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

FACILITY NAME AND PERMIT NUMBER:

City of Wenatchee Publicly-Owned Treatment Works / WA-0023954-9



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 \geq 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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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 Wenatchee Publicly Owned Treatment Works
 Mailing Address P.O. Box 519 Wenatchee, Wa. 98807-0519
 Facility Address (not P.O. Box) 201 N. Worthen St. Wenatchee, Wa. 98801
 Location 47.4306/120.3089W
 (Latitude/Longitude as decimal degrees (NAD83/WGS84)
 Telephone Number (509) 888-3238
 E-mail address pmoser@wenatcheewa.gov
 Contact Person Peter D. Moser
 Title Wastewater Supervisor
 UBI Number _____

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

Applicant Name City of Wenatchee
 Mailing Address P.O. Box 519 Wenatchee, Wa. 98807-0519
 Telephone Number (509) 888-3214
 E-mail address dfrazier@wenatcheewa.gov
 Contact Person Dan Frazier
 Title Public Works Director



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 WA-002394-9 PSD _____
 UIC _____ Other Air Quality DE 92AQ-C426
 RCRA _____ Other Biosolids BA 0023949

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 Wenatchee</u>	<u>33,355</u>	<u>Separate & Combined</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>33,355</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 5.5 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>2.7</u>	<u>2.6</u>	<u>2.7</u>
c. Maximum daily flow rate	<u>3.8</u>	<u>4.1</u>	<u>4.0</u>

c. Maximum daily flow rate

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 99 %

Combined storm and sanitary sewer 1 %

A.8. Discharges and Other Disposal Methods.

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

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

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes No

If yes, provide the following for each surface impoundment:

Location : _____
(Latitude/Longitude as decimal degrees (NAD83/WGS84))

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge continuous or intermittent?

c. Does the treatment works land-apply treated wastewater? Yes No

If yes, provide the following for each land application site:

Location : _____
(Latitude/Longitude as decimal degrees (NAD83/WGS84))

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application continuous or intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes No

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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).

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?

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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 Wenatchee 98801
(City or town, if applicable) (Zip Code)
Chelan Washington
(County) (State)
47.4306 120.3089 W
(Latitude) Provide these as decimal degrees (NAD83/WGS84) (Longitude)
- c. Distance from shore (if applicable) 200 ft.
- d. Depth below surface (if applicable) 20-30 ft.
- e. Average daily flow rate 2.7 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 Columbia River
- b. Name of watershed (if known) Columbia River Watershed
 United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Columbia River Basin
 United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17020011
- 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: _____

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

Design BOD5 removal or Design CBOD5 removal 85 _____ %

Design SS removal 85 _____ %

Design P removal N/A _____ %

Design N removal N/A _____ %

Other _____ N/A _____ %

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

Ultraviolet _____

If disinfection is by chlorination is dechlorination used for this outfall? Yes No

d. Does the treatment plant have post aeration? Yes No

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

Outfall number: 001 _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.4	s.u.			
pH (Maximum)	7.5	s.u.			
Flow Rate	10.6	MGD	2.7	MGD	1461
Temperature (Winter)	21.1	C	16.4	C	724, Nov.-Apr.
Temperature (Summer)	24.9	C	21.2	C	736, May-Oct.

* 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	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	CBOD5	24	mg/l	5.5	mg/l	626	SM 5210 B-01	N/A
FECAL COLIFORM		667	#/100ml	77.6	#/100 ml	628	SM 9222 D (m-FC)-97	N/A
TOTAL SUSPENDED SOLIDS (TSS)		399	mg/l	10.4	mg/l	1459	SM 2540 D-97	N/A

**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:
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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.

113,244 gpd

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

The city currently uses dye testing and video inspections to locate sources of inflow/infiltration. During street improvement projects, irrigation discharges are removed and old irrigation piping replaced. Leaking water service lines are replaced.

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.)

- a. The area surrounding the treatment plant, including all unit processes.
- b. 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.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. 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.

- 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).

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	Actual Completion
	MM/DD/YYYY	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: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 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 on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	33.2	mg/l	6.7	mg/l	438	SM 4500-NH3 D-97	N/A
CHLORINE (TOTAL RESIDUAL, TRC)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DISSOLVED OXYGEN	6.8	mg/l	3.6	mg/l	1460	SM 4500-O G-01	N/A
TOTAL KJELDAHL NITROGEN (TKN)	36	mg/l	9.9	mg/l	17	SM 4500N-C	N/A
NITRATE PLUS NITRITE NITROGEN	23	mg/l	10.5	mg/l	438	4500NO3-F 4500NO2-F	N/A
OIL and GREASE	6.8	mg/l	2.4	mg/l	17	EPA 1664B	N/A
PHOSPHORUS (Total)	6.3	mg/l	5.0	mg/l	17	SM 4500-P E	N/A
TOTAL DISSOLVED SOLIDS (TDS)	316	mg/l	272.9	mg/l	17	SM 2540-C	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.

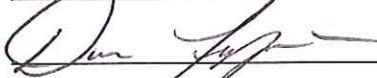
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage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

Dan Frazier, Public Works Director

Signature



Telephone number

(509) 888-3214

E-mail address

dfrazier@wenatcheewa.gov

Date signed

10/1/14

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 (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	0.541	ug/l	0.012	lbs	0.506	ug/l	0.011	lbs	2	200.8	0.05
ARSENIC	0.99	ug/l	0.022	lbs	0.945	ug/l	0.021	lbs	2	200.8	0.5
BERYLLIUM	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	200.8	0.02
CADMIUM	0.079	ug/l	0.002	lbs	0.057	ug/l	0.001	lbs	2	200.8	0.02
CHROMIUM	0.69	ug/l	0.016	lbs	0.625	ug/l	0.014	lbs	2	200.8	0.2
COPPER	24.7	ug/l	0.556	lbs	20.9	ug/l	0.471	lbs	2	200.8	0.1
LEAD	0.987	ug/l	0.022	lbs	0.736	ug/l	0.017	lbs	2	200.8	0.02
MERCURY	4.29	ng/l	0.0001	lbs	3.91	ng/l	0.0001	lbs	2	1631 E	0.06
NICKEL	2.22	ug/l	0.050	lbs	2.1	ug/l	0.047	lbs	2	200.8	0.2
SELENIUM	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	200.8	1
SILVER	0.059	ug/l	0.001	lbs	0.054	ug/l	0.001	lbs	2	200.8	0.02
THALLIUM	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	200.8	0.02
ZINC	102	ug/l	2.297	lbs	82.1	ug/l	1.849	lbs	2	200.8	0.5
CYANIDE	0.012	mg/l	0.270	lbs	0.012	mg/l	0.270	lbs	8	SM 4500-CN-E	0.010
TOTAL PHENOLIC COMPOUNDS	0.039	mg/l	0.878	lbs	0.026	mg/l	0.585	lbs	8	420.1	0.010
HARDNESS (AS CaCO3)	102.8	mg/l	N/A	lbs	96.5	mg/l	N/A	lbs	48	SM 2340 C-97	
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											

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

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
ETHANE											
TETRACHLORO-ETHYLENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
TOLUENE	.62	ug/l	.014	lbs	.62	ug/l	.014	lbs	8	624	0.5-5
1,1,1-TRICHLOROETHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
1,1,2-TRICHLOROETHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
TRICHLORETHYLENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
VINYL CHLORIDE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5

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	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49
2-CHLOROPHENOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49
2,4-DICHLOROPHENOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49
2,4-DIMETHYLPHENOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	3.8-3.9
4,6-DINITRO-O-CRESOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	1.9-2.0
2,4-DINITROPHENOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	3.8-3.9
2-NITROPHENOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49
4-NITROPHENOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	1.9-2.0
PENTA CHLOROPHENOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.95-0.97
PHENOL	8	ug/l	0.180	lbs	8	ug/l	0.180	lbs	2	625	0.48-0.49
2,4,6-TRICHLORO PHENOL	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49

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

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BASE-NEUTRAL COMPOUNDS

ACENAPHTHENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19
ACENAPHTYLENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19
ANTHRACENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19

FACILITY NAME AND PERMIT NUMBER:

City of Wenatchee Publicly-Owned Treatment Works / WA-0023954-9

Outfall number: 001 (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	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	5-50
ACRYLONITRILE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-10
BENZENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
BROMOFORM	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
CARBON TETRACHLORIDE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
CHLOROBENZENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
CHLOROBIBROMOMETHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
CHLOROETHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
2-CHLOROETHYL VINYL ETHER	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-10
CHOLOROFORM	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
DICHLOROBROMOMETHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
1,1-DICHLOROETHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
1,2-DICHLOROETHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
1,2-DICHLOROETHYLENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
TRANS-1,2-DICHLOROETHYLENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
1,3-DICHLOROPROPYLENE											
ETHYLBENZENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
METHYL BROMIDE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
METHYL CHLORIDE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
METHYLENE CHLORIDE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5
1,1,2,2-TETRACHLORO-	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5

FACILITY NAME AND PERMIT NUMBER:

City of Wenatchee Publicly-Owned Treatment Works / WA-0023954-9

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

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
BENZIDINE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	48
BENZO(A) ANTHRACENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19
BENZO(J)FLUORANTHENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
BENZO(r,s,t)PENTAPHENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49
BENZO(A)PYRENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
3,4 BENZO-FLUORANTHENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
BENZO(GHI)PERYLENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
BENZO(K)FLUORANTHENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
BIS (2-CHLOROETHOXY) METHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
BIS (2-CHLOROETHYL)-ETHER	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
BIS (2-CHLOROISOPROPYL) ETHER	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
BIS (2-ETHYLHEXYL) PHTHALATE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.95-0.97
4-BROMOPHENYL PHENYL ETHER	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
BUTYL BENZYL PHTHALATE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
2-CHLORO NAPHTHALENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
4-CHLORPHENYL PHENYL ETHER	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
CHRYSENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
DIBENZO(a,j)ACRIDINE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49
DIBENZO(a,h)ACRIDINE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49
DI-N-BUTYL PHTHALATE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	.19-.20
DI-N-OCTYL PHTHALATE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	.19-.20
DIBENZO(A,H) ANTHRACENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	.19-.20
1,2-DICHLORO BENZENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5.0

FACILITY NAME AND PERMIT NUMBER:

City of Wenatchee Publicly-Owned Treatment Works / WA-0023954-9

Outfall number: 001 (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	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5.0
1,4-DICHLORO BENZENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	8	624	0.5-5.0
3,3-DICHLORO BENZIDINE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	1.9-2.0
DIETHYL PHTHALATE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
DIMETHYL PHTHALATE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
2,4-DINITROTOLUENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
2,6-DINITROTOLUENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
1,2-DIPHENYLHYDRAZINE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
FLUORANTHENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
FLUORENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
HEXACHLORO BENZENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
HEXACHLOROBUT ADIENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
HEXACHLOROCYCLO-PENTADIENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.95-0.97
HEXA CHLOROETHANE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
INDENO(1,2,3-CD) PYRENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
ISOPHORONE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
3-METHYL CHOLANTHRENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.48-0.49
NAPHTHALENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
NITROBENZENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
N-NITROSODI-N-PROPYLAMINE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
N-NITROSODI-METHYLAMINE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	1.9-2.0
N-NITROSODI-PHENYLAMINE	1.7	ug/l	0.038	lbs	1.7	ug/l	0.038	lbs	2	625	0.19-0.20
PERYLENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
PHENANTHRENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
PYRENE	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20
1,2,4-	ND	ug/l	N/A	lbs	ND	ug/l	N/A	lbs	2	625	0.19-0.20

FACILITY NAME AND PERMIT NUMBER:

**City of Wenatchee Publicly-Owned Treatment
Works / WA-0023954-9**

Outfall number: 001 (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		
TRICHLOROBENZENE											

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

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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:

City of Wenatchee Publicly-Owned Treatment Works / WA-0023954-9

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: _____ Test number: _____ Test number: _____

a. Test information.

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

b. Give toxicity test methods followed.

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

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

24-Hour composite			
Grab			

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

Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

City of Wenatchee Publicly-Owned Treatment Works / WA-0023954-9

Test number: _____ Test number: _____ Test number: _____

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

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

Chronic toxicity			
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Acute toxicity			
----------------	--	--	--

g. Provide the type of test performed.

Static			
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Static-renewal			
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Flow-through			
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h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

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

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

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

pH			
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Salinity			
----------	--	--	--

Temperature			
-------------	--	--	--

Ammonia			
---------	--	--	--

Dissolved oxygen			
------------------	--	--	--

l. Test Results.

Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

**City of Wenatchee Publicly-Owned Treatment
Works / WA-0023954-9**

Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?	/ /	/ /	/ /
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: 12/7/10(A), 3/24/11(A), 6/1/11(A), 9/8/11(A), 12/21/11(A), 3/28/12(A), 6/12/12(A), 9/27/12(A), 12/28/12(A), 3/25/13(A), 6/6/13(A), 9/27/13(A), 12/16/13(A), 4/1/14(A), 6/12/14(A), 11/1/13(A&C), 2/7/14(A&C). (MM/DD/YYYY)

Summary of results: (see instructions)

Above are dates of reports submitted by Nautilus Environmental. A:Acute, C:Chronic. No statistically significant difference shown in samples.

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 Wenatchee Publicly-Owned Treatment
Works / WA-0023954-9

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. 7

b. Number of CIUs. 1

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: Blue Bird

Mailing Address: P.O. Box 378

Peshastin, WA 98847

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

Fresh Fruit Packing

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): Apples, pears, and cherries

Raw material(s): Fruit, packing chemicals, cooling water treatment products

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.

25,000 (Estimated) 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.

1,600 (Estimated) 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?

FACILITY NAME AND PERMIT NUMBER:

City of Wenatchee Publicly-Owned Treatment Works / WA-0023954-9

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:

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 of, 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. 7
 - b. Number of CIUs. 1

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: Chateau Faire Le Pont
 Mailing Address: 389 Technology Drive
Wenatchee, WA 98801
- F.4. **Industrial Processes.** Describe all the industrial processes that affect or contribute to the SIU's discharge.
Manufacture and bottling of wine
- 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): Wine
 Raw material(s): Grapes, yeast
- 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.
2,400 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.
500 gpd (_____ continuous or X intermittent)
- F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:
 - a. Local limits Yes No
 - b. Categorical pretreatment standards Yes No
 If subject to categorical pretreatment standards, which category and subcategory?

FACILITY NAME AND PERMIT NUMBER:

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:

FACILITY NAME AND PERMIT NUMBER:

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. 7

b. Number of CIUs. 1

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: Columbia Fruit Packers

Mailing Address: P.O. Box 920

Wenatchee, WA 98807-0920

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

Fresh Fruit Packing

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): Apples and cherries

Raw material(s): Fruit, packing chemicals, cooling water treatment products

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.

10,000 (Estimated) 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.

750 (Estimated) 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?

FACILITY NAME AND PERMIT NUMBER:

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/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:

FACILITY NAME AND PERMIT NUMBER:

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. 7

b. Number of CIUs. 1

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: Custom Apple Packers

Mailing Address: 2701 Euclid Avenue

Wenatchee, WA 98801

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

Fresh Fruit Packing

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): Apples and cherries

Raw material(s): Fruit, packing chemicals, cooling water treatment products

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.

3,000 (Estimated) 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.

125 (Estimated) 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?

FACILITY NAME AND PERMIT NUMBER:

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 [X] 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 [X] 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).
Table with columns: EPA Hazardous Waste Number, Amount, Units

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

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?
[] Yes (complete F.13 through F.15.) [X] 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:

FACILITY NAME AND PERMIT NUMBER:

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 of, 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. 7

b. Number of CIUs. 1

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: McDougall & Sons

Mailing Address: 305 Olds Station Road

Wenatchee, WA 98801

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

Fresh Fruit Packing

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): Apples, pears and cherries

Raw material(s): Fruit, packing chemicals, cooling water treatment products

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.

10,000 (Estimated) 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.

750 (Estimated) 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?

FACILITY NAME AND PERMIT NUMBER:

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:

FACILITY NAME AND PERMIT NUMBER:

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. 7

b. Number of CIUs. 1

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: Phillippi Fruit

Mailing Address: P.O. Box 2567
Wenatchee, WA 98807

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

Fresh Fruit Packing

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): Apples and pears

Raw material(s): Fruit, packing chemicals, cooling water treatment products

F.6. Flow Rate.

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

1,500 (Estimated) 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.

50 (Estimated) 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?

FACILITY NAME AND PERMIT NUMBER:

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:

FACILITY NAME AND PERMIT NUMBER:

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. 7

b. Number of CIUs. 1

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: Souriau PA & E

Mailing Address: 434 Olds Station Road
Wenatchee, WA 98801

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

Machining and assembling of parts for aerospace, medical, electronics, and other commercial uses.

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): Machined/assembled parts

Raw material(s): Aluminum, titanium, alloys, lead-based ceramics, plating chemicals, solder, inks, paints, epoxies, and binders

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.

400 gpd (_____ continuous or X intermittent)

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

2,500 (Estimated) gpd (_____ continuous or X intermittent)

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

a. Local limits Yes No

b. Categorical pretreatment standards Yes No

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

40 CFR 433 Metal Finishing Point Source

FACILITY NAME AND PERMIT NUMBER:

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:

FACILITY NAME AND PERMIT NUMBER:

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. 7

b. Number of CIUs. 1

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: Stemilt Growers

Mailing Address: P.O. Box 2779

Wenatchee, WA 98807

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

Fresh Fruit Packing

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): Apples, pears, cherries, and blueberries

Raw material(s): Fruit, packing chemicals, cooling water treatment products

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.

185,000 (Estimated) 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.

4,000 (Estimated) 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?

FACILITY NAME AND PERMIT NUMBER:

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:

FACILITY NAME AND PERMIT NUMBER:

City of Wenatchee Publicly-Owned Treatment Works / WA-0023954-9

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

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

- G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)
a. All CSO discharge points.
b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
c. Waters that support threatened and endangered species potentially affected by CSOs.
G.2. System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.
a. Location of major sewer trunk lines, both combined and separate sanitary.
b. Locations of points where separate sanitary sewers feed into the combined sewer system.
c. Locations of in-line and off-line storage structures.
d. Locations of flow-regulating devices.
e. Locations of pump stations.

CSO OUTFALLS:

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

- G.3. Description of Outfall.
a. Outfall number None, all combined sewers discharge to POTW.
b. Location (city or town, if applicable) (Zip Code) (County) (State) (Latitude) (Longitude)
c. Distance from shore (if applicable) ft.
d. Depth below surface (if applicable) ft.
e. Which of the following were monitored during the last year for this CSO?
Rainfall CSO pollutant concentrations CSO frequency
CSO flow volume Receiving water quality
f. How many storm events were monitored during the last year?

- G.4. CSO Events.
a. Give the number of CSO events in the last year.
0 events (actual or approx.)
b. Give the average duration per CSO event.
N/A hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

**City of Wenatchee Publicly-Owned Treatment
Works / WA-0023954-9**

- c. Give the average volume per CSO event.
N/A 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: N/A
- b. Name of watershed/river/stream system: N/A
United State Soil Conservation Service 14-digit watershed code (if known): N/A
- c. Name of State Management/River Basin: N/A
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

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

N/A

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



Plant Overview

Permit Requirements

The City's wastewater treatment plant operates under National Pollutant Discharge Elimination System (NPDES) permit WA-002394-9, which authorizes discharge to the Columbia River. The plant effluent is discharged to the Columbia River through an outfall and multiport diffuser located at River Mile 466.6. Plant effluent must be oxidized, nitrified and clarified to meet the effluent BOD, ammonia, and suspended solids limits in the discharge permit. The treatment processes required for discharge to the Columbia include screening, grit removal, primary treatment, secondary treatment including nitrification, and disinfection.

Screenings Removal

Two automatic, self-cleaning screens remove debris to protect downstream equipment from plugging. Screenings drop into washer compactors to remove organic debris, to reduce the water content and volume to be disposed. Washed and dewatered screenings are discharged into a dumpster for landfill disposal. The screened wastewater flows into the Influent Pumping Station.

Influent Pumping

Raw wastewater from the Screenings Building enters the Influent Pumping Station wet well via gravity. Four influent pumps lift the wastewater to the grit removal process. Flows greater than the plant capacity are diverted to an equalization basin by one of the two influent pumps dedicated for flow transfer. Stored water in the equalization basin are pumped back to the influent flow when flows return to normal.

Grit Removal

Two aerated grit removal basins remove sand and other coarse material to protect downstream equipment from abrasion and damage. Grit pumps deliver the grit slurry to hydrocyclones and classifiers. The clean, dry grit is discharged to a dumpster for landfill disposal.

Primary Clarification

Two primary clarifiers provide removal of settleable solids and floatables. Primary sludge and scum are pumped to the anaerobic digestion system for solids reduction and stabilization. The primary effluent flows by gravity to the biological treatment process.

Biological Treatment

The biological treatment facility utilizes the Modified Ludzack-Ettinger (MLE) process for nitrification/denitrification.

The biological treatment process consists of two multi-zone aeration basins, two secondary clarifiers, two return activated sludge pumps and three aeration blowers. The aeration basins provide oxidation of primary effluent BOD, and nitrification of ammonia to nitrate. Anoxic zones in the basins provide an environment for denitrification of nitrate to nitrogen gas.

The biological treatment basins are designed with four individual zones. The first zone is an anoxic zone for denitrification. One mixer is installed in each anoxic zone within each train to keep the MLSS in suspension and to promote consistent denitrification. The remaining three zones are oxic, or aerobic. These zones are used to oxidize BOD and to convert ammonia to nitrate.

Each train contains a Mixed Liquor (MLSS) recycle pump in the last oxic zone. This pump pumps MLSS containing a high concentration of nitrate back to the anoxic zone for denitrification. Three centrifugal blowers are installed to provide aeration air for the biological process and for mixing. Fine bubble aeration diffusers are provided in the oxic zones for introducing aeration air into the basins.

Secondary Clarifiers/RAS Pumping

Mixed liquor flows from the aeration basins to the two circular secondary clarifiers. Mixed liquor solids settle in the secondary clarifier and the clarified effluent flows to the effluent disinfection system. Settled solids are removed by a rotating scraper on the bottom of the clarifier and flow to the return activated sludge (RAS) wet well. The two variable speed RAS pumps transfer the settled solids from the RAS wet well back to the aeration basin influent splitter box.

Effluent Disinfection

Secondary effluent is disinfected by ultraviolet (UV) light. The secondary effluent flows through UV channels where it is exposed to UV light. The UV disinfection system includes three parallel channels, each with capacity to treat 5.5

million gallons of plant effluent at the system design conditions. Each channel has a single bank of lamps, with 5 modules per bank and 16 lamps per module, for a total of 240 lamps in the three channels. Two of the UV channels are required for effluent disinfection at the plant peak design flow of 11 mgd. The third UV channel serves as a backup.

A UV intensity monitoring system is provided for each channel. The intensity reading is used to automatically adjust the lamp output as required to meet the dosage requirements for disinfection.

A constant upstream level gate (hydraulically balanced and requiring power to operate) is provided downstream of each UV channel to maintain the level relatively constant over the range of operating flows.

The UV bulbs are cleaned in place by an automatic wiper system activated on a timed cycle to clean the lamps. A portable cleaning tank has been provided in the event the lamps periodically need additional cleaning with a dilute acid solution. The automatic wiping system can be operated in the portable cleaning tank.

Waste Activated Sludge Thickening

Waste activated sludge (WAS) from the secondary treatment process is thickened with a gravity belt thickener (GBT). The WAS thickening system removes excess water from the WAS, thus reducing the volume sent to the anaerobic digestion process. The gravity belt thickener thickens the WAS from 0.7% total solids to approximately 5% total solids. WAS thickening improves digester operation by reducing the hydraulic loading, decreasing the heating demand, and increasing the sludge retention time. The WAS pump transfers the excess solids from the secondary clarifiers to the gravity belt thickener.

Anaerobic Digestion

Three anaerobic digesters provide solids stabilization. Anaerobic digestion is a series of biological processes in which bacteria break down biodegradable material in the absence of oxygen. The process is widely used to treat wastewater solids because it reduces the feed solids volume and mass and produces digester gas containing approximately 65% methane that is usable as a fuel. The digester gas is compressed for use as a fuel source to fire the hot water boiler. Excess digester gas is flared off.

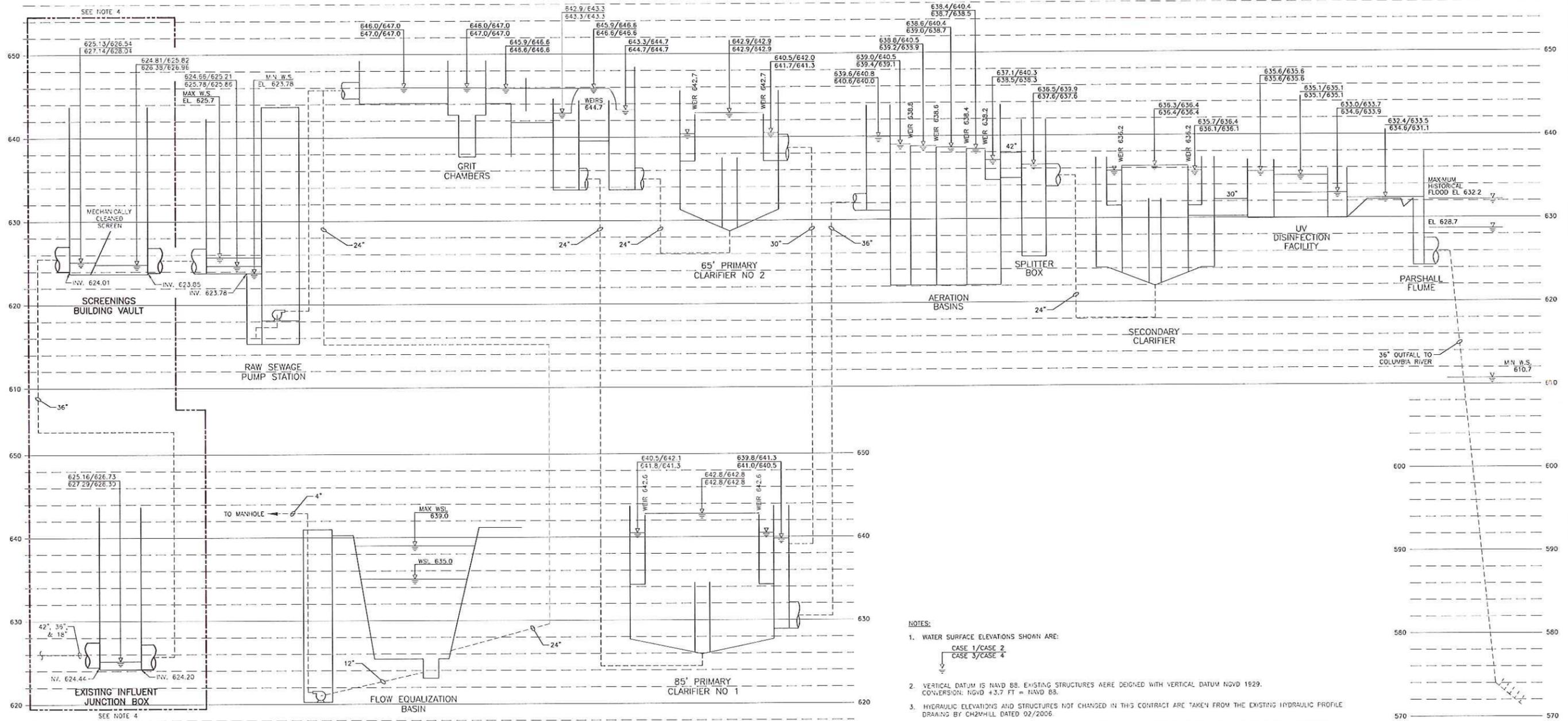
Biosolids Dewatering

Biosolids from the anaerobic digestion process are dewatered with a belt filter press (BFP). The dewatering process removes excess water from digested biosolids, thus reducing the volume trucked offsite. The BFP thickens digested biosolids from about 4% total solids to approximately 20% total solids. Biosolids dewatering reduces operating costs by reducing the weight and volume of biosolids, resulting in fewer truck trips and lower hauling costs.

Plant Reference Drawings

- Design Criteria
- Site Plan 2012
- Hydraulic Profile
- Plant Schematic

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NOTES:

1. WATER SURFACE ELEVATIONS SHOWN ARE:
 CASE 1/CASE 2
 CASE 3/CASE 4
2. VERTICAL DATUM IS NAVD 88. EXISTING STRUCTURES WERE DESIGNED WITH VERTICAL DATUM NGVD 1929. CONVERSION: NGVD 4.37 FT = NAVD 88.
3. HYDRAULIC ELEVATIONS AND STRUCTURES NOT CHANGED IN THIS CONTRACT ARE TAKEN FROM THE EXISTING HYDRAULIC PROFILE DRAWING BY CH2M HILL DATED 02/2006.
4. THE INFLUENT JUNCTION BOX AND SCREENINGS BUILDING VAULT ARE EXISTING STRUCTURES AND WERE NOT SHOWN ON THE CH2M HILL HYDRAULIC PROFILE DRAWING DATED 02/2006.

	UNITS IN SERVICE/TOTAL UNITS										
	FLOW (MGD)	RAS (MGD)	RECYCLE (MGD)	RAW SEWAGE W.S. ELEVATION	MECHANICALLY CLEANED SCREENS	GRIT CHAMBERS	PRIMARY CLARIFIERS	AERATION BASINS	SECONDARY CLARIFIERS	UV DISINFECTION BASINS	OUTFALL WATER SURFACE ELEV. (FT)
CASE 1	5	2.5	0.6	623.78	1/2	1/2	1/2	2/2	2/2	2/3	632.2
CASE 2	11	5.0	0.0	623.78	1/2	1/2	1/2	1/2	1/2	2/3	632.2
CASE 3	15	5.0	0.0	625.70	1/2	1/2	1/2	1/2	2/2	2/3	632.2
CASE 4	15	5.0	0.0	625.70	1/2	1/2	1/2	2/2	2/2	2/3	628.7

NOTE: IN CASE 3 AND 4, MECHANICAL BAR SCREENS, GRIT CHAMBERS AND PRIMARY CLARIFIERS RECEIVE 11 MGD ONLY.



ISSUE	DATE	DESCRIPTION
0	NOV 2011	ISSUE FOR CONSTRUCTION SUBMITTAL

PROJECT MANAGER	A. MEILLEUR
DESIGNED	J. MANION
DRAWN	B. LILLY
CHECKED	B. LILLY
PROJECT NUMBER	142105

ELECTRONIC SEAL AND SIGNATURE HAS BEEN REMOVED. THIS MEDIA SHOULD NOT BE CONSIDERED A CERTIFIED DOCUMENT



GENERAL HYDRAULIC PROFILE

0 1" 2"

FILENAME: C00G-04.dwg SHEET: 000G-04

SCALE: NOT TO SCALE

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DESIGN WASTELOADS	
FLOW (MGD)	
AVERAGE ANNUAL	5.0
MAXIMUM MONTH	5.5
MAXIMUM WEEK	5.8
MAXIMUM DAY	7.1
PEAK (1)	11.0
(1) PEAK FLOW PUMPED TO HEADWORKS. FLOW EXCEEDING 11 MGD ARE PUMPED TO FLOW EQUALIZATION BASIN.	
INFLUENT	
BOD (LBS/DAY)	
AVERAGE ANNUAL	11,900
MAXIMUM MONTH	13,000
MAXIMUM WEEK	14,300
MAXIMUM DAY	20,500
TSS (LBS/DAY)	
AVERAGE ANNUAL	11,800
MAXIMUM MONTH	13,100
MAXIMUM WEEK	15,400
MAXIMUM DAY	19,700
TKN (LBS/DAY)	
AVERAGE ANNUAL	1,200
MAXIMUM MONTH	1,800
MAXIMUM WEEK	2,000
MAXIMUM DAY	2,600
PRIMARY EFFLUENT	
BOD (LBS/DAY)	
AVERAGE ANNUAL	7,120
MAXIMUM MONTH	7,959
MAXIMUM WEEK	9,440
MAXIMUM DAY	14,550
TSS (LBS/DAY)	
AVERAGE ANNUAL	4,100
MAXIMUM MONTH	5,210
MAXIMUM WEEK	5,510
MAXIMUM DAY	7,320
TKN (LBS/DAY)	
AVERAGE ANNUAL	
MAXIMUM MONTH	
MAXIMUM WEEK	
MAXIMUM DAY	
FLOW EQUALIZATION BASIN	
NUMBER OF UNITS	1
VOLUME	1.7 MILLION GALLONS BELOW EL 639.0 (NAVD 88)
FLOW EQUALIZATION EFFLUENT PUMP	
TYPE	SUBMERSIBLE
CAPACITY	700 GPM @ 31 FT TDH
HORSEPOWER	10
PRIMARY CLARIFIERS	
NUMBER OF UNITS	2
DIAMETER	1-65 FT, 1-80 FT
OVERFLOW RATE (GAL/FT2/DAY)	
AVERAGE	600
PEAK	1,320

AERATION BASINS						
NUMBER OF UNITS	2					
VOLUME, EACH (MG)		LENGTH	WIDTH	SWD		
ZONE A	0.065	18	35	15		
ZONE B	0.108	28	35	15		
ZONE C	0.216	56	35	15		
ZONE D	0.151	40	35	15		
TOTAL	0.54					
WASTEWATER TEMPERATURE (C)						
SUMMER	20					
WINTER	15					
SOLIDS RETENTION TIME (DAYS)						
SUMMER	4.5					
WINTER	6.5					
MLSS						
SUMMER						
PLUG FLOW	3,300					
STEP FEED	2,400					
WINTER						
PLUG FLOW (2)	3,700					
STEP FEED	3,300					
ACTUAL OXYGEN REQUIREMENTS (AOR) (SUM OF TWO BASINS) (LBS/DAY) (4)						
SUMMER	ZONE A	ZONE B	ZONE C	ZONE D	TOTAL	
PLUG FLOW (3)	N/A	3,900	5,400	2,800	12,100	
STEP FEED	2,200	3,000	4,900	3,100	13,200	
WINTER						
PLUG FLOW (2),(3)	N/A	3,100	4,500	2,700	10,300	
STEP FEED	2,400	3,000	4,900	3,100	13,400	
ALPHA						
PLUG FLOW (3)	0.7	0.5	0.6	0.7		
AIR REQUIREMENTS (SUM OF TWO BASINS) (SCFM) (4)						
SUMMER	ZONE A	ZONE B	ZONE C	ZONE D	TOTAL	
PLUG FLOW (3)	N/A	1,500	1,700	800	4,000	
STEP FEED	1,800	1,200	1,600	850	5,450	
WINTER						
PLUG FLOW (2),(3)	N/A	850	1,700	1,000	3,550	
STEP FEED	1,900	1,200	1,600	850	5,550	
DIFFUSERS						
TYPE OF BUBBLE	COARSE	FINE	FINE	FINE		
NUMBER, TOTAL	200	1,000	1,130	670		
SCFM/DIFFUSER (4)	10	1.5	1.5	1.5		
(2) CAPACITY FOR 4.5 MGD AT MAXIMUM MONTH INFLUENT BOD AND TSS CONCENTRATION.						
(3) ANOXIC CONDITIONS IN ZONE A.						
(4) AVERAGE AT MAXIMUM MONTH INFLUENT WASTELOAD.						
AERATION BLOWERS						
TYPE	MULTIPLE STAGE CENTRIFUGAL					
NUMBER OF UNITS	3					
CAPACITY	5,500 SCFM @ 8.8 PSIG					
HORSEPOWER	300					
CONTROL	INLET THROTTLING					

AERATION BASINS (CONTINUED)		
ANOXIC MIXERS		
AERATION ZONE	A	
NUMBER PER AERATION ZONE	1	
HORSEPOWER	5	
MIXED LIQUOR RECIRCULATION PUMPS		
NUMBER PER AERATION BASIN	1	
TYPE	SUBMERSIBLE PROPELLER	
CAPACITY	3,800 GPM @ 1.8 FT TDH	
HORSEPOWER	10	
SECONDARY CLARIFIERS		
NUMBER OF UNITS	2	
DIAMETER	80 FT	
TYPE	SPIRAL RAKE	
OVERFLOW RATE (GAL/FT2/DAY)		
AVERAGE	550	
PEAK	1,100	
SOLIDS LOADING RATE (LBS/FT2/DAY)		
SUMMER	MAX. MO.	PEAK
PLUG FLOW	23	45
STEP FEED	16	33
WINTER		
PLUG FLOW	25	51
STEP FEED	23	45
SVI	150	
RETURN ACTIVATED SLUDGE PUMPS		
NUMBER OF UNITS	2	
TYPE	VERTICAL SEWAGE PUMPS	
CAPACITY, EACH (GPM)	1,900 @ 26 FT TDH	
CONTROL	WEIR GATES TO EACH CLARIFIER WITH ELECTRIC ACTUATORS TO CONTROL RAS RATE. ADJUSTABLE SPEED PUMP DRIVES.	
UV DISINFECTION		
NUMBER OF CHANNELS	3	
CAPACITY PER CHANNEL (MGD)	5.5	
TRANSMITTANCE, MINIMUM	50%	
NPDES FECAL COLIFORM - 30 DAY	200 / 100 mL	
UV DOSAGE, uWs/cm2	40,000	
RAW SEWAGE PUMPS - VERTICAL DRY PIT NON-CLOG		
NO. 1 & 2	3,150 GPM @ 47 FT TDH	
NO. 3	2,000 GPM	
NO. 4	2,500 GPM	
NO. 5	5,500 GPM	
NO. 6	6,000 GPM	

INFLUENT SCREENS	
NUMBER OF UNITS	2
TYPE	PERFORATED PLATE SCREEN
PEAK FLOW WITH 1 SCREEN IN SERVICE	15 MGD
SCREENING CHANNEL DEPTH (FT)	5
SCREENING CHANNEL WIDTH (FT)	3
WATER DEPTH DOWNSTREAM OF SCREEN (FT)	
AVERAGE FLOW	0.5
PEAK FLOW (FT)	2
MAXIMUM HEAD LOSSES ACROSS SCREEN AT PEAK FLOW (FT)	
FOR CLEAN WATER	0.8
50% BLINDING FACTOR	1.2
SCREEN PANEL PERFORATION DIAMETER	6 MM
SCREENINGS WASHER/ COMPACTOR	
NUMBER OF UNITS	2
MIN. COMPACTED SCREENINGS VOLUME	10 (CF/DAY)
MIN. SCREENINGS VOLUME REDUCTION	70%
MIN. REMOVAL OF ORGANIC CONSTITUENTS	90%
MIN. SCREENINGS WEIGHT REDUCTION	60%
MINIMUM SOLID CONCENTRATION	50%
BIOFILTER	
DESIGN TREATMENT FLOW RATE (SCFM)	21,000
REMOVAL EFFICIENCY	
HYDROGEN SULFIDE	
CONCENTRATION > 10 PPMV	99% REMOVAL
CONCENTRATION < 10 PPMV	DISCHARGE LESS THAN 100 PPBV
AMMONIA	
CONCENTRATION > 50 PPMV	90% REMOVAL
CONCENTRATION < 50 PPMV	DISCHARGE LESS THAN 5 PPMV
LAYER THICKNESS (IN)	
PLENUM ZONE	12
SOIL FILTER MEDIA	36
COVER ROCK	3
FOUL AIR FANS	
FAN AND OPERATING POINT	
DEWATERING FAN	4,605 SCFM @ 2 IN W.C.
TRUCK LOADOUT FAN	6,440 SCFM @ 2.25 IN W.C.
SCREENINGS FAN	2,270 SCFM @ 2 IN W.C.
PRIMARY AREA FAN	1,835 SCFM @ 2 IN W.C.
BIOFILTER FAN (A)	10,435 SCFM @ 9 IN W.C.
BIOFILTER FAN (B)	10,435 SCFM @ 9 IN W.C.
NON-POTABLE WATER PUMPS	
NUMBER OF UNITS	2
TYPE	NON-CLOG CENTRIFUGAL
CAPACITY	325 GPM @ 180 FT TDH
HORSEPOWER	25

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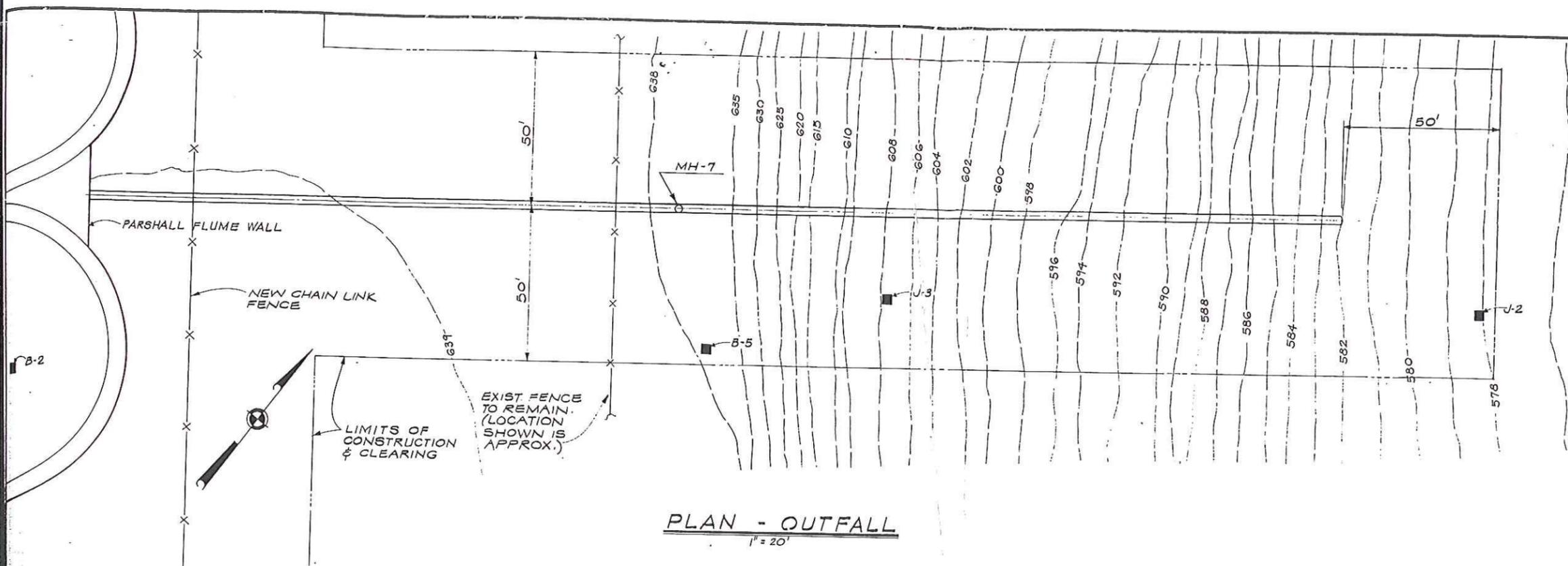
ISSUE	DATE	DESCRIPTION
0	NOV 2011	ISSUE FOR CONSTRUCTION SUBMITTAL

PROJECT MANAGER	A. MEILLEUR
DESIGNED	B. DUDZIK
DRAWN	B. LILLY
CHECKED	J. KOCH
PROJECT NUMBER	142105

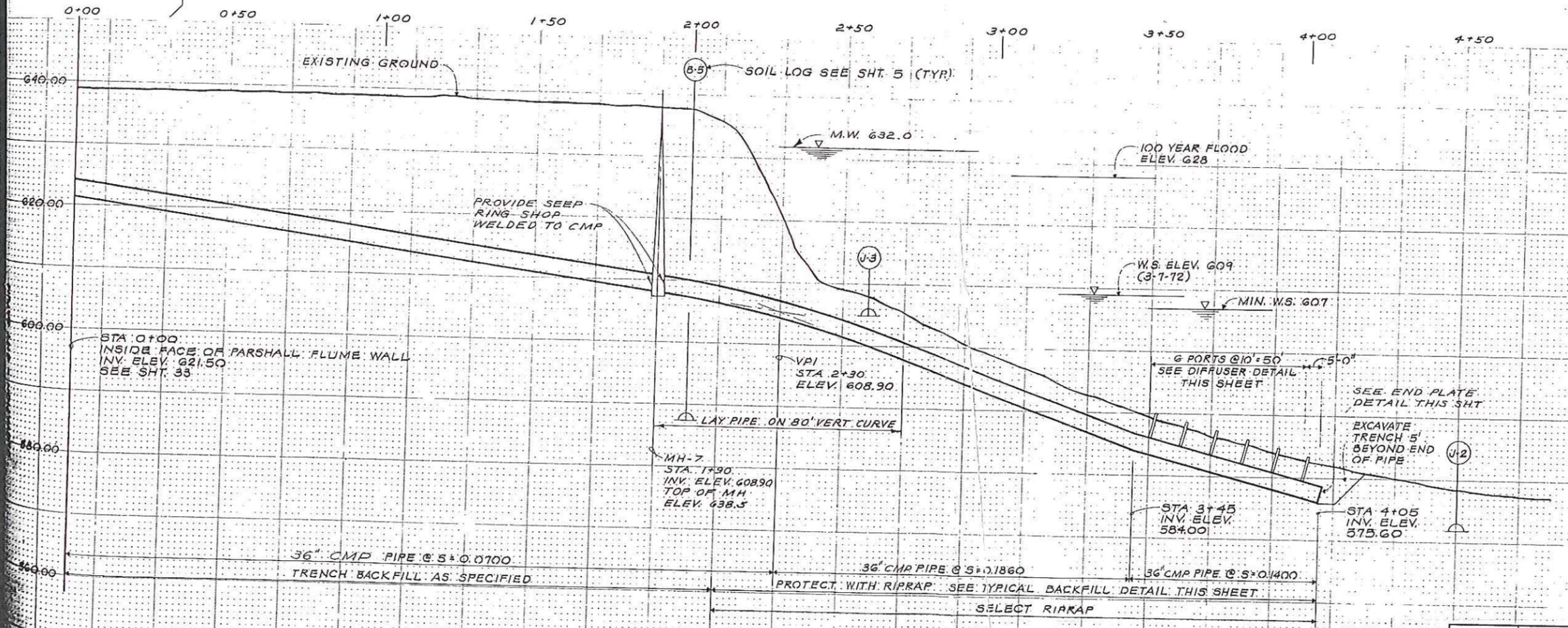
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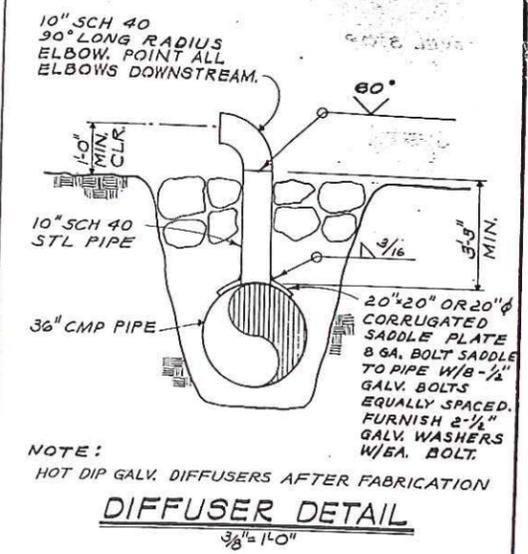
GENERAL DESIGN CRITERIA		
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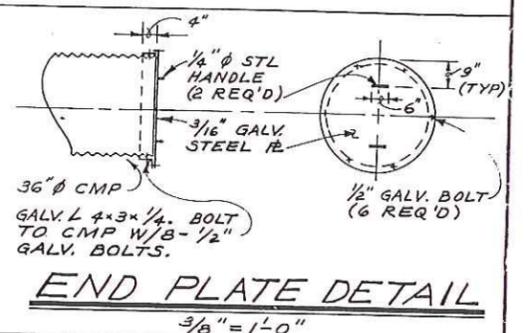
PLAN - OUTFALL
1" = 20'



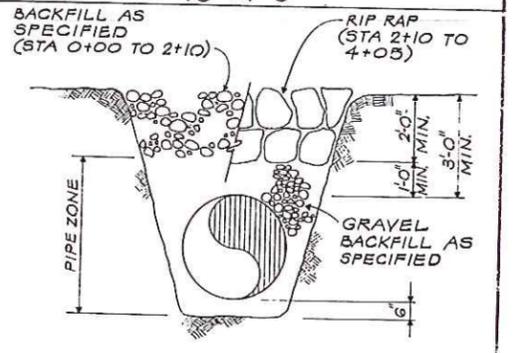
PROFILE - OUTFALL
HORIZ. 1" = 20' VERT. 1" = 10'



DIFFUSER DETAIL
3/8" = 1'-0"



END PLATE DETAIL
3/8" = 1'-0"



TYPICAL BACKFILL DETAIL
3/8" = 1'-0"

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OCT 02 2014
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THIS PRINT IS REDUCED TO ONE-HALF OF THE ORIGINAL SCALE IF THE SCALE READS: 1" = 1'-0" USE 1/2" = 1'-0" OR 1" = 1'-0" USE 1" = 20"

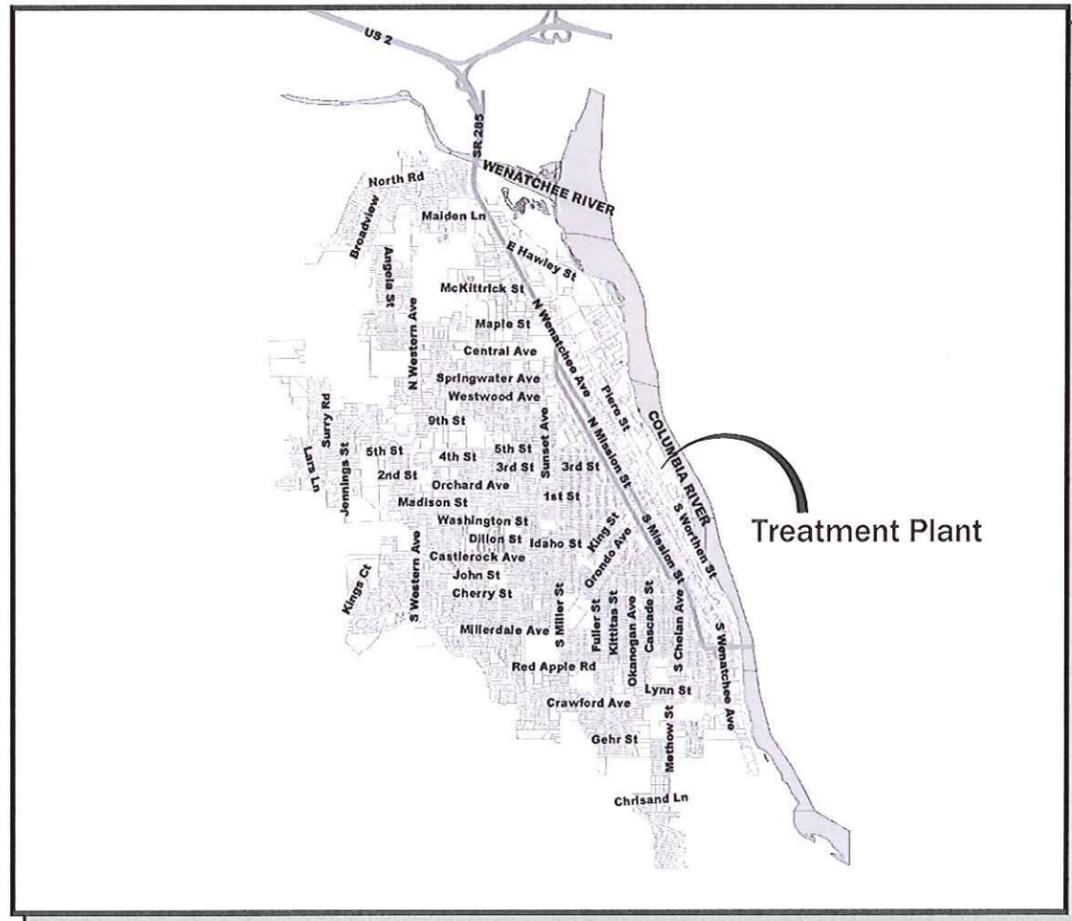
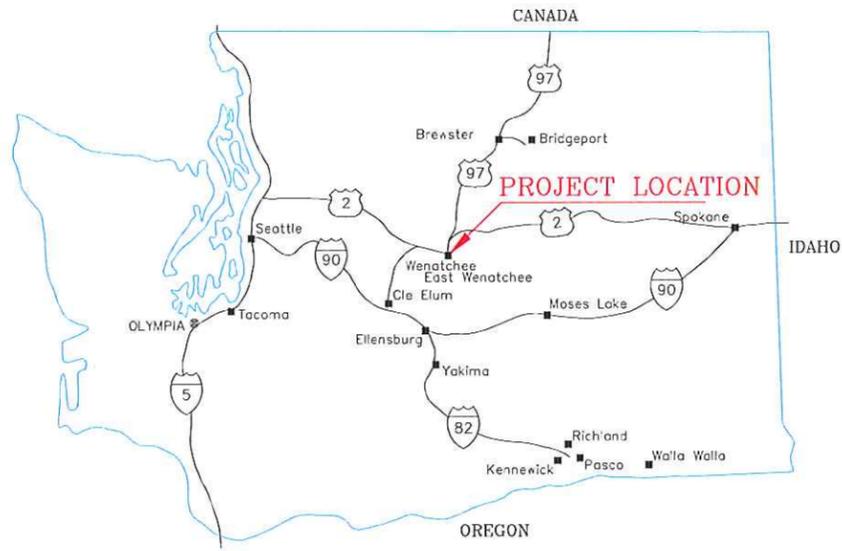
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--MOUNTED
BY STAT

DES: JGG
DR: RGL
CK: HCR
RN: 31038.1
DRAWING NO. C 7039-1

CH2M HILL
ENGINEERS PLANNERS ECONOMISTS
CORNELL HOWLAND HAYES & MERRYFIELD
CLAIR A. HILL & ASSOCIATES

CITY OF WENATCHEE, WASHINGTON
WATER POLLUTION CONTROL PLANT MODIFICATIONS
OUTFALL - PLAN AND DETAILS
DES: JGG SHEET 55
DR: RGL OF 28
CK: HCR DATE: JAN. 1973
RN: 31038.1 SCALE: AS SHOWN
DRAWING NO. C 7039-1

City Of Wenatchee Sanitary Sewer Treatment Plant



VICINITY MAP



SITE PLAN

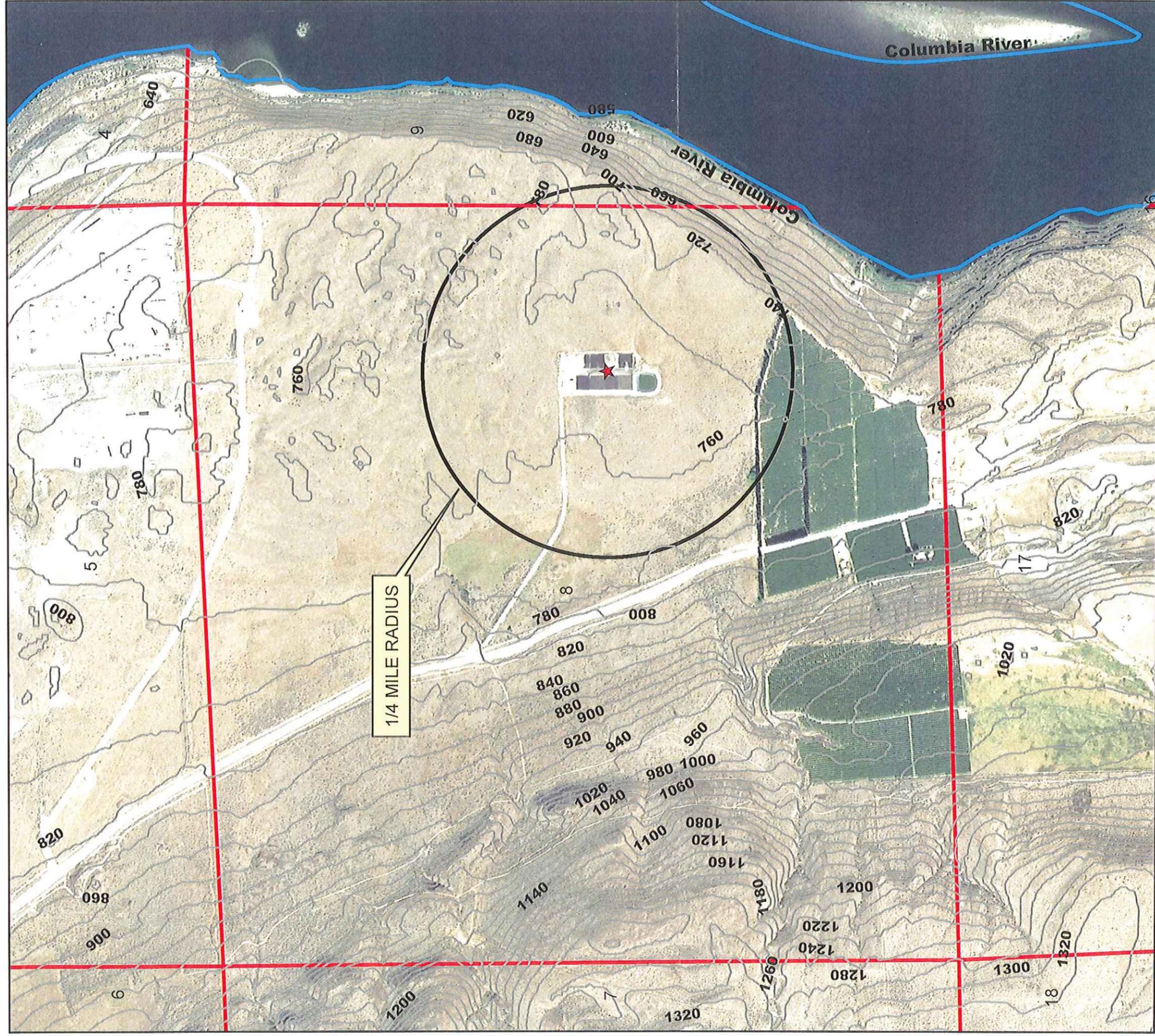
- | | | |
|---------------------------|-------------------------|---------------------------|
| ① DIGESTERS | ⑦ SECONDARY CLARIFIERS | ⑬ SCREENING BUILDING |
| ② SOLIDS HANDLING | ⑧ AERATION BASINS | ⑭ FLOW EQUALIZATION BASIN |
| ③ GARAGE/MAINTENANCE | ⑨ BLOWER BUILDING | |
| ④ PRIMARY CLARIFIERS (2) | ⑩ INFLUENT PUMP STATION | |
| ⑤ ADMINISTRATION BUILDING | ⑪ BIOFILTER | |
| ⑥ UV | ⑫ FAN BUILDING | |



CITY OF WENATCHEE
SANITARY SEWER
TREATMENT PLANT

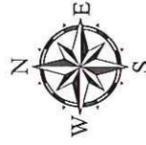


SCALE: AS SHOWN	DESIGNED	DRAWN	APPROVED BY	DRAWING NAME
DATE DRAWN	CHECKED	DATE APPROVED		
REVISIONS				
PROJECT NO.				
SHEET OF				



Legend

- ★ BioSolidsDryBedsSite
- Contours
- sections



**CITY OF WENATCHEE
BIO-SOLIDS DRYING BEDS
SE 1/4 Sec 8, T.21 N., R.22, E., W.M.**

