



UTILITIES DIVISION
808 W. SPOKANE FALLS BLVD.
SPOKANE, WASHINGTON 99201
509.625.6270

December 18, 2015

Jim Bellatty
Section Manager – Water Quality Program
Washington State Department of Ecology
4601 N. Monroe Street
Spokane, WA 99205

RECEIVED

DEC 21 2015

Department of Ecology
Eastern Regional Office

Re: City of Spokane Application for renewal
NPDES Waste Discharge Permit # WA-0024473

Dear Mr. Bellatty,

Enclosed please find the Application for renewal of the City of Spokane's NPDES Permit # WA-0024473. The City has put significant effort into this application in order to provide complete, accurate, and clear information as possible. We very much appreciate working with Ecology to fine tune and address any questions or concerns. Based on a number of our recent communications with Ecology, the City would propose the following topics be specifically addressed in this renewal process:

- Metals analysis;
- Annual progress reports for tertiary treatment implementation (Next Level of Treatment);
- Final schedule for CSO Control Facilities;
- Alignment of annual reports; and
- Email notification and communication.

Again we very much appreciate our working relationship with your department and Ecology, and the cooperative spirit of the Integrated Planning partnership we have built together. We look forward to working with Ellie Key in this renewal process. Accordingly, I have asked Lars Hendron to contact Ms. Key directly and arrange a time in early January to discuss the particulars. Should there be any additional questions, please don't hesitate to contact Lars at 625-7929.

Sincerely,


Rick Romero
Utilities Director

Encl (1)

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

FORM 1 GENERAL	 DEPARTMENT OF ECOLOGY State of Washington	U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	1. Current permit I.D. <div style="border: 1px solid black; padding: 2px; display: inline-block;">WA-0024473</div>
			T/A C 14 15

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit a NPDES permit application forms to Ecology. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

	MARK "X"				MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) Does this facility operate a cooling water intake structure? (FORM 2C Supplemental)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Is this proposal facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area ? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area ? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY

C 1	Riverside Park Water Reclamation Facility
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IV. FACILITY CONTACT

C 2	A. NAME & TITLE (last, first, & title) Coster, Michael F.; Superintendant	B. PHONE (area code & no.) 509 625 4600
C 2	B. EMAIL ADDRESS mcoster@spokanecity.org	
	C. Does the facility have or can it obtain broadband internet access? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

V. FACILITY MAILING ADDRESS

C 3	A. STREET OR P.O. BOX 4401 N Aubrey L White Parkway		
C 4	B. CITY OR TOWN Spokane	C. STATE WA	D. ZIP CODE 99205

VI. FACILITY LOCATION

C 5	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 4401 N Aubrey L White Parkway		
	B. COUNTY NAME Spokane		
C 6	C. CITY OR TOWN Spokane	D. STATE WA	E. ZIP CODE 99205
7	F. COUNTY CODE 063		
	D. LATITUDE/LONGITUDE (NAD 83 DATUM)		
	LATITUDE AS DECIMAL DEGREES - N47.69761		
	LONGITUDE AS DECIMAL DEGREES - W117.47655		

CONTINUED FROM THE FRONT

VII. SIC, NAICS CODES (in order of priority) **AND UBI NUMBER** Place additional on an attachment.

SIC FIRST				SIC. SECOND			
C	7	4952	(specify) Sewerage Systems	7	7		(specify)
EQUIVALENT NAICS FIRST				EQUIVALENT NAICS SECOND			
C	7	22130	(specify) Sewage Treatment Facilities	7	7		(specify)

UBI NUMBER -

VIII. OPERATOR INFORMATION


A. NAME						B. Is the name listed in Item VIII-A also the owner?	
C	8	City of Spokane				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)						D. PHONE (area code & no.)	
F = FEDERAL	M = PUBLIC (other than federal or state)	M	(specify)	C	A	509	625 4600
S = STATE	O = OTHER (specify)						
P = PRIVATE							

E. STREET OR PO BOX				F. CITY OR TOWN				G. STATE		H. ZIP CODE		IX. INDIAN LAND	
4401 N Aubrey L White Parkway				Spokane				WA		99205		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C	T	I	WA-0024473		C	T	B		
9	N				9	P			
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C	T	I			C	T	B		
9	U				9				
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C	T	I	WAD000875450		C	T	B		
9	R				9				

XI. MAP	
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.</p>	

XII. NATURE OF BUSINESS (provide a brief description)	
Collection, conveyance, treatment, and disposal of an annual average of approximately 28 million gallons per day of municipal wastewater.	

XIII. CERTIFICATION (see instructions)		
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>		
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Rick Romero, Director, Public Works & Utilities		December 18, 2015

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

This form is equivalent to EPA NPDES Form 3510-2A

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:

Riverside Park Water Reclamation Facility WA-002447-3

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 Riverside Park Water Reclamation Facility

Mailing Address 4401 N Aubrey L White Parkway

Facility Address Spokane, WA 99205
(not P.O. Box)

Location 47.69761° N, -117.47655° E (WGS84)
(Latitude/Longitude as decimal degrees (NAD83/WGS84))

Telephone Number (509) 625-4600

E-mail address mcoaster@spokanecity.org

Contact Person Michael F. Coster

Title Superintendent

UBI Number 328034120

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

Applicant Name City of Spokane Wastewater Management Department

Mailing Address 4401 N Aubrey L White Parkway

Telephone Number (509) 625-4600

E-mail address lhendron@spokanecity.org

Contact Person Lars H. Hendron

Title Principal Engineer

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-002447-3</u>	PSD	<u></u>
UIC	<u></u>	Other	<u>Small Quantity Generator Digester Waste</u>
RCRA	<u>WAD000875450</u>	Other	<u>SCRCA - Registered Source</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</u>	<u>211,000</u>	<u>Sanitary, CSO</u>	<u>City of Spokane</u>
<u>Spokane County</u>	<u>23,000</u>	<u>Sanitary</u>	<u>Spokane County</u>
<u>City of Spokane Valley</u>	<u>9,000 (estimated)</u>	<u>Sanitary</u>	<u>Spokane County</u>
<u>Fairchild AFB</u>	<u>4,000</u>	<u>Sanitary</u>	<u>Fairchild AFB</u>

Total population served 247,000

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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
- 55.9 Dry; 60.6 Wet (Maximum Month in 2011 NPDES Permit)
- mgd

Two Years AgoLast YearThis Year

- b. Annual average daily flow rate (Max Month)
- 29.57 (Oct.'12 - Sep.'13)
- 28.94 (Oct.'13 - Sep.'14)
- 26.98 (Oct.'14 - Sep.'15)

- c. Maximum daily flow rate
- 52.16 (Oct.'12 - Sep.'13)
- 65.00 (Oct.'13 - Sep.'14)
- 60.22 (Oct.'14 - Sep.'15)

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

54 (City of Spokane System) %

- ☒
- Combined storm and sanitary sewer

46 (City of Spokane System) %**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

1

- iii. Combined sewer overflow points

20 (Outfalls)

- iv. Constructed emergency overflows (prior to the headworks)

8 (Siphons & Pump Stations)

- v. Other

- 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:

Riverside Park Water Reclamation Facility WA-002447-3

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).

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 _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number (_____) _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ 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):

Annual daily volume disposed by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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 005A
- b. Location Spokane 99205-3939
(City or town, if applicable) (Zip Code)
Spokane Washington
(County) (State)
47.69361°N (WGS84) -117.47215°E (WGS84)
(Latitude) Provide these as decimal degrees (NAD83/WGS84) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 28.50 (Oct.'12 - Sep.'15) 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 of 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) WRIA 54, Lower Spokane
United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010307
- 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): 87.0 mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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 removal 85%

Design SS removal 85%

Design P removal 85%

Design N removal 85%

Other _____ %

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

Chlorination (Liquid)

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: 005A

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.10	s.u.			
pH (Maximum)	7.79	s.u.			
Flow Rate	65	MGD	28.50	MGD	1095
Temperature (Winter)	23.6	°C	14.4	°C	725
Temperature (Summer)	23.8	°C	19.8	°C	369

* 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	23	mg/L	8.4	mg/L	1087	SM 5210 B-01	2.0
	CBOD5	10	mg/L	3.3	mg/L	448	SM 510 B-01	2.0
FECAL COLIFORM	500	MPN/100mL	9.9	MPN/100mL	755	SM 9221 E2 (A1) +C MPN		N/A
TOTAL SUSPENDED SOLIDS (TSS)	34	mg/L	10.0	mg/L	1095	SM 2540 D-97		2.5

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:

Riverside Park Water Reclamation Facility WA-002447-3

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.

3,450,000 gpd

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

Underway; Pipe Lining (CIPP); flow monitoring; charging a fee in Central Business District for inflow from roof runoff and basement sumps; LID ordinance to provide incentives for LID practices; retrofitting incomplete separation areas.

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 $\frac{1}{4}$ 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: _____

Mailing Address: _____

Telephone Number: () _____

Responsibilities of Contractor: _____

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.)

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

005A

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

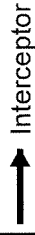
☒ Yes ☐ No

Riverside Park Water Reclamation Facility Site Map (Part B.2.)

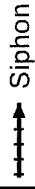
Legend



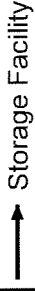
Well



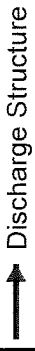
Interceptor



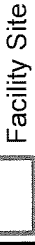
Siphon



Storage Facility



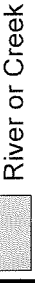
Discharge Structure



Facility Site



Facility 1-Mile Buffer



River or Creek

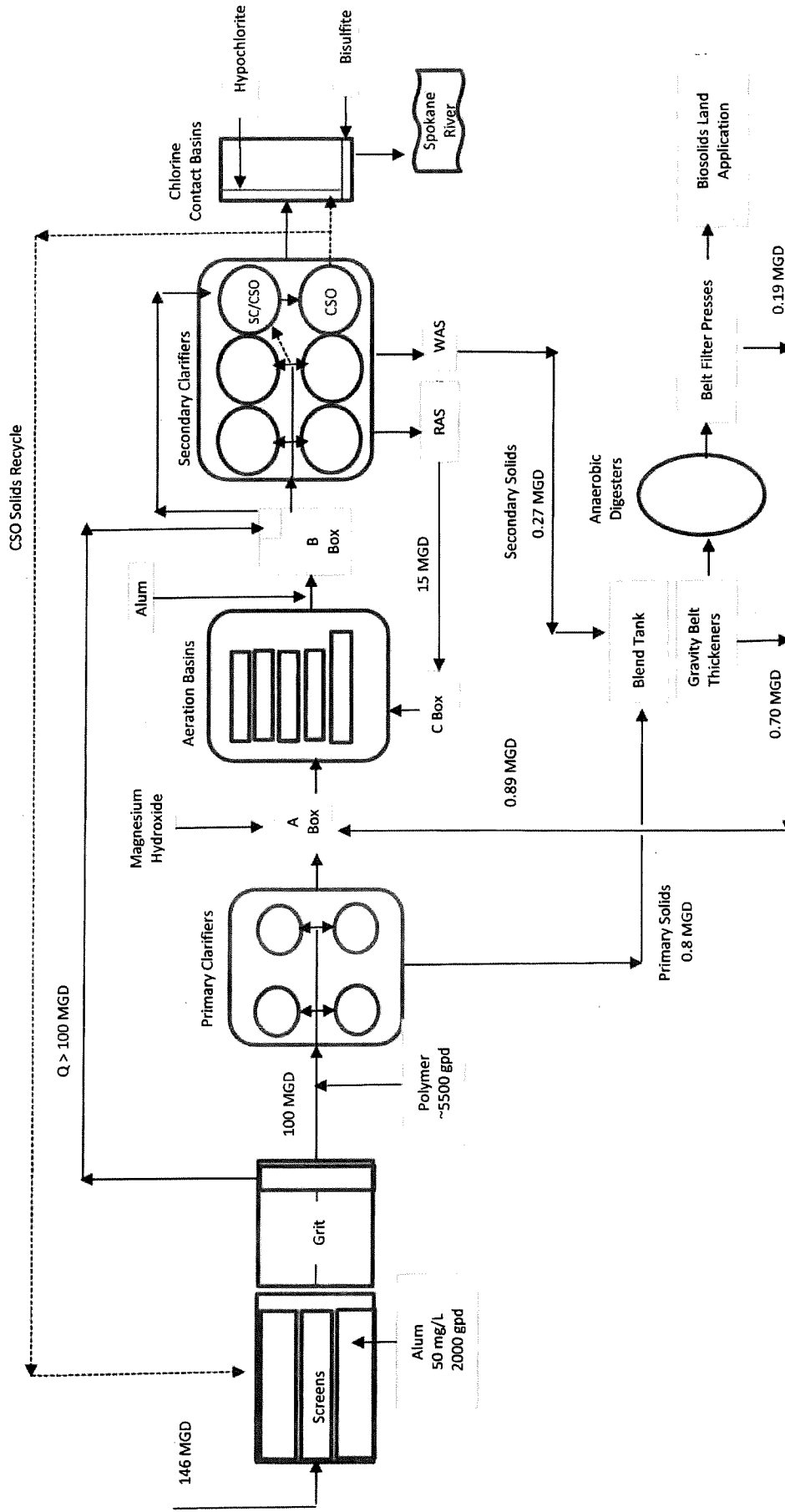
November 2, 2015



SOKANE a LEED FA+ TIER 1
The information shown on this map is compiled
from various sources and is not intended to
be used for determining the location of facilities
or relationships to property lines, section lines,
streets, etc.



The diagram illustrates the wastewater treatment process at the Spokane River Wastewater Treatment Plant. The flow begins with an intake of 146 MGD into a **Screens** unit, which also receives **Alum 50 mg/L 2000 gpd**. The output goes to a **Grit** unit. From there, the flow (100 MGD) enters the **Primary Clarifiers**, which also receive **Polymer ~5500 gpd**. The output of the primary clarifiers goes to the **A Box** of the **Aeration Basins**. The **Aeration Basins** also receive **Magnesium Hydroxide** and **Alum**. The output of the aeration basins goes to the **B Box** and then to the **Secondary Clarifiers**. The **Secondary Clarifiers** have two outputs: **SC/CSO** and **CSO**. The **SC/CSO** output goes to the **Chlorine Contact Basins**, which also receive **Hypochlorite**. The **Chlorine Contact Basins** output goes to the **Spokane River**. The **CSO** output goes to the **Secondary Solids** unit. The **Secondary Solids** unit has two outputs: **0.89 MGD** and **0.27 MGD**. The **0.89 MGD** output goes to the **Blend Tank**, which also receives **Primary Solids 0.8 MGD** from the **Primary Clarifiers**. The **Blend Tank** output goes to the **Gravity Belt Thickeners**, which also receive **0.70 MGD** from the **Secondary Solids** unit. The **Gravity Belt Thickeners** output goes to the **Anaerobic Digesters**. The **Anaerobic Digesters** output goes to the **Belt Filter Presses**, which also receive **0.19 MGD** from the **Secondary Solids** unit. The **Belt Filter Presses** output goes to the **Biosolids Land Application**.



FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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

Tertiary "Next Level of Treatment" to comply with State Dissolved Oxygen TMDL by 2021

- 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	10/01/2016	<u> / / </u>
- End Construction	12/31/2019	<u> / / </u>
- Begin Discharge	07/31/2019	<u> / / </u>
- Attain Operational Level	03/01/2021	<u> / / </u>

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

Describe briefly: **State Shoreline Substantial Development Permit revision following membrane System selection and 30% design.**

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: **005A**

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)	4.08	mg/L	0.119	mg/L	1095	SM 4500-NH5 G-97	0.043/0.009
CHLORINE (TOTAL RESIDUAL, TRC)	185	µg/L	2.01	µg/L	1095	SM 4500-Cl	30/6
DISSOLVED OXYGEN	11.8	mg/L	9.20	mg/L	1094	Hach 10360 Rev 1.1	0.2
TOTAL KJELDAHL NITROGEN (TKN)	3.77	mg/L	1.68	mg/L	146	EPA 351.2	0.50/0.022
NITRATE PLUS NITRITE NITROGEN	36.94	mg/L	25.18	mg/L	157	EPA 353.2_2	0.111/0.022
OIL and GREASE	<6.35	mg/L	<4.09	mg/L	12	EPA 1664A	4.06
PHOSPHORUS (Total)	1.62	mg/L	0.50	mg/L	1094	SM 4500-P E	0.047/0.009
TOTAL DISSOLVED SOLIDS (TDS)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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:

Riverside Park Water Reclamation Facility WA-002447-3

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 Rick Romero, Director, Public Works & Utilities

Responsible Official 

Signature

Telephone number (509) 625-6270

E-mail address rromero@spokanecity.org

Date signed December 18, 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: Ellie Key

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:

Riverside Park Water Reclamation Facility WA-002447-3

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: 005A (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	0.791	µg/L	0.182	lbs/day	0.263	µg/L	0.062	lbs/day	77	EPA 1638	1.000/0.009
ARSENIC	3.75	µg/L	0.889	lbs/day	2.21	µg/L	0.520	lbs/day	77	EPA 1638	0.30/0.10
BERYLLIUM	0.029	µg/L	0.0071	lbs/day	0.007	µg/L	0.0016	lbs/day	77	EPA 1638	0.061/0.004
CADMIUM	0.136	µg/L	0.032	lbs/day	0.032	µg/L	0.070	lbs/day	77	EPA 1638	0.020/0.008
CHROMIUM	0.770	µg/L	0.163	lbs/day	0.262	µg/L	0.062	lbs/day	77	EPA 1638	0.10/0.02
COPPER	13.2	µg/L	3.05	lbs/day	7.30	µg/L	1.73	lbs/day	77	EPA 1638	0.10/0.02
LEAD	0.751	µg/L	0.194	lbs/day	0.538	µg/L	0.128	lbs/day	77	EPA 1638	0.040/0.005
MERCURY	0.0112	µg/L	0.0035	lbs/day	0.00287	µg/L	0.000707	lbs/day	77	EPA 1631E	0.00050/ 0.00008
NICKEL	8.46	µg/L	2.07	lbs/day	1.42	µg/L	0.337	lbs/day	77	EPA 1638	0.10/0.04
SELENIUM	6.43	µg/L	1.60	lbs/day	0.98	µg/L	0.231	lbs/day	77	EPA 1638	0.61/0.41
SILVER	0.267	µg/L	0.0530	lbs/day	0.0576	µg/L	0.0135	lbs/day	77	EPA 1638	0.200/0.002
THALLIUM	0.013	µg/L	0.0032	lbs/day	0.0040	µg/L	0.0009	lbs/day	77	EPA 1638	0.020/0.006
ZINC	66.9	µg/L	16.6	lbs/day	43.0	µg/L	10.3	lbs/day	155	EPA 1638	1.01/0.16
CYANIDE	<0.0104	mg/L	<3.44	lbs/day	<0.0088	mg/L	<2.16	lbs/day	12	EPA 335.4	0.010
TOTAL PHENOLIC COMPOUNDS	0.088	mg/L	23.6	lbs/day	0.0547	mg/L	13.5	lbs/day	12	EPA 420.4	0.050
HARDNESS (AS CaCO3)	253	mg/L	67,600	lbs/day	187	mg/L	44,400	lbs/day	77	EPA 1638 (calc)	1.01/0.101
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											

FACILITY NAME AND PERMIT NUMBER:
Riverside Park Water Reclamation Facility WA-002447-3

Outfall number: **005A** (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	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	50.0
ACRYLONITRILE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	10.0
BENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
BROMOFORM	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
CARBON TETRACHLORIDE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
CHLORBENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
CHLOROBIDBROMO-METHANE	1.3	µg/L	0.4	lbs/day	1.1	µg/L	0.3	lbs/day	6	EPA 624	1.0
CHLOROETHANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
2-CHLORO-ETHYLVINYL ETHER	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	2	EPA 624	5.0
CHOLOROFORM	7.6	µg/L	1.9	lbs/day	6.2	µg/L	1.6	lbs/day	6	EPA 624	1.0
DICHLOROBROMO-METHANE	2.7	µg/L	0.9	lbs/day	1.8	µg/L	0.5	lbs/day	6	EPA 624	1.0
1,1-DICHLOROETHANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
1,2-DICHLOROETHANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
1,2-DICHLOROETHYLEN E	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	2	EPA 624	1.0
TRANS-1,2-DICHLORO-ETHYLENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
1,1-DICHLOROETHYLEN E	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
1,2-DICHLOROPROPANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
1,3-DICHLOROPROPYLENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
ETHYLBENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
METHYL BROMIDE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	4	EPA 624	1.0
METHYL CHLORIDE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
METHYLENE CHLORIDE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	5.0
1,1,2,2-TETRACHLORO-ETHANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
TETRACHLORO-ETHYLENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
TOLUENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
1,1,1-TRICHLOROETHANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
1,1,2-TRICHLOROETHANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0
TRICHLORETHYLENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	2	EPA 624	1.0
VINYL CHLORIDE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 624	1.0

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

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ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
2-CHLOROPHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
2,4-DICHLOROPHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
2,4-DIMETHYLPHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
4,6-DINITRO-O-CRESOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	24.0
2,4-DINITROPHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	24.0
2-NITROPHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
4-NITROPHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
PENTA CHLOROPHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
PHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
2,4,6-TRICHLORO PHENOL	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5

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

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FACILITY NAME AND PERMIT NUMBER:
Riverside Park Water Reclamation Facility WA-002447-3

Outfall number: **005A** (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		
BASE-NEUTRAL COMPOUNDS											
ACENAPHTHENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
ACENAPHTYLENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
ANTHRACENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
BENZIDINE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	95.0
BENZO(A) ANTHRACENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
BENZO(J)FLUORANT HENE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BENZO(r,s,t)PENTAP HENE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BENZO(A)PYRENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
3,4 BENZO-FLUORANTHENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
BENZO(GHI)PERYLE NE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
BENZO(K)FLOURANT HENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
BIS (2-CHLORO ETHOXY) METHANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
BIS (2-CHLOROETHYL)- ETHER	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
BIS (2-CHLOROISO-PROPYL) ETHER	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
BIS (2-ETHYLHEXYL) PHTHALATE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
4-BROMOPHENYL PHENYL ETHER	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BUTYL BENZYL PHTHALATE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
2-CHLORO NAPHTHALENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
4-CHLORPHENYL PHENYL ETHER	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
CHRYSENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
DIBENZO(a,i)ACRIDINE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIBENZO(a,h)ACRIDIN E	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIBENZO(a,e)PYRENE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIBENZO(a,h)PYRENE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DI-N-BUTYL PHTHALATE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
DI-N-OCTYL PHTHALATE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
DIBENZO(A,H) ANTHRACENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
1,2-DICHLORO BENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
1,3-DICHLORO BENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5

FACILITY NAME AND PERMIT NUMBER:
Riverside Park Water Reclamation Facility WA-002447-3

Outfall number: 005A (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		
1,4-DICHLORO BENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
3,3-DICHLORO BENZIDINE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
DIETHYL PHTHALATE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
DIMETHYL PHTHALATE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
2,4-DINITROTOLUENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
2,6-DINITROTOLUENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
1,2-DIPHENYLHYDRAZINE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	5	EPA 625	9.5
FLUORANTHENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
FLUORENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
HEXACHLORO BENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
HEXACHLOROBUTADIENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
HEXACHLOROCYCLOPENTADIENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
HEXA CHLOROETHANE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
INDENO(1,2,3-CD) PYRENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
ISOPHORONE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
3-METHYL CHOLANTHRENE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NAPHTHALENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
NITROBENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
N-NITROSODI-N-PROPYLAMINE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
N-NITROSODI-METHYLAMINE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
N-NITROSODI-PHENYLAMINE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
PERYLENE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PHENANTHRENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
PYRENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	6	EPA 625	9.5
1,2,4-TRICHLOROBENZENE	ND	µg/L	ND	lbs/day	ND	µg/L	ND	lbs/day	2	EPA 625	9.5

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

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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:

Riverside Park Water Reclamation Facility WA-002447-3

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: 1Test number: 2Test number: 3

a. Test information.

Test Species & test method number	Ceriodaphnia EPA-821-R-02-012	Fathead Minnow EPA-821-R-02-012	Ceriodaphnia EPA-821-R-02-013
Age at initiation of test	<24 hrs	7 days	< 8 hrs
Outfall number	005A	005A	005A
Dates sample collected	01/26/2015	01/26/2015	01/26, 01/28, & 01/30/2015
Date test started	01/27/2015	01/27/2015	01/27/2015
Duration	48 +/- 2 hrs	96 +/- 2 hrs	7 days

b. Give toxicity test methods followed.

Manual title	Methods for Measuring Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms	Methods for Measuring Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms	Short-Term Methods For Estimating the Chronic Toxicity of Effluents and Receiving Water to Freshwater Organisms
Edition number and year of publication	5th, 2002a	5th, 2002a	4th, 2002b
Page number(s)	41-66	41-66	141-196

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

24-Hour composite	X	X	X
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	X	X	X

FACILITY NAME AND PERMIT NUMBER:			
Riverside Park Water Reclamation Facility WA-002447-3			
Test number: 1		Test number: 2	Test number: 3
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both			
Chronic toxicity			X
Acute toxicity	X	X	
g. Provide the type of test performed.			
Static	X		X
Static-renewal		X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	Moderately Hard Synthetic Water (MHSW)	Moderately Hard Synthetic Water (MHSW)	Diluted Mineral Water 8:2
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.			
	100, 85, 25, 12.5, 6.25, 0	100, 85, 25, 12.5, 6.25, 0	100, 85, 25, 12.5, 6.25, 0
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.47 - 8.05 (met)	7.37 - 7.88 (met)	7.46 - 8.32 (met)
Salinity	N/A	N/A	N/A
Temperature	20.0° - 20.7° C (met)	19.2° - 20.8° C (met)	24.1° - 25.8° C (met)
Ammonia	N/A	N/A	N/A
Dissolved oxygen	8.2 - 8.9 mg/L (met)	7.3 - 9.0 mg/L (met)	7.7 - 9.1 mg/L (met)
l. Test Results.			
Acute:			
Percent survival in 100% effluent	95 %	100 %	%
LC ₅₀	>100%	>100%	
95% C.I.	79-100 %	100-100 %	%
Control percent survival	100 %	100 %	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

Chronic:

NOEC	%	%	100 %
IC ₂₅	%	%	not reported %
Control percent survival	%	%	100 %
Other (describe)			

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)?	02/11/2015	01/27/2015	01/29/2015
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?☐ Yes ☒ No

If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.Date submitted: 04/06/2015 (MM/DD/YYYY)

Summary of results: (see instructions)

No statistical differences in organism response were observed between the control and acute/chronic critical effluent concentrations

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: 4Test number: 5

Test number: _____

a. Test information.

Test Species & test method number	Fathead Minnow EPA-821-R-02-013	Alga: Selenastrum Capricornutum EPA-821-R-02-013	
Age at initiation of test	1 day post-hatch	5 days	
Outfall number	005A	005A	
Dates sample collected	01/26, 01/28, & 01/30/2015	01/26, 01/28, & 01/30/2015	
Date test started	01/27/2015	01/27/2015	
Duration	7 days	96 hrs	

b. Give toxicity test methods followed.

Manual title	Short-Term Methods For Estimating the Chronic Toxicity of Effluents and Receiving Water to Freshwater Organisms	Short-Term Methods For Estimating the Chronic Toxicity of Effluents and Receiving Water to Freshwater Organisms	
Edition number and year of publication	4th, 2002b	4th, 2002b	
Page number(s)	53-111	197-230	

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

24-Hour composite	X	X	
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	X	X	

FACILITY NAME AND PERMIT NUMBER: Riverside Park Water Reclamation Facility WA-002447-3

Test number: 4		Test number: 5		Test number: _____	
e. Describe the point in the treatment process at which the sample was collected.					
Sample was collected:		Outfall		Outfall	
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both					
Chronic toxicity		X		X	
Acute toxicity					
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		Moderately Hard Synthetic Water (MHSW)		MHSW w/ EDTA	
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.					
		100, 85, 25, 12.5, 6.25, 0		100, 85, 25, 12.5, 6.25, 0	
k. Parameters measured during the test. (State whether parameter meets test method specifications)					
pH		7.33 - 7.79 (N/A)		7.52 - 9.20 (N/A)	
Salinity		N/A		N/A	
Temperature		24.1° - 25.6° C (met)		24.0° - 26.4° C (met)	
Ammonia		N/A		N/A	
Dissolved oxygen		5.4 - 9.2 mg/L (met)		7.5 - 11.1 mg/L (met)	
l. Test Results.					
Acute:					
Percent survival in 100% effluent		%		%	
LC ₅₀					
95% C.I.		%		%	
Control percent survival		%		%	
Other (describe)					

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

Chronic:

NOEC	100 %	100 %	%
IC ₂₅	not reported %	not reported %	%
Control percent survival	97.5 %	N/A (growth test) %	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	
Was reference toxicant test within acceptable bounds?	No: LC50/EC50 Ref = 149 ug/L; historical mean + 2s = 146 ug/L	Yes	
What date was reference toxicant test run (MM/DD/YYYY)?	01/09/2015	01/27/2015	/ /
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?☐ Yes ☒ No

If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.Date submitted: 04/06/2015 (MM/DD/YYYY)

Summary of results: (see instructions)

No statistical differences in organism response were observed between the control and acute/chronic critical effluent concentrations

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: 6Test number: 7Test number: 8**a. Test information.**

Test Species & test method number	Ceriodaphnia EPA-821-R-02-012	Fathead Minnow EPA-821-R-02-012	Ceriodaphnia EPA-821-R-02-013
Age at initiation of test	< 24 hrs	7 days	< 8 hrs
Outfall number	005A	005A	005A
Dates sample collected	07/27/2015	07/27/2015	07/27, 07/29, & 07/31/15
Date test started	07/28/2015	07/28/2015	7/28/2015
Duration	48 +/- 2 hrs	96 +/- 2 hrs	7 days

b. Give toxicity test methods followed.

Manual title	Methods for Measuring Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms	Methods for Measuring Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms	Short-Term Methods For Estimating the Chronic Toxicity of Effluents and Receiving Water to Freshwater Organisms
Edition number and year of publication	5th, 2002a	5th, 2002a	4th, 2002b
Page number(s)	41-66	41-66	141-196

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

24-Hour composite	X	X	X
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	X	X	X

FACILITY NAME AND PERMIT NUMBER: Riverside Park Water Reclamation Facility WA-002447-3			
Test number: <u>6</u>		Test number: <u>7</u>	Test number: <u>8</u>
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both			
Chronic toxicity			X
Acute toxicity	X	X	
g. Provide the type of test performed.			
Static	X		X
Static-renewal		X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	Moderately Hard Synthetic Water (MHSW)	Moderately Hard Synthetic Water (MHSW)	Diluted Mineral Water 8:2
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.			
	100, 85, 25, 12.5, 6.25, 0	100, 85, 25, 12.5, 6.25, 0	100, 85, 25, 12.5, 6.25, 0
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.58 - 8.02 (met)	7.46 - 7.96 (met)	7.56 - 8.29 (met)
Salinity	N/A	N/A	N/A
Temperature	20.2° - 20.7° C (met)	19.3° - 20.8° C (met)	24.0° - 25.9° C (met)
Ammonia	N/A	N/A	N/A
Dissolved oxygen	8.1 - 9.0 mg/L (met)	6.9 - 9.0 mg/L (met)	7.6 - 8.9 mg/L (met)
l. Test Results.			
Acute:			
Percent survival in 100% effluent	100 %	100 %	%
LC ₅₀	>100%	>100%	
95% C.I.	100-100 %	100-100 %	%
Control percent survival	100 %	100 %	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

Chronic:

NOEC	%	%	100 %
IC ₂₅	%	%	not reported %
Control percent survival	%	%	100 %
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	No: LC50/EC50 Ref = 46.7 ug/L; historical mean +2s = 42.2 ug/L
What date was reference toxicant test run (MM/DD/YYYY)?	07/21/2015	07/21/2015	07/21/2015
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☒ No

If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 11/03/2015 (MM/DD/YYYY)

Summary of results: (see instructions)

No statistical differences in organism response were observed between the control and acute/chronic critical effluent concentrations

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: 9

Test number: 10

Test number: _____

a. Test information.

Test Species & test method number	Fathead Minnow EPA-821-R-02-013	Alga: Selenastrum Capricornutum EPA-821-R-02-013	
Age at initiation of test	1 day post-hatch	5 days	
Outfall number	005A	005A	
Dates sample collected	07/27, 07/29, & 07/31/2015	07/27, 07/29, & 07/31/2015	
Date test started	07/28/2015	07/28/2015	
Duration	7 days	96 hrs	

b. Give toxicity test methods followed.

Manual title	Short-Term Methods For Estimating the Chronic Toxicity of Effluents and Receiving Water to Freshwater Organisms	Short-Term Methods For Estimating the Chronic Toxicity of Effluents and Receiving Water to Freshwater Organisms	
Edition number and year of publication	4th, 2002b	4th, 2002b	
Page number(s)	53-111	197-230	

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

24-Hour composite	X	X	
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	X	X	

FACILITY NAME AND PERMIT NUMBER: Riverside Park Water Reclamation Facility WA-002447-3

Test number: <u>9</u>		Test number: <u>10</u>		Test number: _____	
e. Describe the point in the treatment process at which the sample was collected.					
Sample was collected:	Outfall		Outfall		
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both					
Chronic toxicity	X		X		
Acute toxicity					
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	Moderately Hard Synthetic Water (MHSW)		MHSW w/ EDTA		
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.					
	100, 85, 25, 12.5, 6.25, 0		100, 85, 25, 12.5, 6.25, 0		
k. Parameters measured during the test. (State whether parameter meets test method specifications)					
pH	7.32 - 7.80 (N/A)		7.50 - 9.33 (N/A)		
Salinity	N/A		N/A		
Temperature	24.0° - 25.3° C (met)		24.0° - 26.3° C (met)		
Ammonia	N/A		N/A		
Dissolved oxygen	5.5 - 9.1 mg/L (met)		7.1 - 8.6 mg/L (met)		
l. Test Results.					
Acute:					
Percent survival in 100% effluent	%		%		%
LC ₅₀					
95% C.I.	%		%		%
Control percent survival	%		%		%
Other (describe)					

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3**

Chronic:

NOEC	25 %	100 %	%
IC ₂₅	not reported %	not reported %	%
Control percent survival	100 %	N/A (growth test) %	%
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)?	07/21/2015	07/21/2015	/ /
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?☐ Yes ☒ No

If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.Date submitted: 11/03/2015 (MM/DD/YYYY)

Summary of results: (see instructions)

No statistical differences in organism response were observed between the control and acute/chronic critical effluent concentrations**END OF PART E.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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. 8

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: ALSCO-Steiner Corp.

Mailing Address: PO Box 3084

Spokane, WA 99220

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

Industrial wet laundry and linen rental supply

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): Clean industrial and commercial garments and linens

Raw material(s): Water, various laundry chemicals including detergent, sodium hydroxide, sodium hypochlorite, acids, ammonium chloride, and boiler chemicals

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.

80,161 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.

6,000 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?

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: Associated Painters

Mailing Address: 8924 West Electric Avenue

Spokane, WA 99224

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

Chemical stripping and etching, mechanical removal and application of aircraft paint

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): Job-shop painting of commercial aircrafts.

Raw material(s): Acid stripper, peroxide stripper, paint, acetone.

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.

3,420 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.

300 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 Part 433.17 (Metals Finishing Categorical Pretreatment Standards for New Sources)

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: Darigold Spokane

Mailing Address: PO Box 7310
Spokane, WA 99207

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

Manufacturing and packaging of dairy products and fruit juice, plastic container forming.

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): Sour cream, milk, cream, cottage cheese, and citrus based drinks.

Raw material(s): Raw milk and juice concentrates, sanitation chemicals, additives/stabilizers for products, plastic, carious containers

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.

250,000 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.

47,000 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?

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: **EZ Loader Boat Trailers**

Mailing Address: **PO Box 3263**

Spokane, WA 99220

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

Manufacturing of boat trailers, including conversion coating preparation for powder coating.

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): **Painted and galvanized boat trailers, assembled and pieces for kits.**

Raw material(s): **Steel parts, chemicals for baths, machine oil, steel shot to clean mill scale, galvanized 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.

12,000 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.

2,366 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 Part 433.17 (Metals Finishing Categorical Pretreatment Standards for New Sources)

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: Fairchild Air Force Base

Mailing Address: 92 CES/CEIE, Environmental, 100 W. Ent. St., Suite155 FAFB, WA 99011-3000

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

Aircraft and ground vehicle maintenance and washing, restaurants

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): N/A

Raw material(s): Car wash chemicals, auto shop chemicals, Jet A fuel.

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.

2,000,000 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.

798,214 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?

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: Global Metal Technologies

Mailing Address: 3200 East Trent Ave., Suite A, Building 1
Spokane, WA 99202

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

Process ore to concentrate precious metals.

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): Ore concentrate, powder.

Raw material(s): Raw ore, hydrochloric acid, sulfuric acid, bleach.

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.

13,760 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.

220 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?

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: Goodrich Spokane-UTC Aerospace Systems

Mailing Address: 11135 West Westbow Blvd
Spokane, WA 99224

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

Manufacturing of carbon disk pads for aircraft brakes

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): Aircraft disk brake pads

Raw material(s): polyacrylonitrile fiber

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.

58,500 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.

47,000 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?

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: Johanna Beverage

Mailing Address: 5625 West Thorpe Rd
Spokane, WA 99224-5309

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

Blend, pasteurize, bottle, store, and refrigerate citrus based beverages, and manufacture containers for 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): Various citrus based fruit juices, and various plastic containers. Forming of carton containers for products.

Raw material(s): Fruit juice concentrates, water, cleaners, water softeners, plastic beads, sodium hydroxide, sulfuric acid and nitric acids.

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.

60,000 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.

13,400 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?

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

- 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: Jubilant Hollister-Stier Laboratories

Mailing Address: 3525 North Regal Street

Spokane, WA 99207-5788

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

Pharmaceutical 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): Water for injection, allergens and antigens, sterile vials, pharmaceuticals and pharmaceutical test kits, lyophilized products, clinical trial compounds, and pharmaceutical injections and transfusions, antifungal agents.

Raw material(s): City water, WFI, allergens, antigens, methylene chloride, acetone, ethyl ether, phenol, cresol, methyle ethyl ketone, glycols, glycerin, physiological saline components, phosphate buffers.

- 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.

175,000 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.

65,000 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?

Local limits and 40 CFR Part 439 Pharmaceutical Manufacturing Categorical Pretreatment Standards for New Sources, Subpart B, Natural Extraction Operation and Subpart D, Mixing, Compounding, or Formulating Operation.

- 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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: Providence Sacred Heart Laundry

Mailing Address: PO Box 2555
Spokane, WA 99220

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

Industrial Laundry Washing

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): Washed, dried, folded, ironed healthcare laundry

Raw material(s): City water, various laundry chemicals including detergent, sodium hydroxide, degreaser, phosphoric acid, machine oil.

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.

100,000 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.

360 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?

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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 Mica Landfill

Mailing Address: 1026 West Broadway Ave.

Spokane, WA 99260

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

Closed and capped solid waste landfill

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): Leachate is generated from rainwater and springs flowing through landfill.

Raw material(s): Holding ponds and discharge pipe.

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.

78,000 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.

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?

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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 Metal Finishing

Mailing Address: 1519 East Trent Ave.

Spokane, WA 99202

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

Job-shop 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): Copper, nickel and chrome plated parts for customers

Raw material(s): Metals salts, metal cyanide salts, acids, bases, and plating bath additives.

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.

0 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?

Local limits and 40 CFR Part 433.17 (Metal Finishing Categorical Pretreatment Standards for New Sources)

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.

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

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: Triumph Composite Systems

Mailing Address: PO Box 19357

Spokane, WA 99219-9357

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

Manufacturer of airplane air ducts and floor panels. Laying fiberglass, Kevlar, or carbon fiber cloth with epoxy or polyester resins on reusable and one-off molds for ducting.

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): Aircraft ducts and floor panels

Raw material(s): Epoxy, phenolic and polyester resins. Fiberglass, Kevlar and carbon fiber cloth. Nylon beads, plaster, garnet particles, Frekote releasing agent, acids, solvents, and boil and cooling tower chemicals.

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.

0 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.

21,000 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?

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).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

Riverside Park Water Reclamation Facility WA-002447-3

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)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- 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.

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

CSO OUTFALLS:

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

G.3. Description of Outfall.

- Outfall number 02
- Location Spokane 99205
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.696658 -117.483769
(Latitude) (Longitude)
- Distance from shore (if applicable) N/A ft.
- Depth below surface (if applicable) N/A ft.
- 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
- How many storm events were monitored during the last year? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- Give the number of CSO events in the last year.
0 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- Give the average duration per CSO event.
0 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

- c. Give the average volume per CSO event.

0 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)

- d. Give the minimum rainfall that caused a CSO event in the last year

N/A Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River

- b. Name of watershed/river/stream system: Lower Spokane

United State Soil Conservation Service 14-digit watershed code (if known): _____

- c. Name of State Management/River Basin: WRIA 54

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010307

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 06
- b. Location Spokane 99205
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.690864 -117.467110
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
24 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
3.00 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.20 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.10 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Lower Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 54
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010307

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 07
- b. Location Spokane 99205
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.688741 -117.467956
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
4 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
1.38 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.05 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.20 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Lower Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 54
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010307

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 10
- b. Location Spokane 99205
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.680458 -117.453295
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
0 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
N/A Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Lower Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 54
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010307

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 12
- b. Location Spokane 99205
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.674954 -117.447294
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
15 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
1.28 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.11 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.10 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Lower Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 54
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010307

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 14
- b. Location Spokane 99201
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.665281 -117.459233
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
3 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0.94 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.01 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.34 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Lower Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 54
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010307

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 15
- b. Location Spokane 99201
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.659907 -117.456109
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
0 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)

- c. Give the average volume per CSO event.
0 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
N/A Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Lower Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 54
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010307

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 16
- b. Location Spokane 99201
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.656243 -117.454205
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
0 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
N/A Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 1701305

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 19
- b. Location Spokane 99224
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.649290 -117.446399
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
0 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)

- c. Give the average volume per CSO event.
0 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
N/A Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Latah Creek
- b. Name of watershed/river/stream system: Hangman (Latah)
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 56
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010306

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 20
- b. Location Spokane 99203
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.649290 -117.426944
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
1 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0.75 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.04 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.8 + Snowmelt (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Latah Creek
- b. Name of watershed/river/stream system: Hangman (Latah)
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 56
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010306

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 22
- b. Location Spokane 99201
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.659203 -117.439752
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
1 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0.58 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.12 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.8 + Snowmelt (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane
- b. Name of watershed/river/stream system: Middle Spkane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 23
- b. Location Spokane 99201
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.660701 -117.432931
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
6 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
1.39 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.03 (Oct'14 - Sep'15) million gallons (☐ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.34 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 24
- b. Location Spokane 99201
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.660047 -117.433043
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
18 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
2.66 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.86 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.13 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 25
- b. Location Spokane 99201
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.660360 -117.433154
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
17 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
1.11 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.03 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.13 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 26
- b. Location Spokane 99201
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.660338 -117.355079
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
23 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
2.38 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.57 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.10 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 33
- b. Location Spokane 99202
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.660473 -117.394346
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
22 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
4.18 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.20 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.05 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 34
- b. Location Spokane 99202
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.661348 -117.393200
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
19 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
1.93 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)

- c. Give the average volume per CSO event.
0.44 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.10 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:

Riverside Park Water Reclamation Facility WA-002447-3

G.3. Description of Outfall.

- a. Outfall number 38
- b. Location Spokane 99207
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.674833 -117.384265
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
0 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
N/A Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 41
- b. Location Spokane 99217
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.676574 -117.355098
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
12 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
1.7 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0.03 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
0.15 (Oct'14 - Sep'15) Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305

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).

None

FACILITY NAME AND PERMIT NUMBER:**Riverside Park Water Reclamation Facility WA-002447-3****G.3. Description of Outfall.**

- a. Outfall number 42
- b. Location Spokane 99212
(city or town, if applicable) (Zip Code)
Spokane WA
(County) (State)
47.676827 -117.340275
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A 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? 81 (Oct'14 - Sep'15)

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
0 (Oct'14 - Sep'15) events (☒ actual or ☐ approx.)
- b. Give the average duration per CSO event.
0 (Oct'14 - Sep'15) hours (☒ actual or ☐ approx.)
- c. Give the average volume per CSO event.
0 (Oct'14 - Sep'15) million gallons (☒ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
N/A Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: Spokane River
- b. Name of watershed/river/stream system: Middle Spokane
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: WRIA 57
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17010305






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).

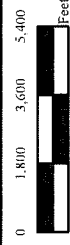
None

CSO System Map (Part G.I.)

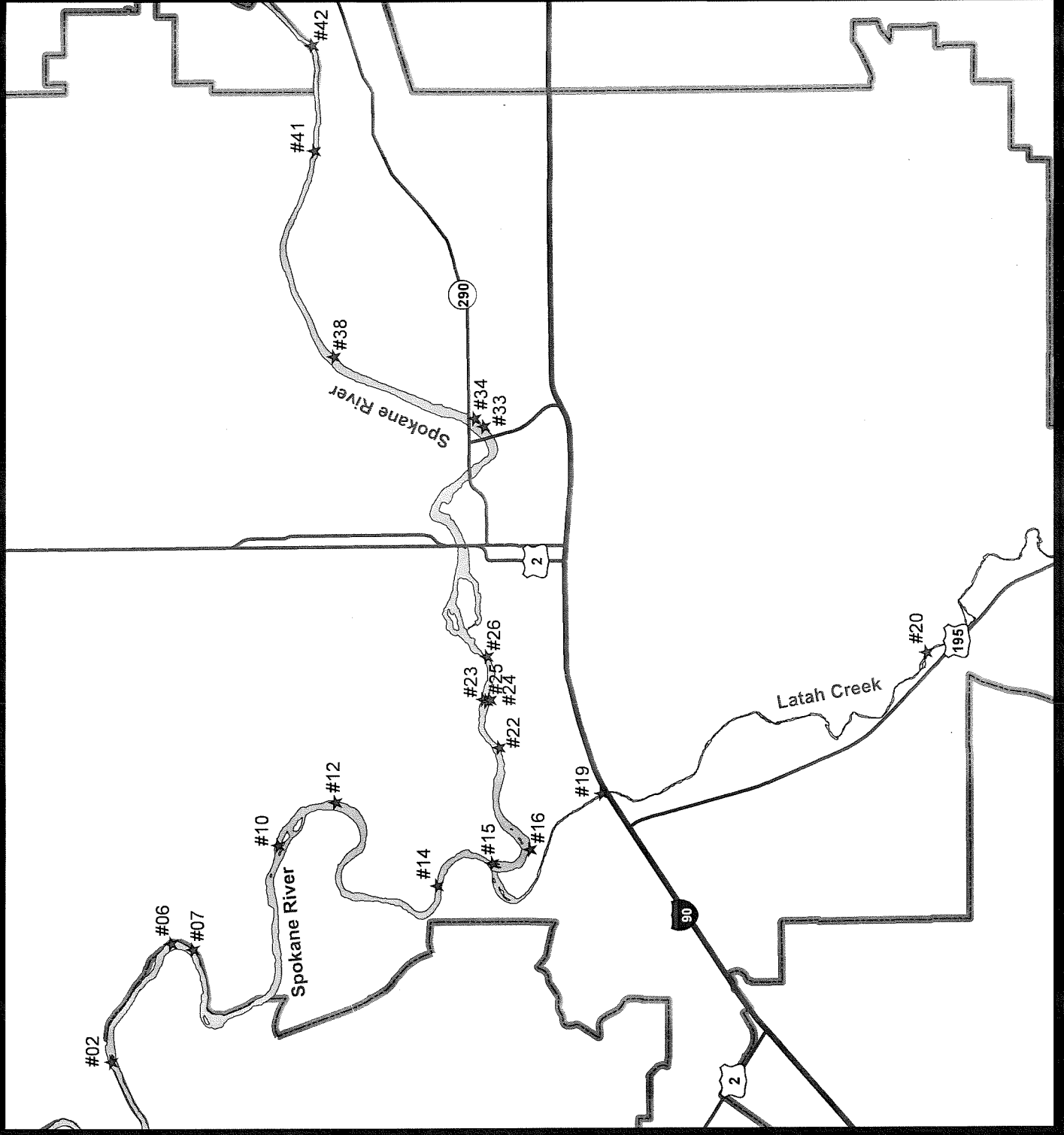
Legend

- ★ CSO Outfall
-  River or Creek
-  City of Spokane
-  Interstate
-  Highway
-  State Route

November 2, 2015



THIS IS NOT A LEGAL DOCUMENT
The information shown on this map is compiled from various sources and is subject to change without notice. It is not intended to be used to determine the location of the City or its relationship to property lines, wetlands, etc.



Legend



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