w/ additional attachments   |
| <input checked="" type="checkbox"/> | Section 2: Additional Information   | <input checked="" type="checkbox"/> w/ topographic map<br><input checked="" type="checkbox"/> w/ additional attachments      | <input checked="" type="checkbox"/> w/ process flow diagram  |
| <input checked="" type="checkbox"/> | Section 3: Information on Effluent Discharges   | <input checked="" type="checkbox"/> w/ Table A<br><input type="checkbox"/> w/ Table B<br><input type="checkbox"/> w/ Table C | <input type="checkbox"/> w/ Table D<br><input type="checkbox"/> w/ Table E<br><input type="checkbox"/> w/ additional attachments |
| <input type="checkbox"/>            | Section 4: Industrial Discharges and Hazardous Wastes   | <input type="checkbox"/> w/ SIU and NSCIU attachments<br><input type="checkbox"/> w/ additional attachments                  | <input type="checkbox"/> w/ Table F  |
| <input type="checkbox"/>            | Section 5: Combined Sewer Overflows   | <input type="checkbox"/> w/ CSO map<br><input type="checkbox"/> w/ CSO system diagram  | <input type="checkbox"/> w/ additional attachments   |
| <input checked="" type="checkbox"/> | Section 6: Checklist and Certification Statement  | <input type="checkbox"/> w/ attachments  |  |
| 6.2                                 | <b>Certification Statement</b><br><br>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. | Official title<br><i>Mayor</i>   |  |
|                                     | Name (print or type first and last name)<br><i>Randy Agnew</i>  | Date signed<br><i>2-27-24</i>  |  |
|                                     | Signature<br><i>Randy Agnew</i>   |  |  |

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**TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS**

| Pollutant   | Maximum Daily Discharge |         | Average Daily Discharge |         |                   | Analytical Method <sup>1</sup> | ML or MDL<br>(Include units)                                |
|---|-------------------------|---------|-------------------------|---------|-------------------|--------------------------------|---|
|   | Value                   | Units   | Value                   | Units   | Number of Samples |                                |   |
| Biochemical oxygen demand<br><input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub><br>(report one) | 3.83                    | LBS/DAY | 1.58                    | LBS/DAY | 56                | SM5210 B                       | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Fecal coliform  | 6.6                     | N/A     | 1.84                    | N/A     | 56                | SM9221 E2 + C                  | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Design flow rate  | .225                    | MG      | 0.0625                  | MG      | 396               |                                |   |
| pH (minimum)  | 7.1                     | N/A     |                         |         |                   |                                |   |
| pH (maximum)  | 7.6                     | N/A     |                         |         |                   |                                |   |
| Temperature (winter)  | 14.75                   | C       | 16.56                   | C       | 396               |                                |   |
| Temperature (summer)  | 20.57                   | C       | 23.9                    | C       | 396               |                                |   |
| Total suspended solids (TSS)  | 4.67                    | LBS/DAY | 1.769                   | LBS/DAY | 56                | SM2540D                        | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD**

| Pollutant                                      | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL<br>(include units)                                |
|--|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|  | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| Ammonia (as N)                                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Chlorine<br>(total residual, TRC) <sup>2</sup> |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Dissolved oxygen                               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Nitrate/nitrite                                |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Kjeldahl nitrogen                              |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Oil and grease                                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Phosphorus                                     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Total dissolved solids                         |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

<sup>2</sup> Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

| Pollutant                                 | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL<br>(include units)                                |
|---|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|   | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| <b>Metals, Cyanide, and Total Phenols</b> |                         |       |                         |       |                   |                                |   |
| Hardness (as CaCO <sub>3</sub> )          |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Antimony, total recoverable               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Arsenic, total recoverable                |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Beryllium, total recoverable              |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Cadmium, total recoverable                |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Chromium, total recoverable               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Copper, total recoverable                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Lead, total recoverable                   |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Mercury, total recoverable                |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Nickel, total recoverable                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Selenium, total recoverable               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Silver, total recoverable                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Thallium, total recoverable               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Zinc, total recoverable                   |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Cyanide                                   |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Total phenolic compounds                  |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| <b>Volatile Organic Compounds</b>         |                         |       |                         |       |                   |                                |   |
| Acrolein                                  |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Acrylonitrile                             |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Benzene                                   |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Bromoform                                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

| Pollutant                  | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL<br>(include units)                                |
|----------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|                            | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| Carbon tetrachloride       |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Chlorobenzene              |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Chlorodibromomethane       |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Chloroethane               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2-chloroethylvinyl ether   |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Chloroform                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Dichlorobromomethane       |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,1-dichloroethane         |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,2-dichloroethane         |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| trans-1,2-dichloroethylene |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,1-dichloroethylene       |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,2-dichloropropane        |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,3-dichloropropylene      |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Ethylbenzene               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Methyl bromide             |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Methyl chloride            |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Methylene chloride         |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,1,2,2-tetrachloroethane  |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Tetrachloroethylene        |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Toluene                    |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,1,1-trichloroethane      |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,1,2-trichloroethane      |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

| Pollutant                         | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL<br>(include units)                                |
|-----------------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|                                   | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| Trichloroethylene                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Vinyl chloride                    |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| <b>Acid-Extractable Compounds</b> |                         |       |                         |       |                   |                                |   |
| p-chloro-m-cresol                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2-chlorophenol                    |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2,4-dichlorophenol                |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2,4-dimethylphenol                |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 4,6-dinitro-o-cresol              |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2,4-dinitrophenol                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2-nitrophenol                     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 4-nitrophenol                     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Pentachlorophenol                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Phenol                            |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2,4,6-trichlorophenol             |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| <b>Base-Neutral Compounds</b>     |                         |       |                         |       |                   |                                |   |
| Acenaphthene                      |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Acenaphthylene                    |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Anthracene                        |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Benzidine                         |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Benzo(a)anthracene                |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Benzo(a)pyrene                    |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 3,4-benzofluoranthene             |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

| Pollutant                     | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL<br>(include units)                                |
|-------------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|                               | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| Benzo(ghi)perylene            |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Benzo(k)fluoranthene          |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Bis (2-chloroethoxy) methane  |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Bis (2-chloroethyl) ether     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Bis (2-chloroisopropyl) ether |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Bis (2-ethylhexyl) phthalate  |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 4-bromophenyl phenyl ether    |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Butyl benzyl phthalate        |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2-chloronaphthalene           |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 4-chlorophenyl phenyl ether   |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Chrysene                      |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| di-n-butyl phthalate          |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| di-n-octyl phthalate          |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Dibenzo(a,h)anthracene        |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,2-dichlorobenzene           |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,3-dichlorobenzene           |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,4-dichlorobenzene           |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 3,3-dichlorobenzidine         |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Diethyl phthalate             |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Dimethyl phthalate            |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2,4-dinitrotoluene            |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 2,6-dinitrotoluene            |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

| Pollutant                  | Maximum Daily Discharge |       | Average Daily Discharge |       |                   | Analytical Method <sup>1</sup> | ML or MDL<br>(include units)                                |
|----------------------------|-------------------------|-------|-------------------------|-------|-------------------|--------------------------------|---|
|                            | Value                   | Units | Value                   | Units | Number of Samples |                                |   |
| 1,2-diphenylhydrazine      |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Fluoranthene               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Fluorene                   |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Hexachlorobenzene          |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Hexachlorobutadiene        |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Hexachlorocyclo-pentadiene |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Hexachloroethane           |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Indeno(1,2,3-cd)pyrene     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Isophorone                 |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Naphthalene                |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Nitrobenzene               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| N-nitrosodi-n-propylamine  |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| N-nitrosodimethylamine     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| N-nitrosodiphenylamine     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Phenanthrene               |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| Pyrene                     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |
| 1,2,4-trichlorobenzene     |                         |       |                         |       |                   |                                | <input type="checkbox"/> ML<br><input type="checkbox"/> MDL |

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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# **TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

## **Test Information**

|                           | Test Number _____ | Test Number _____ | Test Number _____ |
|---------------------------|-------------------|-------------------|-------------------|
| Test species              |                   |                   |                   |
| Age at initiation of test |                   |                   |                   |
| Outfall number            |                   |                   |                   |
| Date sample collected     |                   |                   |                   |
| Date test started         |                   |                   |                   |
| Duration                  |                   |                   |                   |

## **Toxicity Test Methods**

|  |  |  |  |
|--|--|--|--|
| Test method number                     |  |  |  |
| Manual title                           |  |  |  |
| Edition number and year of publication |  |  |  |
| Page number(s)                         |  |  |  |

## **Sample Type**

|            |   |   |   |
|------------|---|---|---|
| Check one: | <input type="checkbox"/> Grab<br><input type="checkbox"/> 24-hour composite | <input type="checkbox"/> Grab<br><input type="checkbox"/> 24-hour composite | <input type="checkbox"/> Grab<br><input type="checkbox"/> 24-hour composite |
|------------|---|---|---|

## **Sample Location**

|            |  |  |  |
|------------|--|--|--|
| Check one: | <input type="checkbox"/> Before Disinfection<br><input type="checkbox"/> After Disinfection<br><input type="checkbox"/> After Dechlorination | <input type="checkbox"/> Before Disinfection<br><input type="checkbox"/> After Disinfection<br><input type="checkbox"/> After Dechlorination | <input type="checkbox"/> Before disinfection<br><input type="checkbox"/> After disinfection<br><input type="checkbox"/> After dechlorination |
|------------|--|--|--|

## **Point in Treatment Process**

|  |  |  |  |
|--|--|--|--|
| Describe the point in the treatment process at which the sample was collected for each test. |  |  |  |
|--|--|--|--|

## **Toxicity Type**

|   |   |   |   |
|---|---|---|---|
| Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.) | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic<br><input type="checkbox"/> Both | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic<br><input type="checkbox"/> Both | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic<br><input type="checkbox"/> Both |
|---|---|---|---|

|                                  |                                  |   |                |
|----------------------------------|----------------------------------|---|----------------|
| EPA Identification Number<br>N/A | NPDES Permit Number<br>WA0501487 | Facility Name<br>CITY OF ROCK ISLAND WWTP | Outfall Number |
|----------------------------------|----------------------------------|---|----------------|

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### TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

|  | Test Number _____   | Test Number _____   | Test Number _____   |
|--|---|---|---|
| <b>Test Type</b>   |   |   |   |
| Indicate the type of test performed. (Check one response.)   | <input type="checkbox"/> Static<br><input type="checkbox"/> Static-renewal<br><input type="checkbox"/> Flow-through | <input type="checkbox"/> Static<br><input type="checkbox"/> Static-renewal<br><input type="checkbox"/> Flow-through | <input type="checkbox"/> Static<br><input type="checkbox"/> Static-renewal<br><input type="checkbox"/> Flow-through |
| <b>Source of Dilution Water</b>  |   |   |   |
| Indicate the source of dilution water. (Check one response.)   | <input type="checkbox"/> Laboratory water<br><input type="checkbox"/> Receiving water                               | <input type="checkbox"/> Laboratory water<br><input type="checkbox"/> Receiving water                               | <input type="checkbox"/> Laboratory water<br><input type="checkbox"/> Receiving water                               |
| If laboratory water, specify type.   |   |   |   |
| If receiving water, specify source.  |   |   |   |
| <b>Type of Dilution Water</b>  |   |   |   |
| Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. | <input type="checkbox"/> Fresh water<br><input type="checkbox"/> Salt water (specify)                               | <input type="checkbox"/> Fresh water<br><input type="checkbox"/> Salt water (specify)                               | <input type="checkbox"/> Fresh water<br><input type="checkbox"/> Salt water (specify)                               |
| <b>Percentage Effluent Used</b>  |   |   |   |
| Specify the percentage effluent used for all concentrations in the test series.                                      |   |   |   |
|  |   |   |   |
|  |   |   |   |
| <b>Parameters Tested</b>   |   |   |   |
| Check the parameters tested.   | <input type="checkbox"/> pH<br><input type="checkbox"/> Salinity<br><input type="checkbox"/> Temperature            | <input type="checkbox"/> Ammonia<br><input type="checkbox"/> Dissolved oxygen                                       | <input type="checkbox"/> pH<br><input type="checkbox"/> Salinity<br><input type="checkbox"/> Temperature            |
|  |   | <input type="checkbox"/> Ammonia<br><input type="checkbox"/> Dissolved oxygen                                       | <input type="checkbox"/> pH<br><input type="checkbox"/> Salinity<br><input type="checkbox"/> Temperature            |
|  |   |   | <input type="checkbox"/> Ammonia<br><input type="checkbox"/> Dissolved oxygen                                       |
| <b>Acute Test Results</b>  |   |   |   |
| Percent survival in 100% effluent  | %   | %   | %   |
| LC <sub>50</sub>   |   |   |   |
| 95% confidence interval  | %   | %   | %   |
| Control percent survival   | %   | %   | %   |

|                                  |                                  |   |                |
|----------------------------------|----------------------------------|---|----------------|
| EPA Identification Number<br>N/A | NPDES Permit Number<br>WA0501487 | Facility Name<br>CITY OF ROCK ISLAND WWTP | Outfall Number |
|----------------------------------|----------------------------------|---|----------------|

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# **TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

|   | Test Number _____            | Test Number _____           | Test Number _____            |
|---|------------------------------|-----------------------------|------------------------------|
| <b>Acute Test Results Continued</b>                     |                              |                             |                              |
| Other (describe)  |                              |                             |                              |
| <b>Chronic Test Results</b>                             |                              |                             |                              |
| NOEC  | %                            | %                           | %                            |
| IC <sub>25</sub>  | %                            | %                           | %                            |
| Control percent survival                                | %                            | %                           | %                            |
| Other (describe)  |                              |                             |                              |
| <b>Quality Control/Quality Assurance</b>                |                              |                             |                              |
| Is reference toxicant data available?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was reference toxicant test within acceptable bounds?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| What date was reference toxicant test run (MM/DD/YYYY)? |                              |                             |                              |
| Other (describe)  |                              |                             |                              |

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|                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| EPA Identification Number<br>N/A | NPDES Permit Number<br>WA0501487 | Facility Name<br>CITY OF ROCK ISLAND WWTP |
|----------------------------------|----------------------------------|---|

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# **TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

|   | SIU ____   | SIU ____   | SIU ____   |
|---|--|--|--|
| Name of SIU   |  |  |  |
| Mailing address (street or P.O. box)  |  |  |  |
| City, state, and ZIP code   |  |  |  |
| Description of all industrial processes that affect or contribute to the discharge.             |  |  |  |
| List the principal products and raw materials that affect or contribute to the SIU's discharge. |  |  |  |
| Indicate the average daily volume of wastewater discharged by the SIU.                          | gpd  | gpd  | gpd  |
| How much of the average daily volume is attributable to process flow?                           | gpd  | gpd  | gpd  |
| How much of the average daily volume is attributable to non-process flow?                       | gpd  | gpd  | gpd  |
| Is the SIU subject to local limits?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the SIU subject to categorical standards?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| EPA Identification Number<br>N/A | NPDES Permit Number<br>WA0501487 | Facility Name<br>CITY OF ROCK ISLAND WWTP |
|----------------------------------|----------------------------------|---|

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# TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

|  | SIU ____   | SIU ____   | SIU ____   |
|--|--|--|--|
| Under what categories and subcategories is the SIU subject?  |  |  |  |
| Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe.  |  |  |  |



1  
Outfall

↑  
Columbia River

Basins

Bio-solids  
Storage

Beds

Dewatering

Hd/Ws

ATS

Shop

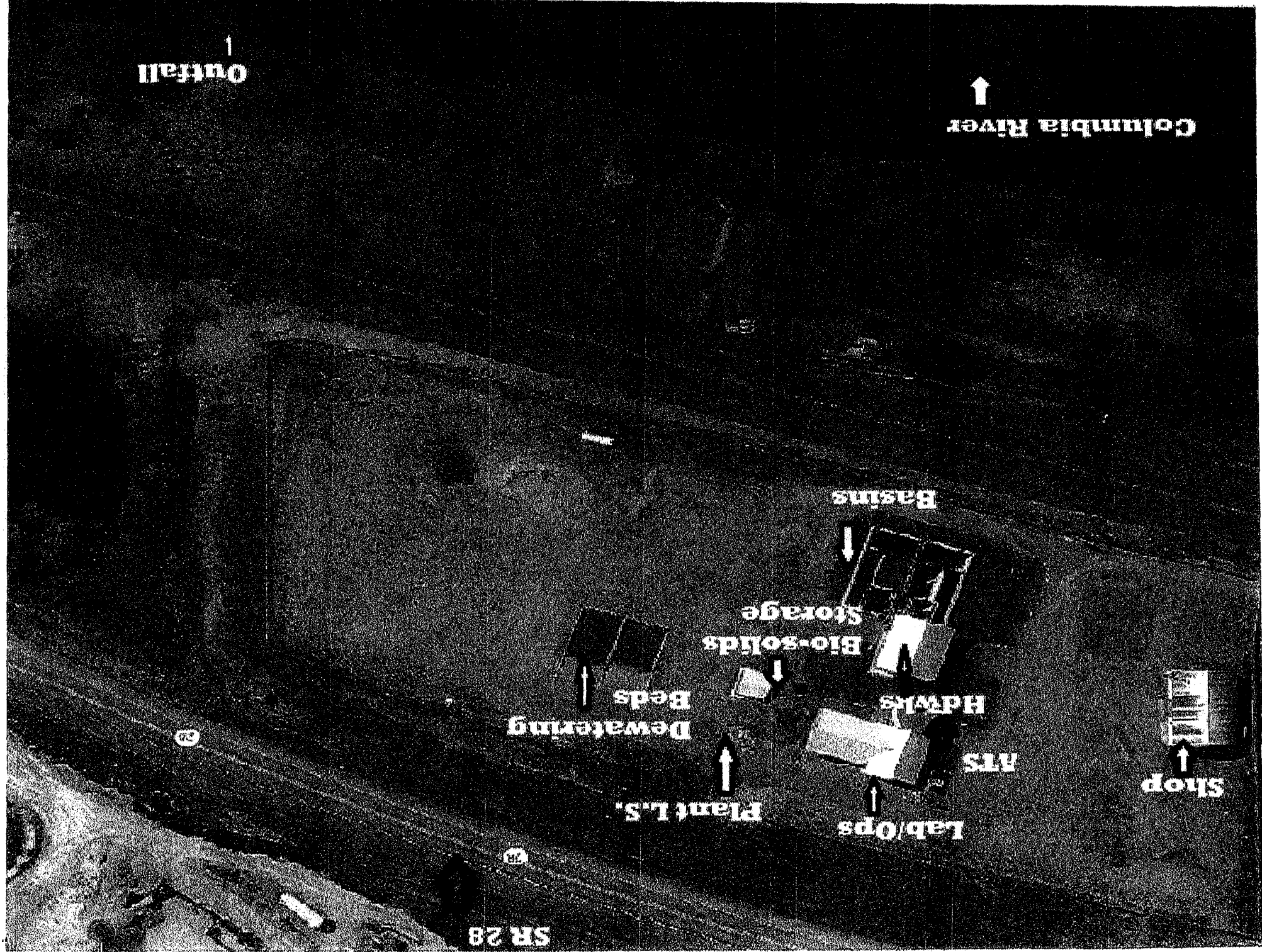
Lab/ops

Plant L.S.

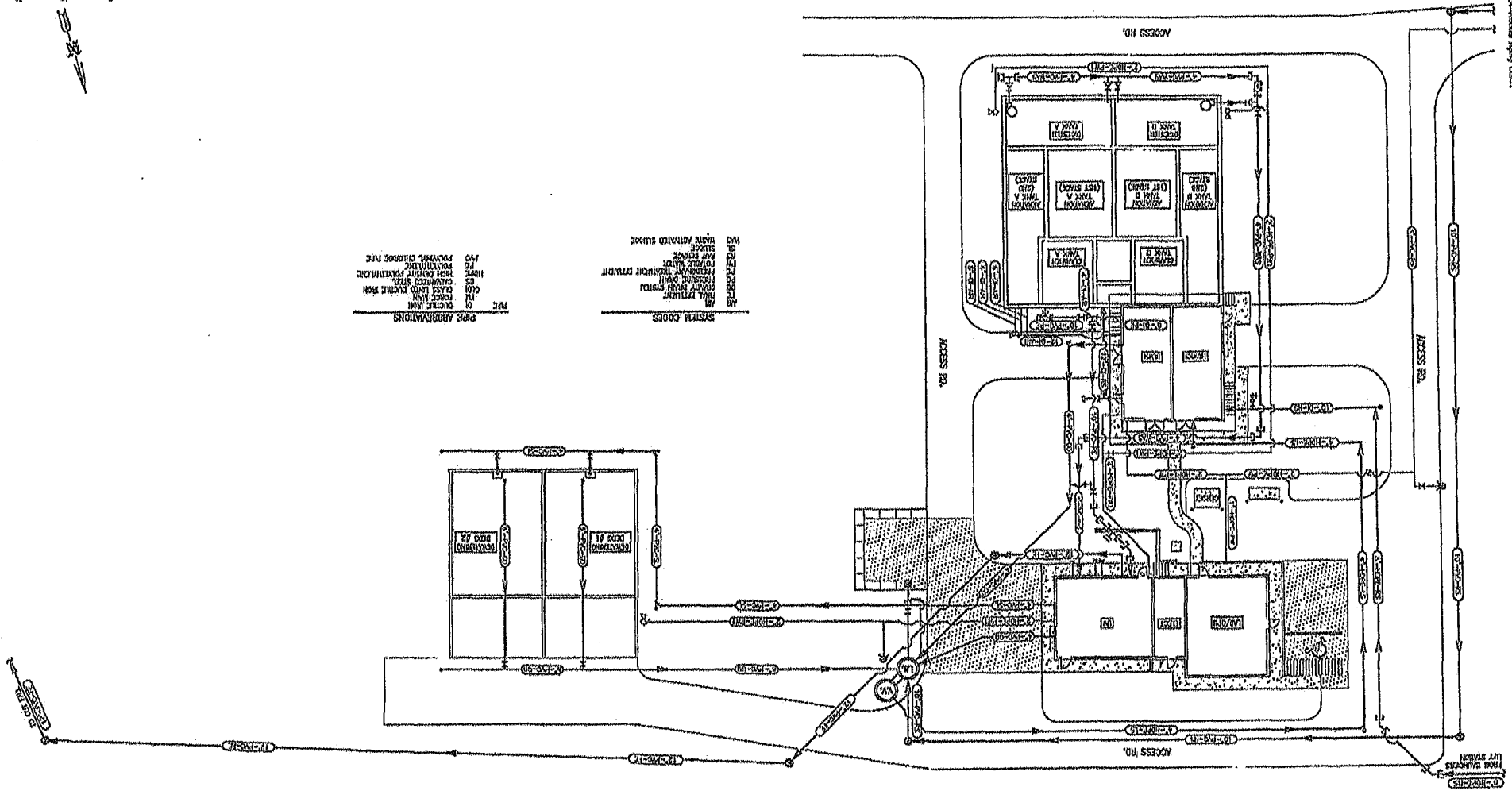
SR 28

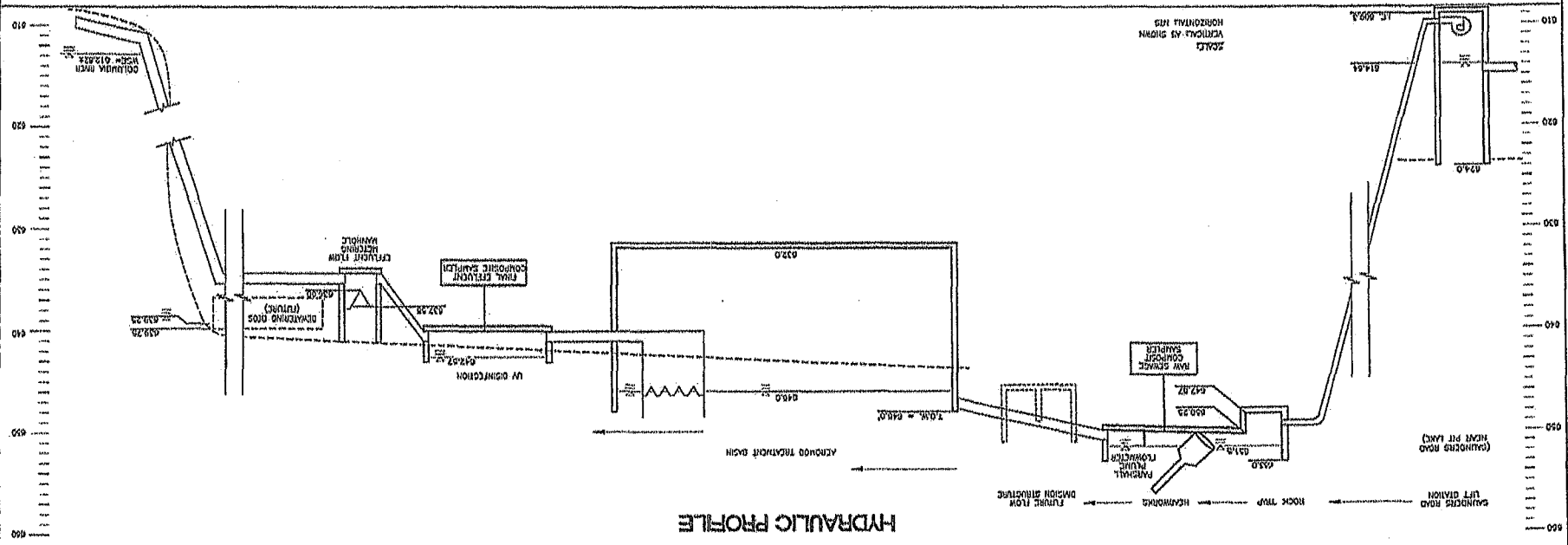
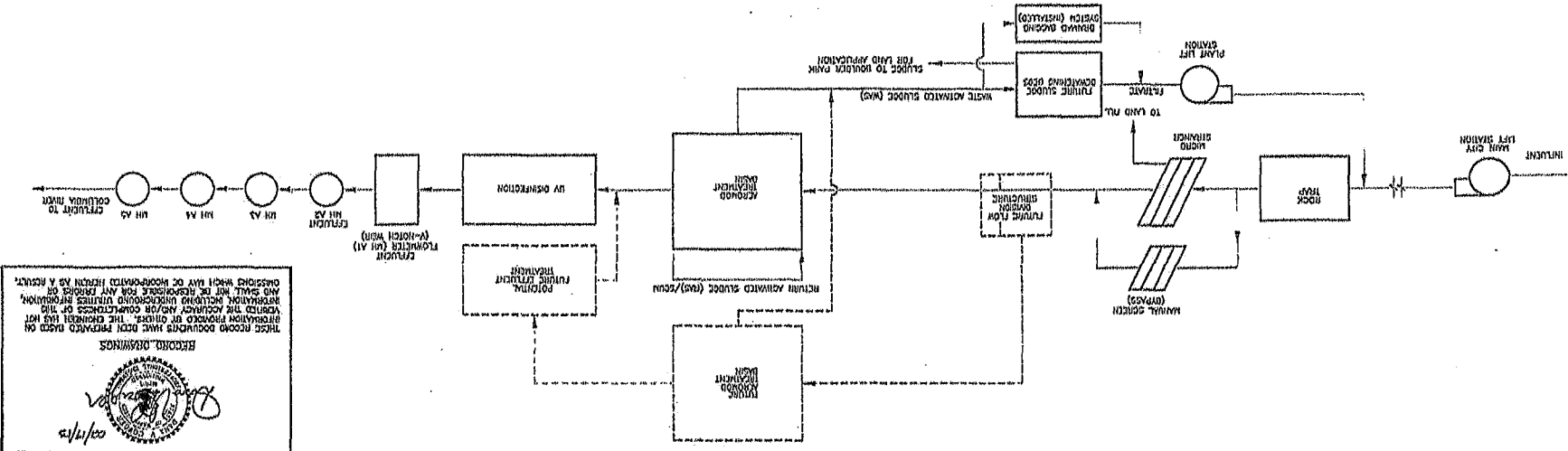
29

30

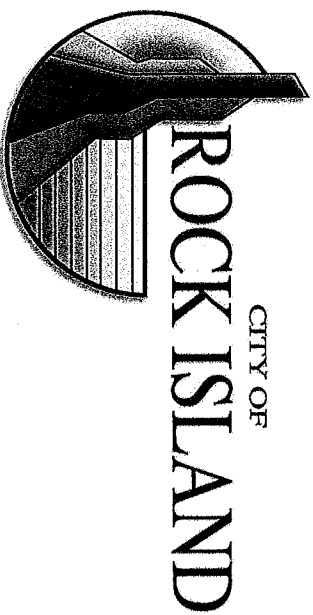








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Rock Island has an Aero-Mod extended aeration wastewater treatment plant. It is currently running at about 30% capacity. Wastewater is fed into the plant from the northwest corner of the plant through a force main from Saunders Lift Station. The plant receives an average influent flow of about 0.067 MGD and an average effluent flow of 0.055 MGD. Screening is conducted by a micro strainer with an orifice opening of  $\frac{1}{4}$ ". The plant is equipped with 3 blowers with one being on lead while others are on standby. Wastewater goes through the plant process with an average SRT of 17-19 days. Disinfection is conducted by a U.V system with two banks of U.V bulbs. Sludge wasting is done to drying beds on a weekly basis. Bio solids produced are later placed on a holding pad until ready to be hauled off. Typically one or two loads are produced each year with solids being at about 80% solids. Rock island WWTP is also equipped with an ATS back up system capable of keeping up with the whole load of the plant.