

EPA Identification Number
N/A

NPDES Permit Number
WA0501487

Facility Name
CITY OF ROCK ISLAND WWTP

Form Approved 03/05/19
OMB No. 2040-0004



U.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	<p>Facility name City of rock island wwtp</p> <p>Mailing address (street or P.O. box) 5 N Garden Ave, p.o. box 99</p> <p>City or town Rock Island</p> <p>State WA</p> <p>ZIP code 98850</p> <p>Contact name (first and last) Wyatt long</p> <p>Title public works director</p> <p>Phone number (509) 884-1261</p> <p>Email address publicworks@rockislandwa.go</p> <p>Location address (street, route number, or other specific identifier) 201 4th st sw</p> <p>City or town rock island</p> <p>State WA</p> <p>ZIP code 98850</p>																
1.2	<p>Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No</p>																
1.3	<p>Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.</p> <p>Applicant name Applicant address (street or P.O. box) City or town State ZIP code</p> <p>Contact name (first and last) Title Phone number Email address</p>																
1.4	<p>Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Both</p>																
1.5	<p>To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)</p>																
1.6	<p>Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)</p> <table border="1"> <thead> <tr> <th colspan="4">Existing Environmental Permits</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> NPDES (discharges to surface water) WA0501487</td> <td><input type="checkbox"/> RCRA (hazardous waste)</td> <td><input type="checkbox"/> UIC (underground injection control)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> PSD (air emissions)</td> <td><input type="checkbox"/> Nonattainment program (CAA)</td> <td><input type="checkbox"/> NESHAPs (CAA)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Ocean dumping (MPRSA)</td> <td><input type="checkbox"/> Dredge or fill (CWA Section 404)</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> </tbody> </table>	Existing Environmental Permits				<input checked="" type="checkbox"/> NPDES (discharges to surface water) WA0501487	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection control)		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)	
Existing Environmental Permits																	
<input checked="" type="checkbox"/> NPDES (discharges to surface water) WA0501487	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection control)															
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<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)															

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1.7	Provide the collection system information requested below for the treatment works.				
	Municipality Served	Population Served	Collection System Type (Indicate percentage)	Ownership Status	
	CITY OF ROCK ISLAND	1400	<input type="checkbox"/> 100 % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
			<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
			<input type="checkbox"/> % separate sanitary sewer <input type="checkbox"/> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
	Total Population Served	1400			
	Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer	
1.8	Is the treatment works located in Indian Country?		100 %	0 %	
	<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
	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

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Outfalls and Other Discharge or Disposal Methods				
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? <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 <input type="checkbox"/> Intermittent	
		gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
		gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
1.14	Is wastewater applied to land? <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 <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
1.16	Is effluent transported to another facility for treatment prior to discharge? <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? <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		

Outfalls and Other Discharge or Disposal Methods Continued						
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	Location of Disposal Site		Size of Disposal Site		Annual Average Daily Discharge Volume
	City or town	State	ZIP code	Average daily flow rate		Continuous or Intermittent (check one)
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 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						
1.23	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 <input type="checkbox"/> Intermittent	
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
1.24	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					
1.25	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.			
Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.						
Contractor Information						
Contractor name (company name)		Contractor 1		Contractor 2		Contractor 3
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(d)(1) and (2))

Outfalls to Waters of the United States

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

2.2	Provide the treatment works' current average daily volume of inflow and infiltration. Average Daily Volume of Inflow and Infiltration: 20 gpd
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Inflow and Infiltration	Indicate the steps the facility is taking to minimize inflow and infiltration. Infiltration testing of all new sewer mains/stubs, monitoring and evaluation of existing collection system infrastructure
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2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----	--

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

Scheduled Improvements and Schedules of Implementation						
Provide scheduled or actual dates of completion for improvements.						
Scheduled or Actual Dates of Completion for Improvements						
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(f)(3) to (5))

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

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Receiving Water Description		Treatment Description			
3.7	Provide the receiving water and related information (if known) for each outfall. 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) Critical low flow (chronic) Total hardness at critical low flow	Outfall Number _____	Outfall Number _____	Outfall Number _____	
		Provide the following information describing the treatment provided for discharges from each outfall.			
		Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
		Design Removal Rates by Outfall			
		BOD ₅ or CBOD ₅	%	%	%
		TSS	%	%	%
		Phosphorus	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
		Nitrogen	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
		Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
		3.8	Provide the following information describing the treatment provided for discharges from each outfall.		

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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 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

Effluent Testing Data

3.10 Have you completed monitoring for all Table A parameters and attached the results to the application package?
 Yes 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?
 Yes 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	Chronic
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?
 Yes 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?
 Yes → Complete Table B, including chlorine. 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?
 Yes No

3.16 Does one or more of the following conditions apply?
 • The facility has a design flow greater than or equal to 1 mgd.
 • The POTW has an approved pretreatment program or is required to develop such a program.
 • 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).
 Yes → Complete Tables C, D, and E as applicable. 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?
 Yes 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?
 Yes No → additional sampling required by NPDES permitting authority.

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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? <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? <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. Date(s) Submitted (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? <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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No → Not applicable because previously submitted information to the NPDES permitting authority.		
SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(i)(6) and (7))			
4.1	Does the POTW receive discharges from SIlUs or NSCIUs? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.		
4.2	Indicate the number of SIlUs and NSCIUs that discharge to the POTW. Number of SIlUs		Number of NSCIUs
4.3	Does the POTW have an approved pretreatment program? <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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Industrial Discharges and Hazardous Wastes Continued					
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 261.2?				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.9.			
4.8	If yes, provide the following information:				
	Hazardous Waste Number	Waste Transport Method (check all that apply)	Annual Amount of Waste Received	Units	
4.9	<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	
4.10	<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) _____	
4.11	<input type="checkbox"/>	Truck	<input type="checkbox"/>	Rail	
	<input type="checkbox"/>	Dedicated pipe	<input type="checkbox"/>	Other (specify) _____	
<p>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(h) of RCRA? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5.</p> <p>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)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(i)(8))</p>					
<p>CSO Map and Diagram</p>					
5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.				
5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				

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CSO Outfall Description		
5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)	
	CSO Outfall Number _____	CSO Outfall Number _____
City or town		
State and ZIP code		
County		
Latitude	° ' "	° ' "
Longitude	° ' "	° ' "
Distance from shore	ft.	ft.
Depth below surface	ft.	ft.

5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?	
	CSO Outfall Number _____	CSO Outfall Number _____
Rainfall	<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
CSO pollutant concentrations	<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
CSO frequency	<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

5.6	Provide the following information for each of your CSO outfalls.	
	CSO Outfall Number _____	CSO Outfall Number _____
Number of CSO events in the past year	events	events
Average duration per event	hours	hours
Average volume per event	million gallons	million gallons
Minimum rainfall causing a CSO event in last year	inches of rainfall	inches of rainfall

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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
	Receiving water name		
	Name of watershed/ stream system		
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/driver basin		
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for 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 <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 <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
<input type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <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 <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	

Checklist and Certification Statement

6.2

Certification Statement

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.

Name (print or type first and last name)

Randy Agnew

Official title

Mayor

Signature

Randy Agnew

Date signed

2-27-24

EPA Identification Number N/A	NPDES Permit Number WA0501487	Facility Name CITY OF ROCK ISLAND WWTP	Outfall Number 0.001
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Form Approved 03/05/19
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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (Include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	3.83	LBS/DAY	1.58	LBS/DAY	56	SM5210 B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	6.6	N/A	1.84	N/A	56	SM9221 E2 + C	<input type="checkbox"/> ML <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 <input type="checkbox"/> MDL

¹ 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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EPA Identification Number N/A	NPDES Permit Number WA0501487	Facility Name CITY OF ROCK ISLAND WWTP	Outfall Number
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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 ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids							<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ 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).

² 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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EPA Identification Number N/A	NPDES Permit Number WA0501487	Facility Name CITY OF ROCK ISLAND WWTP	Outfall Number
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

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

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

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

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

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

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

¹ 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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EPA Identification Number N/A	NPDES Permit Number WA0501487	Facility Name 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 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 <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
------------	---	---	---

Sample Location

Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <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 <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both
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EPA Identification Number N/A	NPDES Permit Number WA0501487	Facility Name 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 _____
Test Type			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
Source of Dilution Water			
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.			
If receiving water, specify source.			
Type of Dilution Water			
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 <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)
Percentage Effluent Used			
Specify the percentage effluent used for all concentrations in the test series.			
Parameters Tested			
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
Acute Test Results			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% confidence interval	%	%	%
Control percent survival	%	%	%

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

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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

N/A

NPDES Permit Number

WA0501487

Facility Name

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.			



Center St. Lift Station

Rock Island Elementary

Saunders Lift Station

Rock Island

City Hall

Apple Hills Coffee

US Post Office

Rock Island Bar & Grill

B.J.'s Food Mans

Marine RV Park

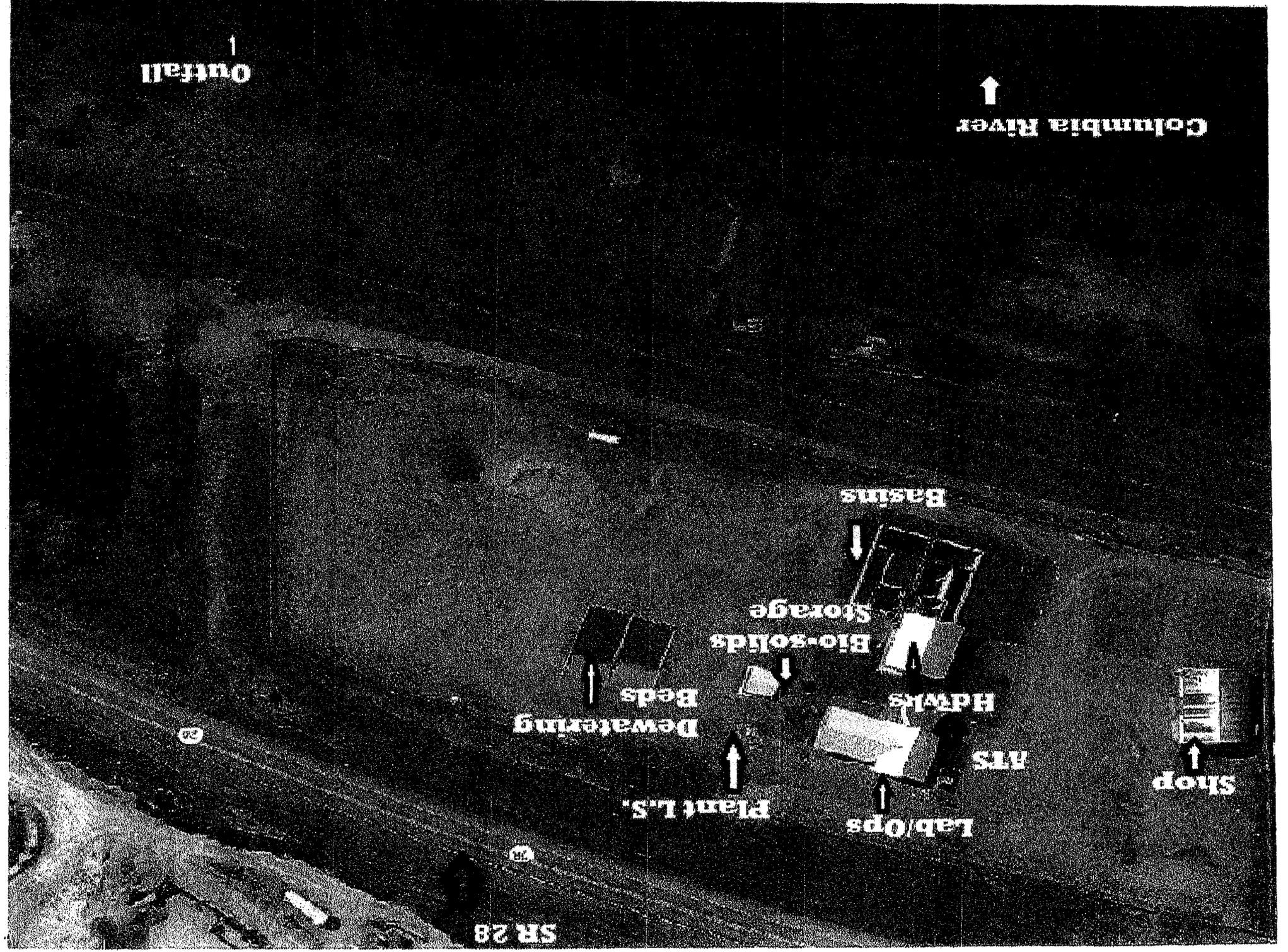
WWTP

Columbia River

Google

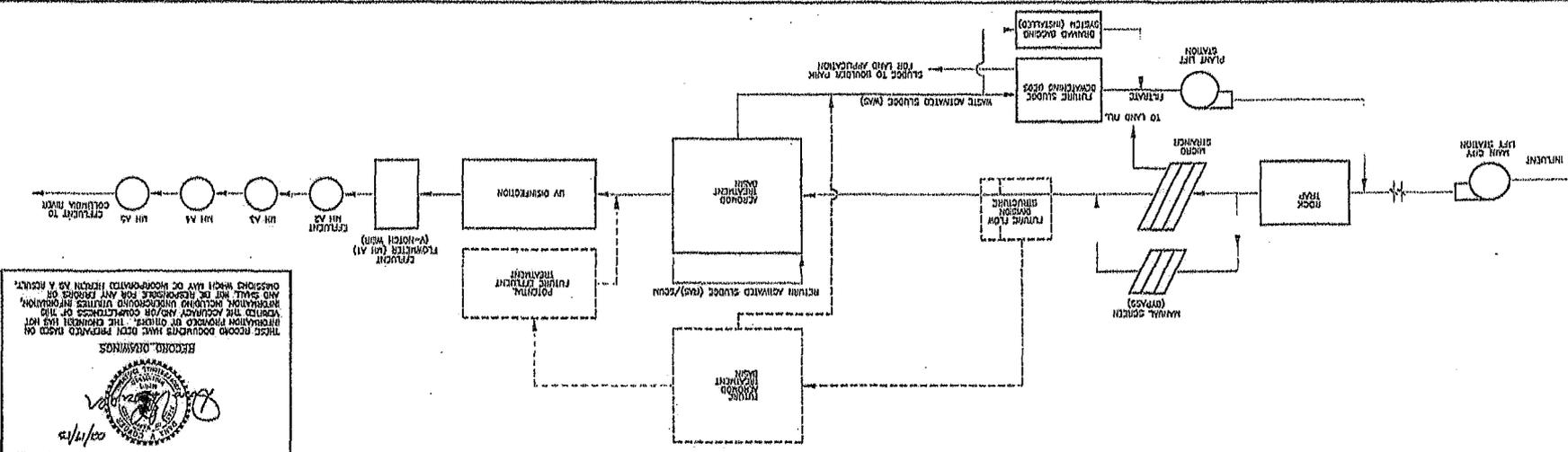
1
Outfall

↑
Columbia River

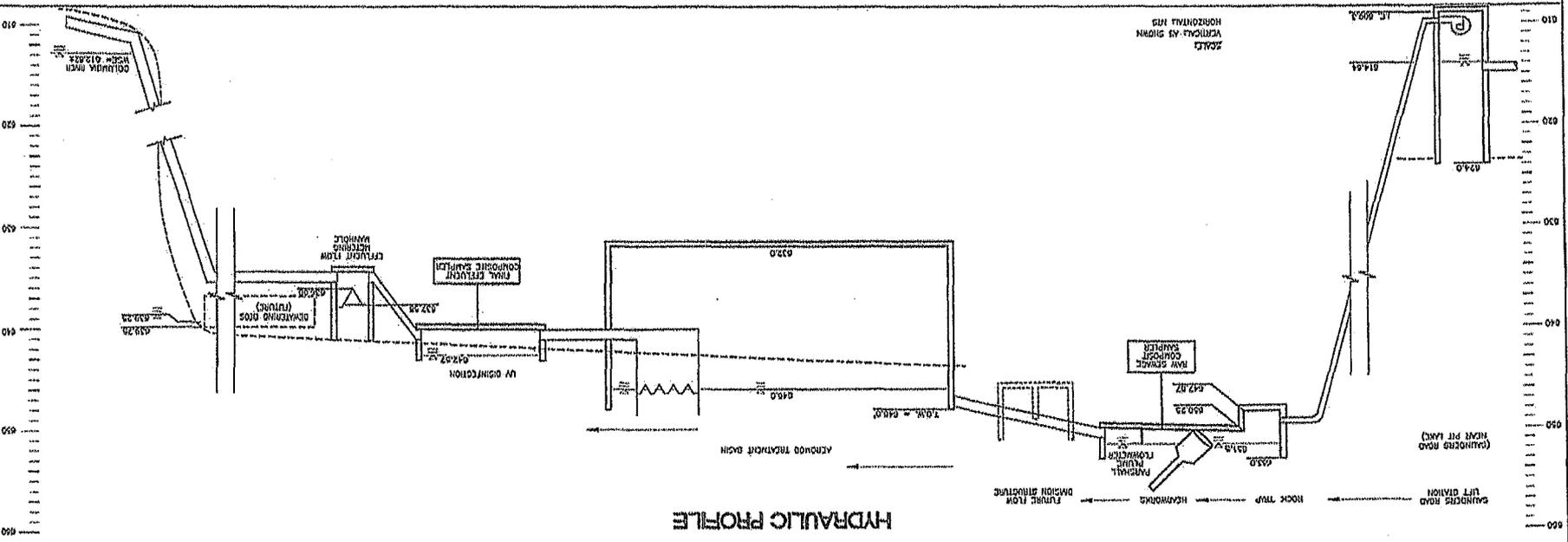


SR 28

1080506-WWP-X2
 SHEET
 X4
 04 of 110
 DESIGNER
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 TWS
 CHECKED
 TWS
 DATE
 5/17/14
 PROJECT
 ROCK ISLAND, WASHINGTON
 WASTEWATER TREATMENT PLANT
 PROCESS SCHEMATIC & HYDRAULIC PROFILE

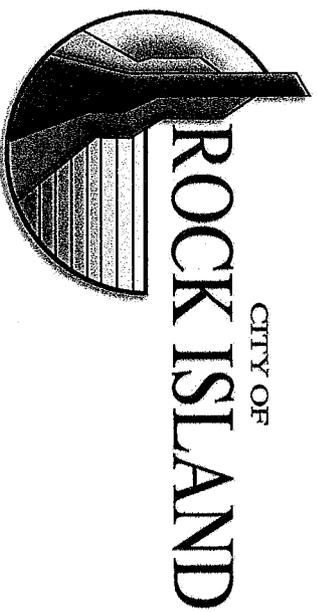


PROCESS SCHEMATIC



HYDRAULIC PROFILE

YARELA AND ASSOCIATES
 ENGINEERING AND MANAGEMENT
 BASE
 5/17/14
 NO. DATE BY (P.O./APP.) REVISIONS



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.