



# Application for a State Waste Discharge Permit to Discharge Domestic Wastewater to Ground Water by Land Treatment or Application

This application is for a state waste discharge permit as required by Chapter 90.48 RCW and Chapter 173-216 WAC. Permit applications provide Ecology with information on pollutants in the waste stream, materials that may enter the waste stream, the flow characteristics of the discharge, and site characteristics at the point of discharge.

Ecology may request additional information to clarify the conditions of this discharge. The applicant should reference information previously submitted to Ecology that applies to this application in the appropriate section.

## SECTION A. GENERAL INFORMATION

1. Applicant Name: Liberty School Dist # 362
2. Facility Name: same  
(if different from applicant)
3. Applicant Address:
  - Street S. 29818 North Pine Creek Rd
  - City/State Spangle, Wa. Zip 99031
4. Facility Location Address:
  - (if different from above) Street same
  - City/State \_\_\_\_\_ Zip \_\_\_\_\_
5. Latitude/longitude of the processing facility as decimal degrees (NAD83/WGS84):  
\_\_\_\_\_ / \_\_\_\_\_ on file
6. Latitude/longitude of sprayfield/infiltration site discharge location (approximate center) as decimal degrees (NAD83/WGS84):  
\_\_\_\_\_ / \_\_\_\_\_ on file
7. Person to contact who is familiar with the information contained in this application:

Name Ricky Brash Title Facilities Director

Telephone Number 509-245-3217 Fax Number 509-245-3288 Email rbrashe@libertysd.us

<b>FOR ECOLOGY USE ONLY</b>		Check One	New/Renewal <input type="checkbox"/>	Modification <input type="checkbox"/>
Date Application Received	_____	Application/Permit No. _____		
Date Application Accepted	_____	Date Fee Paid _____		

8. Check One:

**Permit Renewal** (including renewal of temporary permits)

Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last permit application for this facility?  YES  NO

For permit renewals, the current permit is an attachment, by reference, to this application.

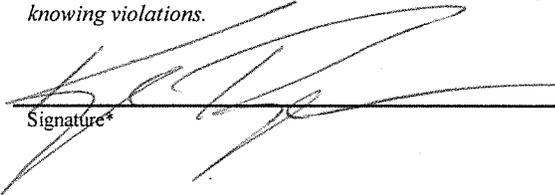
**Permit Modification**

**Existing Unpermitted Discharge**

**Proposed Discharge**

Anticipated date of discharge:

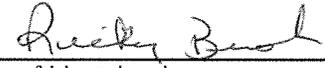
*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage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

      12/3/16      Superintendent  
Signature\*      Date      Title

Printed Name

\*Applications must be signed by either a principal executive officer or a ranking elected official. If these titles do not apply to your organization, the person who makes budget decisions for this facility must sign the application. For state facilities, this is typically a program manager.

The application signatory may delegate signature authority for submittals required by the permit, such as monthly reports, to a suitable employee. You can delegate this authority to a qualified individual or to a position, which you expect to fill with a qualified individual. If you wish to delegate signature authority, please complete the following:

      12-1-16      Facilities Director  
Signature of delegated employee      Date      Title or function at the facility

Ricky Brash  
Printed name

**SECTION B. TREATMENT PLANT INFORMATION**

1. Identify all industries, commercial facilities or communities discharging to this publicly owned treatment works (POTW) by name, type of industry, address, telephone number and contact name. Attach extra sheet(s) if needed and label as attachment B1.

	INDUSTRY #1	INDUSTRY #2
NAME:		
INDUSTRY:		
ADDRESS:		
TELEPHONE:		
CONTACT NAME:		
INDUSTRIAL PRODUCT(S):		

2. POTW design and operation manuals available for this treatment facility:

Type of Manual	Date	Is there a copy at the POTW?
<input type="checkbox"/> Engineering Report		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Operation and Maintenance Manual		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Crop Management Plan		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Sprayfield Management Plan		<input type="checkbox"/> YES <input type="checkbox"/> NO

3. POTW Design Data:

- a. Average Influent Flow for Maximum Month (MGD):
- b. Influent BOD Load (lbs/day):
- c. Influent SS Load (lbs/day):
- d. Began Operation (year):
- e. Last Major Upgrade (year):
- f. Planned Upgrades (year):
- g. Design Population:
- h. Actual Population:
- i. Sprayfield loading - attach copy of the irrigation schedule if schedule is available

4. Are there plans to modify this facility within the next five years? If so, briefly describe what and when.

5. Attach a simple schematic drawing of the POTW. (Label as attachment B.5. Attachments should be 11 x 17" or smaller). The schematic should show all treatment processes (from B.6 below), flow direction and flow quantities in million gallons per day (MGD) or gallons per day (GPD).
6. Identify the type and number of unit processes at this facility.

Treatment	Unit Process	Number of Units
Lift stations	In collection system	
	At head of plant	
Preliminary treatment	Manually operated bar screens	
	Mechanically operated bar screens	
	Grit removal	
	Pre-aeration	
	Comminutors/grinders	
	Other (specify)	
Primary Treatment	Primary Sedimentation Tank/Clarifiers	
	Septic tanks	
	Other (specify)	
Secondary Treatment	Oxidation Ditch	
	Package Plant - Activated Sludge	
	Package Plant - Physical/Chemical	
	Aerated Lagoon	
	Non-aerated Lagoon/Facultative Lagoon	
	Rotating Biological Contact	
	Secondary Clarifiers	
	Trickling Filter	
	Polishing Ponds	
	Other (specify)	
Additional Treatment	Coagulation	
	Filtration	
	Storage (Lined Lagoon)	
	Storage (Unlined Lagoon)	
	Other (specify)	
Land Treatment or Application	Drainfield	
	Rapid Infiltration/Infiltration Lagoon	
	Constructed Wetland	
	Sprinkler Irrigation	
	Flood Irrigation	
	Ridge and Furrow Irrigation	
	Subsurface Irrigation	
	Other (specify)	
Disinfection	Chlorination	
	Ultraviolet	
	Other	

## SECTION C. WASTEWATER INFORMATION

1. The average influent flow to the plant for the maximum month for at least the last 12 months: gallons/day **3872**
2. The maximum daily flow applied to the land treatment/application site for the last 12 months: *hauled by city to SWWTP* gallons/day **NA** inches/acre/month
3. Describe how the influent and effluent flow are measured?
4. Attach flow records for at least the last 12 months. (*Label as attachment C.4.*)
5. Describe the collection method for the samples analyzed below (*i.e.*, grab, 24-hour composite). Applicants must collect grab samples (not composites) for analysis of pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including E. coli), and Enterococci (previously known as fecal streptococcus at § 122.26 (d)(2)(iii)(A)(3)), or volatile organics.
6. Provide measurement values or range of measurements for treated wastewater prior to land treatment/application for the parameters with an "X" in the left column of the table below. If you obtain the application from the Internet, contact Ecology's regional office to see if testing for a subset of these parameters is permissible. All analyses (except pH) must be conducted by a laboratory registered or accredited by Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year for parameters that are routinely measured. For parameters measured only for this application, place the values under "Maximum." Report the values with units as specified in the parameter name or in the detection level.

The Permittee must use the specified analytical methods, detection limits (DLs) and quantitation levels (QLs) in the following table unless Ecology approves an alternate method or the method used produces measurable results in the sample and EPA has listed it as an EPA approved method in 40 CFR Part 136. If the Permittee uses an alternative method as allowed above, it must report the test method, DL, and QL on the discharge monitoring report or in the required report.

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	BOD (5 day)				SM 5210 B	/2 mg/l	
	COD				SM 5220 D	/10 mg/l	
	Total suspended solids				SM 2540 D	/5 mg/l	
	Total dissolved solids				SM 2540 C		
	Conductivity (micromhos/cm)				SM 2510 B		
	Ammonia-N as N				SM 4500-NH <sub>3</sub> C	/0.3 mg/L	
	pH				SM 4500-H	0.1 standard units	
	Total Residual Chlorine				SM4500-Cl G	50/ µg/L L	
	Fecal coliform (organisms/100 mL)				SM 9221 E or 9222 D		
	Total coliform (organisms/100 mL)				SM 9221 B or 9222 B		
	Dissolved oxygen				SM 4500-O C/G		
	Nitrate + nitrite-N as N				SM 4500-NO <sub>3</sub> E	100 µg/L	
	Total kjeldahl N as N				SM 4500-N <sub>org</sub> C/E/FG	300 µg/l	
	Ortho-phosphate-P as P				SM 4500-P E/F	10 µg/l	
	Total-phosphorous-P as P				SM 4500-P E/P/F	10 µg/l	
	Total Oil & grease				EPA 1664A	1.4/5 mg/l	
	NWTPH - Dx				Ecology NWTPH Dx	250/250 µg/l	
	NWTPH - Gx				Ecology NWTPH Gx	250/250 µg/l	
	Calcium				EPA 200.7	10 µg/l	
	Chloride				SM 4500-Cl C	0.15 µg/l	
	Fluoride				SM 4500-F E	.025/0.1 mg/l	
	Magnesium				EPA 200.7	10/50 µg/l	
	Potassium				EPA 200.7	700/ µg/l	
	Sodium				EPA 200.7	29/ µg/l	
	Sulfate				SM 4500-SO <sub>4</sub> C/D	/200 µg/l	
	Alkalinity mg/L as CaCO <sub>3</sub>				SM 2320 B	/5 mg/L as CaCO <sub>3</sub>	

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	Arsenic(total)				EPA 200.8	0.1/0.5 µg/l	
	Barium (total)				EPA 200.8	0.5/2 µg/l	
	Cadmium (total)				EPA 200.8	.05/ .25 µg/l	
	Chromium (total)				EPA 200.8	0.2/1 µg/l	
	Copper (total)				EPA 200.8	0.4/2 µg/l	
	Iron (total)				EPA 200.7	12.5/50 µg/l	
	Lead (total)				EPA 200.8	0.1/0.5 µg/l	
	Manganese (total)				EPA 200.8	0.1/0.5 µg/l	
	Mercury (total) pg/L				EPA 1631E	0.2/.5 pg/l	
	Molybdenum(total)				EPA 200.8	0.1/0.5 µg/l	
	Nickel(total)				EPA 200.8	0.1/0.5 µg/l	
	Selenium (total)				EPA 200.8	1/1 µg/l	
	Silver (total)				EPA 200.8	.04/.2 µg/l	
	Zinc (total)				EPA 200.8	0.5/2.5 µg/l	

Detection level (DL) or detection limit means the minimum concentration of an analyte (substance) that can be measured and reported with a 99% confidence that the analyte concentration is greater than zero as determined by the procedure given in 40 CFR part 136, Appendix B.

Quantitation Level (QL) also known as Minimum Level of Quantitation (ML) – The lowest level at which the entire analytical system must give a recognizable signal and acceptable calibration point for the analyte. It is equivalent to the concentration of the lowest calibration standard, assuming that the lab has used all method-specified sample weights, volumes, and cleanup procedures. The QL is calculated by multiplying the MDL by 3.18 and rounding the result to the number nearest to (1, 2, or 5) x 10<sup>n</sup>, where n is an integer. (64 FR 30417).

ALSO GIVEN AS:

The smallest detectable concentration of analyte greater than the Detection Limit (DL) where the accuracy (precision & bias) achieves the objectives of the intended purpose. (Report of the Federal Advisory Committee on Detection and Quantitation Approaches and Uses in Clean Water Act Programs Submitted to the US Environmental Protection Agency December 2007).

7. Has the effluent been analyzed for any other parameters than those identified in question C.6, or are there other pollutants that you know of or believe to be present?  
 YES  NO

If yes, specify the pollutants and their concentration if known (*attach laboratory analyses if available and label as Attachment C.6*). (*Note: Ecology may require additional testing.*)

## SECTION D. GROUNDWATER INFORMATION

Provide available data measurements or range of measurements from monitoring wells or supply wells in the area of discharge. Provide the analytical method and detection limit, if known. Provide the location of each well on the map required in E.3 below. Attach well logs when available (*label as Attachment D*). Copy this page as necessary for each well (*label as Attachment D*). Provide the latitude and longitude in decimal format.

Ecology Well Tag ID # \_\_\_\_\_  
(*example AAB123*)

Well ID # \_\_\_\_\_ (*example MW-1*)

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Well Elevation (to the nearest 0.01 feet) \_\_\_\_\_ Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard  mean sea level

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Dissolved Fixed Solids	mg/L				
Total dissolved solids	mg/L				
pH	Standard units				
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO <sub>3</sub>				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N as N	mg/L				
Nitrate + nitrite-N, as N	mg/L				
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphorus-P as P	mg/L				
Total Oil & Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)					

## SECTION E. SITE ASSESSMENT

**Note: The Department of Ecology Water Resources Section can be consulted for identifying wells within one mile of your site. The local library and local city or county planning offices may be helpful in providing the information required in this section.**

1. Give the legal description of the land treatment/application site(s) by section/township/range and latitude/longitude (approximate center of the site; NAD83/WGS84 reference datum). Indicate the owner for each site. Give the acreage of each land treatment/application site(s). Attach a copy of the contract(s) authorizing use of(s) used land for treatment/application. *(Label as attachment E.1)*
  
2. If this is a new discharge, list all environmental control permits or approvals needed for this project; for example, SEPA review, engineering reports, hydrogeologic reports, , biosolids permits, or air emissions permits.
  
3. Attach an original United States Geological Survey (USGS) 7.5 minute topographic map or aerial photograph that shows the POTW and the land treatment/application site(s).  
**USGS topographical maps are available from the Department of Natural Resources (360-902-1234), Metsker Maps (206-588-5222), and some local bookstores and internet sites.**  
Show the following on this map: *(Label as attachment E.3.)*
  - a. Location and name of internal and adjacent streets.
  - b. Surface water drainage systems within ¼ mile of the site.
  - c. All wells within 1 mile of the site.
  - d. Wastewater discharge points.
  - e. Land uses and zoning adjacent to the wastewater application site.
  - f. Ground water gradient.
  
4. Describe the soils on the site using information from local soil survey reports. **Soils information is available from your county conservation district or from information contained in the sites hydrogeologic report.**  
*(Label as attachment E.4.)*
  
5. Describe the local geology and hydrogeology within one mile of the site. Include any ground water quality data. **The local library, the sites hydrogeologic report, or soil conservation service may have this information.**  
*(Label as attachment E.5.)*
  
6. List the names and addresses of contractors or consultants who provided information, and cite sources of information by title and author.

**SECTION F. SLUDGE/BIOSOLIDS MANAGEMENT AND DISPOSAL**

1. If your wastewater treatment is by lagoon: *no*

Has the depth of the sludge been measured in the last five years?

YES  NO (IF yes, include the measurements and a map that shows the approximate measurement sites)

Will sludge be removed from the lagoon(s) in the next five years? If so, describe the sludge, stabilization, utilization, and disposal methods. Attach extra sheets as necessary.

2. If your wastewater treatment is by methods other than lagoon:

Do you have a Sludge Management Plan?  YES  NO

*Sludge is pumped from plant by Lilac City and hauled to SWWTP for further processing.*

Is the Plan approved by:

Local health district? Date approved:

Department of Ecology? Date approved:

3. Does your facility have a biosolids permit issued by Ecology? If so, please provide the permit's number and expiration date.

Biosolids Permit number

Permit expiration Date

**Summary of Attachments That May be Required for This Application:**

(Please check attachments that are included)

- B.5 Schematic drawing of POTW
- C.4 Flow records
- C.6 Additional effluent analysis
- D. Additional ground water data
- E.1 Copies of contracts authorizing use of land for treatment
- E.3 USGS topographic map
- E.4 Soil information
- E.5 Local geology and hydrogeology

*If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

Flow	
Influent	
Freq.	Cont.
Date	GPD
1	206
2	330
3	751
4	528
5	405
6	370
7	202
8	69
9	189
10	660
11	570
12	393
13	443
14	706
15	76
16	43
17	460
18	522
19	418
20	475
21	440
22	137
23	78
24	484
25	457
26	489
27	585
28	478
29	492
30	56
31	492
Max	7510
Avg	3872
Limits	
Avg	16,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled: <u>10-6-16</u>				Limits	
Location	Parameter	Unit	Value	Avg <sup>1</sup>	Avg <sup>2</sup>
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	111		
	BOD <sub>5</sub>	lbs/day	3.42	50	
	TSS	mg/L	313		
	TSS	lbs/day	9.65	13	
	TKN	mg/L	91.5		
	TKN	lbs/day	2.82		
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		65%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	400
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
TDS	mg/L				
Total Coliforms	#/100 mL				

<sup>1</sup>Monthly Geometric Mean

<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PAUL MAYES OPERATOR 3621618  
NAME AND TITLE PHONE NUMBER

Remarks: PLANT RUNNING WELL

[Signature] 10-7-16  
SIGNATURE DATE

Flow	
Influent	
Freq.	Cont.
Date	GPD
1	5270
2	5930
3	440
4	450
5	840
6	6690
7	4480
8	4760
9	5230
10	390
11	1230
12	4660
13	6230
14	3540
15	3220
16	3900
17	760
18	410
19	3880
20	<del>3480</del> 3480
21	3880
22	6040
23	5720
24	180
25	260
26	4240
27	3520
28	3890
29	6390
30	3530
31	
Max	6690
Avg	3448

Wastewater Monitoring - 1/month			
Date Sampled: <u>9-2-16</u>			
Location	Parameter	Unit	Value
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	145
	BOD <sub>5</sub>	lbs/day	7.17
	TSS	mg/L	390
	TSS	lbs/day	19.3
	TKN	mg/L	70.1
	TKN	lbs/day	3.46
Flow to Final Wetland	BOD <sub>5</sub>	mg/L	
	BOD <sub>5</sub>	lbs/day	
	BOD <sub>5</sub>	%Rem	
	TSS	mg/L	
	TSS	lbs/day	
	TSS	%Rem	
	Fecal Coliform	#/100 mL	
	TKN	mg/L	
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L	
	NH <sub>3</sub>	mg/L	
	TDS	mg/L	
Total Coliforms	#/100 mL		

<sup>1</sup>Monthly Geometric Mean  
<sup>2</sup>7-day Geometric Mean

PH

Check Box if No Flow to FINAL WETLAND

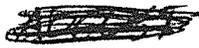
CCP4

CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

ALLAN VES OPERATOR 3621618  
NAME AND TITLE PHONE NUMBER

[Signature]  
SIGNATURE DATE

Remarks: PLANT RUNNING WELL



Flow	
Freq.	Cont.
Date	GPD
1	1140
2	940
3	730
4	760
5	800
6	930
7	930
8	1180
9	1570
10	1430
11	1600
12	1140
13	2430
14	2290
15	1090
16	1180
17	2140
18	2810
19	3960
20	3390
21	2860
22	3670
23	2380
24	2980
25	3650
26	3590
27	1560
28	830
29	2210
30	4800
31	4830
Max	4830
Avg	2122
Limits	
Avg	15,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled:				Limits	
Location	Parameter	Unit	Value	Avg	Aww
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L			
	BOD <sub>5</sub>	lbs/day		50	
	TSS	mg/L			
	TSS	lbs/day			13
	TKN	mg/L			
	TKN	lbs/day			
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		69%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	400
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
TDS	mg/L				
Total Coliforms	#/100 mL				

<sup>1</sup>Monthly Geometric Mean

<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PALL NAYES OPERATOR 3621618

NAME AND TITLE PHONE NUMBER

[Signature] 9-8-16

SIGNATURE DATE

Remarks: PLANT RUNNING

WELL

Liberty School District #362

Permit #ST-5397

County: Spokane

Discharge Monitoring Report

MONTH: JULY

YEAR: 2016

Freq.	Flow
	Influent
Date	Cont. GPD
1	950
2	680
3	780
4	900
5	940
6	1120
7	1000
8	710
9	990
10	970
11	1310
12	1070
13	1460
14	1660
15	1480
16	1090
17	450
18	1100
19	1490
20	1410
21	1720
22	1160
23	1490
24	1880
25	3070
26	4400
27	4570
28	5210
29	3760
30	1240
31	1210
Max	5210
Avg	1654
Limits	
Avg.	16,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled: NO SUMMER SAMPLES				Limits	
Location	Parameter	Unit	Value	Avm.	Avw.
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L		-	-
	BOD <sub>5</sub>	lbs/day		50	-
	TSS	mg/L		-	-
	TSS	lbs/day			13
	TKN	mg/L		-	-
	TKN	lbs/day		-	-
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day		-	-
	BOD <sub>5</sub>	%Rem		65%	-
	TSS	mg/L		45	65
	TSS	lbs/day		-	-
	TSS	%Rem		65%	-
	Fecal Coliform	#/100 mL		200	400
	TKN	mg/L		-	-
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L		-	-
	NH <sub>3</sub>	mg/L		-	-
TDS	mg/L		-	-	
Total Coliforms	#/100 mL		-	-	

<sup>1</sup>Monthly Geometric Mean  
<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PAUL NAYES OPERATOR 3621618  
 NAME AND TITLE PHONE NUMBER  
 8-3-16  
 SIGNATURE DATE

Remarks: BLOCKAGE IN PARSHALL  
 FLUME 7-25 TO 7-29 HIGH  
 FLOW NUMBER

Flow	Influent
Freq.	Cont.
Date	GPD
1	3080
2	3250
3	3080
4	1080
5	190
6	3580
7	2850
8	1850
9	1140
10	840
11	350
12	140
13	890
14	660
15	24600
16	3060
17	390
18	230
19	270
20	530
21	770
22	840
23	760
24	370
25	380
26	450
27	790
28	910
29	1060
30	1250
31	
Max	24600
Avg	1989
Limits	
Avg	16,000 GPD

3580  
1208

plugged

Wastewater Monitoring - 1/month					
Date Sampled: 6-1-16				Limits	
Location	Parameter	Unit	Value	Avg <sup>1</sup>	Avg <sup>2</sup>
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	367		
	BOD <sub>5</sub>	lbs/day	9.4	50	
	TSS	mg/L	620		
	TSS	lbs/day	15.9		
	TKN	mg/L	116		
	TKN	lbs/day	2.97		
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		65%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	400
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
	TDS	mg/L			
	Total Coliforms	#/100 mL			

<sup>1</sup>Monthly Geometric Mean  
<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PAUL NIMES OPERATOR 3621618  
 NAME AND TITLE PHONE NUMBER  
  
 SIGNATURE DATE 7-6-16

Remarks: PUMPED 2 LOADS  
 OF WASTE SLUDGE 2700 GAL  
 EACH SENT TO SPOKANE  
 RPUWF

Flow	
Influent	
Freq.	Cont.
Date	GPD
1	650
2	3160
3	3930
4	3820
5	3640
6	3410
7	160
8	300
9	3190
10	3220
11	3150
12	3830
13	6460
14	5010
15	3710
16	2370
17	3120
18	2590
19	3950
20	3090
21	410
22	340
23	3800
24	3150
25	3220
26	2900
27	2640
28	170
29	320
30	440
31	3650
Max <sup>1/27</sup>	5010
Avg	2688
Limits	
Avg	16,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled: 5-6-16				Limits	
Location	Parameter	Unit	Value	Avn	Awv
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	177		
	BOD <sub>5</sub>	lbs/day	5.20	50	
	TSS	mg/L	33.6		
	TSS	lbs/day	9.55		
	TKN	mg/L	83.3		
	TKN	lbs/day	2.36		
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		66%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	200
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
TDS	mg/L				
Total Coliforms	#/100 mL				

<sup>1</sup> Monthly Geometric Mean  
<sup>2</sup> 7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PAUL NAYES OPERATOR 3621618

NAME AND TITLE PHONE NUMBER

*[Signature]*

SIGNATURE DATE

Remarks: PLANT RUNNING WELL

Flow	
	Influent
Freq.	Cont.
Date	GPD
1	1990
2	480
3	570
4	540
5	680
6	990
7	670
8	620
9	990
10	700
11	3230
12	3850
13	3940
14	4290
15	3910
16	320
17	630
18	4270
19	4290
20	4320
21	4570
22	4340
23	2760
24	1190
25	3870
26	3990
27	3660
28	4880
29	3830
30	570
31	
Max	4880
Avg	2496
Limits	
Avg	16,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled: 4-13-16				Limits	
Location	Parameter	Unit	Value	AvM	AvW
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	702		
	BOD <sub>5</sub>	lbs/day	23.06	50	
	TSS	mg/L	274		
	TSS	lbs/day	9.00	13	
	TKN	mg/L	145		
	TKN	lbs/day	4.76		
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		65%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	400
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
	TDS	mg/L			
Total Coliforms	#/100 mL				

<sup>1</sup>Monthly Geometric Mean

<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

~~PAUL NAYES~~ PAUL NAYES 3621618  
 OPERATOR PHONE NUMBER  
 S-2-16  
 SIGNATURE DATE

Remarks: LOTS OF PAPER IN SAMPLES

Flow	
Influent	
Freq.	Cont.
Date	GPD
1	3470
2	3880
3	3820
4	420
5	370
6	730
7	3090
8	3710
9	4170
10	5170
11	4970
12	1940
13	2160
14	2400
15	5230
16	4880
17	4490
18	4320
19	580
20	690
21	4230
22	5420
23	5250
24	5090
25	4450
26	1380
27	910
28	3850
29	4920
30	4510
31	3070
Max	5420
Avg	3339
Limits	
Avg	15,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled: 3-3-16				Limits	
Location	Parameter	Unit	Value	Avn	Avw
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	309		
	BOD <sub>5</sub>	lbs/day	9.8	50	
	TSS	mg/L	300		
	TSS	lbs/day	8.9	15	
	TKN	mg/L	105		
	TKN	lbs/day	3.3		
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		65%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	400
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
	TDS	mg/L			
Total Coliforms	#/100 mL				

<sup>1</sup>Monthly Geometric Mean  
<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PAUL NAYES OPERATOR 3021618

NAME AND TITLE PHONE NUMBER

*[Signature]* 4-6-16  
SIGNATURE DATE

Remarks: PLANT RUNNING WELL

\_\_\_\_\_

Flow	
Freq.	Influent
Date	Cont. GPD
1	6010
2	8270
3	4820
4	4830
5	5160
6	4180
7	1190
8	3920
9	4610
10	3940
11	4740
12	2530
13	2640
14	2750
15	2480
16	5280
17	5670
18	4910
19	4280
20	1290
21	1200
22	4080
23	3940
24	4300
25	5520
26	4500
27	500
28	290
29	3090
30	
31	
Max	8270
Avg	3824
imits	
Avg	16,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled: 2-5-16				Limits	
Location	Parameter	Unit	Value	AvM	AvW
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	133		
	BOD <sub>5</sub>	lbs/day	5.7	50	
	TSS	mg/L	108		
	TSS	lbs/day	4.6	13	
	TKN	mg/L	101		
	TKN	lbs/day	4.3		
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		65%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	400
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
TDS	mg/L				
Total Coliforms	#/100 mL				

<sup>1</sup>Monthly Geometric Mean

<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PAUL NAYES 3621618  
NAME AND TITLE PHONE NUMBER  
3-13-16  
SIGNATURE DATE

Remarks: WASTED 3000 GAL  
WASTE SLUDGE TO SPOKANE  
RIPURIF

Wastewater Monitoring - 1/month					
Date Sampled: <u>1-5-16</u>				Limits	
Location	Parameter	Unit	Value	Avm.	Avw.
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	<u>249</u>	-	-
	BOD <sub>5</sub>	lbs/day	<u>7.41</u>	50	-
	TSS	mg/L	<u>155</u>	-	-
	TSS	lbs/day	<u>4.61</u>	13	-
	TKN	mg/L	<u>167</u>	-	-
	TKN	lbs/day	<u>4.97</u>	-	-
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day		-	-
	BOD <sub>5</sub>	%Rem		65%	-
	TSS	mg/L		45	65
	TSS	lbs/day		-	-
	TSS	%Rem		65%	-
	Fecal Coliform	#/100 mL		<sup>1</sup> 200	<sup>2</sup> 400
	TKN	mg/L		-	-
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L		-	-
	NH <sub>3</sub>	mg/L		-	-
	TDS	mg/L		-	-
	Total Coliforms	#/100 mL		-	-

<sup>1</sup>Monthly Geometric Mean  
<sup>2</sup>7-day Geometric Mean

Date	Cont. GPD
1	<u>60</u>
2	<u>1590</u>
3	<u>10</u>
4	<u>2770</u>
5	<u>3570</u>
6	<u>2650</u>
7	<u>2450</u>
8	<u>3670</u>
9	<u>270</u>
10	<u>130</u>
11	<u>2500</u>
12	<u>2670</u>
13	<u>3700</u>
14	<u>3120</u>
15	<u>3160</u>
16	<u>710</u>
17	<u>1560</u>
18	<u>4120</u>
19	<u>10030</u>
20	<u>13700</u>
21	<u>15350</u>
22	<u>18960</u>
23	<u>18610</u>
24	<u>16620</u>
25	<u>14830</u>
26	<u>10420</u>
27	<u>8530</u>
28	<u>9900</u>
29	<u>11690</u>
30	<u>8880</u>
31	<u>4130</u>
Max	<u>18960</u> <sup>4130</sup>
Avg	<u>6463</u> <sup>2254</sup>
Limits	
avg.	16,000 GPD

Check Box if No Flow to FINAL WETLAND

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

ALLNAYES OPERATOR 3621618  
NAME AND TITLE PHONE NUMBER  
[Signature] 2-8-16  
SIGNATURE DATE

Remarks: BLOCKAGE IN  
FLUME FROM 2-19 TO  
2-22 AND FROM 2-23 TO 2-30

Influent	
Cont.	GPD
Date	
1	2630
2	3180
3	3810
4	3320
5	360
6	460
7	3460
8	6460
9	8220
10	5830
11	4200
12	5020
13	1980
14	3490
15	3710
16	3050
17	3010
18	1200
19	1770
20	700
21	590
22	180
23	200
24	70
25	80
26	190
27	120
28	3490
29	6400
30	1390
31	190
Max	8220
Avg	2529
Limits	
Avg.	15,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled: <u>12-3-15</u>				Limits	
Location	Parameter	Unit	Value	Avg <sup>1</sup>	A/W <sup>2</sup>
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	161		
	BOD <sub>5</sub>	lbs/day	5.11	50	
	TSS	mg/L	168		
	TSS	lbs/day	5.33		
	TKN	mg/L	121		
	TKN	lbs/day	3.84		
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	75
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		65%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	200
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
	TDS	mg/L			
Total Coliforms	#/100 mL				

<sup>1</sup>Monthly Geometric Mean  
<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PAUL NAYB OPERATOR 3621618  
NAME AND TITLE PHONE NUMBER  
1-11-16 PN  
SIGNATURE DATE

Remarks: PLANT RUNNING  
WELL

Flow	
Req.	Influent
Date	Cont. GPD
1	1050
2	3240
3	3930
4	4070
5	3670
6	4810
7	610
8	780
9	3720
10	3540
11	970
12	3260
13	3030
14	790
15	1010
16	3740
17	3490
18	3070
19	3760
20	3040
21	430
22	290
23	3610
24	3150
25	2190
26	140
27	270
28	230
29	80
30	2360
31	
Max	4810
Avg	2277
Limits	
avg.	16,000 GPD

Wastewater Monitoring - 1/month					
Date Sampled: <u>11-6-15</u>				Limits	
Location	Parameter	Unit	Value	Avm	Aww
Influent (1/month during school year Sept-June)	BOD <sub>5</sub>	mg/L	226		
	BOD <sub>5</sub>	lbs/day	9.06	50	
	TSS	mg/L	175		
	TSS	lbs/day	7.02	13	
	TKN	mg/L	86.7		
	TKN	lbs/day	3.47		
Flow to Final Wetland	BOD <sub>5</sub>	mg/L		45	65
	BOD <sub>5</sub>	lbs/day			
	BOD <sub>5</sub>	%Rem		65%	
	TSS	mg/L		45	65
	TSS	lbs/day			
	TSS	%Rem		65%	
	Fecal Coliform	#/100 mL		200	200
	TKN	mg/L			
	NO <sub>3</sub> + NO <sub>2</sub>	mg/L			
	NH <sub>3</sub>	mg/L			
TDS	mg/L				
Total Coliforms	#/100 mL				

<sup>1</sup>Monthly Geometric Mean

<sup>2</sup>7-day Geometric Mean

Check Box if No Flow to FINAL WETLAND

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

PAUL NAYES OPERATOR 3621618  
NAME AND TITLE PHONE NUMBER  
[Signature] 12-8-15  
SIGNATURE DATE

Remarks: RUMPED 3000 GAL  
OF WASTE SLUDGE TO  
SPOKANE RPLURF