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

FACILITY NAME AND PERMIT NUMBER:

City of Cle Elum, #WA-002193-8

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)

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FACILITY NAME AND PERMIT NUMBER:

City of Cle Elum, #WA-002193-8

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 City of Cle Elum - Upper Kittitas County Regional Wastewater Treatment Facility

Mailing Address 119 West First Street, Cle Elum WA 98922

Facility Address 500 Owens Rd, Cle Elum WA 98922
(not P.O. Box)

Location 47.188651, -120.913219
(Latitude/Longitude as decimal degrees (NAD83/WGS84))

Telephone Number (509) 674-4368

E-mail address jleonhard@cityofcleelum.com

Contact Person Jim Leonhard

Title Public Works Director

UBI Number -

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

Applicant Name _____

Mailing Address _____

Telephone Number () _____

E-mail address _____

Contact Person _____

Title _____

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

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

☒ facility ☐ applicant

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

☒ yes ☐ no

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

NPDES	<u>WA-002193-8</u>	PSD	_____
UIC	_____	Other	_____
RCRA	_____	Other	_____

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>CleElum/Suncadia</u>	<u>1,872/1,622</u>	<u>seperate</u>	<u>municipal/private</u>
<u>South Cle Elum</u>	<u>535</u>	<u>seperate</u>	<u>municipal</u>
<u>Roslyn/Ronald</u>	<u>1,174</u>	<u>seperate</u>	<u>municipal</u>
Total population served	<u>5,203</u>		

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☒ Yes ☐ No

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

a. Design flow rate 3.6 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>0.698MGD Nov12-Oct13</u>	<u>0.815MGD Nov13-Oct14</u>	<u>0.728MGD Nov14-Oct15</u>
c. Maximum daily flow rate	<u>1.287MGD Apr 13</u>	<u>3.094MGD Mar 14</u>	<u>3.220MGD Jun 15</u>

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

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer None %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
 ii. Discharges of untreated or partially treated effluent 0
 iii. Combined sewer overflow points 0
 iv. Constructed emergency overflows (prior to the headworks) 0
 v. Other _____

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 : biological solids retention lagoons located at wastewater facility
 (Latitude/Longitude as decimal degrees (NAD83/WGS84))

Annual average daily volume discharge to surface impoundment(s) 0.027 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 : N/A
 (Latitude/Longitude as decimal degrees (NAD83/WGS84))

Number of acres: N/A

Annual average daily volume applied to site: N/A 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

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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).

N/A

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

Transporter Name N/A

Mailing Address _____

Contact Person _____

Title _____

Telephone Number () _____

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

Name N/A

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):

N/A

Annual daily volume disposed by this method: N/A

Is disposal through this method ☐ continuous or ☐ intermittent?

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WASTEWATER DISCHARGES:

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

A.9. Description of Outfall.

- a. Outfall number #001
- b. Location Cle Elum 98922
(City or town, if applicable) (Zip Code)
Kittitas WA
(County) (State)
47 degrees, 11' 10" N 120 degrees, 55' 12" W
(Latitude) Provide these as decimal degrees (NAD83/WGS84) (Longitude)
- c. Distance from shore (if applicable) approx 50 ft.
- d. Depth below surface (if applicable) low flow depth 1.5 ft.
- e. Average daily flow rate Nov 12-Oct 15= 0.728 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 Yakima River
- b. Name of watershed (if known) Upper Yakima River
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): -
- d. Critical low flow of receiving stream (if applicable)
acute - cfs chronic - cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): - mg/l of CaCO₃

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A.11. Description of Treatment

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

☒ Primary☒ Secondary☐ Advanced☐ Other. Describe:Sequential Batch Reactor (SBR)

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

Design BOD5 removal or Design CBOD5 removal 85 %Design SS removal 85 %Design P removal - %Design N removal 70 %Other - %

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

Ultraviolet Disinfection

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

☐ Yes☒ No

d. Does the treatment plant have post aeration?

☒ Yes☐ No

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

Outfall number: #001- data is from Nov 2014-Oct 2015

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.6	s.u.			
pH (Maximum)	7.0	s.u.			
Flow Rate	2.980	MGD	0.728	MGD	365
Temperature (Winter)	10.0	C	8.8	C	63-Dec,Jan,Feb
Temperature (Summer)	19.0	C	18.7	C	64-Jul,Aug,Sep

* 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	167	lbs/day	30.6	lb/day	93
	CBOD5	-	-	-	-	-
FECAL COLIFORM	150	/100ml	14.8	/100ml	105	
TOTAL SUSPENDED SOLIDS (TSS)	297.8	lbs/day	43.3	lb/day	93	

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH 2A YOU MUST COMPLETE

SINGLE SAMPLE
 AVG
 TSS 34.4 lbs/D
 COUNT 97
 BOD 26.9 lbs/D

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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.

103,640 gpd

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

Population of 5,203 x 120gpcd is 624,360 gallons allowed per day. 103,640 gallons is the difference between the daily avg flow of 728,000 and 624,360 . Continue collection system repairs.

Developing an ordinance to minimize I&I.

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

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within $\frac{1}{4}$ 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: Veolia North America

Mailing Address: 500 Owens Rd
Cle Elum WA 98922

Telephone Number: (509) 674-4368

Responsibilities of Contractor: Operations and Maintenance of the wastewater facility.

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.

001

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

☐ Yes ☒ No

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

N/A

- 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	-/-/-	-/-/-
- End Construction	-/-/-	-/-/-
- Begin Discharge	-/-/-	-/-/-
- Attain Operational Level	-/-/-	-/-/-

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained?

☐ Yes ☐ No
Describe briefly: N/A**B.6. EFFLUENT TESTING DATA (GREATER THAN OR EQUAL TO 0.1 MGD ONLY).**

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

Outfall Number: #001- data is from Nov 2014-Oct 2015

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)	2.24	mg/l	0.57	mg/l	96	SM 18-4500-NH3-G	0.40
CHLORINE (TOTAL RESIDUAL, TRC)	N/A	-	-	-	-	-	-
DISSOLVED OXYGEN	6.60	mg/l	5.99	mg/l	253	SM 4500-O G	0.05
TOTAL KJELDAHL NITROGEN (TKN)	1.9	mg/l	0.96	mg/l	12	EPA 351.2	0.18
NITRATE PLUS NITRITE NITROGEN	N/A	-	-	-	-	-	-
OIL and GREASE	5.0	mg/l	5.0	mg/l	4	EPA 1664A	5.0
PHOSPHORUS (Total)	6.20	mg/l	2.18	mg/l	12	EPA 365.1	0.0050
TOTAL DISSOLVED SOLIDS (TDS)	N/A	-	-	-	-	-	-
OTHER							

END OF PART B.

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

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

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

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

☐ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

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

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

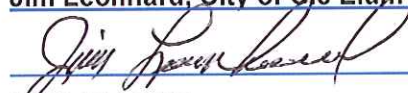
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Permittee

Name and Title of
Responsible Official

Jim Leonhard, City of Cle Elum Public Works Director

Signature



Telephone number

(509) 674-2262

E-mail address

jleonhard@cityofcleelum.com

Date signed

11/30/15

Co-Permittee (if applicable)

Name and official title

Signature

Telephone number

()

E-mail address

Date signed

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

SEND COMPLETED FORMS TO¹:

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

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

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

Outfall number: #001, two priority pollutant scans as required per the NPDES, collected 2/20/12 and 4/15/13
(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	0.00029	mg/l	-	-	0.00029	mg/l	-	-	2	EPA 200.8	0.00005
ARSENIC	0.00044	mg/l	-	-	0.00044	mg/l	-	-	2	EPA 200.8	0.00013
BERYLLIUM	0.00057	mg/l	-	-	0.00057	mg/l	-	-	2	EPA 200.8	0.00057
CADMIUM	0.00019	mg/l	-	-	0.00019	mg/l	-	-	2	EPA 200.8	0.00019
CHROMIUM	0.053	mg/l	-	-	0.053	mg/l	-	-	2	EPA 200.8	0.00084
COPPER	0.0037	mg/l	-	-	0.0037	mg/l	-	-	2	EPA 200.8	0.00019
LEAD	0.00018	mg/l	-	-	0.00018	mg/l	-	-	2	EPA 200.8	0.00019
MERCURY	0.54	mg/l	-	-	0.27	mg/l	-	-	2	EPA 200.8	0.00019
NICKEL	0.037	mg/l	-	-	0.020	mg/l	-	-	2	EPA 200.8	0.00019
SELENIUM	0.00027	mg/l	-	-	0.00027	mg/l	-	-	2	EPA 200.8	0.00019
SILVER	0.000024	mg/l	-	-	0.000024	mg/l	-	-	2	EPA 200.8	0.00019
THALLIUM	0.00017	mg/l	-	-	0.00017	mg/l	-	-	2	EPA 200.8	0.00017
ZINC	0.0311	mg/l	-	-	0.0306	mg/l	-	-	2	EPA 200.8	0.0031
CYANIDE	0.0051	mg/l	-	-	0.0051	mg/l	-	-	2	EPA 335.4	0.00080
TOTAL PHENOLIC COMPOUNDS	0.020	mg/l	-	-	0.020	mg/l	-	-	2	EPA 420.1	0.020

MERCURY
XANATHOLS
UNIT
IN PARIS

HARDNESS (AS CaCO ₃)	87.0	mg/l	-	-	74.25	mg/l	-	-	4	SM 2340B	0.18
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											
NA	-	-	-	-	-	-	-	-	-	-	-
NA	-	-	-	-	-	-	-	-	-	-	-

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Outfall number: <u>#001 not required to test</u>					(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	NA	-	-	-	-	-	-	-	-	-	-
ACRYLONITRILE	NA	-	-	-	-	-	-	-	-	-	-
BENZENE	NA	-	-	-	-	-	-	-	-	-	-
BROMOFORM	NA	-	-	-	-	-	-	-	-	-	-
CARBON TETRACHLORIDE	NA	-	-	-	-	-	-	-	-	-	-
CHLORBENZENE	NA	-	-	-	-	-	-	-	-	-	-
CHLOROBIDBROMO-METHANE	NA	-	-	-	-	-	-	-	-	-	-
CHLOROETHANE	NA	-	-	-	-	-	-	-	-	-	-
2-CHLORO-ETHYLVINYL ETHER	NA	-	-	-	-	-	-	-	-	-	-
CHOLOROFORM	NA	-	-	-	-	-	-	-	-	-	-
DICHLOROBROMO-METHANE	NA	-	-	-	-	-	-	-	-	-	-
1,1-DICHLOROETHANE	NA	-	-	-	-	-	-	-	-	-	-
1,2-DICHLOROETHANE	NA	-	-	-	-	-	-	-	-	-	-
1,2-DICHLOROETHYLE NE	NA	-	-	-	-	-	-	-	-	-	-
TRANS-1,2-DICHLORO-ETHYLENE	NA	-	-	-	-	-	-	-	-	-	-
1,1-DICHLOROETHYLE NE	NA	-	-	-	-	-	-	-	-	-	-
1,2-DICHLOROPROPANE	NA	-	-	-	-	-	-	-	-	-	-
1,3-DICHLOROPROPYLE N	NA	-	-	-	-	-	-	-	-	-	-
ETHYLBENZENE	NA	-	-	-	-	-	-	-	-	-	-
METHYL BROMIDE	NA	-	-	-	-	-	-	-	-	-	-
METHYL CHLORIDE	NA	-	-	-	-	-	-	-	-	-	-
METHYLENE CHLORIDE	NA	-	-	-	-	-	-	-	-	-	-
1,1,2,2-TETRACHLORO-ETHANE	NA	-	-	-	-	-	-	-	-	-	-

FACILITY NAME AND PERMIT NUMBER: City of Cle Elum, #WA-002193-8

Outfall number: #001 not required to test (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			
TETRACHLORO-ETHYLENE	NA	-	-	-	-	-	-	-	-	-	-	-
TOLUENE	NA	-	-	-	-	-	-	-	-	-	-	-
1,1,1-TRICHLOROETHANE	NA	-	-	-	-	-	-	-	-	-	-	-
1,1,2-TRICHLOROETHANE	NA	-	-	-	-	-	-	-	-	-	-	-
TRICHLOROETHYLENE	NA	-	-	-	-	-	-	-	-	-	-	-
VINYL CHLORIDE	NA	-	-	-	-	-	-	-	-	-	-	-
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer												
-	NA	-	-	-	-	-	-	-	-	-	-	-
ACID-EXTRACTABLE COMPOUNDS												
P-CHLORO-M-CRESOL	NA	-	-	-	-	-	-	-	-	-	-	-
2-CHLOROPHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
2,4-DICHLOROPHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
2,4-DIMETHYLPHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
4,6-DINITRO-O-CRESOL	NA	-	-	-	-	-	-	-	-	-	-	-
2,4-DINITROPHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
2-NITROPHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
4-NITROPHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
PENTA-CHLOROPHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
PHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
2,4,6-TRICHLORO-PHENOL	NA	-	-	-	-	-	-	-	-	-	-	-
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer												
-	NA	-	-	-	-	-	-	-	-	-	-	-
BASE-NEUTRAL COMPOUNDS												
ACENAPHTHENE	NA	-	-	-	-	-	-	-	-	-	-	-
ACENAPHTYLENE	NA	-	-	-	-	-	-	-	-	-	-	-
ANTHRACENE	NA	-	-	-	-	-	-	-	-	-	-	-
BENZIDINE	NA	-	-	-	-	-	-	-	-	-	-	-

FACILITY NAME AND PERMIT NUMBER:

City of Cle Elum, #WA-002193-8

Outfall number: #001 not required to test

(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		
BENZO(A) ANTHRACENE	NA	-	-	-	-	-	-	-	-		
BENZO(J)FLUORANTHENE	NA	-	-	-	-	-	-	-	-		
BENZO(r,s,t)PENTAPHENE	NA	-	-	-	-	-	-	-	-		
BENZO(A)PYRENE	NA	-	-	-	-	-	-	-	-		
3,4 BENZO-FLUORANTHENE	NA	-	-	-	-	-	-	-	-		
BENZO(GH)PERYLENE	NA	-	-	-	-	-	-	-	-		
BENZO(K)FLUORANTHENE	NA	-	-	-	-	-	-	-	-		
BIS (2-CHLOROETHOXY) METHANE	NA	-	-	-	-	-	-	-	-		
BIS (2-CHLOROETHYL)-ETHER	NA	-	-	-	-	-	-	-	-		
BIS (2-CHLOROISOPROPYL) ETHER	NA	-	-	-	-	-	-	-	-		
BIS (2-ETHYLHEXYL) PHTHALATE	NA	-	-	-	-	-	-	-	-		
4-BROMOPHENYL PHENYL ETHER	NA	-	-	-	-	-	-	-	-		
BUTYL BENZYL PHTHALATE	NA	-	-	-	-	-	-	-	-		
2-CHLORO NAPHTHALENE	NA	-	-	-	-	-	-	-	-		
4-CHLOROPHENYL PHENYL ETHER	NA	-	-	-	-	-	-	-	-		
CHRYSENE	NA	-	-	-	-	-	-	-	-		
DIBENZO(a,j)ACRIDINE	NA	-	-	-	-	-	-	-	-		
DIBENZO(a,h)ACRIDINE	NA	-	-	-	-	-	-	-	-		
DIBENZO(a,e)PYRENE	NA	-	-	-	-	-	-	-	-		
DIBENZO(a,h)PYRENE	NA	-	-	-	-	-	-	-	-		
DI-N-BUTYL PHTHALATE	NA	-	-	-	-	-	-	-	-		
DI-N-OCTYL PHTHALATE	NA	-	-	-	-	-	-	-	-		
DIBENZO(A,H) ANTHRACENE	NA	-	-	-	-	-	-	-	-		
1,2-DICHLORO BENZENE	NA	-	-	-	-	-	-	-	-		

BENZO PYR
0.19 ug/mL

FACILITY NAME AND PERMIT NUMBER:

City of Cle Elum, #WA-002193-8

Outfall number: #001 not required to test (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		
1,3-DICHLORO BENZENE	NA	-	-	-	-	-	-	-	-	-	-
1,4-DICHLORO BENZENE	NA	-	-	-	-	-	-	-	-	-	-
3,3-DICHLORO BENZIDINE	NA	-	-	-	-	-	-	-	-	-	-
DIETHYL PHTHALATE	NA	-	-	-	-	-	-	-	-	-	-
DIMETHYL PHTHALATE	NA	-	-	-	-	-	-	-	-	-	-
2,4-DINITROTOLUENE	NA	-	-	-	-	-	-	-	-	-	-
2,6-DINITROTOLUENE	NA	-	-	-	-	-	-	-	-	-	-
1,2-DIPHENYLHYDRAZINE	NA	-	-	-	-	-	-	-	-	-	-
FLUORANTHENE	NA	-	-	-	-	-	-	-	-	-	-
FLUORENE	NA	-	-	-	-	-	-	-	-	-	-
HEXACHLORO BENZENE	NA	-	-	-	-	-	-	-	-	-	-
HEXACHLOROBUT ADIENE	NA	-	-	-	-	-	-	-	-	-	-
HEXACHLOROCYCLO-PENTADIENE	NA	-	-	-	-	-	-	-	-	-	-
HEXA CHLOROETHANE	NA	-	-	-	-	-	-	-	-	-	-
INDENO(1,2,3-CD) PYRENE	NA	-	-	-	-	-	-	-	-	-	-
ISOPHORONE	NA	-	-	-	-	-	-	-	-	-	-
3-METHYL CHOLANTHRENE	NA	-	-	-	-	-	-	-	-	-	-
NAPHTHALENE	NA	-	-	-	-	-	-	-	-	-	-
NITROBENZENE	NA	-	-	-	-	-	-	-	-	-	-
N-NITROSODI-N-PROPYLAMINE	NA	-	-	-	-	-	-	-	-	-	-
N-NITROSODI-METHYLAMINE	NA	-	-	-	-	-	-	-	-	-	-
N-NITROSODI-PHENYLAMINE	NA	-	-	-	-	-	-	-	-	-	-
PERYLENE	NA	-	-	-	-	-	-	-	-	-	-
PHENANTHRENE	NA	-	-	-	-	-	-	-	-	-	-
PYRENE	NA	-	-	-	-	-	-	-	-	-	-
1,2,4-TRICHLOROBENZENE	NA	-	-	-	-	-	-	-	-	-	-

FACILITY NAME AND PERMIT NUMBER: City of Cle Elum, #WA-002193-8

Outfall number: #001 not required to test	(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		

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

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:

City of Cle Elum, #WA-002193-8

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: NOT REQUIREDTest number: NATest number: NA

a. Test information.

Test Species & test method number	NA	NA	NA
Age at initiation of test	NA	NA	NA
Outfall number	NA	NA	NA
Dates sample collected	NA	NA	NA
Date test started	NA	NA	NA
Duration	NA	NA	NA

b. Give toxicity test methods followed.

Manual title	NA	NA	NA
Edition number and year of publication	NA	NA	NA
Page number(s)	NA	NA	NA

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

24-Hour composite	NA	NA	NA
Grab	NA	NA	NA

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

Before disinfection	NA	NA	NA
After disinfection	NA	NA	NA
After dechlorination	NA	NA	NA

FACILITY NAME AND PERMIT NUMBER: <div style="text-align: center; font-weight: bold; margin-top: 5px;">City of Cle Elum, #WA-002193-8</div>			
Test number: <u>NOT REQUIRED</u> Test number: <u>NA</u> Test number: <u>NA</u>			
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	NA	NA	NA
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both			
Chronic toxicity	NA	NA	NA
Acute toxicity	NA	NA	NA
g. Provide the type of test performed.			
Static	NA	NA	NA
Static-renewal	NA	NA	NA
Flow-through	NA	NA	NA
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	NA	NA	NA
Receiving water	NA	NA	NA
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	NA	NA	NA
Salt water	NA	NA	NA
j. Give the percentage effluent used for all concentrations in the test series.			
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	NA	NA	NA
Salinity	NA	NA	NA
Temperature	NA	NA	NA
Ammonia	NA	NA	NA
Dissolved oxygen	NA	NA	NA
l. Test Results.			
Acute:			
Percent survival in 100% effluent	NA %	NA %	NA %
LC ₅₀	NA	NA	NA
95% C.I.	NA %	NA %	NA %
Control percent survival	NA %	NA %	NA %
Other (describe) NA	NA	NA	NA

FACILITY NAME AND PERMIT NUMBER:

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Chronic:

NOEC	NA %	NA %	NA %
IC ₂₅	NA %	NA %	NA %
Control percent survival	NA %	NA %	NA %
Other (describe) NA	NA	NA	NA
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	NA	NA	NA
Was reference toxicant test within acceptable bounds?	NA	NA	NA
What date was reference toxicant test run (MM/DD/YYYY)?	-/-/-	-/-/-	-/-/-
Other (describe) NA	NA	NA	NA

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

☐ Yes ☒ No

If yes, describe: Not required to test per NPDES

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: -/-/- (MM/DD/YYYY)

Summary of results: (see instructions)

Not required to test per NPDES

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:

City of Cle Elum, #WA-002193-8

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. none

b. Number of CIUs. none

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: NA

Mailing Address: -

-

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

NA

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

Principal product(s): NA

Raw material(s): NA

F.6. **Flow Rate.**

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

NA 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.

NA gpd (- continuous or - intermittent)

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

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

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

NA

FACILITY NAME AND PERMIT NUMBER:

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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.

NA

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

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

☐ Yes ☒ No (go to F.12)

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

☐ Truck ☐ Rail ☐ Dedicated Pipe

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

EPA Hazardous Waste Number

Amount

Units

NA

-

-

-

-

-

-

-

-

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).

NA

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.)

NA

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):

NA

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

☐ Continuous ☐ Intermittent

If intermittent, describe discharge schedule.

NA

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:

City of Cle Elum, #WA-002193-8

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 NOT APPLICABLE
- Location
- _____
(city or town, if applicable) (Zip Code) _____
- _____
(County) (State) _____
- _____
(Latitude) (Longitude) _____
- Distance from shore (if applicable) - _____ ft.
- Depth below surface (if applicable) - _____ 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? NA

G.4. CSO Events.

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

FACILITY NAME AND PERMIT NUMBER:

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

G.5. Description of Receiving Waters.

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

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).

NOT APPLICABLE

END OF PART G.

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

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

[Site Overview](#)

[Flow Schematis](#)

[Hydraulic Profile](#)

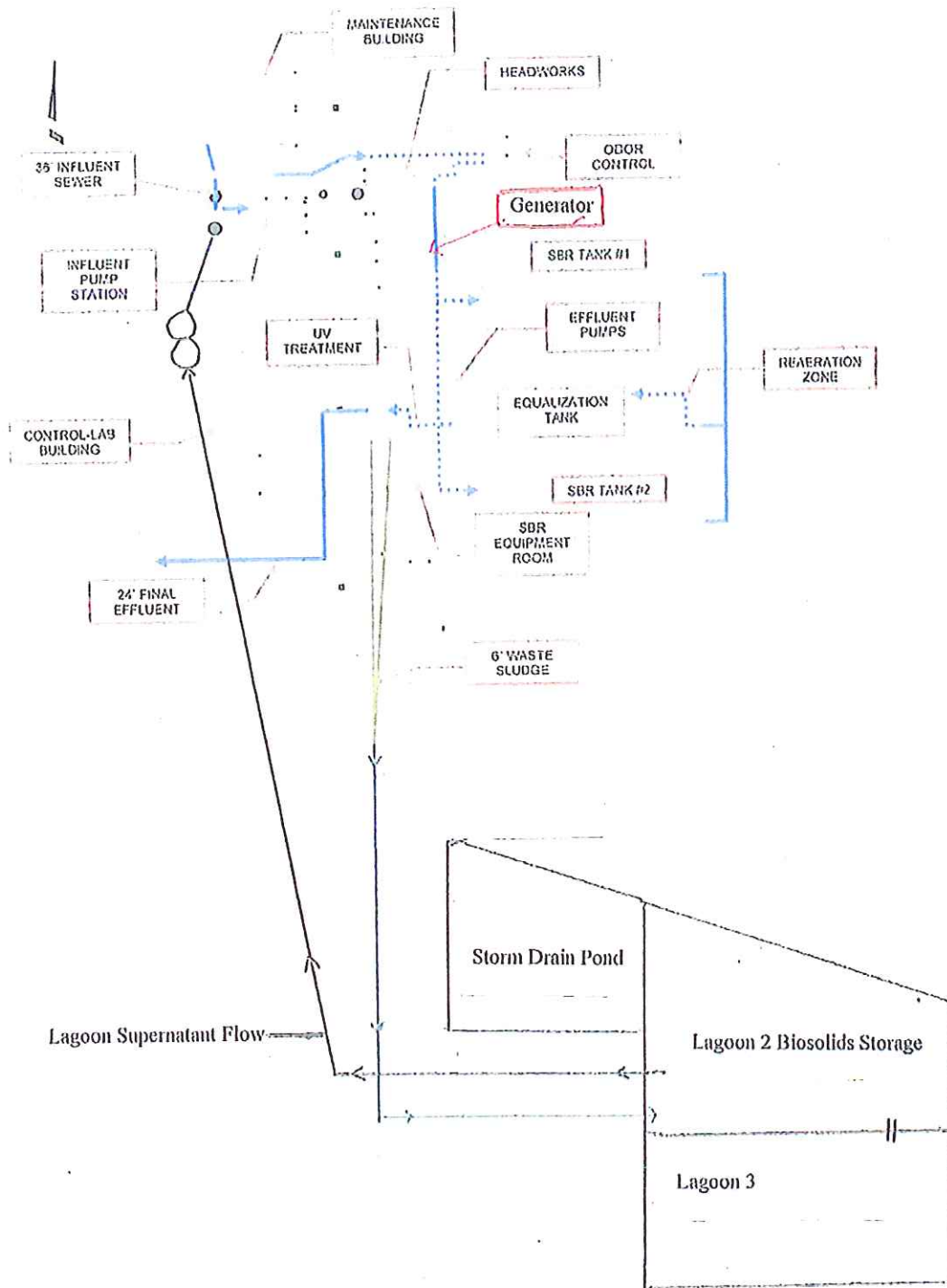
[Water Balance](#)

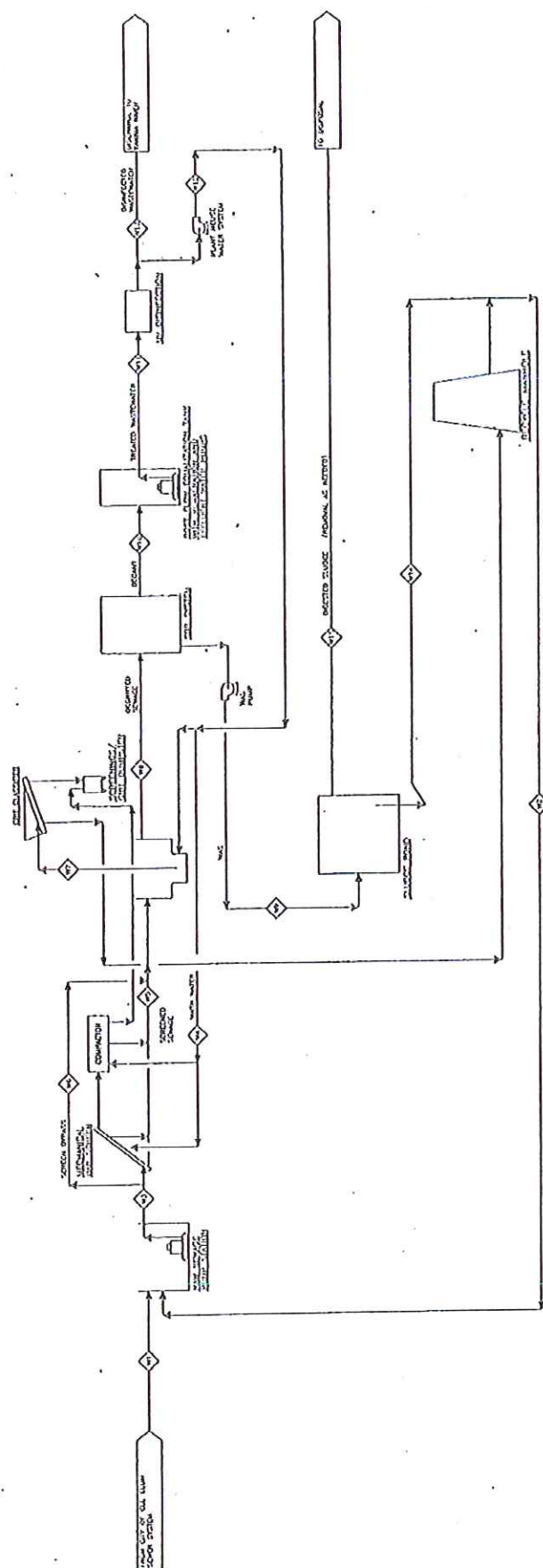
[Topographical Map](#)

[Aerial Photos](#)

*✗ Remove
Attachment A
Effluent Characterization
for permit application.*

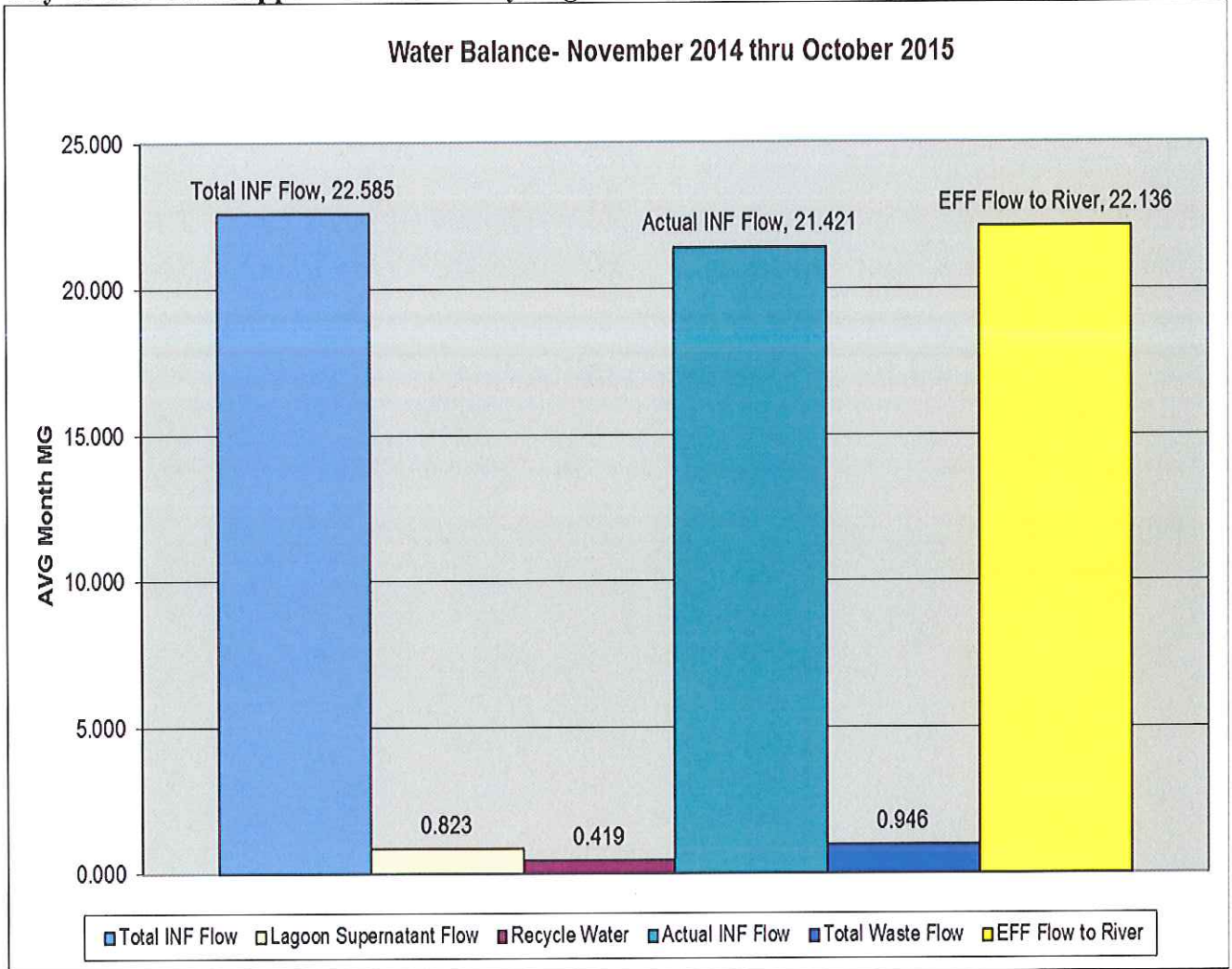
SITE OVERVIEW





Flow Schematic

City of Cle Elum- Upper Kittitas County Regional Wastewater Treatment Plant



This water balance represents 12 months of flow data collected from October 2015 back thru November 2014. The flow data is the average of this 12 month time period.

Total INF flow is a combination of all of the flow that is pumped from the INF wet well and into the SBR. To calculate the actual INF flow to the plant the lagoon supernatant and recycle water flow must be subtracted. To calculate the EFF flow to the Yakima River the total waste flow must be subtracted.

Flow Narrative:

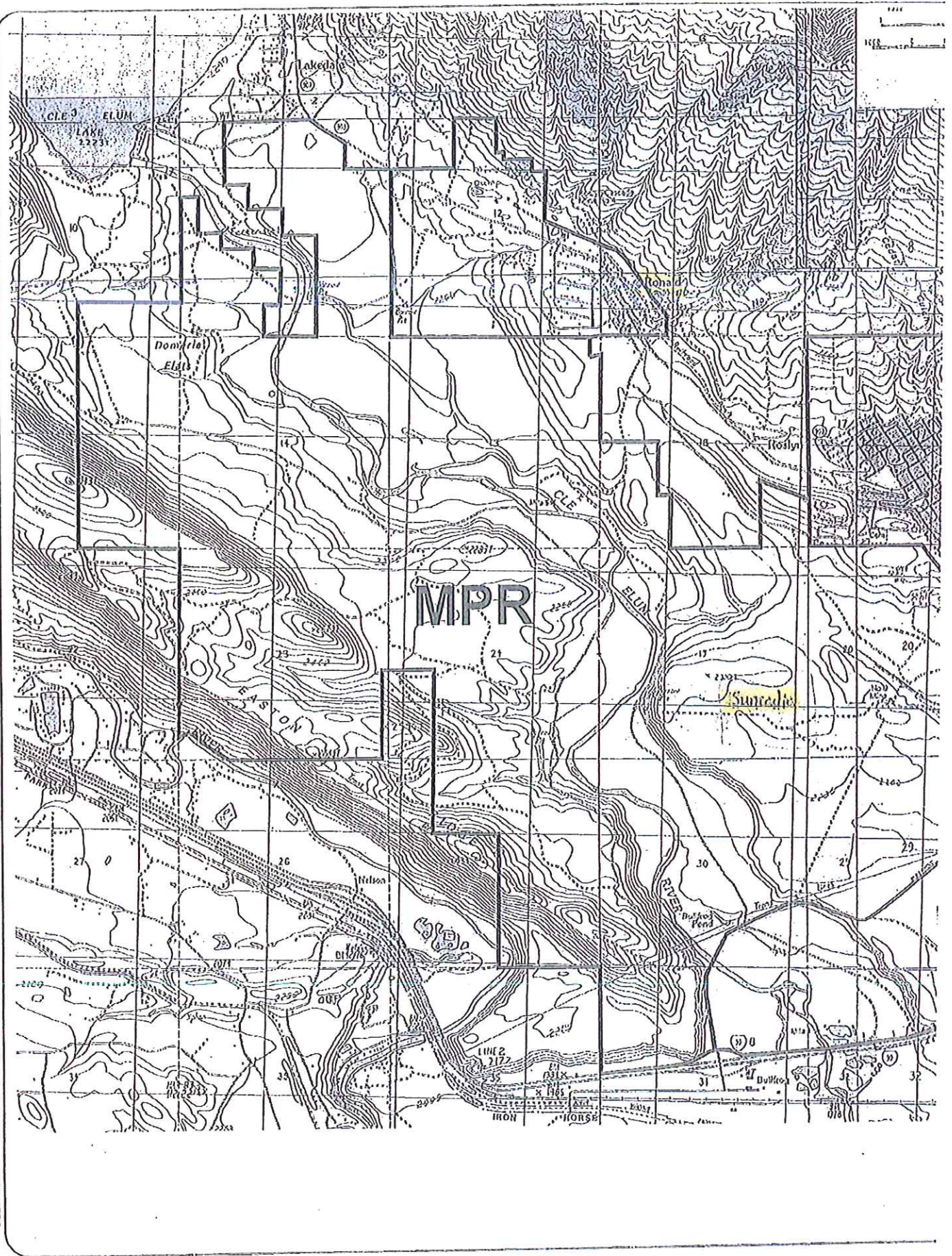
- Sewage enters the plant via the 36" SS line and flows into the INF wet well. Lagoon supernatant and recycle water is also collected in the INF wet well. The raw sewage enters the INF pump station and is pumped to the screenings and grit removal equipment located in the upper and lower headworks facility.
- The de-gritted sewage then gravity flows into the SBR tanks.
- From the SBR tanks, the EFF flows by gravity into the reaeration zone and equalization tank.
- Depending on flow and river elevations, the EFF flows by gravity or is pumped by the EFF pumps through UV disinfection units and exits the facility via the 24" final EFF line and discharges into the Yakima River.

- Disinfected water is collected from the plant EFF and used for the reuse water system. The reuse water is used throughout the plant as non potable water for washing. Some of this reuse water is collected thru drains and returns to the influent wet well. This flow is captured by the recycle water flow meter.
- Waste sludge is pumped to the solids stabilization pond located southeast of the SBR tanks.
- To maintain the level of the solids stabilization pond the supernatant is allowed to flow back to the influent wet well.



**CLE ELUM REGIONAL SEWAGE FACILITIES
REGIONAL SERVICE AREA**

CLE1-2.DWG XREF:CLEBAS1.DWG TIF IMAGE:TOPLEFT,TOPRIGHT,BOTTOMLEFT,BOTTOMRIGHT 02/11/02





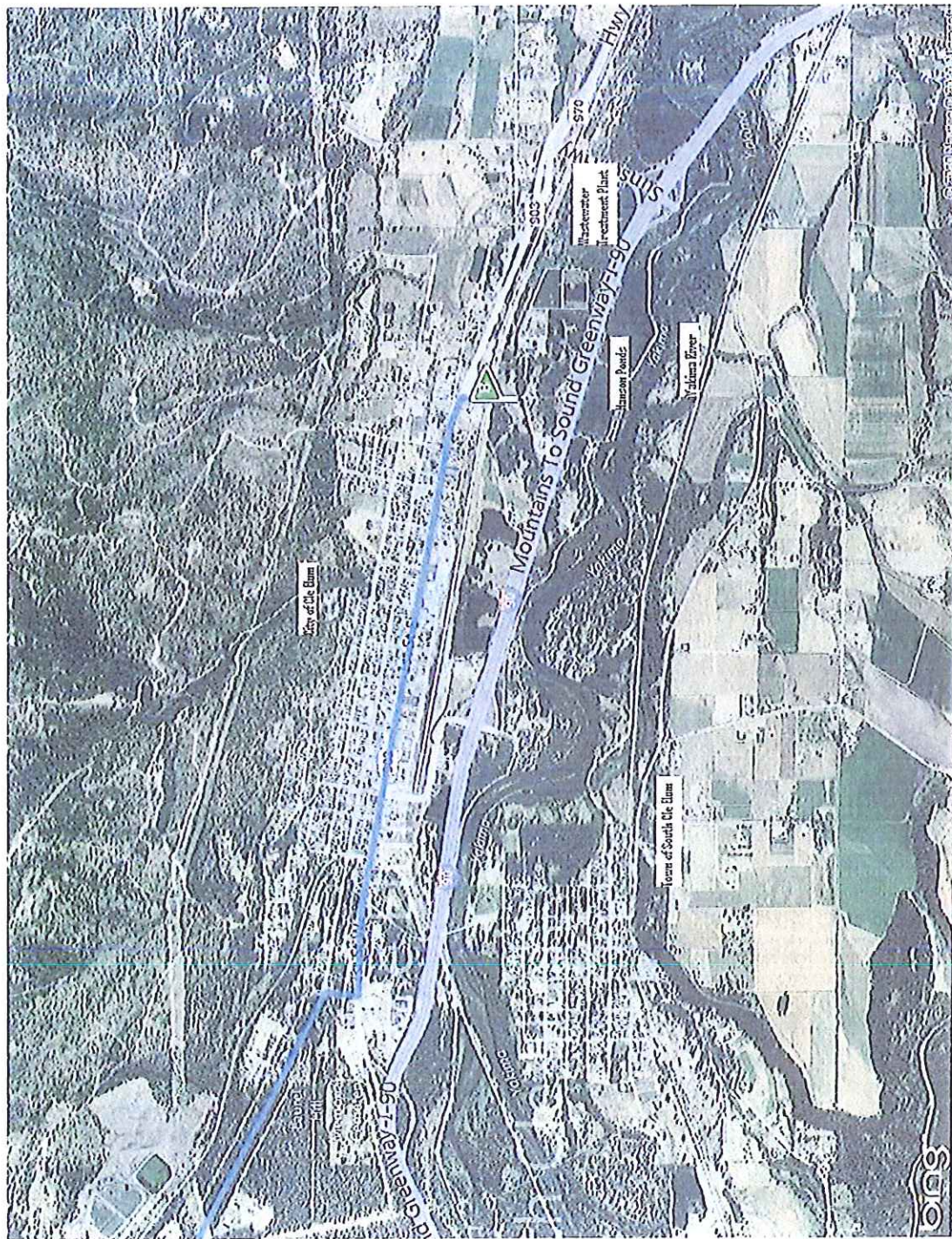
INF flow to the SBR Wastewater Treatment Plant (WWTP) and EFF discharge to the Yakima River- Storm Drain Pond - Lagoon 2 (Biosolids Storage)- Lagoon 3



INF flow to the SBR Wastewater Treatment Plant (WWTP) – Storm Drain Pond – Lagoon 2 (Biosolids Storage)- Lagoon 3 and Hanson Ponds



Suncadia Resort - City of Roslyn - City of Cle Elum - Town of South Cle Elum



City of Cle Elum - Town of South Cle Elum - WWTP