

FACILITY NAME AND PERMIT NUMBER:

WA-0020702

FORM  
2A  
NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

## APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

## BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

## SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  1. Has a design flow rate greater than or equal to 1mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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**BASIC APPLICATION INFORMATION**

**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

**A.1. Facility Information.**

Facility Name City of Langley Wastewater Treatment Plant  
Mailing Address PO Box 366 Langley WA 98260  
Facility Address 999 Coles Road Langley WA 98260  
(not P.O. Box)  
Location 48o 0'39.48N/122o 25'33.85W  
(Latitude/Longitude as decimal degrees (NAD83/WGS84 )  
Telephone Number (360) 221-4274  
  
E-mail address Langleyutilities@whidbey.com  
Contact Person Randi Perry  
Title Utilities Supervisor  
UBI Number 91-6001453

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

Applicant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number (     ) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Title \_\_\_\_\_

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

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

facility     applicant

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

yes     no

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

NPDES WA 0020702 PSD \_\_\_\_\_  
UIC \_\_\_\_\_ Other \_\_\_\_\_  
RCRA \_\_\_\_\_ Other \_\_\_\_\_

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>City of Langley</u>	<u>1135</u>	<u>Sanitary Sewer, separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served 1135

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

Yes  No

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

Yes  No

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

a. Design flow rate .150 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>.075</u>	<u>.075</u>	<u>.081</u>
c. Maximum daily flow rate	<u>.147</u>	<u>.121</u>	<u>.151</u>

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

- Separate sanitary sewer 100 %
- Combined storm and sanitary sewer \_\_\_\_\_ %

A.8. Discharges and Other Disposal Methods.

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

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

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

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

If yes, provide the following for each surface impoundment:

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

Annual average daily volume discharge to surface impoundment(s) N/A mgd

Is discharge  continuous or  intermittent?

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

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

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

Number of acres: N/A

Annual average daily volume applied to site: N/A mgd

Is land application  continuous or  intermittent?

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

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

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

Transporter Name N/A

Mailing Address N/A

Contact Person N/A

Title N/A

Telephone Number ( ) N/A

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

Name N/A

Mailing Address N/A

Contact Person N/A

Title N/A

Telephone Number ( ) N/A

If known, provide the NPDES permit number of the treatment works that receives this discharge N/A

Provide the average daily flow rate from the treatment works into the receiving facility. N/A mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection):  Yes  No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

N/A

Annual daily volume disposed by this method: N/A

Is disposal through this method  continuous or  intermittent?

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**WASTEWATER DISCHARGES:**

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

**A.9. Description of Outfall.**

- a. Outfall number 001
- b. Location Langley 98260  
(City or town, if applicable) (Zip Code)  
Island Washington  
(County) (State)  
48° 0' 39.48N 122° 25' 33.85  
(Latitude) Provide these as decimal degrees (NAD83/WGS84) (Longitude)
- c. Distance from shore (if applicable) 1100 ft.
- d. Depth below surface (if applicable) 40 ft.
- e. Average daily flow rate .0758 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?  Yes  No (go to A.9.g.)  
If yes, provide the following information:  
Number of times per year discharge occurs: N/A  
Average duration of each discharge: N/A  
Average flow per discharge: N/A mgd  
Months in which discharge occurs: N/A
- g. Is outfall equipped with a diffuser?  Yes  No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water Saratoga Passage, Class A, Marine
- b. Name of watershed (if known) N/A  
United States Soil Conservation Service 14-digit watershed code (if known): N/A
- c. Name of State Management/River Basin (if known): N/A  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A
- d. Critical low flow of receiving stream (if applicable)  
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO<sub>3</sub>

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**A.11. Description of Treatment**

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

- Primary                       Secondary  
 Advanced                       Other. Describe: \_\_\_\_\_

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

Design BOD5 removal or Design CBOD5 removal	<u>85</u>	%
Design SS removal	<u>85</u>	%
Design P removal	<u>N/A</u>	%
Design N removal	<u>N/A</u>	%
Other <u>N/A</u>	<u>N/A</u>	%

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

Chlorination

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

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

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

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.4	s.u.			
pH (Maximum)	7.2	s.u.			
Flow Rate	.1514	MG	.0758	MGD	1583
Temperature (Winter)	19	oC	13	oC	494
Temperature (Summer)	26	oC	21	oC	518

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	11.5	lbs	3.2	lbs	230	SM5210B	N/A
	CBOD5							
FECAL COLIFORM		309	#/100ml	7.7	#/100m	230	SM9222D	N/A
TOTAL SUSPENDED SOLIDS (TSS)		13.8	lbs	2.6	lbs	231	SM2540D	N/A

**END OF PART A.**

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

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**BASIC APPLICATION INFORMATION**

**PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

15,055 gpd

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

The City of Langley updated the Sewer Comprehensive plan in 2015, which identified 5 sections of line to be replaced. Established new rates allow for MH lid replacement and further I&I identification/correction

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

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within  $\frac{1}{4}$  mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?  Yes  No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: N/A

Mailing Address: N/A  
N/A

Telephone Number: ( ) N/A

Responsibilities of Contractor: N/A

**B.5. Scheduled improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

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

001

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

Yes  No

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

N/A

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	<u>/N/A/</u>	<u>/N/A/</u>
- End Construction	<u>/N/A/</u>	<u>/N/A/</u>
- Begin Discharge	<u>/N/A/</u>	<u>/N/A/</u>
- Attain Operational Level	<u>/N/A/</u>	<u>/N/A/</u>

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

Describe briefly: N/A

**B.6. EFFLUENT TESTING DATA (GREATER THAN OR EQUAL TO 0.1 MGD ONLY).**

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

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
<b>CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS</b>							
AMMONIA (as N)	.42	mg/l	.12	mg/l	16	SM4500NH3G	.0012
CHLORINE (TOTAL RESIDUAL, TRC)	.75	mg/l	.19	mg/l	1319	SM4500CLG	N/A
DISSOLVED OXYGEN	10.4	mg/l	5.6	mg/l	592	SM4500 OG	N/A
TOTAL KJELDAHL NITROGEN (TKN)	19	mg/l	3.1	mg/l	16	SM4500NH3C	.0047
NITRATE PLUS NITRITE NITROGEN	28.3	mg/l	16.8	mg/l	16	SM4500NO3F	.0026
OIL and GREASE	2.1	mg/l	.95	mg/l	4	1664	.9
PHOSPHORUS (Total)	4.53	mg/l	4.08	mg/l	4	4500FF	.0026
TOTAL DISSOLVED SOLIDS (TDS)	354	mg/l	324	mg/l	4	SM2540C	N/A
OTHER							

**END OF PART B.**

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

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**BASIC APPLICATION INFORMATION**

**PART C. CERTIFICATION**

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

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

Basic Application Information packet

Supplemental Application Information packet:

Part D (Expanded Effluent Testing Data)

Part E (Toxicity Testing: Biomonitoring Data)

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

Part G (Combined Sewer Systems)

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

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

**Permittee**

Name and Title of Responsible Official Tim Callison, Mayor

Signature



Telephone number (360) 221-4246 x912

E-mail address mayor@langleywa.org

Date signed 2/25/2019

**Co-Permittee (if applicable)**

Name and official title \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number ( )

E-mail address \_\_\_\_\_

Date signed \_\_\_\_\_

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

**SEND COMPLETED FORMS TO<sup>1</sup>:**

Water Quality Permit Coordinator

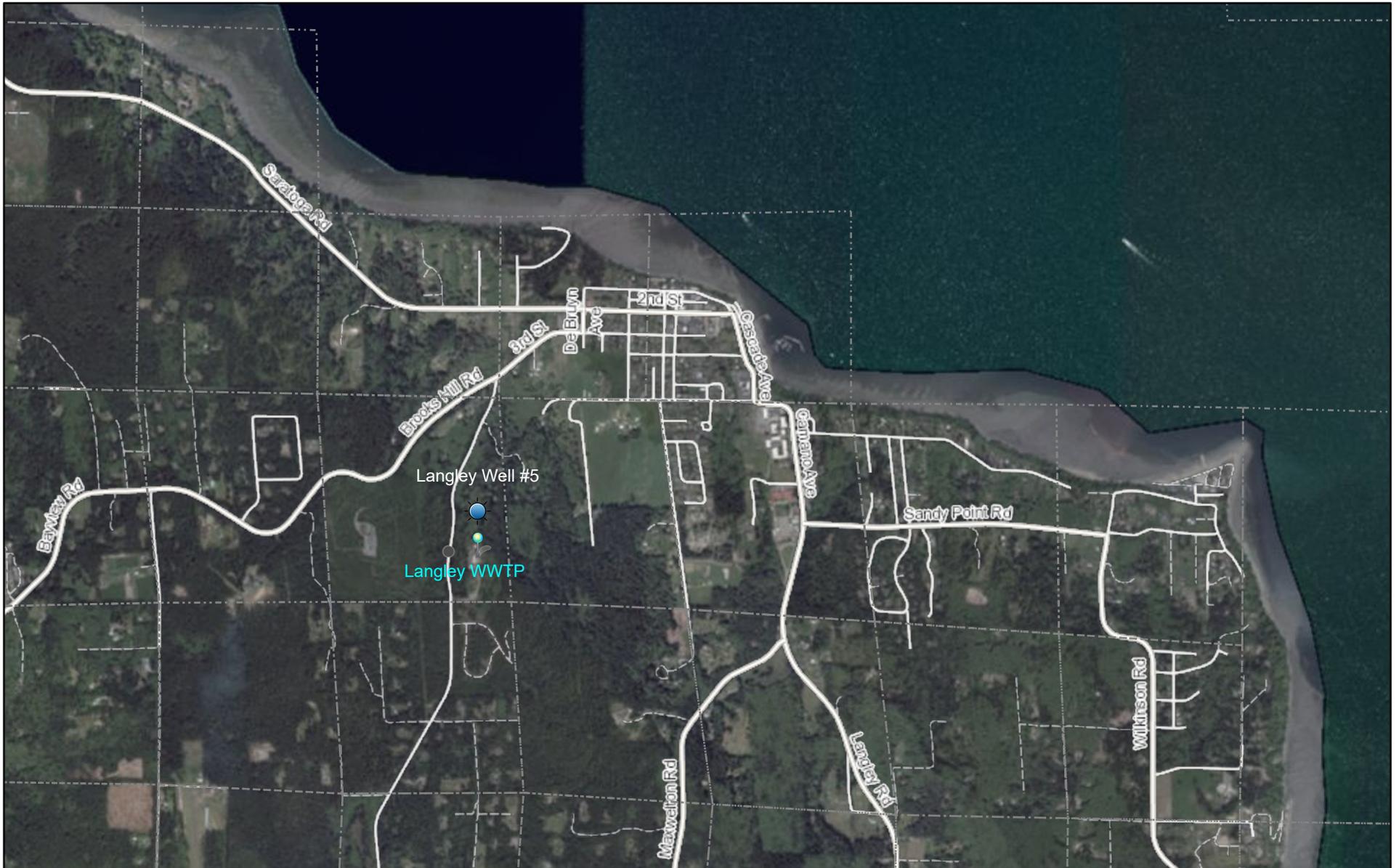
Northwest Regional Office

Department of Ecology

3190-160<sup>th</sup> Ave SE

Bellevue, WA 98008-5452

# Island County Parcel Viewer Map



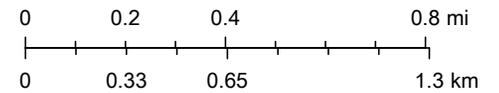
2/25/2019, 4:36:20 PM

- Quarter Sections
 
 Collector and Arterial
 

 Private
- Roads**

 Local
- Highway

1:36,112



Island County, Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics,

Island County Parcel Viewer Map Export  
DO NOT USE AS A LEGAL DOCUMENT, ACCURACY NOT GUARANTEED









CITY OF LANGLEY  
WATER SYSTEM MAP  
Capital Improvement Plan



0 200 400 800  
Feet



Data Sources:  
City of Langley, Island County,  
and PACE Engineers, Inc.

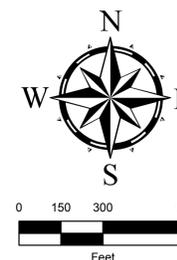
### Legend

- Langley City Limits
- Fire Hydrants
- CIP Projects (Water Main - New or Replacement)
- CIP Projects (Tanks, Well, Pump Maintenance)
- Water Pipes
- Reservoir
- Pump Station
- Wells





CITY OF LANGLEY  
Figure 6-1  
Proposed Sewer System  
Improvements



Map Print Date: June 25, 2015

**Legend**

- Lift Station
- Manhole
- Outfall
- - - FM
- Low Pressure Sewer
- City Limits
- - - 2013 Urban Growth Area

**Basin Boundaries**

- C Central
- E East
- W West

**Operations and Repair Program**

- ◆ Broken Pipe
- ◆ Debris
- ◆ High Infiltration
- ◆ Protruding Lateral
- ◆ Roots
- ◆ Sagging

**CIP Projects**

- P-# ● Lift Station Rehab
- LS-# ● Lift Station Proposed
- Proposed Manhole (Possible Locations)
- WTP-# ■ Wastewater Treatment Plant Improv. Recommendations
- EX-# ■ Gravity Sewer Expansion Projects (Backbone)
- FM-1 ■ Forcemain Expansion Project
- RR-2 ■ Rehab or Replacement Project

