



1411 East Mission Avenue  
PO Box 3727  
Spokane, WA 99220-3727

September 26, 2017

Department of Ecology  
Water Quality Permit Coordinator  
4601 North Monroe  
Spokane, WA 99205-1295

Re: NPDES Permit No. WA-0045217  
Kettle Falls Generating Station  
Renewal Application

Four (4) EPA Application Forms and their required supporting documents for the renewal of the above referenced permit are attached as follows:

**1. 3510-1 General Information**

Topography Map  
Site Map  
Signature Authority Delegation Letter

**2. 3510-2C Wastewater Discharge**

Sampling Results  
Plant Process Diagram  
Water Mass Balance Schematic  
Site Map  
Planned Improvements, Page 2 of 4, Section IV B

**3. 2C Supplemental Cooling Water Intake Structures**

**4. 3510-2F Stormwater Discharge Associated with Industrial Activity**

Site Map  
Well House Location and Drainage Flow  
Summer and Winter Stormwater Inspection Reports

Please call me at 495.4948 if you have any questions.

Sincerely,

Pamela Kish  
Environmental Specialist  
[pam.kish@avistacorp.com](mailto:pam.kish@avistacorp.com)

Attachments

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

<b>FORM</b> <b>1</b> <b>GENERAL</b>	 <b>EPA</b> DEPARTMENT OF <b>ECOLOGY</b> State of Washington	U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	<b>1. Current permit I.D.</b> WAD007943764	T/A	C	
				14	D	15

**II. POLLUTANT CHARACTERISTICS**

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

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

**III. NAME OF FACILITY**

C	1	Kettle Falls Generating Station
---	---	---------------------------------

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	Wiggins, Gregory, Plant Manager	509	738	1505
B. EMAIL ADDRESS <a href="mailto:Gregory.Wiggins@avistacorp.com">Gregory.Wiggins@avistacorp.com</a>		C. Does the facility have or can it obtain broadband internet access?		
C	2	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX			
C	3	P.O. Box 609	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	4	WA	99141

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
C	5	1151 Highway 395 North			
B. COUNTY NAME					
Stevens					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE
C	6	WA	99141	n/a	
D. LATITUDE/LONGITUDE (NAD 83 DATUM)					
LATITUDE AS DECIMAL DEGREES- N4 48 37					
LONGITUDE AS DECIMAL DEGREES - W1 118 06					

CONTINUED FROM THE FRONT

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

SIC FIRST				SIC. SECOND			
C 7	<b>4930</b>	(specify) <b>Electrical generation</b>	7 7	(specify)			
EQUIVALENT NAICS FIRST				EQUIVALENT NAICS SECOND			
C 7	<b>221117</b>	(specify) <b>Biomass electric power generation</b>	7 7	(specify)			

UBI NUMBER - 328000223

**VIII. OPERATOR INFORMATION**

A. NAME						B. Is the name listed in Item VIII-A also the owner? X <input type="checkbox"/> YES <input type="checkbox"/> NO		
C 8	<b>Avista Utilities</b>							

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C A	<b>509</b>	<b>489</b>	<b>0500</b>
S = STATE	O = OTHER (specify)						
P = PRIVATE							

E. STREET OR PO BOX  
**1411 East Mission Avenue**

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND	
C B	<b>Spokane</b>	<b>WA</b>	<b>99202</b>	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C 9	T N	I	<b>WA-0045217</b>	C 9	T P	8	<b>X80-11</b>
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C 9	T U	I		C 9	T	8	<b>07AQ-E231</b>
				(Specify) <b>AOP</b>			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C 9	T R	I		C 9	T	8	
				(Specify)			

**XI. MAP**

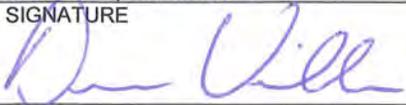
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal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

**XII. NATURE OF BUSINESS** (provide a brief description)

**The Kettle Falls Generating Station is a wood-waste fired steam-electrical generating facility.**

**XIII. CERTIFICATION** (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
<b>Dennis Vermillion, President, Avista Utilities</b>		<b>9-12-2017</b>







1411 East Mission Avenue  
PO Box 3727  
Spokane, WA 99220-3727

September 12, 2017

Department of Ecology  
Water Quality Program  
4601 North Monroe  
Spokane, WA 99205-1295

Re: National Pollution Elimination System (NPDES)  
Industrial NPDES Permit No. WA-0045217 (KFGS)  
Signature Authority Delegation

I delegate review and signature authority for the above-referenced permit to Pamela Kish, Environmental Specialist.

Sincerely,

A handwritten signature in blue ink, which appears to read "Dennis P. Vermillion". The signature is written in a cursive style with a large initial "D".

Dennis P. Vermillion  
Sr. Vice President, Avista Corporation  
President, Avista Utilities

Form <b>2C</b> NPDES		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER</b> EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS <i>Consolidated Permits Program</i>
----------------------------	--	---

**I. Outfall Location**

For this outfall, list the latitude and longitude, (degrees, min.xxxx) and name of the receiving water(s)

Outfall Number (list)	Latitude		Longitude		Receiving Water (name)
	Deg	Min	Deg	Min	
<b>1</b>	<b>48</b>	<b>37.221</b>	<b>118</b>	<b>07.122</b>	<b>Lake Roosevelt, Columbia River</b>

**II. Flows, Sources of Pollution, and Treatment Technologies**

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed description in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. Outfall No. (list)	2. Operations Contributing Flow		3. Treatment		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
<b>1</b>	<b>Circulating Water Blow Down</b>	<b>158,416 GPD</b>	<b>Sedimentation &amp; Retention</b>	<b>1</b>	<b>U</b>
<b>1</b>	<b>Misc Plant Uses</b>	<b>8,600 GPD</b>	<b>Sedimentaion &amp; Retention</b>	<b>1</b>	<b>U</b>
			<b>Oil Water Separator</b>	<b>no</b>	<b>code</b>
<b>1</b>	<b>Demineralization Backwash &amp; Fast Rinse</b>	<b>1,900 GPD</b>	<b>Sedimentation &amp; Retention</b>	<b>1</b>	<b>U</b>
			<b>Neutralization</b>	<b>2</b>	<b>K</b>
	<b>Demineralization Slow Rinse &amp; Chem Add</b>	<b>1400 GPD</b>	<b>Sedimentation &amp; Retention</b>	<b>1</b>	<b>U</b>
			<b>Neutralization</b>	<b>2</b>	<b>K</b>
<b>1</b>	<b>Steam Cycle Blow Down</b>	<b>2,000 GPD</b>	<b>Sedimentation &amp; Retention</b>	<b>1</b>	<b>U</b>
<b>1</b>	<b>Steam Cycle Sampling</b>	<b>2,600 GPD</b>	<b>Sedimentation &amp; Retention</b>	<b>1</b>	<b>U</b>
<b>1</b>	<b>Precipitation (Settling Basin)</b>	<b>300 GPD</b>	<b>Sedimentation &amp; Retention</b>	<b>1</b>	<b>U</b>
<b>1</b>	<b>Precipitation (Retention Basin)</b>	<b>600 GPD</b>	<b>Sedimentation &amp; Retention</b>	<b>1</b>	<b>U</b>
	<b>Note: Sedimentation via one 474,000 gal basin</b>	<b>Note: Retention time is 1.5 days</b>			






CONTINUED FROM THE FRONT

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (identify the test(s) and describe their purpose below)

NO (go to Section VIII)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
<b>Edge Analytical, Inc. - Sampling Analysis</b>	<b>1620 S Walnut St Burlington, WA 98223</b>	<b>((360) 757-1400)</b>	<b>See Lab Sampling Results Attachment</b>
		( )	
		( )	
<b>Schwyn Environmental Services, LLC - Sample Collection</b>	<b>4621 S Custer Court Spokane, WA 99223</b>	<b>((509) 448-3187)</b>	<b>All Pollutants on Lab Sampling Results Attachment</b>
		( )	
		( )	
<b>Anatek Labs, Inc. Sampling Analysis</b>	<b>504 E Sprague, Suite D Spokane, WA 99202</b>	<b>(509) 838-3999</b>	<b>See Lab Sampling Results Attachment</b>
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	

**IX. 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 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.

A. NAME & OFFICIAL TITLE (type or print)

**Dennis Vermillion, President, Avista Utilities**

B. PHONE NO. (area code & no.)

**(509) 495-4752**

C. SIGNATURE

*D. P. Valle*

D. DATE SIGNED

*9/12/17*

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**WAD007943764**

**V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)**

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		b. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	<2	0.00					1	mg/l	g			
b. Chemical Oxygen Demand (COD)	31.3	27.49					1	mg/l	g			
c. Total Organic Carbon (TOC)	6.53	5.74					1	mg/l	g			
d. Total Suspended Solids (TSS)	5.12	4.50	5.12	4.50	2.36	2.07	13	mg/l	g			
e. Ammonia (as N)	.05	.04					1	mg/l	g			
f. Flow	Value 232,043		Value		Value 232,028		12	GPD		Value		
g. Temperature (winter)	Value 18.3		Value		Value 17.7		3	°C		Value		
h. Temperature (summer)	Value 25		Value		Value 23.8		3	°C		Value		
i. pH	Minimum 6.5	Maximum 8.6	Minimum 6.2	Maximum 7.6			12	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						d. NO. OF ANALYSIS	4. UNITS (specify if blank)		5. INTAKE (optional)		b. NO. OF ANALYSES
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	.05	.04					1	mg/l	g			
b. Chlorine, Total Residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.05	.04	.05	.04	.04	.04	13	mg/l	g			
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5@pH 7.06	0.00					1	color units				
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<1.8						1	100/ml				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	.786	.69					1	mg/l	g			
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.79	3.33					1	mg/l	g			

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.7	.61					1	mg/l	g			
h. Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.24	1.97	2.24	1.97	.49	.43	13	mg/l	g			
i. Phosphorus (as P), Total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.45	1.27					1	mg/l	g			
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14.9± 2.98						1	pCi/l				
(2) Bets, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9.70± 1.73						1	pCi/l				
(3) Radium, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.74± .247						1	pCi/l				
(4) Radium 226, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	.566± .098						1	pCi/l				
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	714	627.16					1	mg/l	g			
l. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1					
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1					
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1					
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND						1					
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	305	.27					1	ug/l	g			
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	260	.23					1	ug/l	g			
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	.6	0.00					1	ug/l	g			
s. Iron, Total (7439-89-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	130	.11					1	ug/l	g			
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73700	64.74					1	ug/l	g			
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20	.02					1	ug/l	g			
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.00	0.00					1	ug/l	g			

w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>7.10</b>	<b>.01</b>					<b>1</b>	<b>ug/l</b>	<b>g</b>			
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>.0047</b>	<b>0.00</b>					<b>1</b>	<b>mg/l</b>	<b>g</b>			

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				d. NO. OF ANALYSES	4. UNITS (specify if blank)		5. INTAKE (optional)				
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)			c. LONG TERM AVRG. VALUE (if available)		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1m. Antimony, Total (7440-36-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1	0.00					1	ug/l	g			
2M. Arsenic, Total (7440-38-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8.7	.01					1	ug/l	g			
3M. Beryllium, Total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
4M. Cadmium, Total (7440-43-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
5M Chromium, Total (7440-47-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.1	0.00					1	ug/l	g			
6M Copper, Total (7440-50-8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.6	0.00					1	ug/l	g			
7M Lead, Total (7439-92-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.1	0.00					1	ug/l	g			
8M Mercury, Total (7439-97-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.00599	0.000					2	ug/l	g			
9M Nickel, Total (7440-02-0)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.7	0.00					1	ug/l	g			
10M Selenium, Total (7782-49-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.6	0.00					1	ug/l	g			
11M Silver, Total (7440-22-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
12M Thallium, Total (7440-28-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
13M Zinc, Total (7440-66-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13	.01					1	ug/l	g			
14M Cyanide, Total (57-12-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
15M Phenols, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
<b>DIOXIN</b>															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DESCRIBE RESULTS ND											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS - VOLATILE COMPOUNDS</b>															
1V. Acrolein (107-02-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
2V. Acrylonitrile (107-13-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
3V. Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
4V. Bis (Chloromethyl) Ether (542-88-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
5V. Bromoform (75-25-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
6V. Carbon Tetrachloride (56-23-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
7V. Chlorobenzene (108-90-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
8V. Chlorodibromomethane (124-48-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
9V. Chloroethane (75-00-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
10V. 2-Chloroethylvinyl Ether (110-75-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
11V. Chloroform (67-66-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.7	0.00					1	ug/l	g			
12V. Dichlorobromoethane (75-27-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
13V. Dichlorodifluoromethane (75-71-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
14V. 1,1-Dichloroethane (75-27-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
15V. 1,2-Dichloroethane (107-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
16V. 1,1-Dichloroethylene (7535-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
17V. 1,2-Dichloropropane (78-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
18V. 1,3-Dichloropropylene (542-75-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
19V. Ethylbenzene (100-41-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
20V. Methyl Bromide (74-83-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
21V. Methyl Chloride (74-87-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS - VOLATILE COMPOUNDS (continued)</b>															
22 V. Methylene Chloride (75-09-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
23V. 1,1,2,2-Tetra-Chloroethane (79-34-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
24V. Tetrachloro-ethylene (127-18-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
25V. Toluene (108-88-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
27V. 1,1,1-Trichloroethane (71-55-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
28V. 1,1,2-Trichloroethane (79-00-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
29V. Trichloro-ethylene (79-01-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
30V. Trichloro-fluoromethane (75-69-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
31V. Vinyl Chloride (75-01-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
<b>GC/MS FRACTION - ACID COMPOUNDS</b>															
1A. 2-Chlorophenol (95-57-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
2A. 2,4-Dichloro-phenol (120-83-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
3A. 2,4-Dimethyl-phenol (105-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
4A. 4,6-Dinitro-O-cresol (534-52-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
5A. 2,4-Dinitro-phenol (51-28-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
6A. 2-Nitro-phenol (88-75-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
7A. 4-Nitro-phenol (100-02-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
8A. P-Chloro-M-Cresol (59-50-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
9A. Penta-chlorophenol (87-86-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
10A. Phenol (108-95-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
11A. 2,4,6-Tri-chlorophenol (88-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>														
1B. Acenaphthene (83-32-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
2B. Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
3B. Anthracene (120-12-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
4B. Benzidine (92-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
5B. Benzo (a) Anthracene (56-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
6B. Benzo (a) Pyrene (50-32-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
8B. Benzo (ghi) Perylene (191-24-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
9B. Benzo (k) Fluoranthene (207-08-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
11B. Bis (2-Chloroethyl) Ether (111-44-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
12B. Bis (2-Chloroisopropyl) Ether (108-80-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
13B. Bis(2-Ethylhexyl) Phthalate (117-91-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
14 B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
15B Butyl Benzyl Phthalate (85-68-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
16B. 2-Chloronaphthalene (91-58-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
18B. Chrysene (218-01-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
20B. 1,2-Dichlorobenzene (95-50-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				
21B. 1,3-Dichlorobenzene (541-73-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1				

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4 if blank		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS - BASE/NEUTRAL COMPOUNDS (continued)</b>															
22B. 1,4-Dichlorobenzene (106-46-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
23B. 3,3'-Dichlorobenzidine (91-94-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
24B. Diethyl Phthalate (84-66-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
25B. Dimethyl Phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
26B. Di-N-Butyl Phthalate (84-74-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
27B. 2,4-Dinitrotoluene (121-14-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
28B. 2,6-Dinitrotoluene (605-20-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
29B. Di-N-Octyl Phthalate (117-84-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-86-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
31B. Fluoranthene (206-44-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
32B. Fluorene (86-73-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
33B. Hexachlorobenzene (118-74-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
34B. Hexachlorobutadiene (87-68-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
35B. Hexachlorocyclopentadiene (77-47-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
36B. Hexachloroethane (67-72-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
38B. Isophorone (78-59-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
39B. Naphthalene (91-20-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
40B. Nitrobenzene (98-95-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
41B. N-Nitrosodimethylamine (62-75-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>															
43B. N-Nitrosodiphenylamine (86-30-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
44B. Phenanthrene (85-01-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
45B. Pyrene (129-00-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
<b>GC/MS FRACTION - PESTICIDES</b>															
1P. Aldrin (309-00-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
2P. α-BHC (319-84-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
3P. β-Bhc (319-85-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
4P. γ-BHC (58-69-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
5P. δ-BHC (319-86-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
6P. Chlordane (57-74-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
7P. 4,4'-DDT (50-29-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
8P. 4,4'-DDE (72-55-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
9P. 4,4'-DDD (72-54-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
10P. Dieldrin (60-57-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
11P. α-Endo-sulfan (115-29-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
12P. β-Endo-sulfan (115-29-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
13P. Endosulfan Sulfate (1031-07-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
14P. Endrin (72-20-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
15P. Endrin Aldehyde (7421-93-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					
16P. Heptachlor (76-44-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND						1					

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**WAD007943764**

OUTFALL NUMBER  
**1**

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS - PESTICIDES (continued)</b>															
17P. Heptachlor Epoxide (1024-57-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
18P. PCB-1242 (53469-21-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
19P. PCB-1254 (11097-69-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
20P. PCB-1221 (11104-28-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
21P. PCB-1232 (11141-16-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
22P. PCB-1248 (12672-29-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
23P. PCB-1260 (11096-82-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
24P. PCB-1016 (12674-11-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					
25P. Toxa-phene (8001-35-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ND</b>						<b>1</b>					



Burlington, WA	Corporate Laboratory (a)	1620 S Walnut St	Burlington, WA 98233	800 755 9295 • 360 757 1400
Bellingham, WA	Microbiology (b)	805 Orchard Dr Ste 4	Bellingham, WA 98225	360 715 1212
Portland, OR	Microbiology/Chemistry (c)	9150 SW Pioneer Ct Ste W	Wilsonville, OR 97070	503 682 7802
Corvallis, OR	Microbiology (d)	540 SW Third Street	Corvallis, OR 97333	541 753 4966

September 12, 2017

Page 1 of 2

Pam Kish  
Avista Corporation  
1411 E Mission Ave  
Spokane, WA 99202

RE: 17-17631 - KFGS NPDES Permit Sampling

Dear Pam Kish,

Your project: KFGS NPDES Permit Sampling, was received on Friday July 21, 2017.

The following comments are reported for your project:

The following analytes were analyzed by alternate methods approved for NPDES testing.

Ammonia - EPA 350.1  
Fluoride - EPA 300.0  
Nitrate and Nitrite Nitrogen - EPA 300.0  
Total Kjeldahl Nitrogen - EPA 351.2  
Sulfate - EPA 300.0  
Total Cyanide - ASTM D7511-09  
Available Cyanide - OIA -1677  
Total Phenols - EPA 420.4  
1,2-Diphenylhydrazine - EPA 625

The following analytes were analyzed by an alternate method approved for NPDES testing but did not meet the permit DL and QL because there was a measureable amount in the samples.

Boron - EPA 200.7  
Molybdenum - EPA 200.7  
Manganese - EPA 200.7  
If you have questions phone us at 800 755-9295.

Respectfully

Patrick Miller, MS  
QA Officer



RE: 17-17631 - KFGS NPDES Permit Sampling

Page 2 of 2

Enclosures: Data Report  
QC Reports  
Chain of Custody



Burlington, WA	Corporate Laboratory (a)	1670 S Walnut St	Burlington, WA 98233	800.755.9295 • 360.757.1400
Bellingham, WA	Microbiology (b)	809 Orchard Dr Ste 4	Bellingham, WA 98225	360.715.1212
Portland, OR	Microbiology/Chemistry (c)	9150 SW Pioneer Ct Ste W	Wilsonville, OR 97070	503.682.7602
Corvallis, OR	Microbiology (d)	540 SW Third Street	Corvallis, OR 97333	541.753.4846

September 12, 2017

Page 1 of 1

## Case Narrative

Reference: 17-17631

Lab Sample ID	Sample Information	
40079	Discharge H2O - KFGS	
<b>Analytical Method 625</b>	<b>Notes</b> The acid surrogates are significantly below the acceptance limits and indicates a matrix affect for low recoveries likely for the acid fraction. The sample field duplicate was also analyzed in the extraction batch and confirmed the low recoveries due to matrix. The QA samples and other samples analyzed within this batch met QC criteria. co 8/4/17	<b>Created by CO</b>
<b>625</b>	The acid surrogates are significantly below the acceptance limits and indicates a matrix affect for low recoveries likely for the acid fraction. The sample field duplicate was also analyzed in the extraction batch and confirmed the low recoveries due to matrix. The QA samples and other samples analyzed within this batch met QC criteria. I would encourage to request the laboratory to use this sample location as the matrix spike for the next sampling required. co 8/4/17	CO
<b>Analytical Method SM2120 B</b>	<b>Notes</b> Sample was filtered prior to analysis.	<b>Created by RHF</b>



Burlington, WA Corporate Laboratory (a)  
 1620 S Walnut St - Burlington, WA 98233 - 800.755.9295 • 360.757.1400  
 Bellingham, WA Microbiology (b)  
 805 Orchard Dr Ste 4 - Bellingham, WA 98225 - 360.715.1212

Portland, OR Microbiology/Chemistry (c)  
 9150 SW Pioneer Ct Ste W - Wilsonville, OR 97070 - 503.682.7802  
 Corvallis, OR Microbiology/Chemistry (d)  
 540 SW Third Street - Corvallis, OR 97333 - 541.753.4846  
 Bend, OR Microbiology (e)  
 20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.639.8425

## Data Report

Client Name: Avista Corporation  
 1411 E Mission Ave  
 Spokane, WA 99202

Reference Number: 17-17631  
 Project: KFGS NPDES Permit  
 Sampling

Report Date: 9/12/17

Date Received: 7/21/17

Approved by: anp,bj,fm,ljh,lrs

Authorized by:

*Patrick Miller*  
 Patrick Miller, MS  
 QA Officer

Sample Description: Discharge Dup KFGS (Clean Hg)										Sample Date: 7/19/17 1:45 pm		
Lab Number: 40076		Sample Comment:								Collected By:		
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment

7439-97-6	MERCURY - clean	5.28	0.40		ng/L	1.0	1631		7/31/17	ETL	ANAT1631_170731	Analyzed by Anatek
-----------	-----------------	------	------	--	------	-----	------	--	---------	-----	-----------------	--------------------

Sample Description: Discharge H2O KFGS (Clean Hg)										Sample Date: 7/19/17 1:45 pm		
Lab Number: 40077		Sample Comment:								Collected By:		
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment

7439-97-6	MERCURY - clean	5.99	0.40		ng/L	1.0	1631		7/31/17	ETL	ANAT1631_170731	Analyzed by Anatek
-----------	-----------------	------	------	--	------	-----	------	--	---------	-----	-----------------	--------------------

Sample Description: Discharge Blank KFGS (Clean Hg)										Sample Date: 7/19/17 1:45 pm		
Lab Number: 40078		Sample Comment:								Collected By:		
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment

7439-97-6	MERCURY - clean	0.592	0.40		ng/L	1.0	1631		7/31/17	ETL	ANAT1631_170731	Analyzed by Anatek
-----------	-----------------	-------	------	--	------	-----	------	--	---------	-----	-----------------	--------------------

Sample Description: Discharge H2O KFGS										Sample Date: 7/19/17 12:00 pm		
Lab Number: 40079		Sample Comment:								Collected By:		
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment

1332-21-4	ASBESTOS	ND	0.098		MFL > 10um	1.0	100.2	a	7/28/17	KM	LAB100_170728	Analyzed by LabCor
E-10140	OIL AND GREASE	1.3 J	2.5	0.9	mg/L	1.0	1654	a	7/27/17	RHF	1664_170727	
18540-29-9	HEXAVALENT CHROMIUM	3.79	0.030	0.0016	ug/L	1.0	218.6	a	8/4/17	LJH	218.6_170804	
16984-48-8	FLUORIDE	1.13	0.1		mg/L	1.0	300.0		9/11/17	ALI	ANATK_170901	Analyzed by Anatek (SM4500F)
14797-55-8	NITRATE-N	3.79	0.100	0.0236	mg/L	1.0	300.0	a	7/21/17	HKL	1170721A	
14797-65-0	NITRITE-N	ND	0.10	0.0203	mg/L	1.0	300.0	a	7/21/17	HKL	1170721A	
14808-79-8	SULFATE	714.0	0.2	0.0497	mg/L	1.0	300.0	a	7/21/17	HKL	1170721A	

Notes:

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.  
 PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 D.F. - Dilution Factor

If you have any questions concerning this report contact us at the above phone number.

## Data Report

24959-67-9	BROMIDE	0.05	0.005	0.00051	mg/L	1.0	300.1	a	9/6/17	BJ	ANTK_170906	Analyzed by Edge Analytical
7664-41-7	AMMONIA-N	0.05	0.010	0.0012	mg/L	1.0	350.1	a	7/31/17	LRS	350.1_170731	
E-10264	TOTAL KJELDAHL NITROGEN	0.70	0.20	0.0047	mg/L	1.0	351.2	a	8/15/17	LRS	351.2_170815	
E-10253	PHENOLICS	ND	50	5	ug/L	1.0	420.4		8/16/17	KF	AMT420_170816	Analyzed by AmTest
12587-46-1	GROSS ALPHA	14.9	3		pCi/L	1.0	900.0		9/6/17	APM	ANTK_170906R	Analyzed by Anatek
12587-47-2	GROSS BETA	9.70	4		pCi/L	1.0	900.0		9/6/17	APM	ANTK_170906R	Analyzed by Anatek
7440-14-4	RADIUM 226,228 (combined)	1.74	1		pCi/L	1.0	903.1/904.0		9/5/17	APM	ANTK_170906R	Analyzed by Anatek
15262-20-1	RADIUM 228	0.413	1		pCi/L	1.0	904.0		9/5/17	APM	ANTK_170906R	Analyzed by Anatek
57-12-5	CYANIDE, TOTAL	ND	0.010	0.002	mg/L	1.0	D7511-09	a	8/3/17	ANP	D7511_170803	
57-12-5	CYANIDE, TOTAL	ND	10	2	ug/L	1.0	D7511-09	a	8/3/17	ANP	D7511_170803	
E-10162	TOTAL SUSPENDED SOLIDS	5	4		mg/L	1.0	I-3765-85	a	7/24/17	HKL	TSS_170724	
57-12-5	CYANIDE, AVAILABLE	ND	0.1		mg/L	1.0	CIA-1677	a	7/27/17	ANP	1677_170727	
E-11712	COLOR	5	5		Color Units	1.0	SM2120 B	a	8/31/17	KAE	ANATEK_170721	pH: 7.06
E-14506	ALKALINITY	442.8	10		mg CaCO3/L	10.0	SM2320 B	a	7/23/17	SRS	ALK_170723	
NA	SALINITY	1.133	0		PSS	1.0	SM2520 B	a	8/15/17	LRS	SALINITY_170815	
E-10173	TOTAL DISSOLVED SOLIDS (TDS)	1672	10		mg/L	1.0	SM2540 C	a	7/24/17	HKL	TDS_170724	
E-11949	SETTLABLE SOLIDS BY COLUMN	ND	1		ml/L	1.0	SM2540F	a	7/24/17	LRS	SET_170721	
7782-50-5	FREE CHLORINE RESIDUAL	0.03	0.05		mg/L	1.0	SM4500-Cl G		8/16/17	MS	FLD_170816	Analyzed in Field
57-12-5	CYANIDE (WAD)	0.005	0.005	0.0034	mg/L	1.0	SM4500-CN I	a	7/28/17	LRS	WAD_170728	
E-14539	DISSOLVED OXYGEN	5.92			mg/L	1.0	SM4500-O G	a	7/21/17	MS	FLD_DO_170804	Performed in Field
14265-44-2	ORTHO-PHOSPHATE	0.75	0.01	0.0011	mg/L	1.0	SM4500-P F	a	7/21/17	LRS	OPHOS_170721	
18496-25-8	HYDROGEN SULFIDE	ND	0.05	0.044	mg/L	1.0	SM4500-S2 F	a	7/26/17	RHF	H2S_170726	
14265-45-3	SULFITE	ND	2	0.7	mg/L	1.0	SM4500-SO3 B	a	7/29/17	RHF	SO3_170725	
E-10106	5-Day BOD Test	ND	2.0		mg/L	1.0	SM5210 B	a	8/31/17	KAE	ANATEK_170831	Analyzed by Anatek
E-10106	5-Day Soluble BOD	ND	2.0		mg/L	1.0	SM5210 B	a	8/31/17	KAE	ANATEK_170831	Analyzed by Anatek
E-10117	CHEMICAL OXYGEN DEMAND	31.3	8	4	mg/L	1.0	SM5220 D	a	9/1/17	KAE	ANTK_COD170901	Analyzed by Anatek
E-10195	TOTAL ORGANIC CARBON	6.53	0.15	0.05	mg/L	1.0	SM5310 B	a	7/27/17	ANP	TOC_170727	
NA	SURFACTANTS	ND	0.05		mg/L	1.0	SM5540 C		9/1/17	KMC	ANTK_170901	
7429-90-5	ALUMINUM	ND	10	4	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B	
7440-42-8	BORON	260	50	7	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B	
E-11778	HARDNESS as Calcium Carbonate	950200	3300	10	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B	
7439-89-6	IRON	130	50	1.2	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B	
7439-95-4	MAGNESIUM	73700	500	1	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B	
7439-96-5	MANGANESE	2	1	0.2	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B	
7439-98-7	MOLYBDENUM	20	10	5	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B	
7440-36-0	ANTIMONY	2.1	1	0.00691	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2	
7440-38-2	ARSENIC	8.7	0.5	0.02177	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2	
7440-39-3	BARIUM	305	1	0.01489	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2	

**Notes:**

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.  
 PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 D.F. = Dilution Factor

## Data Report

7440-41-7	BERYLLIUM	ND	0.3	0.00676	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-43-9	CADMIUM	ND	1	0.01127	ug/L	1.0	200.8/3010A	a	8/5/17	KNP	ANTK_170905
7440-47-3	CHROMIUM	5.1	1	0.02026	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-48-4	COBALT	0.6	1	0.00405	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-50-8	COPPER	2.6	2	0.02764	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7439-92-1	LEAD	0.1	0.5	0.00666	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-02-0	NICKEL	0.7	0.5	0.01618	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7782-49-2	SELENIUM	3.6	1	0.0266	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-22-4	SILVER	ND	0.2	0.01175	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-28-0	THALLIUM	ND	0.1	0.00706	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-28-0	THALLIUM	ND	0.001	7.06E-06	mg/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-31-5	TIN	7.1	1	0.5	ug/L	1.0	200.8/3010A	a	8/7/17	BJ	200.8_170807A2
7440-32-6	TITANIUM	13	1	0.05	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-66-6	ZINC	13	2.5	0.55193	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7723-14-0	TOTAL PHOSPHORUS	1.45	0.100	0.0026	mg/L	10.0	SM4500-P FSM4500-P B(5)	a	7/25/17	LRS	TPHOS_170725

**Notes:**

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.  
 PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 D.F. = Dilution Factor

## Data Report

18496-25-8	HYDROGEN SULFIDE	ND	0.05	0.044	mg/L	1.0	SM4500-S2 F	a	7/26/17	RHF	H2S_170726
14265-45-3	SULFITE	ND	2	0.7	mg/L	1.0	SM4500-SO3 B	a	7/25/17	RHF	SO3_170725
E-10106	5-Day BOD Test	ND	1.0		mg/L	1.0	SM5210 B	a	7/26/17	RHF	BOD_170721
E-10106	5-Day Soluble BOD	ND	1.0		mg/L	1.0	SM5210 B	a	7/26/17	RHF	BOD_170721
E-10117	CHEMICAL OXYGEN DEMAND	ND	8	4.	mg/L	1.0	SM5220 D	a	7/25/17	ANP	COD_170725
E-10195	TOTAL ORGANIC CARBON	0.58	0.15	0.05	mg/L	1.0	SM5310 B	a	7/27/17	ANP	TOC_170727
7429-90-5	ALUMINUM	ND	10	4	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B
7440-42-8	BORON	70	50	7.	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B
E-11778	HARDNESS as Calcium Carbonate	212200	3300	10.	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B
7439-89-6	IRON	ND	50	1.2	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B
7439-95-4	MAGNESIUM	16300	500	1.	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B
7439-96-5	MANGANESE	ND	1	0.2	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B
7439-98-7	MOLYBDENUM	ND	10	5	ug/L	1.0	200.7/3010A	a	7/25/17	ANP	200.7_170725B
7440-36-0	ANTIMONY	0.2	1	0.00691	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-38-2	ARSENIC	2	0.5	0.02177	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-39-3	BARIUM	76	1	0.01489	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-41-7	BERYLLIUM	ND	0.3	0.00676	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-43-9	CADMIUM	ND	0.25	0.01127	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-47-3	CHROMIUM	0.6	1	0.02026	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-48-4	COBALT	0.16	1	0.00405	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-50-8	COPPER	1.1	2	0.02764	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7439-92-1	LEAD	0.05	0.5	0.00666	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-02-0	NICKEL	ND	0.5	0.01618	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7782-49-2	SELENIUM	0.8	1	0.0266	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-22-4	SILVER	ND	0.2	0.01175	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-28-0	THALLIUM	ND	0.1	0.00706	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7440-31-5	TIN	3.7	1	0.5	ug/L	1.0	200.8/3010A	a	8/1/17	BJ	200.8_170807A2
7440-32-6	TITANIUM	3	1	0.05	ug/L	1.0	200.8/3010A	a	8/22/17	BJ	200.8_170822A2
7440-66-6	ZINC	4.5	2.5	0.55193	ug/L	1.0	200.8/3010A	a	7/28/17	BJ	200.8_170728B2
7723-14-0	TOTAL PHOSPHORUS	0.022	0.010	0.0026	mg/L	1.0	SM4500-P F/SM4500-P B(5)	a	7/25/17	LRS	TPHOS_170725

**Notes:**

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.  
 PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 D.F. = Dilution Factor



**Burlington, WA Corporate Laboratory (a)**  
 1620 S Walnut St - Burlington, WA 98233 - 800.755.9299 • 360.757.1420

**Bellingham, WA Microbiology (b)**  
 805 Orchard Dr Ste 4 - Bellingham, WA 98225 - 360.715.1212

**Portland, OR Microbiology/Chemistry (c)**  
 9150 SW Pioneer Ct Ste W - Wilsonville, OR 97170 - 503.682.7802

**Corvallis, OR Microbiology/Chemistry (d)**  
 540 SW Third Street - Corvallis, OR 97333 - 541.753.4946

**Bend, OR Microbiology (e)**  
 20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.639.8425

WSDOE Lab C567

**Revised -  
 9/12/2017**

**DATA REPORT**

Page 1 of 1

Client Name: Avista Corporation  
 1411 E Mission Ave  
 Spokane, WA 99202

Reference Number: **17-17631**  
 Project: KFGS NPDES Permit Sampl

Lab Number: 40079  
 Field ID: Discharge H2O  
 Sample Description: KFGS  
 Matrix: Water  
 Sample Date: 7/19/17  
 Extraction Date:  
 Extraction Method: 3510C

Report Date: 8/18/17  
 Date Analyzed: 8/3/17  
 Analyst: SMT  
 Analytical Method: 1613  
 Batch: PACE1613\_170803  
 Approved By: fm,pdm

Authorized by:

*Patrick Miller*  
 Patrick Miller, MS  
 QA Officer

CAS	Compound	RESULT	Flag	UNITS	Lab QL	Permit QL	MDL	D.F.	Lab	COMMENT
41903-57-5	Base/Neutral Extractables 2,3,7,8-TCDD(DIOXIN)	ND		pg/L	5	5	1.24	1.00		Analyzed by PACE_MN

**Notes:**

Flags are data qualifiers. If there are data qualifiers on your report definitions can be found on an accompanying sheet.  
 ND - indicates the compound was not detected above the PQL or MDL.  
 Lab QL = Laboratory Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 Permit QL = Quantitation Limit required by permit (listed in Appendix A) or other regulatory requirement.  
 D.F. - Dilution Factor.

If you have any questions concerning this report contact us at the above phone number.  
 Form: c608 rpt



Burlington, WA Corporate Laboratory (a)  
1620 S Walnut St - Burlington, WA 98233 - 608.755.9295 • 360.757.1400  
Bellingham, WA Microbiology (b)  
805 Orchard Dr Ste 4 - Bellingham, WA 98225 - 360.715.1212

Portland, OR Microbiology/Chemistry (c)  
9150 SW Pioneer Ct Ste W - Wilsonville, OR 97070 - 503.682.1802  
Corvallis, OR Microbiology/Chemistry (d)  
540 SW Third Street - Corvallis, OR 97333 - 541.753.4946  
Bend, OR Microbiology (e)  
20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.639.8425

WSDOE Lab C567

Revised -  
9/12/2017

DATA REPORT

Page 1 of 1

Client Name: Avista Corporation  
1411 E Mission Ave  
Spokane, WA 99202

Reference Number: 17-17631  
Project: KFGS NPDES Permit Sampl

Lab Number: 40079  
Field ID: Discharge H2O  
Sample Description: KFGS  
Matrix: Water  
Sample Date: 7/19/17  
Extraction Date: 7/26/17  
Extraction Method: 3510C

Report Date: 8/18/17  
Date Analyzed: 7/27/17  
Analyst: CO  
Analytical Method: 608  
Batch: 608\_170726  
Approved By: fm,pdm

Authorized by:

  
Patrick Miller, MS  
QA Officer

CAS	Compound	RESULT	Flag	UNITS	Lab QL	Permit QL	MDL	D.F.	Lab	COMMENT
PCBs										
12674-11-2	AROCLOR 1016	ND		ug/L	0.1	0.5	0.1	1.00	a	
11104-26-2	AROCLOR 1221	ND		ug/L	0.5	0.5	0.2	1.00	a	
11141-16-5	AROCLOR 1232	ND		ug/L	0.5	0.5	0.2	1.00	a	
53469-21-9	AROCLOR 1242	ND		ug/L	0.1	0.5	0.1	1.00	a	
12672-29-6	AROCLOR 1248	ND		ug/L	0.5	0.5	0.2	1.00	a	
11097-69-1	AROCLOR 1254	ND		ug/L	0.1	0.5	0.1	1.00	a	
11096-82-5	AROCLOR 1260	ND		ug/L	0.1	0.5	0.1	1.00	a	
Organochlorine Pesticides										
309-00-2	ALDRIN	ND		ug/L	0.05	0.05	0.013	1.00	a	
319-84-6	BHC, ALPHA -	ND		ug/L	0.05	0.05	0.021	1.00	a	
319-85-7	BHC, BETA -	ND		ug/L	0.05	0.05	0.009	1.00	a	
58-89-9	LINDANE (BHC - GAMMA)	ND		ug/L	0.05	0.05	0.015	1.00	a	
319-86-8	BHC, DELTA -	ND		ug/L	0.05	0.05	0.013	1.00	a	
57-74-9	CHLORDANE	ND		ug/L	0.05	0.05	0.018	1.00	a	
50-29-3	4,4' - DDT	ND		ug/L	0.05	0.05	0.011	1.00	a	
72-55-9	4,4' - DDE	ND		ug/L	0.05	0.05	0.025	1.00	a	
72-54-8	4,4' - DDD	ND		ug/L	0.05	0.05	0.011	1.00	a	
60-57-1	DIELDRIN	ND		ug/L	0.05	0.05	0.017	1.00	a	
959-98-8	ENDOSULFAN I	ND		ug/L	0.05	0.05	0.022	1.00	a	
33213-65-9	ENDOSULFAN II	ND		ug/L	0.05	0.05	0.023	1.00	a	
1031-07-8	ENDOSULFAN SULFATE	ND		ug/L	0.05	0.05	0.017	1.00	a	
7421-93-4	ENDRIN ALDEHYDE	ND		ug/L	0.05	0.05	0.015	1.00	a	
76-44-8	HEPTACHLOR	ND		ug/L	0.05	0.05	0.024	1.00	a	
1024-57-3	HEPTACHLOR EPOXIDE "B"	ND		ug/L	0.05	0.05	0.014	1.00	a	
8001-35-2	TOXAPHENE	ND		ug/L	0.5	0.5	0.4	1.00	a	

Notes:

Flags are data qualifiers. If there are data qualifiers on your report definitions can be found on an accompanying sheet.  
ND - indicates the compound was not detected above the POL or MDL.  
Lab QL = Laboratory Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
Permit QL = Quantitation Limit required by permit (listed in Appendix A) or other regulatory requirement.  
D.F. - Dilution Factor.

If you have any questions concerning this report contact us at the above phone number.  
Form: c808.rpt



Burlington, WA Corporate Laboratory (e)  
1620 S Walnut St - Burlington, WA 98233 - 800.755.9295 • 360.757.1400  
Bellingham, WA Microbiology (b)  
605 Orchard Dr Ste 4 - Bellingham, WA 98225 - 360.715.1212

Portland, OR Microbiology/Chemistry (c)  
9150 SW Pioneer Ct Ste W - Wilsonville, OR 97070 - 503.682.7802  
Corvallis, OR Microbiology/Chemistry (d)  
540 SW Third Street - Corvallis, OR 97331 - 541.753.4946  
Bend, OR Microbiology (e)  
20332 Empira Blvd Ste 4 - Bend, OR 97701 - 541.639.8425

WSDOE Lab C567

Revised -  
9/12/2017

DATA REPORT

Page 1 of 2

Client Name: Avista Corporation  
1411 E Mission Ave  
Spokane, WA 99202

Reference Number: 17-17631  
Project: KFGS NPDES Permit Sampl

Lab Number: 40079  
Field ID: Discharge H2O  
Sample Description: KFGS  
Matrix: Water  
Sample Date: 7/19/17  
Extraction Date: 7/21/17  
Extraction Method: 5030B

Report Date: 8/18/17  
Date Analyzed: 7/21/17  
Analyst: HY  
Analytical Method: 624  
Batch: 624\_170721  
Approved By: fm,pdm

Authorized by:

Patrick Miller, MS  
QA Officer

CAS	Compound	RESULT	Flag	UNITS	Lab QL	Permit QL	MDL	D.F.	Lab	COMMENT
<b>Volatiles</b>										
120-82-1	1,2,4 - TRICHLOROENZENE	ND		ug/L	0.5	0.5	0.06	1.00	a	
107-02-8	ACROLEIN	ND		ug/L	4.0	10	1.05	1.00	a	
107-13-1	ACRYLONITRILE	ND		ug/L	1.0	2.0	0.97	1.00	a	
71-43-2	BENZENE	ND		ug/L	0.5	2.0	0.13	1.00	a	
75-25-2	BROMOFORM	ND		ug/L	0.5	2.0	0.12	1.00	a	
56-23-5	CARBON TETRACHLORIDE	ND		ug/L	0.5	2.0	0.23	1.00	a	
108-90-7	CHLOROENZENE	ND		ug/L	0.5	2.0	0.08	1.00	a	
75-00-3	CHLOROETHANE	ND		ug/L	0.5	2.0	0.29	1.00	a	
110-75-8	2 - CHLOROETHYL VINYL ETHER	ND		ug/L	0.5	2.0	0.97	1.00	a	
67-66-3	CHLOROFORM	0.7		ug/L	0.5	2.0	0.06	1.00	a	
124-48-1	CHLORODIBROMOMETHANE	ND		ug/L	0.5	2.0	0.12	1.00	a	
95-50-1	O - DICHLOROENZENE	ND		ug/L	0.5	7.6	0.04	1.00	a	
541-73-1	M - DICHLOROENZENE	ND		ug/L	0.5	7.6	0.06	1.00	a	
106-46-7	P - DICHLOROENZENE	ND		ug/L	0.5	17.6	0.08	1.00	a	
75-27-4	DICHLOROBROMOMETHANE	ND		ug/L	0.5	2.0	0.07	1.00	a	
75-34-3	1,1 - DICHLOROETHANE	ND		ug/L	0.5	2.0	0.12	1.00	a	
107-06-2	1,2 - DICHLOROETHANE	ND		ug/L	0.5	2.0	0.08	1.00	a	
75-35-4	1,1 - DICHLOROETHYLENE	ND		ug/L	0.5	2.0	0.21	1.00	a	
78-87-5	1,2 - DICHLOROPROPANE	ND		ug/L	0.5	2.0	0.09	1.00	a	
10061-01-5	CIS - 1,3 - DICHLOROPROPENE	ND		ug/L	0.5	2.0	0.08	1.00	a	
10061-02-6	TRANS - 1,3 - DICHLOROPROPENE	ND		ug/L	0.5	2.0	0.08	1.00	a	
542-75-6	1,3-DICHLOROPROPYLENE, TOTAL	ND		ug/L	0.5	0.5		1.00	a	
100-41-4	ETHYLBENZENE	ND		ug/L	0.5	2.0	0.11	1.00	a	
75-09-2	METHYLENE CHLORIDE	ND		ug/L	0.5	10.0	0.06	1.00	a	
79-34-5	1,1,2,2 - TETRACHLOROETHANE	ND		ug/L	0.5	2.0	0.13	1.00	a	
127-18-4	TETRACHLOROETHYLENE	ND		ug/L	0.5	2.0	0.21	1.00	a	

Notes:

Flags are data qualifiers. If there are data qualifiers on your report definitions can be found on an accompanying sheet  
ND - Indicates the compound was not detected above the PQL or MDL.

Lab QL = Laboratory Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.

Permit QL = Quantitation Limit required by permit (listed in Appendix A) or other regulatory requirement.

D.F. - Dilution Factor.

If you have any questions concerning this report contact us at the above phone number.

Form: c608.rpt



Reference Number: 17-17631  
Lab Number: 40079  
Report Date: 8/18/17

Page 2 of 2

CAS	Compound	RESULT	Flag	UNITS	Lab QL	Permit QL	MDL	D.F.	Lab	COMMENT
108-88-3	TOLUENE	ND		ug/L	0.5	2.0	0.12	1.00	a	
156-60-5	1,2 - TRANS - DICHLOROETHYLENE	ND		ug/L	0.5	2.0	0.17	1.00	a	
71-55-6	1,1,1 - TRICHLOROETHANE	ND		ug/L	0.5	2.0	0.31	1.00	a	
79-00-5	1,1,2 - TRICHLOROETHANE	ND		ug/L	0.5	2.0	0.15	1.00	a	
79-01-6	TRICHLOROETHYLENE	ND		ug/L	0.5	2.0	0.15	1.00	a	
75-01-4	VINYL CHLORIDE	ND		ug/L	0.5	2.0	0.18	1.00	a	

**Notes:**

Flags are data qualifiers. If there are data qualifiers on your report definitions can be found on an accompanying sheet.

ND - indicates the compound was not detected above the PQL or MDL.

Lab QL = Laboratory Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.

Permit QL = Quantitation Limit required by permit (listed in Appendix A) or other regulatory requirement.

D.F. - Dilution Factor.



Burlington, WA Corporate Laboratory (a)  
 1620 S Walnut St - Burlington, WA 98233 - 800.755.9285 • 360.757.1400  
 Bellingham, WA Microbiology (b)  
 805 Orchard Dr Ste 4 - Bellingham, WA 98225 - 200.715.1212

Portland, OR Microbiology/Chemistry (c)  
 9150 SW Pioneer Ct Ste W - Wilsonville, OR 97070 - 503.682.7802  
 Corvallis, OR Microbiology/Chemistry (d)  
 540 SW Third Street - Corvallis, OR 97333 - 541.753.4848  
 Bend, OR Microbiology (e)  
 20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.639.8425

WSDOE Lab C567

Revised -  
 9/12/2017

DATA REPORT

Page 1 of 2

Client Name: Avista Corporation  
 1411 E Mission Ave  
 Spokane, WA 99202

Reference Number: 17-17631  
 Project: KFGS NPDES Permit Sampl

Lab Number: 40079  
 Field ID: Discharge H2O  
 Sample Description: KFGS  
 Matrix: Water  
 Sample Date: 7/19/17  
 Extraction Date: 7/25/17  
 Extraction Method: 3510C

Report Date: 8/18/17  
 Date Analyzed: 7/26/17  
 Analyst: CO  
 Analytical Method: 625  
 Batch: 625\_170725  
 Approved By: fm.pdm

Authorized by:

Patrick Miller, MS  
 QA Officer

CAS	Compound	RESULT	Flag	UNITS	Lab QL	Permit QL	MDL	D.F.	Lab	COMMENT
Base/Neutral Extractables										
83-32-9	ACENAPHTHENE	ND		ug/L	0.4	0.4	0.04	1.00	a	
208-96-8	ACENAPHTHYLENE	ND		ug/L	0.4	0.6	0.07	1.00	a	
120-12-7	ANTHRACENE	ND		ug/L	0.4	0.6	0.05	1.00	a	
92-87-5	BENZIDINE	ND		ug/L	10	24	9.	1.00	a	
85-68-7	BENZYL BUTYL PHTHALATE	ND		ug/L	0.4	0.6	0.03	1.00	a	
56-55-3	BENZ[A]ANTHRACENE	ND		ug/L	0.4	0.6	0.05	1.00	a	
205-99-2	3,4 - BENZOFLUORANTHENE (BENZO[E])	ND		ug/L	0.4	1.6	0.08	1.00	a	unresolved w/ Benzo(J)Fluoranthene
207-08-9	BENZO[K]FLUORANTHENE	ND		ug/L	0.4	1.6	0.08	1.00	a	
50-32-8	BENZO[A]PYRENE	ND		ug/L	0.4	1	0.05	1.00	a	
191-24-2	BENZO[G,H,I]PERYLENE	ND		ug/L	0.4	1	0.05	1.00	a	
111-91-1	BIS(2-CHLOROETHOXY)METHANE	ND		ug/L	0.4	21.2	0.06	1.00	a	
111-44-4	BIS(2-CHLOROETHYL)ETHER	ND		ug/L	0.4	1	0.06	1.00	a	
108-60-1	BIS(2-CHLOROISOPROPYL)ETHER	ND		ug/L	0.4	0.6	0.06	1.00	a	
117-81-7	Bis(2-ETHYLHEXYL)PHTHALATE	ND		ug/L	0.4	0.5	0.1	1.00	a	
101-55-3	4-BROMOPHENYL PHENYL ETHER	ND		ug/L	0.4	0.4	0.04	1.00	a	
91-58-7	2-CHLORONAPHTHALENE	ND		ug/L	0.4	0.6	0.05	1.00	a	
7005-72-3	4-CHLOROPHENYL PHENYL ETHER	ND		ug/L	0.4	0.5	0.04	1.00	a	
218 01-9	CHRYSENE	ND		ug/L	0.4	0.6	0.06	1.00	a	
53-70-3	DIBENZO[A,H]ANTHRACENE	ND		ug/L	0.4	1.6	0.05	1.00	a	
91-94-1	3,3-DICHLOROBENZIDINE	ND		ug/L	0.4	1	0.2	1.00	a	
84-68-2	DIETHYL PHTHALATE	ND		ug/L	0.4	7.6	0.06	1.00	a	
131-11-3	DIMETHYL PHTHALATE	ND		ug/L	0.4	6.4	0.05	1.00	a	
84-74-2	DI-N-BUTYL PHTHALATE	ND		ug/L	0.4	1	0.07	1.00	a	
121-14-2	2,4-DINITROTOLUENE	ND		ug/L	0.4	0.4	0.07	1.00	a	
606-20-2	2,6-DINITROTOLUENE	ND		ug/L	0.4	0.4	0.09	1.00	a	

Notes:

Flags are data qualifiers. If there are data qualifiers on your report definitions can be found on an accompanying sheet.  
 ND - indicates the compound was not detected above the PQL or MDL.  
 Lab QL = Laboratory Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 Permit QL = Quantitation Limit required by permit (listed in Appendix A) or other regulatory requirement.  
 D.F. - Dilution Factor.

If you have any questions concerning this report contact us at the above phone number.

CAS	Compound	RESULT	Flag	UNITS	Lab QL	Permit QL	MDL	D.F.	Lab	COMMENT
117-84-0	DI-N-OCTYL PHTHALATE	ND		ug/L	0.4	0.6	0.02	1.00	a	
122-66-7	1,2-DIPHENYLHYDRAZINE (as Azobenze	ND		ug/L	0.4	20	0.06	1.00	a	as Azobenzene
206-44-0	FLUORANTHENE	ND		ug/L	0.4	0.6	0.05	1.00	a	
86-73-7	FLUORENE	ND		ug/L	0.4	0.6	0.05	1.00	a	
118-74-1	HEXACHLOROBENZENE	ND		ug/L	0.4	0.6	0.06	1.00	a	
87-68-3	HEXACHLOROBUTADIENE	ND		ug/L	0.4	1	0.09	1.00	a	
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND		ug/L	0.4	1	0.2	1.00	a	
67-72-1	HEXACHLOROETHANE	ND		ug/L	0.4	1	0.09	1.00	a	
193-39-5	INDENO[1,2,3-C,D]PYRENE	ND		ug/L	0.4	1	0.09	1.00	a	
78-59-1	ISOPHORONE	ND		ug/L	0.4	1	0.07	1.00	a	
91-20-3	NAPHTHALENE	ND		ug/L	0.4	0.6	0.06	1.00	a	
98-95-3	NITROBENZENE	ND		ug/L	0.4	1	0.05	1.00	a	
62-75-9	N-NITROSODIMETHYLAMINE	ND		ug/L	0.4	4	0.3	1.00	a	
621-64-7	N-NITROSODI-N-PROPYLAMINE	ND		ug/L	0.4	1	0.1	1.00	a	
86-30-6	N-NITROSODIPHENYLAMINE	ND		ug/L	0.4	1	0.05	1.00	a	as Diphenylamine
85-01-8	PHENANTHRENE	ND		ug/L	0.4	0.6	0.06	1.00	a	
129-00-0	PYRENE	ND		ug/L	0.4	0.6	0.05	1.00	a	
120-82-1	1,2,4-TRICHLOROBENZENE	ND		ug/L	0.4	0.6	0.05	1.00	a	
Acid Extractables										
95-57-8	2-CHOROPHENOL	ND		ug/L	1	2	0.1	1.00	a	
120-83-2	2,4-DICHLOROPHENOL	ND		ug/L	1	1	0.2	1.00	a	
105-67-9	2,4-DIMETHYLPHENOL	ND		ug/L	1	1	0.4	1.00	a	
534-52-1	4,6-DINITRO-O-CRESOL	ND		ug/L	1	2	0.3	1.00	a	
88-75-5	2-NITROPHENOL	ND		ug/L	1	1	0.2	1.00	a	
100-02-7	4-NITROPHENOL	ND		ug/L	1	1	0.3	1.00	a	
59-50-7	P-CHLORO-M-CRESOL	ND		ug/L	1	2	0.2	1.00	a	
87-86-5	PENTACHLOROPHENOL	ND		ug/L	1	1	0.2	1.00	a	
108-95-2	PHENOL	ND		ug/L	1	4	0.1	1.00	a	
88-06-2	2,4,6-TRICHLOROPHENOL	ND		ug/L	1	4	0.1	1.00	a	
Ecology Priority Toxic Chemicals										
205-82-3	BENZO(J)FLUORANTHENE	ND		ug/L	1	1	0.4	1.00	a	unresolved w/ Benzo(B)Fluoranthene
189-55-9	BENZO(R,S,T)PENTAPHENE	ND		ug/L	1	1	0.3	1.00	a	
226-36-8	DIBENZO(A,H)ACRIDINE	ND		ug/L	1	10	0.4	1.00	a	
192-65-4	DIBENZO(A,E)PYRENE	ND		ug/L	1	10	0.5	1.00	a	
189-64-0	DIBENZO(A,H)PYRENE	ND		ug/L	1	10	0.3	1.00	a	
56-49-5	3-METHYL CHOLANTHRENE	ND		ug/L	1	8	0.4	1.00	a	
198-55-0	PERYLENE	ND		ug/L	1	7.6	0.6	1.00	a	

**Notes:**

Flags are data qualifiers. If there are data qualifiers on your report definitions can be found on an accompanying sheet.

ND - indicates the compound was not detected above the POL or MDL.

Lab QL = Laboratory Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.

Permit QL = Quantitation Limit required by permit (listed in Appendix A) or other regulatory requirement

D.F. = Dilution Factor.



**Burlington, WA Corporate Laboratory (a)**  
 1620 S Walnut St - Burlington, WA 98233 - 800.755.9295 • 360.757.1400  
**Bellingham, WA Microbiology (b)**  
 805 Orchard Dr Ste 4 - Bellingham, WA 98225 - 360.715.1212

**Portland, OR Microbiology/Chemistry (c)**  
 9199 SW Pioneer Ct Ste W - Wilsonville, OR 97170 - 503.682.7802  
**Corvallis, OR Microbiology/Chemistry (d)**  
 540 SW Third Street - Corvallis, OR 97333 - 541.753.4946  
**Bend, OR Microbiology (e)**  
 20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.539.8425

**Revised - 9/12/2017**

Page 1 of 1

## Hydrocarbon Data Report

Client Name: **Avista Corporation**  
 1411 E Mission Ave  
 Spokane, WA 99202

Reference Number: **17-17631**  
 Project: **KFGS NPDES Permit Sampl**  
 Report Date: **8/18/17**  
 Date Received: **7/21/17**  
 Approved By: **hy,pdm**  
 Authorized by:

*Patrick Miller*  
 Patrick Miller, MS  
 QA Officer

Sample Description: Discharge H2O - KFGS	Sample Date: 7/19/17 12:00
Lab Number: 40079	Collected By:
Date Analyzed: 7/24/17	Analyzed By: WCY

Parameter	Result	Flag	DF	Cleanup			Units	Method	Lab	Batch	Comment
				Level	PQL	MDL					
<b>NWTPH-Dx</b>											
DIESEL (C12 - C24)	ND		1	0.5	0.1	0.07	mg/L	NWTPH-Dx/35 10C	a	DXW_170724	
HEAVIER OILS (>C24)	ND		1	0.5	0.1		mg/L	NWTPH-Dx/35 10C	a	DXW_170724	

**Notation:**

ND - A result of "ND" indicates that the compound was not detected above the Lab's Method Reporting Limit - MRL.  
 PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 D.F. - Dilution Factor  
 Cleanup Level - The regulatory limit for Method A Cleanup Levels (MTCA, Chapter 173-340 WAC) contaminants in the specified matrix. Amended Feb 12, 2001  
**The Cleanup level for Gasoline Range Organics (GRO) is 100 mg/Kg for gas mixtures without benzene and when the total ethylbenzene, toluene and xylenes are less than 1% of the gasoline concentration. The Cleanup level for GRO is 30 mg/Kg for all other mixtures.**

If you have any questions concerning this report contact us at the above phone number.



**Burlington, WA Corporate Laboratory (a)**  
 1620 S Walnut St - Burlington, WA 98233 - 609 755 9295 • 360 757 1400  
**Bellingham, WA Microbiology (b)**  
 805 Orchard Dr Site 4 - Bellingham, WA 98225 - 360 715 1212

**Portland, OR Microbiology/Chemistry (c)**  
 9150 SW Plummer Ct Ste W - Wilsonville, OR 97170 - 503 682 7602  
**Corvallis, OR Microbiology/Chemistry (d)**  
 540 SW Third Street - Corvallis, OR 97333 - 541 753 4946  
**Bend, OR Microbiology (e)**  
 20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541 639 8425

**Revised - 9/12/2017**

Page 1 of 1

## Hydrocarbon Data Report

Client Name: **Avista Corporation**  
 1411 E Mission Ave  
 Spokane, WA 99202

Reference Number: **17-17631**  
 Project: **KFGS NPDES Permit Sampl**  
 Report Date: **8/18/17**  
 Date Received: **7/21/17**  
 Approved By: **hy,pdm**  
 Authorized by:

*Patrick Miller*  
 Patrick Miller, MS  
 QA Officer

Sample Description: <b>Discharge H2O - KFGS</b>	Sample Date: <b>7/19/17 12:00</b>
Lab Number: <b>40079</b>	Collected By:
Date Analyzed: <b>7/25/17</b>	Analyzed By: <b>HY</b>

Parameter	Result	Flag	DF	Cleanup Level	PQL	MDL	Units	Method	Lab	Batch	Comment
<b>NWTPH-Gx</b>											
BENZENE	ND		1	0.005	0.0004	0.00014	mg/L	8260C/5030B	a	GXW_170725	
TOLUENE	ND		1	1.00	0.0004	7.00E-05	mg/L	8260C/5030B	a	GXW_170725	
ETHYLBENZENE	ND		1	0.70	0.0004	9.00E-05	mg/L	8260C/5030B	a	GXW_170725	
TOTAL XYLENES	ND		1	1.00	0.0008		mg/L	8260C/5030B	a	GXW_170725	
GASOLINE (C8 - C12)	ND		1	1	0.10		mg/L	8260C/5030B	a	GXW_170725	

**Notation:**

ND - A result of "ND" indicates that the compound was not detected above the Lab's Method Reporting Limit - MRL.  
 PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 D.F. - Dilution Factor  
 Cleanup Level - The regulatory limit for Method A Cleanup Levels (MTCA, Chapter 173-340 WAC) contaminants in the specified matrix. Amended Feb 12, 2001  
 The Cleanup level for Gasoline Range Organics (GRO) is 100 mg/Kg for gas mixtures without benzene and when the total ethylbenzene, toluene and xylenes are less than 1% of the gasoline concentration. The Cleanup level for GRO is 30 mg/Kg for all other mixtures.

If you have any questions concerning this report contact us at the above phone number.

# Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com  
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

**Client:** AVISTA CORPORATION  
**Address:** 1411 EAST MISSION  
SPOKANE, WA 99202  
**Attn:** PAM KISH

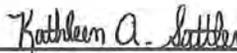
**Batch #:** 170830004  
**Project Name:** 2018 KFGS, NPDES  
SAMPLING

## Analytical Results Report

<b>Sample Number</b>	170830004-001	<b>Sampling Date</b>	8/30/2017	<b>Date/Time Received</b>	8/30/2017 9:00 AM
<b>Client Sample ID</b>	KFGS DISCHARGE	<b>Sampling Time</b>	5:50 AM	<b>Extraction Date</b>	
<b>Matrix</b>	Water	<b>Sample Location</b>			
<b>Comments</b>					

Parameter	Result	Units	PQL	Analysis Date	Analyst	Method	Qualifier
BOD	<2	mg/L	2	8/31/2017 11:00:00 AM	KAE	SM5210B	K5
SBOD	<2	mg/L	2	8/31/2017 11:00:00 AM	KAE	SM5210C	K5
Bromide	0.05	mg/L	0.05	9/6/2017	SUB	EPA 300.1	
Cadmium	ND	mg/L	0.001	9/5/2017 3:14:00 PM	KNP	EPA 200.8	
COD	31.3	mg/L	5	9/1/2017 4:30:00 PM	KAE	EPA 410.4	
Color	5 @ pH7.06	Color Units	5	8/31/2017 12:35:00 PM	KAE	SM 2120B	
Fluoride	1.13	mg/L	0.1	9/1/2017	SUB	SM4500F	
Gross Alpha	14.9 ± 2.98	pCi/L	3	9/6/2017 7:06:14 PM	APM	EPA 900.0	
Gross Beta	9.70 ± 1.73	pCi/L	4	9/6/2017 7:06:14 PM	APM	EPA 900.0	
Radium 228	0.413 ± 0.317	pCi/L	1	9/5/2017	GPB	EPA 904.0	
Hexachlorobutadiene	ND	ug/L	0.5	9/1/2017	HSW	EPA 625	
MBAS	ND	mg/L 342.4MW LAS	0.05	9/1/2017	KMC	SM5540C	
Titanium	0.00469	mg/L	0.001	9/5/2017 3:14:00 PM	KNP	EPA 200.8	
Total Alpha Radium	1.74 ± 0.247	pCi/L		9/2/2017 10:51:00 AM	APM	EPA 903.0	

Authorized Signature



Kathleen A. Sattler, Lab Manager

K5 Glucose/glutamic acid BOD was above method acceptance criteria  
MCL EPA's Maximum Contaminant Level  
ND Not Detected  
PQL Practical Quantitation Limit

This report shall not be reproduced except in full, without the written approval of the laboratory.  
The results reported relate only to the samples indicated.  
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

# Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com  
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

**Client:** AVISTA CORPORATION  
**Address:** 1411 EAST MISSION  
SPOKANE, WA 99202  
**Attn:** PAM KISH

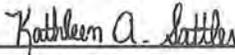
**Batch #:** 170830004  
**Project Name:** 2018 KFGS, NPDES  
SAMPLING

## Analytical Results Report - Radiochemistry

<b>Sample Number</b>	170830004-001	<b>Sampling Date</b>	8/30/2017	<b>Date/Time Received</b>	8/30/2017 9:00 AM
<b>Client Sample ID</b>	KFGS DISCHARGE	<b>Sampling Time</b>	5:50 AM	<b>Prep Date</b>	
<b>Matrix</b>	Water	<b>Sample Location</b>			
<b>Comments</b>					

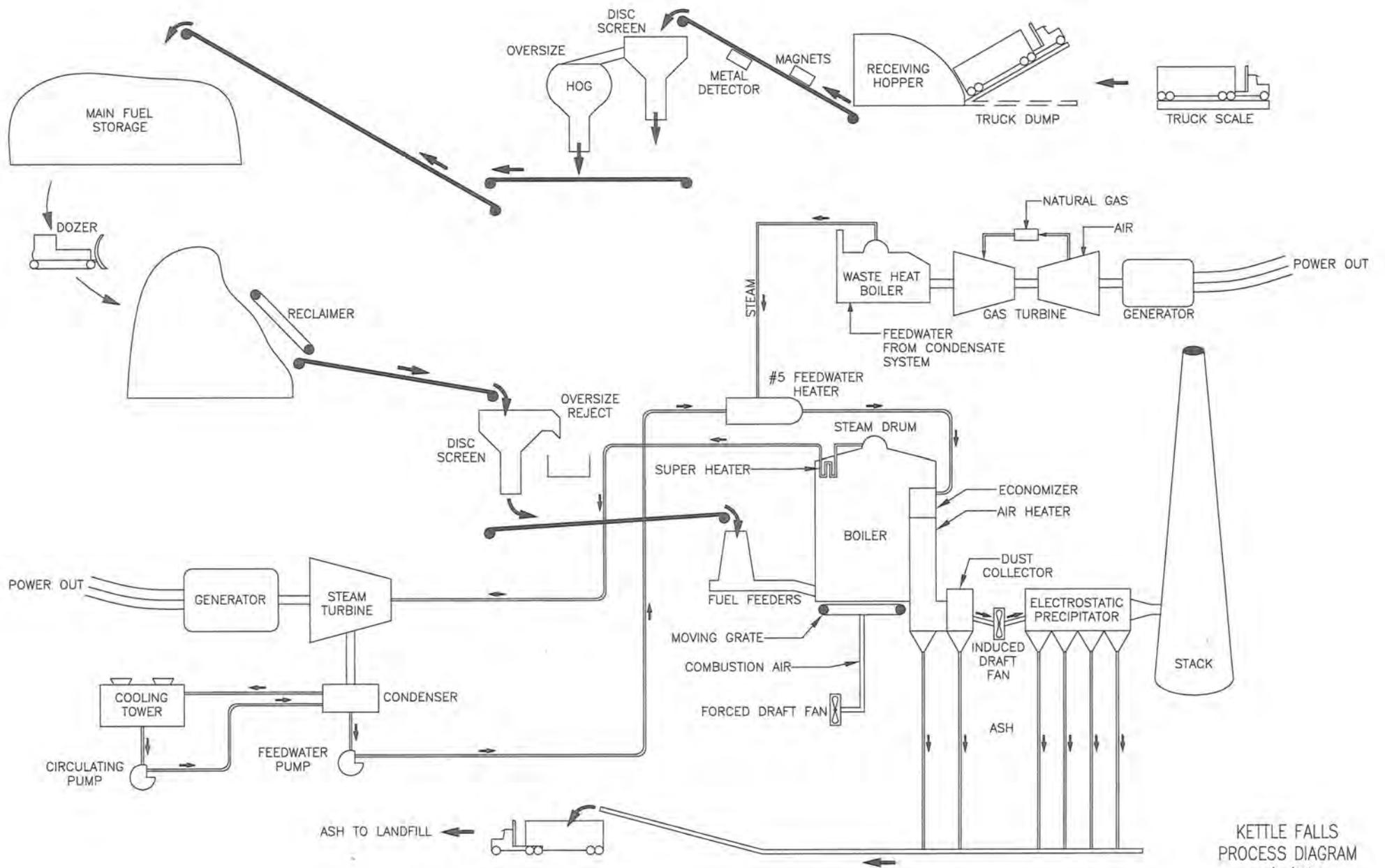
Parameter	Activity +/- Uncertainty Units	MDA	Analysis Date	Analyst	Method	Qualifier
Radium 226	0.566 ± 0.0980 pCi/L	0.2	9/15/2017	APM	EPA 903.0	

Authorized Signature

  
Kathy Sattler, Lab Manager

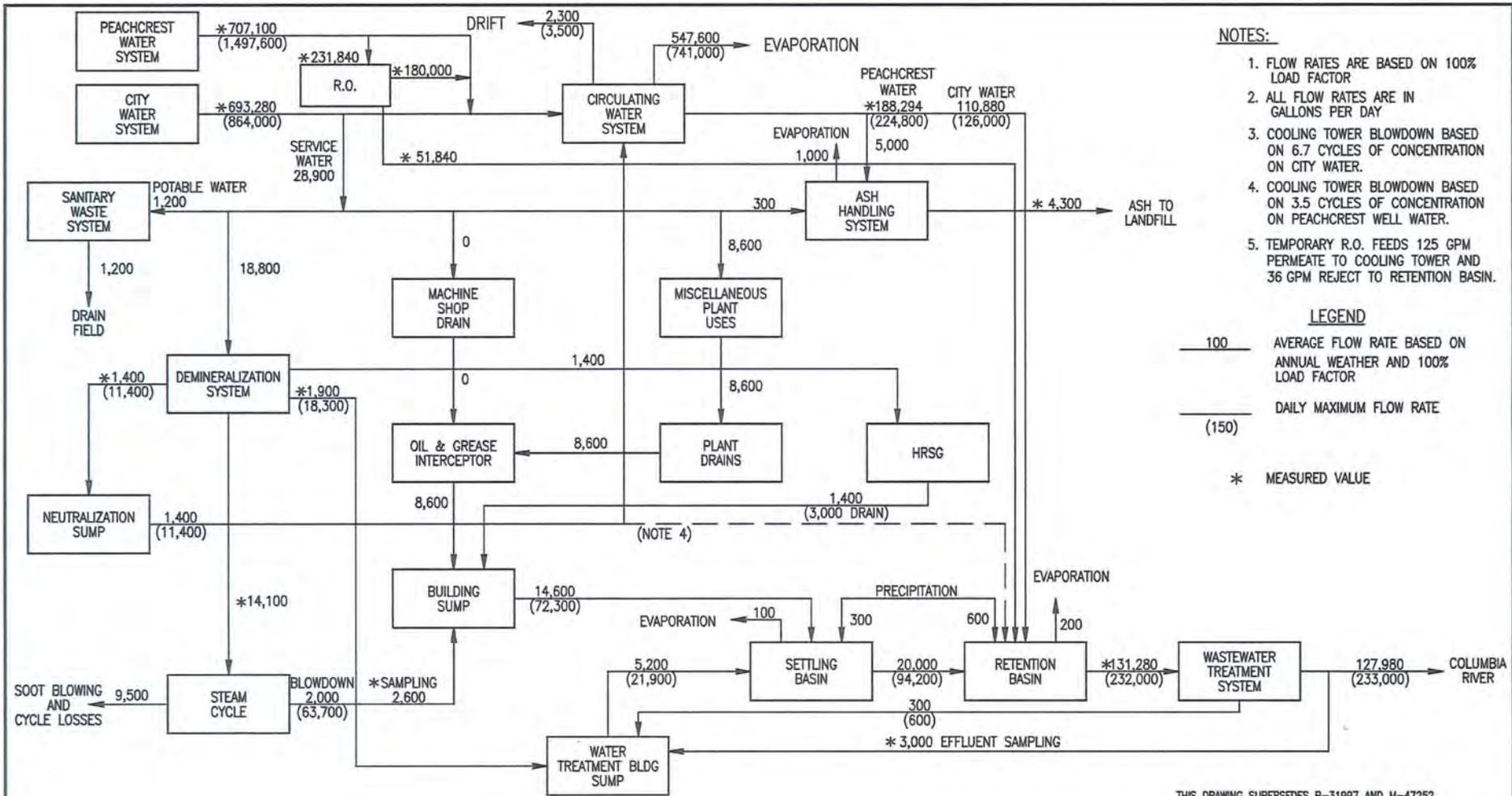
MDA Minimum Detectable Activity  
MCL EPA's Maximum Contaminant Level  
ND Not Detected  
PQL Practical Quantitation Limit

This report shall not be reproduced except in full, without the written approval of the laboratory.  
The results reported relate only to the samples indicated.  
Soil/solid results are reported on a dry-weight basis unless otherwise noted.



KETTLE FALLS  
 PROCESS DIAGRAM  
 11/20/2007

7/13/2017 8:44 AM  
212B-53-509-00-01.r02.dwg



THIS DRAWING SUPERSEDES B-31997 AND M-47252.

**KETTLE FALLS  
STEAM GENERATING STATION  
WATER MASS BALANCE SCHEMATIC  
CURRENT OPERATIONS**

AVISTA CORP  
SPOKANE, WASHINGTON

NO	DATE	REVISION	BY
2	7/13/17	UPDATED FOR PEACHCREST WATER SYSTEM	TJJ
1	7/24/12	UPDATED ON BD QUANTITY, NEUT SUMP DRAIN. CORRECTED FOR PROPER BALANCE	TW

212B-53-509-00-01



AVISTA Corporation  
Kettle Falls NPDES Permit WA0045217  
EPA Form 3510-2C  
Page 2 of 4  
Section IV. Improvements, B.

AVISTA plans on installing a new water treatment system for the Kettle Falls Generating Station. The tentative plan is to treat existing well water by Reverse Osmosis (RO). This will be used to produce water for both the cooling tower and the boiler feed water. The RO product water will replace the existing cation/anion demineralizer train currently used for boiler makeup.



# EPA Form 2-C Supplemental Cooling Water Intake Structures

CWA §316(b) requires that the location, design, construction, and capacity of cooling water intake structures reflect the best technology available for minimizing adverse environmental impact. EPA has promulgated rules for new facilities at 40 CFR 125 Subpart I and for existing facilities at 40 CFR 125 Subpart J. This form requests information from applicants using EPA Form 2-C to determine applicability of CWA 316(b) requirements and inform applicants of additional application requirements that may apply to the facility.

Facility Name: Avista Corporation Kettle Falls  
Generating Station

NPDES Permit Number: WA0045217

## SECTION A. APPLICABILITY

Yes  No Is there a cooling water intake associated with this facility? Cooling water intake means a structure withdrawing cooling water, for contact or noncontact cooling, from a surface water source. Withdrawal from groundwater or a public water system is not applicable. If No, STOP.

1. What is the design intake flow (in gallons per day)? \_\_\_\_\_
2. What percentage of the flow is used exclusively for cooling? \_\_\_\_\_
3. What is the maximum intake velocity? \_\_\_\_\_
4. Describe the cooling water system (e.g., once-through, closed-cycle). \_\_\_\_\_
5. Name the surface water body from which cooling water is withdrawn. \_\_\_\_\_
6. Provide latitude/longitude of the cooling water intake(s) (NAD83/WGS84). \_\_\_\_\_ / \_\_\_\_\_  
To ensure accurate locations provide at least 5 significant digits.
7. Describe the configuration of the intake(s) (e.g., dimensions, screen type). \_\_\_\_\_  
If as-built plans and specifications are available, please provide.
8. When was the intake(s) installed, including any major modifications? \_\_\_\_\_
9. When was the intake(s) last inspected? If regular inspections are scheduled, provide frequency. \_\_\_\_\_
10. Have there been any studies to determine the impact of the intake(s) on aquatic organisms (e.g., impingement/entrainment studies).  Yes  No  
If yes, please provide

## SECTION B. APPLICATION REQUIREMENTS

CWA §316(b) requirements apply to all industrial NPDES permitted facilities with cooling water intake structures. EPA has promulgated best technology available (BTA) effluent guidelines for facilities meeting certain thresholds:

- Design intake flow greater than two million gallons per day.
- Greater than 25 percent of the water withdrawn is used for cooling purposes.

### Submittal requirements for facilities subject to BTA effluent guidelines:

- New facilities must submit information specified in 40 CFR 122.21(r) and 40 CFR 125.86.
- Existing facilities must submit information specified in 40 CFR 122.21(r) and 40 CFR 125.95.

Facilities subject to BTA guidelines are encouraged to contact Ecology early in the application process. Ecology may consider this application administratively incomplete until the required information is received.

### Submittal requirements for existing facilities and new facilities below BTA thresholds:

- Ecology will evaluate the information submitted with this form and may request additional information to assess the need for requirements under 40 CFR 125.90(b) or 40 CRF 125.80(c).

## SECTION C. INSTRUCTIONS

All applicants required to submit EPA Form 2C, available here: [www.ecy.wa.gov/programs/wq/permits/forms.html](http://www.ecy.wa.gov/programs/wq/permits/forms.html) must also submit this supplemental form to determine the applicability of CWA §316(b) and any additional application requirements. Enter all applicable information and submit this form as an attachment to Form 2C.

### APPLICABILITY

CWA §316(b) requirements apply only to point sources (facilities that have or are required to have an NPDES permit) withdrawing cooling water from waters of the U.S. (surface waters). Withdrawal from groundwater, a public water system, or the use of treated effluent that would otherwise be discharged to waters of the state does not constitute use of a cooling water intake structure. Select Yes or No to the first question. If you answer No, you do not need to complete the remainder of the form.

1. Design intake flow (DIF) means the value assigned during the facility's design representing the maximum instantaneous rate of flow of water the cooling water intake system is capable of withdrawing from a source waterbody. Existing facilities may adjust this value to reflect any permanent changes to the maximum capabilities of the intake system including but not limited to permanent removal of pumps, flow limit devices, and physical limitations of piping. DIF doesn't include emergency capacity or redundant pumps. Report this value in gallons per day (gpd).
2. Report the percentage of water withdrawn that is used exclusively for cooling purposes, measured on an average monthly (new facilities) or average annual over the past three years (existing facilities) basis. Cooling water that is used in a manufacturing process either before or after it is used for cooling is not considered cooling water for the purposes of calculating this percentage.
3. Provide the maximum actual or design intake velocity as water passes through the structural components of the intake screen, measured perpendicular to the screen mesh. Report this value in feet per second (fps). Indicate which value is reported, design or actual.
4. Describe the cooling water system, including if the water is used once (once-through) or recirculated (closed-cycle). If recirculated, provide the minimum number of cycles the water is recirculated and average blowdown flow in gpd.
5. Provide the name of the surface water body your intake structure withdraws water from (e.g., ABC river)
6. Provide an accurate location for each intake structure associated with the facility.
7. Describe the cooling water system including a description of the intake screen dimensions, perforation sizes (if known), and screen type (e.g., traveling screens, wedgewire, barrier nets, trash racks). Provide any design drawings and specifications available.
8. Give the date the intake was first installed and the date(s) of any major modifications to the structure(s).
9. Provide the date of last intake inspection and the frequency of any regularly scheduled inspections.
10. Please provide any available studies of the impact to aquatic life from your cooling water intake structure. These may include studies of entrainment and impingement of fish and shellfish.

### APPLICATION REQUIREMENTS

Facilities with design intake flows greater than two million gallons per day, of which greater than 25 percent of the water withdrawn is used exclusively for cooling purposes, must comply with applicable application requirements in federal rule. Please refer directly to the applicable rules, cited in Section B, to determine requirements specific to your facility. Existing facilities should also contact their permit manager for technical assistance. New facility applicants should contact their regional office permit coordinator ([www.ecy.wa.gov/programs/wq/permits/permit\\_coord.html](http://www.ecy.wa.gov/programs/wq/permits/permit_coord.html)) for assistance.

All applicants are encouraged to provide thorough answers to the questions on this form, along with any additional information that may be useful in determining applicability and application requirements. Ecology may request additional information from facilities with cooling water intake structures operating below the design intake and percentage flow thresholds. Ecology will use the information provided to make a case-by-case determination of the need for additional requirements per 40 CFR 125.80(c) and 40 CFR 125.90(b).

*For special accommodations or documents in alternate format, call the Water Quality Program at 360-407-6600. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.*

Please print or type in the unshaded areas only.

FORM  
2F  
NPDES



U.S. Environmental Protection Agency  
Washington, DC 20460

### Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

**Paperwork Reduction Act Notice**

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

**I. Outfall Location**

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
SW - South	48.00	37.00	16.47	118.00	6.00	44.44	Peach Crest Road Side Ditch, Lake Roosevelt
SW - North	48.00	37.00	10.22	118.00	6.00	47.59	Peach Crest Road Side Ditch, Lake Roosevelt

**II. Improvements**

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
None					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

**III. Site Drainage Map**

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
SW - S	135,507 sq ft				
SW - N	140,430 sq ft				

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Boiler ash is collected in a covered building and trucked to the landfill.  
 The sub-station adjacent to the plant is sprayed once per year for weed control.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
SW - S	OWS	N/A
SW - N	OWS	N/A

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Dennis Vermillion, Pres. Avista Utilit		9/25/17

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Avista relies on the fact than no changes to the SW system have been made. No other non-storm water contributions have been added to the SW collection system.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

**X. 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 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.

A. Name & Official Title (Type Or Print)

Dennis Vermillion, President, Avista Utilities

B. Area Code and Phone No.

(509) 495-4752

C. Signature

D. Date Signed

9/12/17

**VII. Discharge information (Continued from page 3 of Form 2F)**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	7.3 mg/l	N/A			1.00	 Sources of Pollutants
Biological Oxygen Demand (BOD5)	30.2 mg/l				1.00	
Chemical Oxygen Demand (COD)	98.5 mg/l				1.00	
Total Suspended Solids (TSS)	767 mg/l				1.00	
Total Nitrogen	1.52 mg/l				1.00	
Total Phosphorus	5.43 mg/l				1.00	
pH	Minimum 8.20	Maximum 8.20	Minimum	Maximum	1.00	

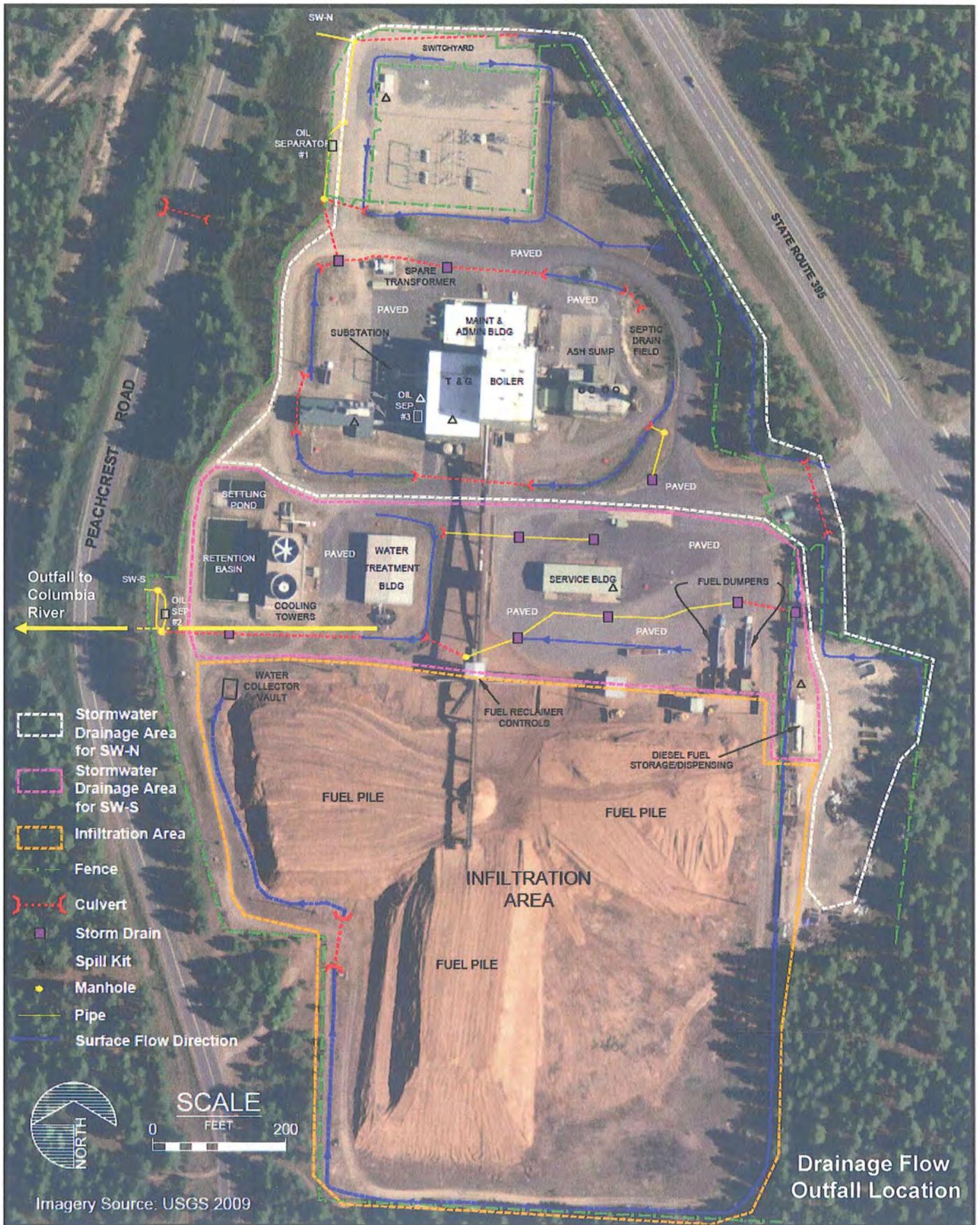
Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Free Chlorine	Sampling will	occur at next	rain event.			Prior to the 9.19.17 rain event, no rain had fallen for 80 days; therefore sampling results may show higher concentrations.
Total Chromium	.00812 mg/l				1.00	
Total Zinc	.995 mg/l				1.00	









**KETTLE FALLS GENERATING STATION  
AVISTA UTILITIES**

**STORMWATER POLLUTION PREVENTION PLAN  
SITE MAP**

**FIGURE  
1-2**



**Legend**

-  Water Line Pipe
-  Direction Surface Water Flow
-  Fence

N

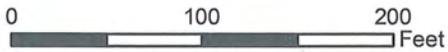


1 inch = 100 feet



**Kettle Falls Generation Station**

**Well House**



Date: 09-26-2017

### Industrial Stormwater Semi-Annual Inspection Report

Inspections must be conducted by a person with the knowledge and skills to assess conditions and activities that could impact stormwater quality at the facility, and evaluate the effectiveness of best management practices required by this permit. Retain a copy of the completed and signed form in accordance with Permit Condition S9.C.

<b>FACILITY NAME:</b> <u>KETTLE FALLS GENERATING STATION</u>	<b>INSPECTION TIME:</b> <u>0700</u> <b>DATE:</b> <u>04.20.17</u>
--	--

**WEATHER INFORMATION:**

- Description of Weather Conditions (e.g., sunny, cloudy, raining, snowing, etc.):  
100% CLOUDS, RAINING

---

- Was stormwater (e.g., runoff from rain or snowmelt) flowing at outfalls and/or discharge areas shown on the Site Map during the inspection:     Yes     No     Comments:
 

---

**I. POTENTIAL POLLUTANT SOURCE AREA INSPECTION AND BEST MANAGEMENT PRACTICES EVALUATION**

<p><b>SWPPP and Site Map:</b> Have a copy of the SWPPP and site map with you during the inspection so that you can ensure they are current and accurate. Use it as an aide in recording the location of any issues you identify during the inspection.</p> <ul style="list-style-type: none"> <li>• Is the Site Map current and accurate? <input checked="" type="checkbox"/></li> <li>• Is the SWPPP inventory of activities, materials and products current? <input checked="" type="checkbox"/></li> </ul> <p>Any new potential pollutant sources must be added to the map and reflected in the <i>SWPPP Facility Assessment &amp; Tables 2, 2A, 3 and 5.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td></tr> </table>	Yes	No	✓	✓	<p><b>Findings and Remedial Action Documentation:</b> Describe any findings below and the schedule for remedial action completion including the date initiated and date completed or expected to be completed.</p>
Yes	No					
✓	✓					

<p><b>Vehicle/Equipment Areas:</b></p> <p><i>Equipment cleaning: Check NA if not performed on-site. Skip section.</i></p> <p>Is equipment washed and/or cleaned only in designated areas? <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Observe washing: Is all wash water captured and properly disposed of? <input checked="" type="checkbox"/></li> </ul> <p><i>Equipment fueling: Check NA if not performed on-site. Skip section.</i></p> <ul style="list-style-type: none"> <li>• Are all fueling areas free of contaminant buildup and evidence of chronic leaks/spills? <input checked="" type="checkbox"/></li> <li>• Are all chemical liquids, fluids, and petroleum products, on an impervious surface that is surrounded with a containment berm or dike that is capable of containing 10% of the total enclosed tank volume or 110% of the volume contained in the largest tank, whichever is greater? <input checked="" type="checkbox"/></li> <li>• Are structures in place to prevent precipitation from accumulating in containment areas? <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <li>○ If not, is there any water or other fluids accumulated within the containment area?</li> <li>○ Note: If containment areas are not covered to prevent water from accumulating, the SWPPP must include a plan describing how accumulated water will be managed and disposed of.</li> </ul> </li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Yes</td><td style="width: 50%; text-align: center;">No</td></tr> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td></tr> </table>	Yes	No	✓	✓	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; text-align: center;">NA</td></tr> </table>	NA	<p><b>Findings and Remedial Action Documentation:</b></p>
Yes	No							
✓	✓							
NA								





**II. CORRECTIVE ACTION AND SWPPP MODIFICATIONS DESCRIPTIONS:** Additional space to describe inspection findings and corrective actions if needed. Provide brief explanation of the general location and the rationale for the additional or different BMPs.

**III. CERTIFICATION STATEMENTS AND SIGNATURES:**

**Inspector - Certification:** This section must be completed by the person who conducted the site inspection prior to submitting this form to the person with signature authority (see Permit Condition G2) or a duly authorized representative of that person.

- The facility is in compliance with the terms and conditions of the SWPPP and the Industrial Stormwater General Permit.
- The facility is out of compliance with the terms and conditions of the SWPPP and the Industrial Stormwater General Permit. This report includes the remedial actions that must be taken to meet the requirements of the SWPPP and permit, including a schedule of implementation of the remedial actions.

"I certify that this report is true, accurate, and complete, to the best of my knowledge and belief."

<i>MERLIN SCACCO</i>	<i>Merlin Scacco</i>	ENV. SCIENTIST	04.24.17
Inspector's Name - Printed	Inspector's Signature	Inspector's Title	Date

**Permittee - Certification:**

- The facility is in compliance with the terms and conditions of the SWPPP and the Industrial Stormwater General Permit.
- The facility is out of compliance with the terms and conditions of the SWPPP and the Industrial Stormwater General Permit. This report includes the remedial actions that must be taken to meet the requirements of the SWPPP and permit, including a schedule of implementation of the remedial actions.

"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."

<i>Gregory Wiggins</i>	<i>Gregory Wiggins</i>	4-25-2017
PRINTED NAME of person with Signature Authority (permit condition G2.A) or a Duly Authorized Representative <sup>1</sup>	SIGNATURE of person with Signature Authority (permit condition G2.A) or a Duly Authorized Representative <sup>1</sup>	DATE

<sup>1</sup> A person is duly authorized representative only if 1) the authorization is made in writing by a person described in Permit Condition G2.A and submitted to Ecology, and 2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.



### Industrial Stormwater Semi-Annual Inspection Report

Inspections must be conducted by a person with the knowledge and skills to assess conditions and activities that could impact stormwater quality at the facility, and evaluate the effectiveness of best management practices required by this permit. Retain a copy of the completed and signed form in accordance with Permit Condition S9.C.

**FACILITY NAME:** KETTLE FALLS GENERATING STATION      **INSPECTION TIME:** 0800      **DATE:** 10.20.16

**WEATHER INFORMATION:**

- Description of Weather Conditions (e.g., sunny, cloudy, raining, snowing, etc.):  
100% CLOUDS, RAINING
- Was stormwater (e.g., runoff from rain or snowmelt) flowing at outfalls and/or discharge areas shown on the Site Map during the inspection:  Yes    No    Comments:

**I. POTENTIAL POLLUTANT SOURCE AREA INSPECTION AND BEST MANAGEMENT PRACTICES EVALUATION**

<p><b>SWPPP and Site Map:</b> Have a copy of the SWPPP and site map with you during the inspection so that you can ensure they are current and accurate. Use it as an aide in recording the location of any issues you identify during the inspection.</p> <ul style="list-style-type: none"> <li>• Is the Site Map current and accurate?</li> <li>• Is the SWPPP inventory of activities, materials and products current?</li> </ul> <p>Any new potential pollutant sources must be added to the map and reflected in the <i>SWPPP Facility Assessment &amp; Tables 2, 2A, 3 and 5.</i></p>	Yes	No	<p><b>Findings and Remedial Action Documentation:</b> Describe any findings below and the schedule for remedial action completion including the date initiated and date completed or expected to be completed.</p>
	✓		
	✓		
		✓	

<p><b>Vehicle/Equipment Areas:</b></p> <p><i>Equipment cleaning: Check NA if not performed on-site. Skip section.</i></p> <p>Is equipment washed and/or cleaned only in designated areas?</p> <ul style="list-style-type: none"> <li>• Observe washing: Is all wash water captured and properly disposed of?</li> </ul> <p><i>Equipment fueling: Check NA if not performed on-site. Skip section.</i></p> <ul style="list-style-type: none"> <li>• Are all fueling areas free of contaminant buildup and evidence of chronic leaks/spills?</li> <li>• Are all chemical liquids, fluids, and petroleum products, on an impervious surface that is surrounded with a containment berm or dike that is capable of containing 10% of the total enclosed tank volume or 110% of the volume contained in the largest tank, whichever is greater?</li> <li>• Are structures in place to prevent precipitation from accumulating in containment areas? <ul style="list-style-type: none"> <li>○ If not, is there any water or other fluids accumulated within the containment area?</li> <li>○ Note: If containment areas are not covered to prevent water from accumulating, the SWPPP must include a plan describing how accumulated water will be managed and disposed of.</li> </ul> </li> </ul>	Yes	No	NA	<p><b>Findings and Remedial Action Documentation:</b></p>
	✓			
	✓			
	✓			
	✓			
	✓			



<p><b>Spill Response and Equipment:</b></p> <p>Are spill kits available, in the following locations?</p> <ul style="list-style-type: none"> <li>• Fueling stations</li> <li>• Transfer and mobile fueling units</li> <li>• Vehicle and equipment maintenance areas</li> </ul> <p>Do the spill kits contain all the permit required items?</p> <ul style="list-style-type: none"> <li>• Oil absorbents capable of absorbing 15 gallons of fuel.</li> <li>• A storm drain plug or cover kit.</li> <li>• A non-water containment boom, a minimum of 10 feet in length with a 12 gallon absorbent capacity.</li> <li>• Two five-gallon buckets with lids.</li> </ul> <p>Are contaminated absorbent materials properly disposed of?</p>	Yes	No	NA	Findings and Remedial Action Documentation:
--	-----	----	----	---

**I. POTENTIAL POLLUTANT SOURCE AREA INSPECTION AND BEST MANAGEMENT PRACTICES EVALUATION**

<p><b>General Material Storage Areas:</b></p> <ul style="list-style-type: none"> <li>• Are damaged materials stored inside a building or another type of storm resistance shelter?</li> <li>• Are all uncontained material piles stored in a manner that does not allow discharge of impacted stormwater?</li> <li>• Are scrap metal bins covered?</li> <li>• Are outdoor containers covered?</li> </ul>	Yes	No	NA	Findings and Remedial Action Documentation:
--	-----	----	----	---

<p><b>Stormwater BMPs and Treatment Structures:</b> Visually inspect all stormwater BMPs and treatment structures devices, discharge areas infiltration and outfalls shown on the Site Map.</p> <ul style="list-style-type: none"> <li>• Are BMPs and treatment structures in good repair and operational?</li> <li>• Are BMPs and treatment structures free from debris buildup that may impair function?</li> <li>• The permit requires Permittees to clean catch basins as necessary, no longer than once every two years. Based on this, do catch basins need to be cleaned?</li> <li>• Are berms, curbing or other methods used to divert and direct discharges adequate and in good condition?</li> </ul>	Yes	No	NA	Findings and Remedial Action Documentation:
---	-----	----	----	---

<p><b>Observation of Stormwater Discharges:</b></p> <ul style="list-style-type: none"> <li>• Is the discharge free of floating materials, visible oil sheen, discoloration, turbidity, odor, foam or any other signs of contamination?</li> <li>• Water from washing vehicles or equipment, steam cleaning and/or pressure washing is considered process wastewater and is not allowed to comeingle with stormwater or enter storm drains. Is process water comingling with stormwater or entering storm drains?</li> <li>• Illicit discharges include domestic wastewater, noncontact cooling water, or process wastewater (including leachate). Were any illicit discharges observed during the inspection?</li> </ul>	Yes	No	NA	Findings and Remedial Action Documentation:
--	-----	----	----	---

**II. CORRECTIVE ACTION AND SWPPP MODIFICATIONS DESCRIPTIONS:** Additional space to describe inspection findings and corrective actions if needed. Provide brief explanation of the general location and the rationale for the additional or different BMPs.

**III. CERTIFICATION STATEMENTS AND SIGNATURES:**

**Inspector - Certification:** This section must be completed by the person who conducted the site inspection prior to submitting this form to the person with signature authority (see Permit Condition G2) or a duly authorized representative of that person.

- The facility is in compliance with the terms and conditions of the SWPPP and the Industrial Stormwater General Permit.
- The facility is out of compliance with the terms and conditions of the SWPPP and the Industrial Stormwater General Permit. This report includes the remedial actions that must be taken to meet the requirements of the SWPPP and permit, including a schedule of implementation of the remedial actions.

*"I certify that this report is true, accurate, and complete, to the best of my knowledge and belief."*

<i>MERLIN SCACCO</i>	<i>Merlin Scacco</i>	ENV. SCIENTIST	10.24.16
<b>Inspector's Name – Printed</b>	<b>Inspector's Signature</b>	<b>Inspector's Title</b>	<b>Date</b>

**Permittee – Certification:**

- The facility is in compliance with the terms and conditions of the SWPPP and the Industrial Stormwater General Permit.
- The facility is out of compliance with the terms and conditions of the SWPPP and the Industrial Stormwater General Permit. This report includes the remedial actions that must be taken to meet the requirements of the SWPPP and permit, including a schedule of implementation of the remedial actions.

*"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."*

<i>Gregory W Wiggins</i>	<i>Gregory W Wiggins</i>	10-24-2016
<b>PRINTED NAME of person with Signature Authority (permit condition G2.A) or a Duly Authorized Representative<sup>1</sup></b>	<b>SIGNATURE of person with Signature Authority (permit condition G2.A) or a Duly Authorized Representative<sup>1</sup></b>	<b>DATE</b>

<sup>1</sup>A person is duly authorized representative only if 1) the authorization is made in writing by a person described in Permit Condition G2.A and submitted to Ecology, and 2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

