



UTILITIES DIVISION

KEVIN R. COOKE, P.E., DIRECTOR
A DIVISION OF THE PUBLIC WORKS DEPARTMENT

October 1, 2015

Ms. Eleanor Key, P.E.
Washington State Department of Ecology
4601 N Monroe Street
Spokane WA 99205-1295

Subject: Application for Renewal of NPDES Permit WA-0093317
Spokane County Regional Water Reclamation Facility

Dear Ms. Key,

Enclosed please find a hard copy of the renewal application for NPDES Permit WA-0093317, for discharge from the Spokane County Regional Water Reclamation Facility (SCRWRF). Also find several attachments providing details of requested permit condition changes together with references to associated laboratory data result sheets. The laboratory data are concurrently being submitted electronically on a CD, but are not printed in the hard copy.

Spokane County Utilities Division appreciates the time required for you to prepare the NPDES permit renewal. If you need any additional information, please contact Dave Moss, P.E., Water Reclamation Manager, 509-477-7268 or dmoss@spokanecounty.org

Sincerely,

Kevin R. Cooke, P.E.
Utilities Director

Cc: file

Enclosures

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

**FORM
2A
NPDES**



NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a “Basic Application Information” packet and a “Supplemental Application Information” packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

BASIC APPLICATION INFORMATION**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name Spokane County Regional Water Reclamation Facility

Mailing Address 1004 North Freya St

Facility Address Spokane, WA 99202
(not P.O. Box)

Location N47.6678 / W117.3566
(Latitude/Longitude as decimal degrees (NAD83/WGS84)

Telephone Number (509) 477-7572

E-mail address dmoss@spokanecounty.org

Contact Person David Moss

Title Water Reclamation Manager

UBI Number 600331756

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name _____

Mailing Address _____

Telephone Number () _____

E-mail address _____

Contact Person _____

Title _____

Is the applicant the owner or operator (or both) of the treatment works? ☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

Can the facility obtain broadband internet access for WQWebDMR (<http://www.ecy.wa.gov/programs/wq/permits/paris/webdmr.html>)?

☒ yes ☐ no

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	<u>WA-0093317, WA-002447-3</u>	PSD	<u>NA</u>
UIC	<u>30699</u>	Other	<u>BT1103 (biosolids), NOC #1475</u>
RCRA	<u>NA</u>	Other	<u>ST8045, BT8045, BT0508</u>

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>City of Spokane Valley</u>	<u>92,000</u>	<u>Separate Sanitary</u>	<u>County owned sewer</u>
<u>Spokane County</u>	<u>8,900</u>	<u>Separate Sanitary</u>	<u>County owned sewer</u>
<u>City of Millwood</u>	<u>2,000</u>	<u>Separate Sanitary</u>	<u>City owned sewer</u>

<u>City of Spokane</u>	<u>1,000</u>	<u>Separate Sanitary</u>	<u>City owned sewer</u>
<u>City of Liberty Lake</u>	<u>100</u>	<u>Separate Sanitary</u>	<u>Sewer district owned sewer</u>
Total population served		<u>104,000</u>	

FACILITY NAME AND PERMIT NUMBER: Spokane County Regional Water Reclamation Facility, WA-0093317
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A.5. Indian Country.

- a. Is the treatment works located in Indian Country?
☐ Yes ☒ No
- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?
☒ Yes ☐ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate 8.0 mgd
- | | <u>Two Years Ago</u> | <u>Last Year</u> | <u>This Year</u> |
|-----------------------------------|------------------------------|------------------------------|------------------------------|
| b. Annual average daily flow rate | <u>6.47 (9/1/12-8/31/13)</u> | <u>6.73 (9/1/13-8/31/14)</u> | <u>7.21 (9/1/14-8/31/15)</u> |
| c. Maximum daily flow rate | <u>7.54 (9/1/12-8/31/13)</u> | <u>7.88 (9/1/13-8/31/14)</u> | <u>7.91 (9/1/14-8/31/15)</u> |

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- ☒ Separate sanitary sewer 100 %
- ☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No
- If yes, list how many of each of the following types of discharge points the treatment works uses:
- i. Discharges of treated effluent 1
- ii. Discharges of untreated or partially treated effluent 0
- iii. Combined sewer overflow points 0
- iv. Constructed emergency overflows (prior to the headworks) 0
- v. Other _____ 0
- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No
- If yes, provide the following for each surface impoundment:
- Location : _____
(Latitude/Longitude as decimal degrees (NAD83/WGS84))
- Annual average daily volume discharge to surface impoundment(s) _____ mgd
- Is discharge ☐ continuous or ☐ intermittent?
- c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No
- If yes, provide the following for each land application site:
- Location : _____
(Latitude/Longitude as decimal degrees (NAD83/WGS84))
- Number of acres: _____
- Annual average daily volume applied to site: _____ mgd
- Is land application ☐ continuous or ☐ intermittent?
- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☒ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

The County collection system is connected to the City of Spokane collection system and Riverside Park Water Reclamation Facility. Wastewater that is not diverted into the Spokane County Regional Water Reclamation Facility will flow to the Riverside Park Water Reclamation Facility. Additionally, provision has been made to allow effluent discharge from the Spokane County Regional Water Reclamation Facility to be routed back to the collection system and to the Riverside Park Reclamation Facility. The County's North Spokane Interceptor also flows to the Riverside Park Water Reclamation Facility.

If transport is by a party other than the applicant, provide:

Transporter Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number () _____

For each treatment works that receives this discharge, provide the following:

Name Riverside Park Water Reclamation Facility

Mailing Address 909 E Sprague Avenue, Spokane, WA 99202-2127

Contact Person Mike Coster

Title Treatment Plant Superintendent

Telephone Number (509) 625-4640

If known, provide the NPDES permit number of the treatment works that receives this discharge WA-002447-3

Provide the average daily flow rate from the treatment works into the receiving facility. Variable: 0-10 mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☒ Yes ☐ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Onsite landscape irrigation

Annual daily volume disposed by this method: 18,068 gallons per day (12/1/11-8/31/15, Seasonal)

Is disposal through this method ☐ continuous or ☒ intermittent?

FACILITY NAME AND PERMIT NUMBER:

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number #001
- b. Location Spokane 99202
(City or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.675833 N -117.3469444 W
(Latitude) Provide these as decimal degrees (NAD83/WGS84) (Longitude)
- c. Distance from shore (if applicable) Varies: ~200 ft.
- d. Depth below surface (if applicable) Varies: ~9-35 ft.
- e. Average daily flow rate 8.0 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
☐ Yes ☒ No (go to A.9.g.)
If yes, provide the following information:
Number f times per year discharge occurs: _____
Average duration of each discharge: _____
Average flow per discharge: _____ mgd
Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? ☒ Yes ☐ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Spokane River
- b. Name of watershed (if known) Spokane River Basin
United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): WRIA 57 Middle Spokane
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305 Upper Spokane
- d. Critical low flow of receiving stream (if applicable)
acute 800 cfs chronic 800 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): 120 mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

A.11. Description of Treatment

a. What level(s) of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☒ Advanced☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removalBOD: 17,200 to 133.4 lbs/day = 99.2
%

Design SS removal

TSS: 19,000 to 334 lbs/d = 98.2 %

Design P removal

TP: 530 to 3.34 lbs/d = 99.4 %

Design N removal

TN: 2,840 to 667.2 lbs/d = 76.5 %

Other _____

%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Chlorination

If disinfection is by chlorination is dechlorination used for this outfall?

☒ Yes☐ No

d. Does the treatment plant have post aeration?

☐ Yes☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than one and one-half years apart.

Outfall number: #001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	5.2	S.U.			
pH (Maximum)	10.3	S.U.			
Flow Rate	8.32	MGD	6.76	MGD	1,370
Temperature (Winter)	23.3	Degrees C	14.7	Degrees C	451
Temperature (Summer)	29.2	Degrees C	19.6	Degrees C	919

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	NA	NA	NA	NA	NA	NA
	CBOD5	5.6	mg/L	1.0	mg/L	1,354	SM5210B 2.0
FECAL COLIFORM	1	cfu/100 mL	<1	cfu/100 mL	589	SM9222D	1
TOTAL SUSPENDED SOLIDS (TSS)	11.0	mg/L	0.5	mg/L	1,370	SM2540D	1.0

**END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

BASIC APPLICATION INFORMATION

**PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER
THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

Less than 100,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Inflow and infiltration (I&I) are low (less than 10%) in the sewer collection system. As the collection system ages it is anticipated that I&I may slowly increase. Spokane County has allocated funding for sewer line restoration in its Capital Improvement Program, to in part, prevent I&I.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☒ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: CH2M HILL ENGINEERS, INC.

Mailing Address: 1004 North Freya St
Spokane, WA 99202

Telephone Number: (509) 536-3702

Responsibilities of Contractor: The responsibilities of the contractor are provided in the Service Contract between County of Spokane, Washington and CH2M HILL Engineers, Inc. dated January 13, 2009.

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

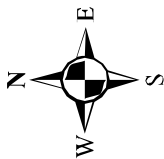
None planned

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes

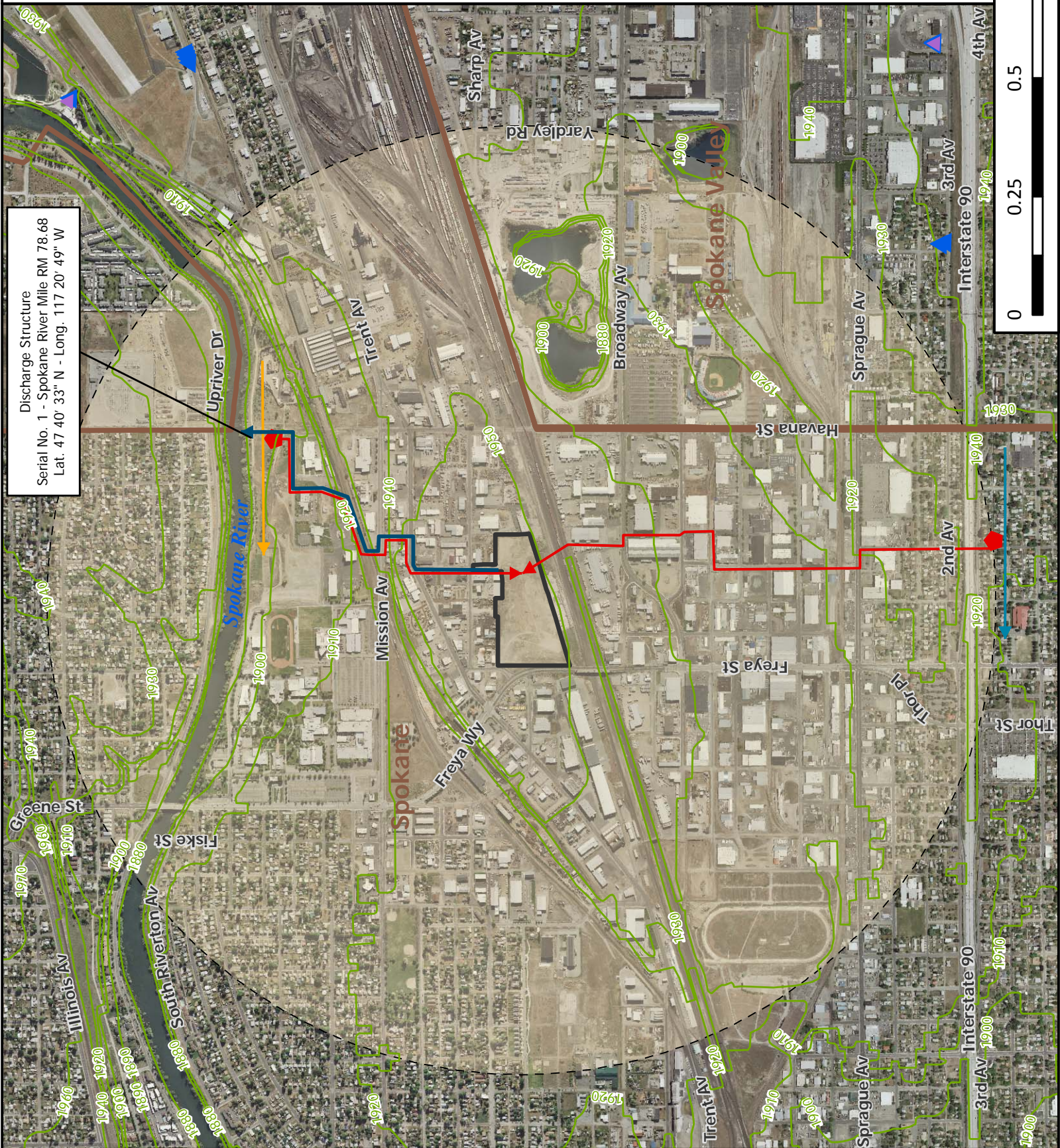
☐ No

Site Plan
Spokane County
Regional Water
Reclamation Facility



- Group A Wells
- Group B Wells
- Pump Station (P.S.)
- P.S. Force Mains
- Outfall Pipe
- North Valley Interceptor
- Spokane Valley Interceptor
- Contours
- Municipal Boundaries
- Reclamation Facility Site
- 1 Mile Radius Zone

Map & Data: Spokane County
Water Resources Division
Spokane County GIS
September 1, 2010



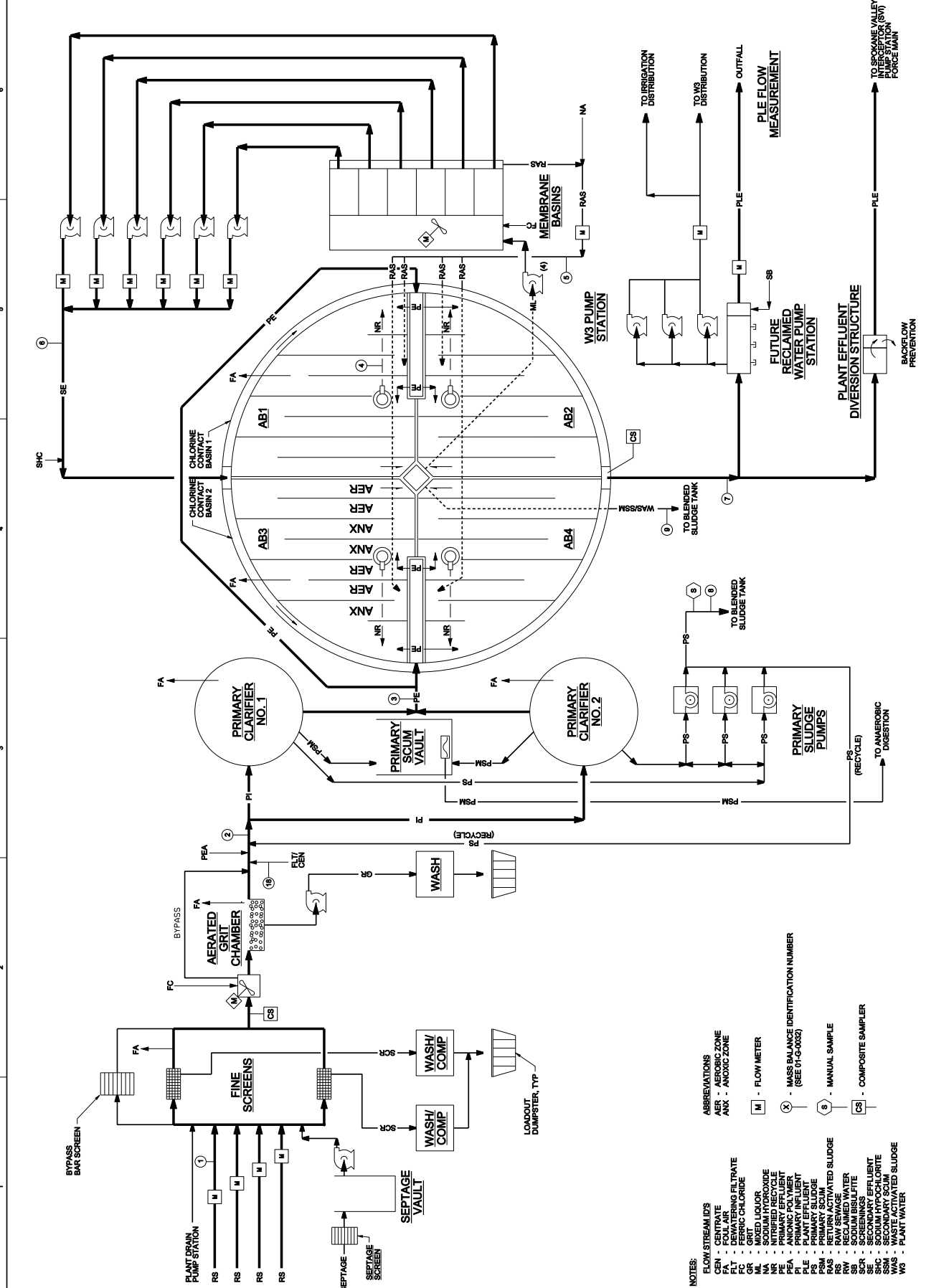
Discharge Structure
Serial No. 1 - Spokane River Mile RM 78.68
Lat. 47 40' 33" N - Long. 117 20' 49" W



CH2MHILL	
GENERAL	
LIQUIDS	
PROCESS FLOW DIAGRAM	
SPOKANE COUNTY	
REGIONAL WATER RECLAMATION FACILITY	
DR	NO. DATE
DU CHADWICK	
PM HAMLIN	
BA YOLKER	
DU GRIGSBY	
APVD	BY
APVD	APVD

VERIFY SCALE	BAR IS ONE INCH ON
ORIGINAL DRAWING	
DATE	JANUARY 2010
PROJ	381571
DWG	01-G-0030
SHEET	28

FILENAME: 01-G-0030_381571.dgn PLOT DATE: 12/7/2009



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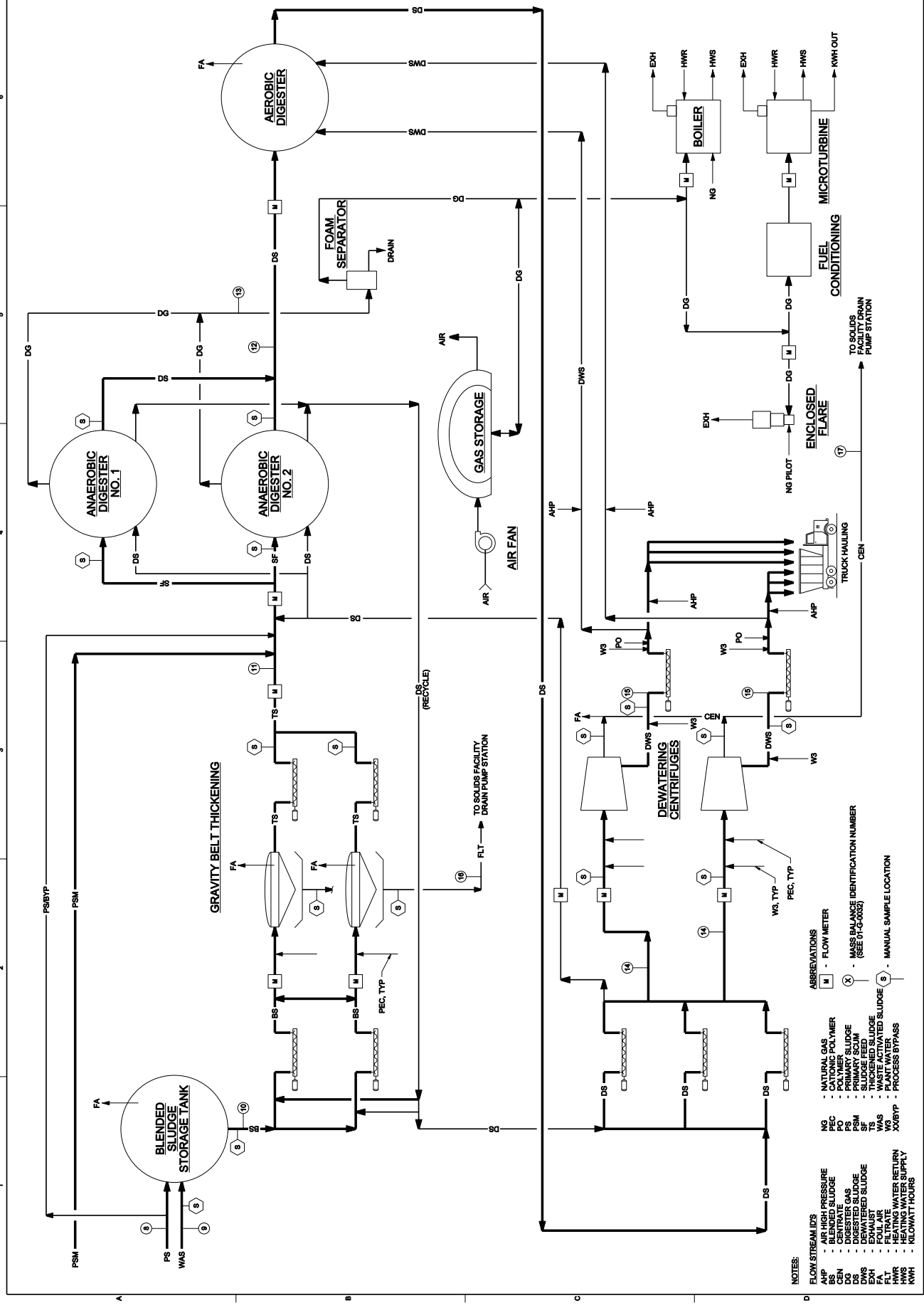


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CH2MHILL
GENERAL
SOLIDS
PROCESS FLOW DIAGRAM
SPokane County
REGIONAL WATER RECLAMATION FACILITY

VERIFY SCALE	BAR IS ONE INCH ON ORIGINAL DRAWING
DATE	JANUARY 2010
PROJ	381571
DWG	01-G-0031
SHEET	28

PLOT TIME: 8:06:15 AM



FILENAME: 01-G-0031_381571.dgn PLOT DATE: 12/17/2009

Form 2A – Part B.3: Process Mass Balance

LIQUIDS MASS BALANCE: AVERAGE DAY (ALL UNITS IN SERVICE)												
ID	FLOWSTREAM	FROM	TO	Flow (mgd)	BOD ₅		TSS		TKN		TP	
					(mg/L)	(lb/d)	(mg/L)	(lb/d)	(mg/L)	(lb/d)	(mg/L)	(lb/d)
1	RS	Influent PS	Headworks (Note 2)	8.0	240	16,000	240	16,000	40	2700	7	480
2	PI	Headworks	Primary Clarifiers	8.6	250	17,900	290	20,900	40	2900	8	590
3	PE	Primary Clarifiers	Aeration Basins	8.4	150	10,600	120	8,400	40	2900	3	590
4	NR	Bioreactor Pass 4	Bioreactor Pass 1	20.8	----	----	7,700	----	----	----	----	----
5	RAS	Membrane Tanks	Bioreactor Pass 3	32.0	----	----	9,100	----	----	----	----	----
6	SE	Membrane Tanks	Chlorine Contact Basins	8.3	1	90	1	70	2	110	0.04	3
7	PLE	Chlorine Contact Basins	Outfall	8.3	1	90	1	70	2	110	0.04	3
		Septage	Fine Screen Inlet Channel	24,000 (gpd)	6,000	1,200	15,000	3,000	700	140	250	50
	SCR	Fine Screens	Screen Washer/Compactor	50 (ft ³ /d)	----	----	----	----	----	----	----	----
	GR	Grit Basin	Grit Washer/Compactor	30 (ft ³ /d)	----	----	----	----	----	----	----	----
	PSM	Primary Clarifiers	Anaerobic Digester	2000 (gpd)	----	----	----	----	----	----	----	----
	PD	Plant Drain Pump Station	Headworks	450 (gpm)	----	----	----	----	----	----	----	----
SOLIDS MASS BALANCE: AVERAGE DAY (ALL UNITS IN SERVICE)												
ID	FLOWSTREAM	FROM	TO	Flow (gpd)	TSS		TKN		TP			
					(mg/L)	(lb/d)	(mg/L)	(lb/d)	(mg/L)	(lb/d)		
8	PS	Primary Clarifiers	Blended Sludge Storage Tank	196,200	10,000	16,400	170	280	220	370		
9	WAS	Bioreactors	Blended Sludge Storage Tank	148,200	7,000	8,700	300	370	180	220		
10	BS	Blended Sludge Storage Tank	Gravity Belt Thickener	344,400	8,700	25,000	220	360	200	590		
11	TS	Gravity Belt Thickener	Anaerobic Digester	57,100	50,000	23,800	1,200	560	1,170	560		
12	DS	Anaerobic Digester	Aerobic Digester	57,100	29,200	13,900	1,000	480	1,170	560		
13	DG	Anaerobic Digester	Co-Generation	90 (cfm)	----	----	----	----	----	----		
14	DS	Aerobic Digester	Dewatering Centrifuges (Note 5)	57,100	26,800	12,800	310	150	1,170	560		
15	DWS	Dewatering Centrifuges	Truck for Off-Site Hauling (Note 5)	7,300	200,000	12,100	2,200	130	8,700	530		
16	FLT	Gravity Belt Thickener	Solids Facility Manhole	503,300	300	1,300	20	80	7	30		
17	CEN	Dewatering Centrifuges	Solids Facility Manhole	84,100	910	640	25	20	40	30		
18	FLT/CEN	Solids Facility Pump Station	Headworks	587,400	390	1,900	20	100	10	60		
LIQUIDS MASS BALANCE: MAX MONTH (ALL UNITS IN SERVICE)												
ID	FLOWSTREAM	FROM	TO	Flow (mgd)	BOD ₅		TSS		TKN		TP	
					(mg/L)	(lb/d)	(mg/L)	(lb/d)	(mg/L)	(lb/d)	(mg/L)	(lb/d)

1	RS	Influent PS	Headworks	(Note 2)	8.5	240	17,000	240	17,000	40	2,800	7	510
2	PI	Headworks	Primary Clarifiers		9.1	250	18,900	290	22,000	40	3,000	8	620
3	PE	Primary Clarifiers	Aeration Basins		8.9	150	11,200	120	8,800	37	3,000	3	240
4	NR	Bioreactor Pass 4	Bioreactor Pass 1		22.0	---	---	7,700	---	---	---	---	---
5	RAS	Membrane Tanks	Bioreactor Pass 3		31.5	---	---	9,500	---	---	---	---	---
6	SE	Membrane Tanks	Chlorine Contact Basins		8.8	1	100	1	70	2	120	0.04	3
7	PLE	Chlorine Contact Basins	Outfall		8.8	1	100	1	70	2	120	0.04	3
		Septage	Fine Screen Inlet Channel		24,000 (gpd)	6,000	1,200	15,000	3,000	700	140	250	50
	SCR	Fine Screens	Screen Washer/Compactor		60 (ft ³ /d)	---	---	---	---	---	---	---	---
	GR	Grit Basin	Grit Washer/Compactor		35 (ft ³ /d)	---	---	---	---	---	---	---	---
	PSM	Primary Clarifiers	Anaerobic Digester		2125 (gpd)	---	---	---	---	---	---	---	---
	PD	Plant Drain Pump Station	Headworks		450 (gpm)	---	---	---	---	---	---	---	---
SOLIDS MASS BALANCE: MAX MONTH (ALL UNITS IN SERVICE)													
ID	FLOWSTREAM	FROM	TO		Flow (gpd)		TSS (mg/L)		TSS (lb/d)		TKN (mg/L)		TP (lb/d)
8	PS	Primary Clarifiers	Blended Sludge Storage Tank		206,700		10,000	17,250	170	280	220	390	
9	WAS	Bioreactors	Blended Sludge Storage Tank		160,100		6,800	7,100	290	390	170	230	
10	BS	Blended Sludge Storage Tank	Gravity Belt Thickener		366,800		8,600	26,400	220	670	200	620	
11	TS	Gravity Belt Thickener	Anaerobic Digester		60,100		50,000	25,100	1,180	590	1,200	590	
12	DS	Anaerobic Digester	Anaerobic Digester		60,100		29,100	14,600	1,000	500	1,200	590	
13	DG	Anaerobic Digester	Co-Generation		95 (cfm)		---	---	---	---	---	---	
14	DS	Aerobic Digester	Dewatering Centrifuges (Note 5)		60,100		26,700	13,400	310	160	1,200	590	
15	DWS	Dewatering Centrifuges	Truck for Off-Site Hauling (Note 5)		7,600		200,000	12,700	2,200	140	8,800	590	
16	FLT	Gravity Belt Thickener	Solids Facility Manhole		522,800		300	1,300	20	80	7	30	
17	CEN	Dewatering Centrifuges	Solids Facility Manhole		86,700		920	770	25	20	40	30	
18	FLT/CEN	Solids Facility Manhole	Headworks		609,500		400	2,000	20	100	10	60	

¹ Mass balance information is from DBO Contractor's 100 percent design drawings (CH2M Hill, 2009)

² Note 2: Raw sewage flow and characteristics are listed for total flowstream pumped to the fine screens at the Headworks Facility.

³ The TKN and TP values are estimates for solids processes. Industry experience and data on the operation of anaerobic digestion and aerobic digestion in series are limited.

⁴ Solids mass balance values assume 7-day per week operation of thickening processes and 5-day per week operation of dewatering processes.

⁵ Total for unit process

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	<u> / / </u>	<u> / / </u>
- End Construction	<u> / / </u>	<u> / / </u>
- Begin Discharge	<u> / / </u>	<u> / / </u>
- Attain Operational Level	<u> / / </u>	<u> / / </u>

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN OR EQUAL TO 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods (See attachment A). In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: #001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	14.60	mg/L	1.35	mg/L	1,370	SM4500NH3G	0.02
CHLORINE (TOTAL RESIDUAL, TRC)	19.0	µg/L	<4.4	µg/L	1,370	SM4500CIG	2
DISSOLVED OXYGEN	9.4	mg/L	6.7	mg/L	1,370	SM4500OG	0.2
TOTAL KJELDAHL NITROGEN (TKN)	13.3	mg/L	<1.2	mg/L	500	SM4500NOR GC	0.5
NITRATE PLUS NITRITE NITROGEN	36.9	mg/L	14.6	mg/L	569	SM4500 NO3F	0.1
OIL and GREASE	<6.1	mg/L	<5.5	mg/L	15	E1664A	2.9-6.1
PHOSPHORUS (Total)	1,560.0	µg/L	<78.7	µg/L	1,370	SM4500PF	5
TOTAL DISSOLVED SOLIDS (TDS)	490	mg/L	459	mg/L	5	SM2540C	50
OTHER							

END OF PART B.

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information 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.

Permittee

Name and Title of Responsible Official Kevin R. Cooke, P.E., Utilities Director, Spokane County Division of Utilities

Signature _____

Telephone number (509) 477-3604

E-mail address KCooke@spokanecounty.org

Date signed 10/1/2015

Co-Permittee (if applicable)

Name and official title _____

Signature _____

Telephone number ()

E-mail address _____

Date signed _____

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO¹:

¹If unknown, contact an Ecology regional wastewater permit coordinator at: http://www.ecy.wa.gov/programs/wq/permits/permit_coord.html

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old. The applicant should also review Attachment A.

Outfall number: **#001 See Attachment B**

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		

METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.

ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO3)											

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Outfall number: **#001 See Attachment B** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											
CHLOROBIDBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHOLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
1,2-DICHLOROETHYLENE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLOROPROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-											

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
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Outfall number: **#001 See Attachment B** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTA CHLOROPHENOL											
PHENOL											
2,4,6-TRICHLORO PHENOL											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											
BASE-NEUTRAL COMPOUNDS											
ACENAPHTHENE											
ACENAPHTYLENE											
ANTHRACENE											

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Outfall number: **#001 See Attachment B**

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
BENZIDINE											
BENZO(A) ANTHRACENE											
BENZO(J)FLUORANTHENE											
BENZO(r,s,t)PENTAPHENE											
BENZO(A)PYRENE											
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISOPROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORO NAPHTHALENE											
4-CHLOROPHENYL PHENYL ETHER											
CHRYSENE											
DIBENZO(a,j)ACRIDINE											
DIBENZO(a,h)ACRIDINE											
DIBENZO(a,e)PYRENE											
DIBENZO(a,h)PYRENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H)											

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: **#001 See Attachment B** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
ANTHRACENE											
1,2-DICHLORO BENZENE											
1,3-DICHLORO BENZENE											
1,4-DICHLORO BENZENE											
3,3-DICHLORO BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											
FLUORANTHENE											
FLUORENE											
HEXACHLORO BENZENE											
HEXACHLOROBUT ADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXA CHLOROETHANE											
INDENO(1,2,3-CD) PYRENE											
ISOPHORONE											
3-METHYL CHOLANTHRENE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI-METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PERYLENE											
PHENANTHRENE											

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: **#001 See Attachment B** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
PYRENE											
1,2,4-TRICHLOROBENZENE											

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

--	--	--	--	--	--	--	--	--	--	--	--

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☐ chronic ☒ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 of 8

Test number: 2 of 8

Test number: _____

a. Test information.

Test Species & test method number	Ceriodaphnia dubia EPA method 2002.0	Pimephales promelas EPA method 2000.0	
Age at initiation of test	<24 hrs	1 day	
Outfall number	Outfall #001	Outfall #001	
Dates sample collected	03/03/14	03/03/14	
Date test started	03/04/2014	03/04/2014	
Duration	48h	93h	

b. Give toxicity test methods followed.

Manual title	Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, EPA 821-R-02-012	Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, EPA 821-R-02-012	
Edition number and year of publication	Fifth Edition, 2002	Fifth Edition, 2002	
Page number(s)	p. 41-66	p. 41-66	

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	WQ-R-95-80	WQ-R-95-80	
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)

Before disinfection			
After disinfection	x	x	
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

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Test number: **1 of 8**Test number: **2 of 8**

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

03/03/14**03/03/14**

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

Acute toxicity

x**x**

g. Provide the type of test performed.

Static

x

Static-renewal

x

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

**Reconstituted Moderately
Hard****Reconstituted Moderately
Hard**

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

x**x**

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

6.25, 8.40, 25.0, 56.5, 100**6.25, 8.40, 25.0, 56.5, 100**

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes**yes**

Salinity

Temperature

yes**yes**

Ammonia

yes**yes**

Dissolved oxygen

yes**yes**

l. Test Results.

Acute:

Percent survival in 100%
effluent**100 %****100 %****%**LC₅₀**>100%****>100%**

95% C.I.

NA %**NA %****%**

Control percent survival

100 %**100 %****%**

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
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Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	yes	yes	
Was reference toxicant test within acceptable bounds?	yes	yes	
What date was reference toxicant test run (MM/DD/YYYY)?	03/04/2014	03/05/14	/ /

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☐ chronic ☒ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 3 of 8

Test number: 4 of 8

Test number: _____

a. Test information.

Test Species & test method number	Ceriodaphnia dubia EPA method 2002.0	Pimephales promelas EPA method 2000.0	
Age at initiation of test	<24 hrs	1 day	
Outfall number	Outfall #001	Outfall #001	
Dates sample collected	05/05/2014	05/05/2014	
Date test started	05/06/2014	05/06/2014	
Duration	29h	47h	

b. Give toxicity test methods followed.

Manual title	Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, EPA 821-R-02-012	Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, EPA 821-R-02-012	
Edition number and year of publication	Fifth Edition, 2002	Fifth Edition, 2002	
Page number(s)	p. 41-66	p. 41-66	

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	WQ-R-95-80	WQ-R-95-80	
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)

Before disinfection			
After disinfection	x	x	
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

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Test number: **3 of 8**Test number: **4 of 8**

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

05/05/2014**05/05/2014**

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

Acute toxicity

x**x**

g. Provide the type of test performed.

Static

x

Static-renewal

x

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

**Reconstituted Moderately
Hard****Reconstituted Moderately
Hard**

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

x**x**

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

6.25, 8.40, 25.0, 56.5, 100**6.25, 8.40, 25.0, 56.5, 100**

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes**yes**

Salinity

Temperature

yes**yes**

Ammonia

yes**yes**

Dissolved oxygen

yes**yes**

l. Test Results.

Acute:

Percent survival in 100%
effluent**100 %****92.5 %****%**LC₅₀**>100****>100**

95% C.I.

na %**na %****%**

Control percent survival

100 %**97.5 %****%**

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	yes	yes	
Was reference toxicant test within acceptable bounds?	yes	yes	
What date was reference toxicant test run (MM/DD/YYYY)?	05/07/2014	05/06/2014	/ /

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☐ chronic ☒ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 5 of 8

Test number: 6 of 8

Test number: _____

a. Test information.

Test Species & test method number	Ceriodaphnia dubia EPA method 2002.0	Pimephales promelas EPA method 2000.0	
Age at initiation of test	<24 hrs	1 day	
Outfall number	Outfall #001	Outfall #001	
Dates sample collected	08/18/2014	08/18/2014	
Date test started	08/19/2014	08/19/2014	
Duration	47 h	94 h	

b. Give toxicity test methods followed.

Manual title	Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, EPA 821-R-02-012	Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, EPA 821-R-02-012	
Edition number and year of publication	Fifth Edition, 2002	Fifth Edition, 2002	
Page number(s)	p. 41-66	p. 41-66	

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	WQ-R-95-80	WQ-R-95-80	
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.

Before disinfection			
After disinfection	x	x	
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Test number: **5 of 8**Test number: **6 of 8**

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

08/18/2014**08/18/2014**

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

Acute toxicity

x**x**

g. Provide the type of test performed.

Static

x

Static-renewal

x

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

**Reconstituted Moderately
Hard****Reconstituted Moderately
Hard**

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

x**x**

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

6.25, 8.40, 25.0, 56.5, 100**6.25, 8.40, 25.0, 56.5, 100**

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes**yes**

Salinity

Temperature

yes**yes**

Ammonia

yes**yes**

Dissolved oxygen

yes**yes**

l. Test Results.

Acute:

Percent survival in 100%
effluent**100 %****100 %****%**LC₅₀**>100****>100**

95% C.I.

na %**na %****%**

Control percent survival

100 %**100 %****%**

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	yes	yes	
Was reference toxicant test within acceptable bounds?	yes	yes	
What date was reference toxicant test run (MM/DD/YYYY)?	08/19/2014	08/21/2014	/ /

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

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- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☐ chronic ☒ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 7 of 8

Test number: 8 of 8

Test number: _____

a. Test information.

Test Species & test method number	Ceriodaphnia dubia EPA method 2002.0	Pimephales promelas EPA method 2000.0	
Age at initiation of test	<24hrs	1 day	
Outfall number	Outfall #001	Outfall #001	
Dates sample collected	10/27/2014	10/27/2014	
Date test started	10/28/2014	10/28/2014	
Duration	46 h	94 h	

b. Give toxicity test methods followed.

Manual title	Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, EPA 821-R-02-012	Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, EPA 821-R-02-012	
Edition number and year of publication	Fifth Edition, 2002	Fifth Edition, 2002	
Page number(s)	p. 41-66	p. 41-66	

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	WQ-R-95-80	WQ-R-95-80	
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.

Before disinfection			
After disinfection	x	x	
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Test number: **7 of 8**Test number: **8 of 8**

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

10/27/2014**10/27/2014**

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

Acute toxicity

x**x**

g. Provide the type of test performed.

Static

x

Static-renewal

x

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

**Reconstituted Moderately
Hard****Reconstituted Moderately
Hard**

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

x**x**

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

6.25, 8.40, 25.0, 56.5, 100**6.25, 8.40, 25.0, 56.5, 100**

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes**yes**

Salinity

Temperature

yes**yes**

Ammonia

yes**yes**

Dissolved oxygen

yes**yes**

l. Test Results.

Acute:

Percent survival in 100%
effluent**100 %****100 %****%**LC₅₀**>100****>100**

95% C.I.

na %**na %****%**

Control percent survival

100 %**90 %****%**

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	yes	yes	
Was reference toxicant test within acceptable bounds?	yes	yes	
What date was reference toxicant test run (MM/DD/YYYY)?	11/04/2014	11/04/2014	/ /

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

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- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☒ chronic ☐ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 of 12

Test number: 2 of 12

Test number: 3 of 12

a. Test information.

Test Species & test method number	Ceriodaphnia dubia EPA Method 1002.0	Pimephales promelas EPA-821-R-02-013 EPA Method 1000.0	Raphidocelis subcapitata (aka Selenastrum capricornutum, Green Algae) EPA-821-R-02-013 EPA Method 1003.0
Age at initiation of test	<24 hrs, all within an 8 hour window	<48 hrs, all within a 24 hour window	acclimated to test conditions for 4d
Outfall number	Outfall #001	Outfall #001	Outfall #001
Dates sample collected	03/03/14, 03/05/14, 03/07/14	03/03/14,03/05/14,03/07/14	03/03/14,03/05/14,03/07/ 14
Date test started	03/04/2014	03/04/2014	03/04/14
Duration	6d 19h	6d 17h	97h

b. Give toxicity test methods followed.

Manual title	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms
Edition number and year of publication	4th edition, 2002,	4th edition, 2002	4th edition, 2002

	EPA 821-R-02-013	EPA 821-R-02-013	EPA 821-R-02-013
Page number(s)	p. 141-196	p. 53-111	p. 197-230
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite	WQ-R-95-80	WQ-R-95-80	WQ-R-95-80
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.			
Before disinfection			
After disinfection	x	x	x
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Test number: **1 of 12**Test number: **2 of 12**Test number: **3 of 12**

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

03/03/14, 03/05/14, 03/07/14**03/03/14, 03/05/14,
03/07/14****03/03/14**

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

x**x****x**

Acute toxicity

g. Provide the type of test performed.

Static

x

Static-renewal

x**x**

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

**Reconstituted Moderately
Hard****Reconstituted Moderately
Hard****Reconstituted
Moderately Hard**

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

x**x****x**

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

6.25, 8.4, 25.0, 56.5, 100**6.25, 8.4, 25.0, 56.5, 100****6.25, 8.4, 25.0, 56.5, 100**

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes**yes****yes**

Salinity

Temperature

yes**yes****yes**

Ammonia

yes**yes****yes**

Dissolved oxygen

yes**yes****yes**

l. Test Results.

Acute:

Percent survival in 100%
effluent**%****%****%**LC₅₀

95% C.I.

%**%****%**

Control percent survival

%**%****%**

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Chronic:

NOEC	100 %	100 %	<6.25 %
IC ₂₅	>100 %	>100 %	26.0 %
Control percent survival	100 %	95.0 %	NA %
Other (describe)	Reproduction = 17.1 young per adult	Growth = 0.722 mg/ organism	Cell Density = 5.47 x10⁶ cells/ml at termination CV% of control = 9.6%

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	yes	yes	yes
Was reference toxicant test within acceptable bounds?	yes	yes	yes
What date was reference toxicant test run (MM/DD/YYYY)?	03/04/2014	03/04/14	03/04/14
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

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If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☒ chronic ☐ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 4 of 12

Test number: 5 of 12

Test number: 6 of 12

a. Test information.

Test Species & test method number	Ceriodaphnia dubia EPA Method 1002.0	Pimephales promelas EPA-821-R-02-013 EPA Method 1000.0	Raphidocelis subcapitata (aka Selenastrum capricornutum, Green Algae) EPA-821-R-02-013 EPA Method 1003.0
Age at initiation of test	<24 hrs, all within an 8 hr window	<48 hrs, all within a 24 hr window	acclimated to test conditions for 4d
Outfall number	Outfall #001	Outfall #001	Outfall #001
Dates sample collected	05/05/2014, 05/07/2014, 05/09/2014	05/05/2014, 05/07/2014, 05/09/2014	05/05/2014
Date test started	05/06/2014	05/06/2014	05/06/2014
Duration	6d 19 h	6 d 17 h	92 h

b. Give toxicity test methods followed.

Manual title	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms
Edition number and year of publication	4th ed., 2002	4th ed., 2002	4th ed., 2002

Page number(s)	p. 141-196	p. 53-111	p. 197-230
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite	WQ-R-95-80	WQ-R-95-80	WQ-R-95-80
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)			
Before disinfection			
After disinfection	x	x	x
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Test number: **4 of 12**Test number: **5 of 12**Test number: **6 of 12**

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

**05/05/2014, 05/07/2014,
05/09/2014****05/05/2014, 05/07/2014,
05/09/2014****05/05/2014**

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

x**x****x**

Acute toxicity

g. Provide the type of test performed.

Static

x

Static-renewal

x**x**

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

**Reconstituted Moderately
Hard****Reconstituted Moderately
Hard****Reconstituted
Moderately Hard**

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

x**x****x**

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

6.25, 8.40, 25.0, 56.5, 100**6.25, 8.40, 25.0, 56.5, 100****6.25, 8.40, 25.0, 56.5,
100**

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes**yes****yes**

Salinity

Temperature

yes**yes****yes**

Ammonia

yes**yes****yes**

Dissolved oxygen

yes**yes****yes**

l. Test Results.

Acute:

Percent survival in 100%
effluent**%****%****%**LC₅₀

95% C.I.

%**%****%**

Control percent survival

%**%****%**

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Chronic:

NOEC	100 %	100 %	100 %
IC ₂₅	>100 %	>100 %	>100 %
Control percent survival	80 %	100 %	%
Other (describe)	Reproduction = 24.5 young per adult	Growth = 0.611 mg/ organism	Cell Density = 2.63 x10⁶ cells/ml at termination CV% of control = 7.5%

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	yes	yes	yes
Was reference toxicant test within acceptable bounds?	yes	yes	yes
What date was reference toxicant test run (MM/DD/YYYY)?	05/07/2014	05/06/2014	05/06/2014
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

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E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☒ chronic ☐ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 7 of 12

Test number: 8 of 12

Test number: 9 of 12

a. Test information.

Test Species & test method number	Ceriodaphnia dubia EPA Method 1002.0	Pimephales promelas EPA-821-R-02-013 EPA Method 1000.0	Raphidocelis subcapitata (aka Selenastrum capricornutum, Green Algae) EPA-821-R-02-013 EPA Method 1003.0
Age at initiation of test	<24 hrs, all within an 8 hr. window	<48 hrs, all within a 24 hour window	acclimated to test conditions for 6d
Outfall number	Outfall #001	Outfall #001	Outfall #001
Dates sample collected	08/18/2014, 08/20/2014, 08/22/2014	08/18/2014, 08/20/2014, 08/22/2014	08/20/2014
Date test started	08/19/2014	08/19/2014	08/21/2014
Duration	6d 20h	6d 19h	94h

b. Give toxicity test methods followed.

Manual title	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms
Edition number and year of publication	4th ed., 2002	4th ed., 2002	4th ed., 2002

Page number(s)	p. 141-196	p. 53-111	p. 197-230
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite	WQ-R-95-80	WQ-R-95-80	WQ-R-95-80
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)			
Before disinfection			
After disinfection	x	x	x
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Test number: **7 of 12**Test number: **8 of 12**Test number: **9 of 12**

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

**08/18/2014, 08/20/2014,
08/22/2014****08/18/2014, 08/20/2014,
08/22/2014****08/20/2014**

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

x**x****x**

Acute toxicity

g. Provide the type of test performed.

Static

x

Static-renewal

x**x**

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

**Reconstituted Moderately
Hard****Reconstituted Moderately
Hard****Reconstituted
Moderately Hard**

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

x**x****x**

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

6.25, 8.40, 25.0, 56.5, 100**6.25, 8.40, 25.0, 56.5, 100****6.25, 8.40, 25.0, 56.5,
100**

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes**yes****yes**

Salinity

Temperature

yes**yes****yes**

Ammonia

yes**yes****yes**

Dissolved oxygen

yes**yes****yes**

l. Test Results.

Acute:

Percent survival in 100%
effluent**%****%****%**LC₅₀

95% C.I.

%**%****%**

Control percent survival

%**%****%**

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Chronic:

NOEC	56.5 %	100 %	56.5 %
IC ₂₅	66.7 %	>100 %	70.7 %
Control percent survival	100 %	95.0 %	%
Other (describe)	Reproduction = 28.9 young per adult	Growth = 0.463 mg/ organism	Cell Density = 2.41 x10⁶ cells/ml at termination CV% of control = 5.7%

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	yes	yes	yes
Was reference toxicant test within acceptable bounds?	yes	yes	yes
What date was reference toxicant test run (MM/DD/YYYY)?	08/06/2014	08/26/2014	08/21/2014
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☒ chronic ☐ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 10 of 12

Test number: 11 of 12

Test number: 12 of 12

a. Test information.

Test Species & test method number	Ceriodaphnia dubia EPA Method 1002.0	Pimephales promelas EPA-821-R-02-013 EPA Method 1000.0	Raphidocelis subcapitata (aka Selenastrum capricornutum, Green Algae) EPA-821-R-02-013 EPA Method 1003.0
Age at initiation of test	<24 hrs, all within an 8 hr window	<48 hrs, all within a 24 hour window	acclimated to test conditions for 4d
Outfall number	Outfall #001	Outfall #001	Outfall #001
Dates sample collected	10/27/2014,10/29/2014, 10/31/2014	0/27/2014,10/29/2014, 10/31/2014	11/24/2014
Date test started	10/28/2014	10/28/2014	11/25/2014
Duration	6 d 19 h	6d 19 h	94 h

b. Give toxicity test methods followed.

Manual title	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms	Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms
Edition number and year of publication	4th edition, 2002	4th edition, 2002	4th edition, 2002

Page number(s)	p. 141-196	p. 53-111	p. 197-230
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite	WQ-R-95-80	WQ-R-95-80	WQ-R-95-80
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)			
Before disinfection			
After disinfection	x	x	x
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Test number: **10 of 12**Test number: **11 of 12**Test number: **12 of 12**

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

**10/27/2014,10/29/2014,
10/31/2014**

**10/27/2014,10/29/2014,
10/31/2014**

11/24/2014

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

x**x****x**

Acute toxicity

g. Provide the type of test performed.

Static

x

Static-renewal

x**x**

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

**Reconstituted Moderately
Hard**

**Reconstituted Moderately
Hard**

**Reconstituted
Moderately Hard**

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

x**x****x**

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

6.25, 8.40, 25.0, 56.5, 100**6.25, 8.40, 25.0, 56.5, 100**

**6.25, 8.40, 25.0, 56.5,
100**

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes**yes****yes**

Salinity

Temperature

yes**yes****yes**

Ammonia

yes**yes****yes**

Dissolved oxygen

yes**yes****yes**

l. Test Results.

Acute:

Percent survival in 100% effluent

%**%****%**LC₅₀

95% C.I.

%**%****%**

Control percent survival

%**%****%**

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

Chronic:

NOEC	100 %	100 %	25.0 %
IC ₂₅	>100 %	>100 %	41.1 %
Control percent survival	100 %	100 %	%
Other (describe)	Reproduction = 26.0 young per adult	Growth = 0.619 mg/ organism	Cell Density = 2.41 x10⁶ cells/ml at termination CV% of control = 14.1%

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	yes	yes	yes
Was reference toxicant test within acceptable bounds?	yes	yes	yes
What date was reference toxicant test run (MM/DD/YYYY)?	11/04/2014	11/04/2014	11/25/2014
Other (describe)	also sucessfully performed 10/07/15	also sucessfully performed 10/21/15	

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2

b. Number of CIUs. 5

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Galaxy Compound Semiconductors, Inc.

Mailing Address: 9922 E. Montgomery Ave, Suites 6, 7, & 8

Spokane Valley, WA 99206

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Electric and electronic components manufacturing and metal finishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Galium Antimonide and Indium Antimonide semiconductor wafers

Raw material(s): Galium, Indium and Antimony

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

649 gpd (continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,500 gpd (continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 – Metal Finishing; 40 CFR 469

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: American On-Site Services

Mailing Address: 3808 N. Sullivan Rd. Bldg. 107

Spokane Valley, WA 99216

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Portable Chemical Toilet Service

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): None

Raw material(s): General cleaning supplies

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,406 gpd (_____ continuous or X _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

600 gpd (_____ continuous or X _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

NA

FACILITY NAME AND PERMIT NUMBER:

Spokane County Regional Water Reclamation Facility, WA-0093317

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Honeywell Electronic Materials, LLC.

Mailing Address: 15128 E. Euclid Ave

Spokane Valley, WA 99216

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Aluminum forming, electroplating, inorganic chemicals, metal finishing, nonferrous metals forming and metal powders, nonferrous metals manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): High purity metals production, discrete products (fine wire, ribbon, soft solder parts, spheres, slugs), plated parts (semiconductor sealing lids, heat spreaders)

Raw material(s): Sb, Al, Cu, Ta, In, Ti, W, Pb, Sn, Au, Bi, Cd, Te, B₂O₃, Ge, Hexane, heptane, isopropanol, acids (nitric, hydrochloric, hydrofluoric, acetic, sulfuric), NaOH, CaCl, CuSO₄, H₂O₂

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

52,933 gpd (☒ continuous or ☐ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

555,000 gpd (☒ continuous or ☐ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433.17; 40 CFR 421.265 (c), (d), (e), and (h) Secondary Recovery of Precious Metals; 40 CFR 467 (a) and (d), Aluminum Forming; 40 CFR 471.44 (k), (p), and (q), Precious Metals Forming

FACILITY NAME AND PERMIT NUMBER:

Spokane County Regional Water Reclamation Facility, WA-0093317

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Kemira Water Solutions, Inc.

Mailing Address: 2315 N. Sullivan Rd.

Spokane Valley, WA 99216

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing of water treatment chemical products

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Aluminum sulfate, polyaluminum chloride (PACI)

Raw material(s): Sulfuric acid, aluminum hydrate, aluminum, hydrochloric acid

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

11,828 gpd (_____ continuous or X _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,440 gpd (_____ continuous or X _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 415: Inorganic chemicals manufacturing

FACILITY NAME AND PERMIT NUMBER:

Spokane County Regional Water Reclamation Facility, WA-0093317

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Lloyd Industries, LLC

Mailing Address: 3808 N. Sullivan Rd, Bldg 25E

Spokane Valley, WA 99216

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Aluminum forming and metal finishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Pizza pans, bake ware, cook ware

Raw material(s): Aluminum, stainless steel, carbon steel, aluminized steel

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,930 gpd (_____ continuous or X _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

330 gpd (_____ continuous or X _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 467; Aluminum Forming; 40 CFR 433: Metal Finishing

FACILITY NAME AND PERMIT NUMBER:

Spokane County Regional Water Reclamation Facility, WA-0093317

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Novation, Inc.

Mailing Address: N. 2616 Locust Road
Spokane Valley, WA 99206

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Electroplating, metal finishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Coating and anodizing on parts owned by customers

Raw material(s): Acids (sulfuric, hydrochloric, hydrofluoric, phosphoric, boric, nitric), zinc chloride, nickel acetate seal, chromates, alkaline zinc, proprietary caustic cleaners, "De-Ox", Colored, black and gold dyes.

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,688 gpd (_____ continuous or X _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

600 gpd (_____ continuous or X _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433: Metal Finishing; 40 CFR 413: Electroplating

FACILITY NAME AND PERMIT NUMBER:

Spokane County Regional Water Reclamation Facility, WA-0093317

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Spokane County Utilities – Mica Landfill

Mailing Address: 1026 W. Broadway

Spokane, WA 99207

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

Landfill – Leachate

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): NA

Raw material(s): NA

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

11,239 gpd (☒ continuous or ☐ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd (☒ continuous or ☒ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

NA

FACILITY NAME AND PERMIT NUMBER:

Spokane County Regional Water Reclamation Facility, WA-0093317

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

☐ Yes ☒ No (go to F.12)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number

Amount

Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

F.15. Waste Treatment.

a. Is this waste treated (or will be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous

☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

SUPPLEMENTAL APPLICATION INFORMATION**PART G. COMBINED SEWER SYSTEMS**

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.

- a. Location of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number _____
- b. Location _____
(city or town, if applicable) (Zip Code) _____
(County) (State) _____
(Latitude) (Longitude) _____
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Which of the following were monitored during the last year for this CSO?
☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency
☐ CSO flow volume ☐ Receiving water quality
- f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
_____ events (☐ actual or ☐ approx.)
- b. Give the average duration per CSO event.
_____ hours (☐ actual or ☐ approx.)

FACILITY NAME AND PERMIT NUMBER:

**Spokane County Regional Water Reclamation
Facility, WA-0093317**

- c. Give the average volume per CSO event.
_____ million gallons (☐ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
_____ Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____
- b. Name of watershed/river/stream system: _____
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: _____
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

**END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**

Additional information, if provided, will appear on the following pages.

ATTACHMENT A

EFFLUENT CHARACTERIZATION FOR PERMIT APPLICATION

This attachment is used in conjunction with Section V, Parts A, B, and C of EPA Application Form 2C, and Parts A.12, B.6, and D of EPA application Form 2A. It specifies effluent characterization requirements of the Department of Ecology and analytical procedure and detection and quantitation levels for some parameters. For new permit applications, analyze your wastewater for all parameters required by the application and any additional pollutants or groups of pollutants with an X in the left column. Existing Permittees should compile the data from the last year's data for parameters routinely measured. If you are a primary industry category with effluent guidelines you may have some mandatory testing requirements (see Table 2C-2 Form 2C). If you are a municipal POTW, EPA has identified mandatory testing requirements, which depend upon the design flow (see EPA Form 2A).

Ecology added this attachment to the application in order to reduce the number of analytical "non-detects" in required monitoring and to measure effluent concentrations near or below criteria values where possible at a reasonable cost. The applicant must use the specified analytical methods, detection limits (DLs) and quantitation levels (QLs) in the following table for application required monitoring unless:

- Another permit condition specifies other methods, detection levels, or quantitation levels.
- The method used produces measurable results in the sample and EPA has listed it as an EPA-approved method in 40 CFR Part 136.

If the applicant uses an alternative method, as allowed above, it must report the test method, DL, and QL in the application. If the applicant is unable to obtain the required DL and QL in its effluent due to matrix effects, the applicant must submit a matrix-specific detection limit (MDL) and a quantitation limit (QL) to Ecology with appropriate laboratory documentation.

	Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
10		Conventional (Part A)			
	a.	Biochemical Oxygen Demand	SM5210-B		2 mg/L
		Soluble Biochemical Oxygen Demand	SM5210-B ³		2 mg/L
	b.	Chemical Oxygen Demand	SM5220-D		10 mg/L
	c.	Total Organic Carbon	SM5310-B/C/D		1 mg/L
	d.	Total Suspended Solids	SM2540-D		5 mg/L
	e.	Total Ammonia (as N)	SM4500-NH3-B and C/D/E/G/H		20
	f.	Flow	Calibrated device		
		Dissolved oxygen	SM4500-OC/OG		0.2 mg/L
		Temperature (max. 7-day avg.)	Analog recorder or Use micro-recording devices known as thermistors		0.2° C
	i.	pH	SM4500-H ⁺ B	N/A	N/A
10		Nonconventional (Part B)			
		Total Alkalinity	SM2320-B		5 mg/L as CaCO ₃
	b.	Chlorine, Total Residual	SM4500 Cl G		50.0
	c.	Color	SM2120 B/C/E		10 color units
	d.	Fecal Coliform	SM 9221E, 9222	N/A	Specified in method - sample aliquot

	Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
					dependent
	e.	Fluoride (16984-48-8)	SM4500-F E	25	100
	f.	Nitrate + Nitrite Nitrogen (as N)	SM4500-NO3- E/F/H		100
	g.	Nitrogen, Total Kjeldahl (as N)	SM4500-N _{org} B/C and SM4500NH ₃ - B/C/D/EF/G/H		300
		Soluble Reactive Phosphorus (as P)	SM4500-P E/F/G	3	10
	i.	Phosphorus, Total (as P)	SM 4500 PB followed by SM4500-PE/PF	3	10
	h.	Oil and Grease (HEM) (Hexane Extractable Material)	1664 A or B	1,400	5,000
		Salinity	SM2520-B		3 practical salinity units or scale (PSU or PSS)
		Settleable Solids	SM2540 -F		500 (or 1.0 mL/L)
	k.	Sulfate (as mg/L SO ₄)	SM4110-B		0.2 mg/L
	l.	Sulfide (as mg/L S)	SM4500- S ² F/D/E/G		0.2 mg/L
	m.	Sulfite (as mg/L SO ₃)	SM4500-SO3B		2 mg/L
		Total Coliform	SM 9221B, 9222B, 9223B	N/A	Specified in method - sample aliquot dependent
		Total dissolved solids	SM2540 C		20 mg/L
		Total Hardness	SM2340B		200 as CaCO ₃
	o.	Aluminum, Total (7429-90-5)	200.8	2.0	10
	p.	Barium Total (7440-39-3)	200.8	0.5	2.0
		BTEX (benzene +toluene + ethylbenzene + m,o,p xylenes)	EPA SW 846 8021/8260	1	2
	q.	Boron Total (7440-42-8)	200.8	2.0	10.0
	r.	Cobalt, Total (7440-48-4)	200.8	0.05	0.25
	s.	Iron, Total (7439-89-6)	200.7	12.5	50
	t.	Magnesium, Total (7439-95-4)	200.7	10	50
	u.	Molybdenum, Total (7439-98-7)	200.8	0.1	0.5
	v.	Manganese, Total (7439-96-5)	200.8	0.1	0.5
		NWTPH Dx ⁴	Ecology NWTPH Dx	250	250
		NWTPH Gx ⁵	Ecology NWTPH Gx	250	250
	w.	Tin, Total (7440-31-5)	200.8	0.3	1.5
	x.	Titanium, Total (7440-32-6)	200.8	0.5	2.5
10		Metals, Cyanide and Total Phenols (Part C)			
	1M.	Antimony, Total (7440-36-0)	200.8	0.3	1.0

	Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL)¹ µg/L unless specified	Quantitation Level (QL)² µg/L unless specified
	2M.	Arsenic, Total (7440-38-2)	200.8	0.1	0.5
	3M.	Beryllium, Total (7440-41-7)	200.8	0.1	0.5
	4M.	Cadmium, Total (7440-43-9)	200.8	0.05	0.25
		Chromium (hex) dissolved (18540-29-9)	SM3500-Cr EC	0.3	1.2
	5M.	Chromium, Total (7440-47-3)	200.8	0.2	1.0
	6M.	Copper, Total (7440-50-8)	200.8	0.4	2.0
	7M.	Lead, Total (7439-92-1)	200.8	0.1	0.5
	8M.	Mercury, Total (7439-97-6)	1631E	0.0002	0.0005
	9M.	Nickel, Total (7440-02-0)	200.8	0.1	0.5
	10M.	Selenium, Total (7782-49-2)	200.8	1.0	1.0
	11M.	Silver, Total (7440-22-4)	200.8	0.04	0.2
	12M.	Thallium, Total (7440-28-0)	200.8	0.09	0.36
	13M.	Zinc, Total (7440-66-6)	200.8	0.5	2.5
	14M.	Cyanide, Total (57-12-5)	335.4	5	10
		Cyanide, Weak Acid Dissociable	SM4500-CN I	5	10
		Cyanide, Free Amenable to Chlorination (Available Cyanide)	SM4500-CN G	5	10
	15M.	Phenols, Total	EPA 420.1		50
10		Acid Compounds			
	1A.	2-Chlorophenol (95-57-8)	625	1.0	2.0
	2A.	2,4-Dichlorophenol (120-83-2)	625	0.5	1.0
	3A.	2,4-Dimethylphenol (105-67-9)	625	0.5	1.0
	4A.	4,6-dinitro-o-cresol (534-52-1) (2-methyl-4,6,-dinitrophenol)	625/1625B	1.0	2.0
	5A.	2,4 dinitrophenol (51-28-5)	625	1.0	2.0
	6A.	2-Nitrophenol (88-75-5)	625	0.5	1.0
	7A.	4-nitrophenol (100-02-7)	625	0.5	1.0
	8A.	Parachlorometa cresol (59-50-7) (4-chloro-3-methylphenol)	625	1.0	2.0
	9A.	Pentachlorophenol (87-86-5)	625	0.5	1.0
	10A.	Phenol (108-95-2)	625	2.0	4.0
	11A.	2,4,6-Trichlorophenol (88-06-2)	625	2.0	4.0
10		Volatile Compounds			
	1V.	Acrolein (107-02-8)	624	5	10
	2V.	Acrylonitrile (107-13-1)	624	1.0	2.0
	3V.	Benzene (71-43-2)	624	1.0	2.0
	5V.	Bromoform (75-25-2)	624	1.0	2.0
	6V.	Carbon tetrachloride (56-23-5)	624/601 or SM6230B	1.0	2.0
	7V.	Chlorobenzene (108-90-7)	624	1.0	2.0
	9V.	Chloroethane (75-00-3)	624/601	1.0	2.0

	Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
	10V.	2-Chloroethylvinyl Ether (110-75-8)	624	1.0	2.0
	11V.	Chloroform (67-66-3)	624 or SM6210B	1.0	2.0
	8V.	Dibromochloromethane (124-48-1)	624	1.0	2.0
	20B.	1,2-Dichlorobenzene (95-50-1)	624	1.9	7.6
	21B.	1,3-Dichlorobenzene (541-73-1)	624	1.9	7.6
	22B.	1,4-Dichlorobenzene (106-46-7)	624	4.4	17.6
	12V.	Dichlorobromomethane (75-27-4)	624	1.0	2.0
	14V.	1,1-Dichloroethane (75-34-3)	624	1.0	2.0
	15V.	1,2-Dichloroethane (107-06-2)	624	1.0	2.0
	16V.	1,1-Dichloroethylene (75-35-4)	624	1.0	2.0
	17V.	1,2-Dichloropropane (78-87-5)	624	1.0	2.0
	18V.	1,3-dichloropropene (mixed isomers) (1,2- dichloropropylene) (542-75-6) ⁶	624	1.0	2.0
	19V.	Ethylbenzene (100-41-4)	624	1.0	2.0
	20V.	Methyl bromide (74-83-9) (Bromomethane)	624/601	5.0	10.0
	21V.	Methyl chloride (74-87-3) (Chloromethane)	624	1.0	2.0
	22V.	Methylene chloride (75-09-2)	624	5.0	10.0
	23V.	1,1,2,2-Tetrachloroethane (79-34-5)	624	1.9	2.0
	24V.	Tetrachloroethylene (127-18-4)	624	1.0	2.0
	25V.	Toluene (108-88-3)	624	1.0	2.0
	26V.	1,2-Trans-Dichloroethylene (156-60-5) (Ethylene dichloride)	624	1.0	2.0
	27V.	1,1,1-Trichloroethane (71-55-6)	624	1.0	2.0
	28V.	1,1,2-Trichloroethane (79-00-5)	624	1.0	2.0
	29V.	Trichloroethylene (79-01-6)	624	1.0	2.0
	31V.	Vinyl chloride (75-01-4)	624/SM6200B	1.0	2.0
10		Base/Neutral Compounds (compounds in bold are Ecology PBTs)			
	1B.	Acenaphthene (83-32-9)	625	0.2	0.4
	2B.	Acenaphthylene (208-96-8)	625	0.3	0.6
	3B.	Anthracene (120-12-7)	625	0.3	0.6
	4B.	Benzidine (92-87-5)	625	12	24
	15B.	Benzyl butyl phthalate (85-68-7)	625	0.3	0.6
	5B.	Benzo(a)anthracene (56-55-3)	625	0.3	0.6
	7B.	Benzo(b)fluoranthene (3,4-benzofluoranthene) (205-99-2) ⁷	610/625	0.8	1.6
		Benzo(j)fluoranthene (205-82-3) ⁷	625	0.5	1.0
	9B.	Benzo(k)fluoranthene (11,12-benzofluoranthene) (207-08-9) ⁷	610/625	0.8	1.6

	Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
		Benzo(r,s,t)pentaphene (189-55-9)	625	0.5	1.0
	6B.	Benzo(a)pyrene (50-32-8)	610/625	0.5	1.0
	8B.	Benzo(ghi)Perylene (191-24-2)	610/625	0.5	1.0
	10B.	Bis(2-chloroethoxy)methane (111-91-1)	625	5.3	21.2
	11B.	Bis(2-chloroethyl)ether (111-44-4)	611/625	0.3	1.0
	12B.	Bis(2-chloroisopropyl)ether (39638-32-9)	625	0.3	0.6
	13B.	Bis(2-ethylhexyl)phthalate (117-81-7)	625	0.1	0.5
	14B.	4-Bromophenyl phenyl ether (101-55-3)	625	0.2	0.4
	16B.	2-Chloronaphthalene (91-58-7)	625	0.3	0.6
	17B.	4-Chlorophenyl phenyl ether (7005-72-3)	625	0.3	0.5
	18B.	Chrysene (218-01-9)	610/625	0.3	0.6
		Dibenzo (a,h)acridine (226-36-8)	610M/625M	2.5	10.0
		Dibenzo (a,j)acridine (224-42-0)	610M/625M	2.5	10.0
	19B.	Dibenzo(a-h)anthracene (53-70-3)(1,2,5,6-dibenzanthracene)	625	0.8	1.6
		Dibenzo(a,e)pyrene (192-65-4)	610M/625M	2.5	10.0
		Dibenzo(a,h)pyrene (189-64-0)	625M	2.5	10.0
	23B.	3,3-Dichlorobenzidine (91-94-1)	605/625	0.5	1.0
	24B.	Diethyl phthalate (84-66-2)	625	1.9	7.6
	25B.	Dimethyl phthalate (131-11-3)	625	1.6	6.4
	26B.	Di-n-butyl phthalate (84-74-2)	625	0.5	1.0
	27B.	2,4-dinitrotoluene (121-14-2)	609/625	0.2	0.4
	28B.	2,6-dinitrotoluene (606-20-2)	609/625	0.2	0.4
	29B.	Di-n-octyl phthalate (117-84-0)	625	0.3	0.6
	30B.	1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	1625B	5.0	20
	31B.	Fluoranthene (206-44-0)	625	0.3	0.6
	32B.	Fluorene (86-73-7)	625	0.3	0.6
	33B.	Hexachlorobenzene (118-74-1)	612/625	0.3	0.6
	34B.	Hexachlorobutadiene (87-68-3)	625	0.5	1.0
	35B.	Hexachlorocyclopentadiene (77-47-4)	1625B/625	0.5	1.0
	36B.	Hexachloroethane (67-72-1)	625	0.5	1.0
	37B.	Indeno(1,2,3-cd)Pyrene (193-39-5)	610/625	0.5	1.0
	38B.	Isophorone (78-59-1)	625	0.5	1.0
		3-Methyl cholanthrene (56-49-5)	625	2.0	8.0
	39B.	Naphthalene (91-20-3)	625	0.3	0.6
	40B.	Nitrobenzene (98-95-3)	625	0.5	1.0

	Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
	41B.	N-Nitrosodimethylamine (62-75-9)	607/625	2.0	4.0
	42B.	N-Nitrosodi-n-propylamine (621-64-7)	607/625	0.5	1.0
	43B.	N-Nitrosodiphenylamine (86-30-6)	625	0.5	1.0
		Perylene (198-55-0)	625	1.9	7.6
	44B.	Phenanthrene (85-01-8)	625	0.3	0.6
	45B.	Pyrene (129-00-0)	625	0.3	0.6
	46B.	1,2,4-Trichlorobenzene (120-82-1)	625	0.3	0.6
10		Dioxin			
		2,3,7,8-Tetra-Chlorodibenzo-P-Dioxin (176-40-16) (2,3,7,8 TCDD)	1613B	1.3 pg/L	5 pg/L
10		Pesticides/PCBs			
	1P.	Aldrin (309-00-2)	608	0.025	0.05
	2P.	alpha-BHC (319-84-6)	608	0.025	0.05
	3P.	beta-BHC (319-85-7)	608	0.025	0.05
	4P.	gamma-BHC (58-89-9)	608	0.025	0.05
	5P.	delta-BHC (319-86-8)	608	0.025	0.05
	6P.	Chlordane (57-74-9) ⁸	608	0.025	0.05
	7P.	4,4'-DDT (50-29-3)	608	0.025	0.05
	8P.	4,4'-DDE (72-55-9)	608	0.025	0.0510
	9P.	4,4' DDD (72-54-8)	608	0.025	0.05
	10P.	Dieldrin (60-57-1)	608	0.025	0.05
	11P.	alpha-Endosulfan (959-98-8)	608	0.025	0.05
	12P.	beta-Endosulfan (33213-65-9)	608	0.025	0.05
	13P.	Endosulfan Sulfate (1031-07-8)	608	0.025	0.05
	14P.	Endrin (72-20-8)	608	0.025	0.05
	15P.	Endrin Aldehyde (7421-93-4)	608	0.025	0.05
	16P.	Heptachlor (76-44-8)	608	0.025	0.05
	17P.	Heptachlor Epoxide (1024-57-3)	608	0.025	0.05
	18P.	PCB-1242 (53469-21-9) ⁹	608	0.25	0.5
	19P.	PCB-1254 (11097-69-1)	608	0.25	0.5
	20P.	PCB-1221 (11104-28-2)	608	0.25	0.5
	21P.	PCB-1232 (11141-16-5)	608	0.25	0.5
	22P.	PCB-1248 (12672-29-6)	608	0.25	0.5
	23P.	PCB-1260 (11096-82-5)	608	0.13	0.5
	24P.	PCB-1016 (12674-11-2) ⁹	608	0.13	0.5
	25P.	Toxaphene (8001-35-2)	608	0.24	0.5

1. Detection level (DL) or detection limit means the minimum concentration of an analyte (substance) that can be measured and reported with a 99% confidence that the analyte concentration is greater than zero as determined by

the procedure given in 40 CFR part 136, Appendix B.

2. Quantitation Level (QL) also known as Minimum Level of Quantitation (ML) – The lowest level at which the entire analytical system must give a recognizable signal and acceptable calibration point for the analyte. It is equivalent to the concentration of the lowest calibration standard, assuming that the lab has used all method-specified sample weights, volumes, and cleanup procedures. The QL is calculated by multiplying the MDL by 3.18 and rounding the result to the number nearest to $(1, 2, \text{ or } 5) \times 10^n$, where n is an integer. (64 FR 30417).
ALSO GIVEN AS:
The smallest detectable concentration of analyte greater than the Detection Limit (DL) where the accuracy (precision & bias) achieves the objectives of the intended purpose. (Report of the Federal Advisory Committee on Detection and Quantitation Approaches and Uses in Clean Water Act Programs Submitted to the US Environmental Protection Agency December 2007).
3. Soluble Biochemical Oxygen Demand method note: First, filter the sample through a Millipore Nylon filter (or equivalent) - pore size of 0.45-0.50 um (prep all filters by filtering 250 ml of laboratory grade deionized water through the filter and discard). Then, analyze sample as per method 5210-B.
4. NWTPH Dx - Northwest Total Petroleum Hydrocarbons Diesel Extended Range – see <http://www.ecy.wa.gov/biblio/97602.html>
5. NWTPH Gx - Northwest Total Petroleum Hydrocarbons Gasoline Extended Range – see <http://www.ecy.wa.gov/biblio/97602.html>
6. 1, 3-dichloropropylene (mixed isomers) You may report this parameter as two separate parameters: cis-1, 3-dichloropropene (10061-01-5) and trans-1, 3-dichloropropene (10061-02-6).
7. Total Benzo(a)fluoranthenes - Because Benzo(b)fluoranthene, Benzo(j)fluoranthene and Benzo(k)fluoranthene co-elute you may report these three isomers as total benzo(a)fluoranthenes.
8. Chlordane – You may report alpha-chlordane (5103-71-9) and gamma-chlordane (5103-74-2) in place of chlordane (57-74-9). If you report alpha and gamma-chlordane, the DL/PQLs that apply are 0.025/0.050.
9. PCB 1016 & PCB 1242 – You may report these two PCB compounds as one parameter called PCB 1016/1242.
10. An X placed in this box means you must analyze for all pollutants in the group. This may be in addition to NPDES application requirements.

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at Ecology, 360-407-6600. Persons with impaired hearing may use the Washington Relay Service at 711. Persons with a speech disability may call TTY at 877-833-6341.