


EPA Identification Number WAD980984785		NPDES Permit Number		Facility Name PUD No. 1 of Chelan County		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2C NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS</b>					
<b>SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))</b>							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.					
		Outfall Number	Receiving Water Name	Latitude		Longitude	
		RR05	Columbia River	47° 31' 55.18"		-120° 17' 49.47"	
		RR08	Columbia River	47° 31' 57.00"		-120° 17' 47.13"	
		RR14	Columbia River	47° 31' 54.99"		-120° 17' 49.68"	
<b>SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))</b>							
Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))</b>							
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.					
		**Outfall Number** RR05					
		Operations Contributing to Flow					
		Operation			Average Flow		
		RR05 - Representing Units C1-C7 Thrust/Generator Cooling			1.40 mgd		
					mgd		
					mgd		
					mgd		
		Treatment Units					
		Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1		Final Disposal of Solid or Liquid Wastes Other Than by Discharge	

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Average Flows and Treatment Continued	3.1 cont.	<b>**Outfall Number**</b> RR08					
		<b>Operations Contributing to Flow</b>					
		<b>Operation</b>				<b>Average Flow</b>	
		RR08 - Representing Units C8-C11 Thrust/Generator Cooling				1.06 mgd	
						mgd	
						mgd	
						mgd	
		<b>Treatment Units</b>					
		<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)				<b>Code from Table 2C-1</b>	<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>
		<b>**Outfall Number**</b> RR14					
		<b>Operations Contributing to Flow</b>					
		<b>Operation</b>				<b>Average Flow</b>	
		RR14-Representing RR12-RR17 Plant HVAC Cooling				.29 mgd	
						mgd	
					mgd		
					mgd		
	<b>Treatment Units</b>						
	<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)				<b>Code from Table 2C-1</b>	<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>	
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 4.					
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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OMB No. 2040-0004

#### SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5.							
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.							
		<b>Outfall Number</b>	<b>Operation (list)</b>	<b>Frequency</b>		<b>Flow Rate</b>		<b>Duration</b>	
				<b>Average Days/Week</b>	<b>Average Months/Year</b>	<b>Long-Term Average</b>	<b>Maximum Daily</b>		
	RR12-RR 17			days/week	months/year	mgd	mgd	days	
		Plant HVAC	7	days/week	6	months/year	.47 mgd	.47 mgd	183 days
				days/week	months/year	mgd	mgd	days	
	RR21			days/week	months/year	mgd	mgd	days	
		Office HVAC	7	days/week	12	months/year	.14 mgd	.16 mgd	365 days
				days/week	months/year	mgd	mgd	days	
			days/week	months/year	mgd	mgd	days		
			days/week	months/year	mgd	mgd	days		

#### SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.		
	5.2	Provide the following information on applicable ELGs.		
		<b>ELG Category</b>	<b>ELG Subcategory</b>	<b>Regulatory Citation</b>
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.		
		<b>Outfall Number</b>	<b>Operation, Product, or Material</b>	<b>Quantity per Day</b>
				<b>Unit of Measure</b>

EPA Identification Number WAD980984785	NPDES Permit Number	Facility Name PUD No. 1 of Chelan County	Form Approved 03/05/19 OMB No. 2040-0004	
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**SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))**

<b>Upgrades and Improvements</b>	6.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 6.3.				
	6.2	Briefly identify each applicable project in the table below.			
	<b>Brief Identification and Description of Project</b>		<b>Affected Outfalls</b> (list outfall number)	<b>Source(s) of Discharge</b>	<b>Final Compliance Dates</b>
					<div style="display: flex; justify-content: space-between;"> <span><b>Required</b></span> <span><b>Projected</b></span> </div>
	6.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? <i>(optional item)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable					

**SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))**

<b>Effluent and Intake Characteristics</b>	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.				
	<b>Table A. Conventional and Non-Conventional Pollutants</b>				
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls?			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3.				
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.			
	Outfall Number <u>RR08</u> Outfall Number <u>RR14</u> Outfall Number _____				
	7.3	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.				
	<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants</b>				
	7.4	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.8.					
7.5	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?				
<input type="checkbox"/> Yes <input type="checkbox"/> No					
7.6	List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.				
<b>Primary Industry Category</b>		<b>Required GC/MS Fraction(s)</b> (Check applicable boxes.)			
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide

EPA Identification Number WAD980984785	NPDES Permit Number	Facility Name PUD No. 1 of Chelan County	Form Approved 03/05/19 OMB No. 2040-0004
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Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <span style="margin-left: 50px;"><input checked="" type="checkbox"/> No</span>	
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	
	Table C. Certain Conventional and Non-Conventional Pollutants		
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	
	7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	
	Table D. Certain Hazardous Substances and Asbestos		
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	
	7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No</span>	
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)		
	7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <span style="margin-left: 50px;"><input checked="" type="checkbox"/> No → SKIP to Section 8.</span>	
	7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	
	SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))		
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No → SKIP to Section 9.</span>	
	8.2	List the pollutants below.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

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Form Approved 03/05/19  
OMB No. 2040-0004

### SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.		
	9.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.		
	10.2	Provide information for each contract laboratory or consulting firm below.		
			Laboratory Number 1	Laboratory Number 2
	Name of laboratory/firm	Cascade Analytical	BSK Associates Laboratory Fresno	Analytical Resources, Inc
	Laboratory address	3019 Gs Center Road Wenatchee, WA 98801	1414 Stanislaus St Fresno, CA 93706	4611 S 134th Place, Suite 100 Tukwila, WA 98168
	Phone number	(509) 662-1888	(559) 497-2888	(206) 695-6200

### SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Has the NPDES permitting authority requested additional information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.	
	11.2	List the information requested and attach it to this application.	
	1.	4.	
	2.	5.	
	3.	6.	



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SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.		
		Column 1	Column 2	
		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input checked="" type="checkbox"/> w/ attachments <b>Figure 1</b>	
		<input checked="" type="checkbox"/> Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <b>Figure 2</b>	<input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input checked="" type="checkbox"/> w/ attachments <b>Figure 3</b>	<input type="checkbox"/> w/ list of each user of privately owned treatment works
		<input checked="" type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments	
		<input type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments	
		<input type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments	<input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
		<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics See Figures 4-9 <b>Attachment 1 - Laboratory Results</b> <b>Attachment 2 - Sampling Plan</b>	<input checked="" type="checkbox"/> w/ request for a waiver and supporting information	<input checked="" type="checkbox"/> w/ explanation for identical outfalls
			<input type="checkbox"/> w/ small business exemption request	<input checked="" type="checkbox"/> w/ other attachments
			<input checked="" type="checkbox"/> w/ Table A	<input checked="" type="checkbox"/> w/ Table B
			<input checked="" type="checkbox"/> w/ Table C	<input checked="" type="checkbox"/> w/ Table D
		<input checked="" type="checkbox"/> w/ Table E	<input checked="" type="checkbox"/> w/ analytical results as an attachment	
		<input type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments	
		<input type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments	
	<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input checked="" type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments		
	<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		
	12.2	<b>Certification Statement</b>  <i>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.</i>		
	Name (print or type first and last name) <div style="font-family: cursive; font-size: 1.2em; color: blue;">Stephen Wright</div>		Official title <div style="font-family: cursive; font-size: 1.2em; color: blue;">General Manager</div>	
	Signature <div style="font-family: cursive; font-size: 1.5em; color: blue;">Stephen Wright</div>		Date signed <div style="font-family: cursive; font-size: 1.2em; color: blue;">9-18-19</div>	