



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

November 9, 2015

Mr. Jon Fox  
Manager  
Basin City Mobile Home Park  
7471 Road 170  
Basin City, WA 99343

RE: Basin City Mobile Home Park - State Waste Water Discharge Permit No. ST0005398

Dear Mr. Fox:

Enclosed is a copy of the new Discharge Monitoring Report form for your use in submitting DMRs under your new permit. The column for reporting discharge from the Daycare Center is removed from the form enclosed. Ecology is modifying the new permit to eliminate the requirement for daycare reporting until a monitoring system is installed. The permit will include a new requirement to install a monitoring device by January 2020. The modification to the permit change takes about two months to complete. You will receive the modified permit after it is finalized.

We discussed on the phone on Tuesday that I would like to meet with you and Terri Price in early December to go over the new permit. I will contact you at the first of December to pick a date that works for you and Terri.

As a reminder, the annual Basin City Mobile Home Park Wasteload Assessment for 2015 is due May 1, 2016. I will contact you in April 2016 with a reminder of the due date.

I am available Monday through Thursday if you have questions, or would like more information about the new DMR form. Please contact me at [llyn.doremus@ecy.wa.gov](mailto:llyn.doremus@ecy.wa.gov) or (509) 329-3518.

Sincerely,

Llyn Doremus  
Facility Manager  
Water Quality Program

LD:jab

Enclosure

cc: Terri Price, Basin City Mobile Home Park



# Basin City MHP

Permit #ST0005398

County: Franklin

	Influent		Effluent
	Flow	Flow Volume	Flow
Freq.	Continuous	Summary only	Continuous
Date	gpd	million gallons	gpd
1			
2		Enter	
3		Total	
4		Annual	
5		Only	
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Max.			
Avm.			
Total Monthly			
Total Annual			
Avm.	92,512 gpd		
Total Annual		29.6 mg	

# Discharge Monitoring Report

MONTH:

YEAR:

Effluent Wastewater Monitoring - 1/month				
Enter Date Sampled:				
Location	Parameter	Unit	Frequency	Value
Effluent	pH	s.u.	1/month	
	BOD <sub>5</sub>	mg/L	1/month	
	BOD <sub>5</sub>	lbs/day	1/month	
	TKN	mg/L	1/month	
	TKN	lbs/day	1/month	
Limits	TDS	mg/L	1/month	
	pH	s.u.	min	6.0
	pH	s.u.	max	9.0

Total Annual Flow				
Month	Year			
	2015	2016	2017	2018
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total Annual				

\*Total Annual is a running total for the calendar year; January through December.

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 GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR WILLFUL VIOLATIONS.

NAME AND TITLE

Phone Number

SIGNATURE

Date

Remarks:

# Basin City MHP

# Discharge Monitoring Report

Permit #ST0005398

Groundwater Monitoring - 1/quarter				
Enter Date Sampled:				
Location	Parameter	Unit	Frequency	Value
BC1	Depth	0.01 feet	1/quarter	
	Total Coliform	#/100 mL	1/quarter	
	TDS	mg/L	1/quarter	
	Nitrate + Nitrite	mg/L	1/quarter	
BC2	Depth	0.01 feet	1/quarter	
	Total Coliform	#/100 mL	1/quarter	
	TDS	mg/L	1/quarter	
	Nitrate + Nitrite	mg/L	1/quarter	
BC3	Depth	0.01 feet	1/quarter	
	Total Coliform	#/100 mL	1/quarter	
	TDS	mg/L	1/quarter	
	Nitrate + Nitrite	mg/L	1/quarter	

Irrigation Canal Monitoring - 1/quarter				
Enter Date Sampled:				
Location	Parameter	Unit	Frequency	Value
Irrigation Canal	Depth	0.01 feet	1/quarter	
	Total Coliform	#/100 mL	1/quarter	
	TDS	mg/L	1/quarter	

MONTH:

YEAR:

Influent Monitoring - 1/quarter				
Enter Date Sampled:				
Location	Parameter	Unit	Frequency	Value
Influent	BOD <sub>5</sub>	mg/L	1/quarter	
	BOD <sub>5</sub>	lbs/day	1/quarter	
	TKN	mg/L	1/quarter	
	TKN	lbs/day	1/quarter	
Limits	BOD	lbs/day	-	139
	TKN	lbs/day	-	30

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NAME AND TITLE Phone Number

SIGNATURE Date

Remarks: