



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

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

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

## SECTION A. GENERAL INFORMATION

1. Applicant Name: Liberty School District #362
2. Facility Name:  
(if different from applicant)
3. Applicant Address: 29818 S. North Pine Creek Rd  
Street  
Spangle WA 99031  
City/State Zip
4. Facility Location Address:  
(if different from above) Street  
City/State Zip
5. Latitude/longitude of the processing facility as decimal degrees (NAD83/WGS84):  
47.397778 / -117.316944
6. Latitude/longitude of sprayfield/infiltration site discharge location (approximate center) as decimal degrees (NAD83/WGS84):  
47.382553 / -117.316161
7. Person to contact who is familiar with the information contained in this application:

Rick Brash  
Name

Facilities Director  
Title

509-245-3217  
Telephone Number

509-245-3288  
Fax Number

rbrash@libertysd.us  
Email

### FOR ECOLOGY USE ONLY

#### Check One

New/Renewal

☐

Modification

☐

Date Application Received \_\_\_\_\_

Application/Permit No. \_\_\_\_\_

Date Application Accepted \_\_\_\_\_

Date Fee Paid \_\_\_\_\_

8. Check One:

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

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

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

☐ **Permit Modification**

☐ **Existing Unpermitted Discharge**

☐ **Proposed Discharge**

Anticipated date of discharge:

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

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Signature\*

---

Date

---

Title

Printed Name

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

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

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Signature of delegated employee

---

Date

---

Title or function at the facility

---

Printed name

## SECTION B. TREATMENT PLANT INFORMATION

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

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

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

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

3. POTW Design Data:

a. Average Influent Flow for Maximum Month (MGD):	16,000
b. Influent BOD Load (lbs/day):	41
c. Influent SS Load (lbs/day):	79
d. Began Operation (year):	2002
e. Last Major Upgrade (year):	None
f. Planned Upgrades (year):	As funds become available
g. Design Population:	1200
h. Actual Population:	646
i. Sprayfield loading - attach copy of the irrigation schedule if schedule if available	None

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

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

Treatment	Unit Process	Number of Units
Lift stations	In collection system	0
	At head of plant	0
Preliminary treatment	Manually operated bar screens	1
	Mechanically operated bar screens	0
	Grit removal	0
	Pre-aeration	0
	Comminutors/grinders	0
	Other ( <i>specify</i> )	0
Primary Treatment	Primary Sedimentation Tank/Clarifiers	1
	Septic tanks	0
	Other ( <i>specify</i> )	0
Secondary Treatment	Oxidation Ditch	0
	Package Plant - Activated Sludge	1
	Package Plant - Physical/Chemical	0
	Aerated Lagoon	0
	Non-aerated Lagoon/Facultative Lagoon	1
	Rotating Biological Contact	0
	Secondary Clarifiers	0
	Trickling Filter	0
	Polishing Ponds	0
	Other ( <i>specify</i> )	0
Additional Treatment	Coagulation	0
	Filtration	0
	Storage (Lined Lagoon)	1
	Storage (Unlined Lagoon)	0
	Other ( <i>specify</i> )	0
Land Treatment or Application	Drainfield	0
	Rapid Infiltration/Infiltration Lagoon	0
	Constructed Wetland	0
	Sprinkler Irrigation	0
	Flood Irrigation	0
	Ridge and Furrow Irrigation	0
	Subsurface Irrigation	0
	Other ( <i>specify</i> ) SLUDGE SENT TO SPOKANE	
Disinfection	Chlorination	0
	Ultraviolet	0
	Other	0



## SECTION C. WASTEWATER INFORMATION

1. The average influent flow to the plant for the maximum month for at least the last 12 months: gallons/day
  
2. The maximum daily flow applied to the land treatment/application site for the last 12 months: gallons/day      inches/acre/month
  
3. Describe how the influent and effluent flow are measured?    Ultrasonic and parshall flumb
  
4. Attach flow records for at least the last 12 months. (*Label as attachment C.4.*)
  
5. Describe the collection method for the samples analyzed below (*i.e.*, grab, 24-hour composite). Applicants must collect grab samples (not composites) for analysis of pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and Enterococci (previously known as fecal streptococcus at § 122.26 (d)(2)(iii)(A)(3)), or volatile organics.

4 grab 8 hr composite

6. Provide measurement values or range of measurements for treated wastewater prior to land treatment/application for the parameters with an “X” in the left column of the table below. If you obtain the application from the Internet, contact Ecology’s regional office to see if testing for a subset of these parameters is permissible. All analyses (except pH) must be conducted by a laboratory registered or accredited by Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year for parameters that are routinely measured. For parameters measured only for this application, place the values under “Maximum.” Report the values with units as specified in the parameter name or in the detection level.

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

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

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

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

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

ALSO GIVEN AS:

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

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

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

## SECTION D. GROUNDWATER INFORMATION

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

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

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

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

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

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

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

## SECTION E. SITE ASSESSMENT

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

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

## SECTION F. SLUDGE/BIOSOLIDS MANAGEMENT AND DISPOSAL

1. If your wastewater treatment is by lagoon:

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

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

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

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

Do you have a Sludge Management Plan? ☒ YES ☐ NO

Is the Plan approved by:

☐ Local health district? Date approved: Sludge is pumped from plant by lilac city and  
☐ Department of Ecology? Date approved: hauled to Spokane Waster Water Treatment  
plant for further processing.

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

Biosolids Permit number ST0005397 Permit expiration Date 2/28/2023

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

(Please check attachments that are included)

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

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

# Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com  
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

**Client:** Liberty School District #362  
**Address:** S. 29818 N. Pine Creek Rd.  
Spangle, WA 99031  
**Attn:** Rick Brash

**Work Order:** WBK0250  
**Project:** WWTP  
**Reported:** 12/27/2021 15:22

## Analytical Results Report

**Sample Location:** Sludge Metals  
**Lab/Sample Number:** WBK0250-01  
**Collect Date:** 11/05/21 11:00  
**Date Received:** 11/05/21 15:15  
**Collected By:** Paul Naves  
**Matrix:** Solid

Analyte	Result	Units	PQL	Analyzed	Analyst	Method	Qualifier
<b>Inorganics</b>							
% Solids	1.76	%	0.100	11/30/21 13:50	ARY	SM 2540 G	
Ammonia/N	4650	mg/kg dry	22.1	12/1/21 13:08	TLM	SM 4500-NH3 H	
Total Nitrate/Nitrite	ND	mg/kg	0.971	12/7/21 10:17	TLM	SM 4500-NO3 F	C9
TKN	47200	mg/kg dry	1020	11/29/21 15:38	TLM	SM 4500-Norg C	
Total P	9270	mg/kg dry	55.2	11/30/21 13:00	TLM	SM 4500-P F	
<b>Metals by ICP-MS</b>							
Arsenic	ND	mg/kg dry	28.4	11/16/21 14:25	JLG	EPA 6020B	
Cadmium	ND	mg/kg dry	28.4	11/16/21 14:25	JLG	EPA 6020B	
Copper	815	mg/kg dry	28.4	11/16/21 14:25	JLG	EPA 6020B	
Molybdenum	ND	mg/kg dry	28.4	11/16/21 14:25	JLG	EPA 6020B	
Nickel	30.9	mg/kg dry	28.4	11/16/21 14:25	JLG	EPA 6020B	
Lead	40.3	mg/kg dry	28.4	11/16/21 14:25	JLG	EPA 6020B	M1
Selenium	ND	mg/kg dry	28.4	11/16/21 14:25	JLG	EPA 6020B	M2
Zinc	1550	mg/kg dry	28.4	11/16/21 14:25	JLG	EPA 6020B	
<b>Mercury</b>							
Mercury	ND	mg/kg dry	0.316	11/24/21 16:39	JLG	EPA 7471B	M2

Authorized Signature,

*Kathleen A. Sattler*  
Kathleen Sattler, Laboratory Manager





Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 12/01/2021 - 12/31/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Watered/Recorded	Total BOD5 Total Willigrams/L (mg/L) Monthly # Hour Composite	Total BOD5 Total Lbs/Day Monthly Calculated	Total BOD5 Total Willigrams/L (mg/L) Optional Grab	Total BOD5 Total Lbs/Day Optional Calculated	Solids (Residue) Total suspended (TSS) Willigrams/L (mg/L) Optional Grab	Solids (Residue) Total suspended (TSS) Lbs/Day Optional Calculated	Fecal Coliform Bif/100ml Optional Grab	TKN Total Willigrams/L (mg/L) Optional Grab	Nitrate + Nitrite Total Willigrams/L (mg/L) Optional Grab	Ammonia Total Willigrams/L (mg/L) Optional Grab
1-W	12/1/21	7710										
1-Th	12/2/21	7380	150	9.23	M	M	M	M	M	M	M	M
1-F	12/3/21	6410										
1-Sa	12/4/21	3330										
2-Su	12/5/21	2740										
2-M	12/6/21	4930										
2-T	12/7/21	4450										
2-W	12/8/21	6790										
2-Th	12/9/21	5050										
2-F	12/10/21	5450										
2-Sa	12/11/21	3810										
3-Su	12/12/21	3130										
3-M	12/13/21	5630										
3-T	12/14/21	4670										
3-W	12/15/21	4240										
3-Th	12/16/21	4350										
3-F	12/17/21	2220										
3-Sa	12/18/21	6880										
4-Su	12/19/21	8540										
4-M	12/20/21	2400										
4-T	12/21/21	2370										
4-W	12/22/21	2690										
4-Th	12/23/21	2720										
4-F	12/24/21	2500										
4-Sa	12/25/21	2570										
5-Su	12/26/21	2210										
5-M	12/27/21	2470										
5-T	12/28/21	3170										
5-W	12/29/21	2090										
5-Th	12/30/21	1920										
5-F	12/31/21	2050										
Average Monthly		4092.58	150	9.23								
		DL: 16000	Report Only	DL: 50								
Maximum		8540			M	M	M	M	M	M	M	M
		Report Only			Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

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 information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

paul naves

Signature

1/6/2022 11:48:24 AM

Date

Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 11/01/2021 - 11/30/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Watered/Recorded	Total BOD5 Total Milligrams/L (mg/L) Monthly 8 Hour Composite	Total BOD5 Total Lbs/Day Monthly Calculated	Total BOD5 Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Total BOD5 Total Lbs/Day Bimonthly (Once Every 2 Months) Calculated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Solids (Residue) Total suspended (TSS) Lbs/Day Bimonthly (Once Every 2 Months) Calculated	Fecal Coliform In/100ml Bimonthly (Once Every 2 Months) Grab	TKN Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Nitrate + Nitrite Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Ammonia Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab
1-M	11/1/21	4320										
1-T	11/2/21	4780										
1-W	11/3/21	5620										
1-Th	11/4/21	8980										
1-F	11/5/21	7890	400	26.3	M	M	M	M	M	M	M	M
1-Sa	11/6/21	3460										
2-Su	11/7/21	3260										
2-M	11/8/21	5130										
2-T	11/9/21	5870										
2-W	11/10/21	5440										
2-Th	11/11/21	2860										
2-F	11/12/21	5390										
2-Sa	11/13/21	3210										
3-Su	11/14/21	4560										
3-M	11/15/21	6000										
3-T	11/16/21	5350										
3-W	11/17/21	8970										
3-Th	11/18/21	6970										
3-F	11/19/21	7180										
3-Sa	11/20/21	3030										
4-Su	11/21/21	4130										
4-M	11/22/21	4080										
4-T	11/23/21	4230										
4-W	11/24/21	4040										
4-Th	11/25/21	2530										
4-F	11/26/21	3240										
4-Sa	11/27/21	3440										
5-Su	11/28/21	3790										
5-M	11/29/21	5770										
5-T	11/30/21	6610										
Average Monthly		5004.33	400	26.3	M	M	M	M				
		DL: 16000	Report Only	DL: 50	<= 45	Report Only	<= 45	Report Only				
Weekly Average					M		M					
					<= 65		<= 65					
Maximum		8980							M	M	M	M
		Report Only										
Monthly geometric mean									<= 400	Report Only	<= 10	Report Only
									M			
									<= 200			

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

## Overall DMR Notes/Comment

Pumped 2700 gallons of waste sludge from primary tank 11/5/21 sent to Spokane waste water plant

Permit: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

County: Spokane

Receiving Waterbody:

Monitoring Period: 10/01/2021 - 10/31/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Water/Recorded	Total #CD5 Total Milligrams/L (mg/L) Monthly 8 Hour Composite	Total #CD5 Total Lbs/Day Monthly Calculated	Total #CD5 Total Milligrams/L (mg/L) Optional Grab	Total #CD5 Total Lbs/Day Optional Calculated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Optional Grab	Solids (Residue) Total suspended (TSS) Lbs/Day Optional Calculated	Fecal Coliform MPN/100ml Optional Grab	TKN Total Milligrams/L (mg/L) Optional Grab	Nitrate + Nitrite Total Milligrams/L (mg/L) Optional Grab	Amonia Total Milligrams/L (mg/L) Optional Grab
1-F	10/1/21	4690										
1-Sa	10/2/21	2290										
2-Su	10/3/21	1730										
2-M	10/4/21	4720										
2-T	10/5/21	5330										
2-W	10/6/21	4700	350	13.7	M	M	M	M	M	M	M	M
2-Th	10/7/21	5020										
2-F	10/8/21	2460										
2-Sa	10/9/21	2350										
3-Su	10/10/21	1960										
3-M	10/11/21	4520										
3-T	10/12/21	4600										
3-W	10/13/21	3980										
3-Th	10/14/21	4810										
3-F	10/15/21	5510										
3-Sa	10/16/21	2810										
4-Su	10/17/21	1740										
4-M	10/18/21	4730										
4-T	10/19/21	4890										
4-W	10/20/21	4960										
4-Th	10/21/21	5050										
4-F	10/22/21	4890										
4-Sa	10/23/21	2050										
5-Su	10/24/21	1720										
5-M	10/25/21	4690										
5-T	10/26/21	4500										
5-W	10/27/21	6550										
5-Th	10/28/21	4510										
5-F	10/29/21	4320										
5-Sa	10/30/21	1370										
6-Su	10/31/21	1000										
Average Monthly		3820.97	350	13.7								
		DL: 16000	Report Only	DL: 50								
Maximum		6550			M	M	M	M	M	M	M	M
		Report Only			Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

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 information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

paul naves  
Signature

11/8/2021 2:17:09 PM

Date



Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 09/01/2021 - 09/30/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Caldens/Day (gpd) Continuous Watered/Recorded	Total BOD5 Total Milligrams/L (mg/L) Monthly B Hour Composite	Total BOD5 Total Lbs/Day Monthly Calculated	Total BOD5 Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Total BOD5 Total Lbs/Day Bimonthly (Once Every 2 Months) Calculated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Solids (Residue) Total suspended (TSS) Lbs/Day Bimonthly (Once Every 2 Months) Calculated	Fecal Coliform H/100ml Bimonthly (Once Every 2 Months) Grab	TKN Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Nitrate + Nitrite Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Ammonia Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab
1-W	9/1/21	5710										
1-Th	9/2/21	5610	480	22.45	M	M	M	M	M	M	M	M
1-F	9/3/21	2390										
1-Sa	9/4/21	2750										
2-Su	9/5/21	2700										
2-M	9/6/21	3190										
2-T	9/7/21	5430										
2-W	9/8/21	6450										
2-Th	9/9/21	6060										
2-F	9/10/21	4870										
2-Sa	9/11/21	2470										
3-Su	9/12/21	2270										
3-M	9/13/21	5840										
3-T	9/14/21	5700										
3-W	9/15/21	6150										
3-Th	9/16/21	5510										
3-F	9/17/21	5060										
3-Sa	9/18/21	2390										
4-Su	9/19/21	1660										
4-M	9/20/21	4870										
4-T	9/21/21	4980										
4-W	9/22/21	5760										
4-Th	9/23/21	5500										
4-F	9/24/21	6850										
4-Sa	9/25/21	2910										
5-Su	9/26/21	2220										
5-M	9/27/21	5590										
5-T	9/28/21	4710										
5-W	9/29/21	5100										
5-Th	9/30/21	5630										
Average Monthly		4544.33	480	22.45	M	M	M	M				
	DL: 16000		Report Only	DL: 50	<= 45	Report Only	<= 45	Report Only				
Weekly Average					M		M					
					<= 65		<= 65					
Maximum		6850										
	Report Only								M	M	M	M
Monthly geometric mean									<= 400	Report Only	<= 10	Report Only
									M			
									<= 200			

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP



# Washington State Department of Ecology Discharge Monitoring Report (DMR)

Page: 1 of 1

Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 08/01/2021 - 08/31/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Metered/Recorded	Total BOD5 Milligrams/L (mg/L) Monthly 6 Hour Composite	Total BOD5 Total Loss/Day Monthly Calculated
		IN1	IN1	IN1
1-Su	8/1/21	5170	M	M
1-M	8/2/21	6750		
1-T	8/3/21	5150		
1-W	8/4/21	3770		
1-Th	8/5/21	3420		
1-F	8/6/21	3610		
1-Sa	8/7/21	4500		
2-Su	8/8/21	4390		
2-M	8/9/21	6050		
2-T	8/10/21	5560		
2-W	8/11/21	4930		
2-Th	8/12/21	4030		
2-F	8/13/21	2450		
2-Sa	8/14/21	3190		
3-Su	8/15/21	3000		
3-M	8/16/21	3690		
3-T	8/17/21	5540		
3-W	8/18/21	5780		
3-Th	8/19/21	3110		
3-F	8/20/21	3050		
3-Sa	8/21/21	2880		
4-Su	8/22/21	2690		
4-M	8/23/21	3500		
4-T	8/24/21	3260		
4-W	8/25/21	4040		
4-Th	8/26/21	5560		
4-F	8/27/21	5940		
4-Sa	8/28/21	2820		
5-Su	8/29/21	2360		
5-M	8/30/21	6070		
5-T	8/31/21	4990		
Average Monthly		4233.87	M	M
		DL: 16000	Report Only	DL: 50
Maximum		6750		
		Report Only		

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

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 information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

paul naves

9/8/2021 2:09:12 PM

Signature

Date

97-00 65 7410 0000 11  
-1



Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 07/01/2021 - 07/31/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Water/Records	Total BOD5 Total Milligrams/L (mg/L) Monthly Eight Hour Composite	Total BOD5 Total Lbs/Day Monthly Calculated
		IN1	IN1	IN1
1-Th	7/1/21	3030	M	M
1-F	7/2/21	2670		
1-Sa	7/3/21	2570		
2-Su	7/4/21	2600		
2-M	7/5/21	2480		
2-T	7/6/21	2370		
2-W	7/7/21	3260		
2-Th	7/8/21	2670		
2-F	7/9/21	3630		
2-Sa	7/10/21	2770		
3-Su	7/11/21	2610		
3-M	7/12/21	3030		
3-T	7/13/21	2810		
3-W	7/14/21	4020		
3-Th	7/15/21	3450		
3-F	7/16/21	3270		
3-Sa	7/17/21	3150		
4-Su	7/18/21	2830		
4-M	7/19/21	4050		
4-T	7/20/21	4050		
4-W	7/21/21	3920		
4-Th	7/22/21	3020		
4-F	7/23/21	2920		
4-Sa	7/24/21	2350		
5-Su	7/25/21	2650		
5-M	7/26/21	2450		
5-T	7/27/21	3700		
5-W	7/28/21	3680		
5-Th	7/29/21	3230		
5-F	7/30/21	3730		
5-Sa	7/31/21	4130		
Average Monthly		3132.26	M	M
		DL: 16000	Report Only	DL: 50
Maximum		4130		
		Report Only		

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

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paul naves

8/5/2021 1:52:04 PM

Signature

Date

976065 7410 0000  
1100-2



Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 06/01/2021 - 06/30/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Water/Recorded	Total BOD5 Total Willigrams/L (mg/L) Monthly 8 Hour Composite	Total BOD5 Total Los/Day Monthly Calculated	Total BOD5 Total Willigrams/L (mg/L) Optional Grab	Total BOD5 Total Los/Day Optional Calculated	Solids (Residue) Total suspended (TSS) Willigrams/L (mg/L) Optional Grab	Solids (Residue) Total suspended (TSS) Los/Day Optional Calculated	Fecal Coliform m/100ml Optional Grab	TKN Total Willigrams/L (mg/L) Optional Grab	Nitrate + Nitrite Total Willigrams/L (mg/L) Optional Grab	Ammonia Total Willigrams/L (mg/L) Optional Grab
		IN1	IN1	IN1	002	002	002	002	002	002	002	002
1-T	6/1/21	4190										
1-W	6/2/21	3640										
1-Th	6/3/21	4260	343	12.19	M	M	M	M	M	M	M	M
1-F	6/4/21	3630										
1-Sa	6/5/21	1350										
2-Su	6/6/21	610										
2-M	6/7/21	3400										
2-T	6/8/21	3130										
2-W	6/9/21	4080										
2-Th	6/10/21	2170										
2-F	6/11/21	2290										
2-Sa	6/12/21	1400										
3-Su	6/13/21	910										
3-M	6/14/21	2150										
3-T	6/15/21	2410										
3-W	6/16/21	960										
3-Th	6/17/21	1600										
3-F	6/18/21	1920										
3-Sa	6/19/21	1610										
4-Su	6/20/21	1560										
4-M	6/21/21	1680										
4-T	6/22/21	1890										
4-W	6/23/21	2430										
4-Th	6/24/21	1860										
4-F	6/25/21	1820										
4-Sa	6/26/21	2090										
5-Su	6/27/21	1070										
5-M	6/28/21	2250										
5-T	6/29/21	2370										
5-W	6/30/21	2480										
Average Monthly		2240.33	343	12.19								
		DL: 16000	Report Only	DL: 50								
Maximum		4260			M	M	M	M	M	M	M	M
		Report Only			Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

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paul naves

Signature

7/10/2021 1:10:32 PM

Date

Unit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 05/01/2021 - 05/31/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Metered/Recorded	Total BOD5 Total Milligrams/L (mg/L) Monthly 6 Hour Composite	Total BOD5 Total Lbs/Day Monthly Calculated	Total BOD5 Total Milligrams/L (mg/L) Monthly (Once Every 2 Months) Grab	Total BOD5 Total Lbs/Day Monthly (Once Every 2 Months) Calculated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Monthly (Once Every 2 Months) Grab	Solids (Residue) Total suspended (TSS) Lbs/Day Monthly (Once Every 2 Months) Calculated	Fecal Coliform MPN/100ml Monthly (Once Every 2 Months) Grab	TKN Total Milligrams/L (mg/L) Monthly (Once Every 2 Months) Grab	Nitrate + Nitrite Total Milligrams/L (mg/L) Monthly (Once Every 2 Months) Grab	Ammonia Total Milligrams/L (mg/L) Monthly (Once Every 2 Months) Grab
1-Sa	5/1/21	920										
2-Su	5/2/21	540										
2-M	5/3/21	3460	161	4.6	M	M	M	M	M	M	M	M
2-T	5/4/21	2970										
2-W	5/5/21	2780										
2-Th	5/6/21	2920										
2-F	5/7/21	2710										
2-Sa	5/8/21	880										
3-Su	5/9/21	360										
3-M	5/10/21	2730										
3-T	5/11/21	3060										
3-W	5/12/21	2900										
3-Th	5/13/21	3060										
3-F	5/14/21	2970										
3-Sa	5/15/21	930										
4-Su	5/16/21	750										
4-M	5/17/21	3580										
4-T	5/18/21	3310										
4-W	5/19/21	2920										
4-Th	5/20/21	2410										
4-F	5/21/21	2860										
4-Sa	5/22/21	1290										
5-Su	5/23/21	590										
5-M	5/24/21	3180										
5-T	5/25/21	3050										
5-W	5/26/21	3470										
5-Th	5/27/21	3160										
5-F	5/28/21	2930										
5-Sa	5/29/21	1020										
6-Su	5/30/21	640										
6-M	5/31/21	1000										
Average Monthly		2237.1	161	4.6	M	M	M	M				
		DL: 16000	Report Only	DL: 50	<= 45	Report Only	<= 45	Report Only				
Weekly Average					M		M					
					<= 65		<= 65					
Maximum		3580										
		Report Only							M	M	M	M
Monthly geometric mean									<= 400	Report Only	<= 10	Report Only
									M			
									<= 200			

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

## Overall DMR Notes/Comment

Pumped 2700 gal waste sludge from primary tank





Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 04/01/2021 - 04/30/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Water/Recorded	Total BOD5 Total Willigrams/L (mg/L) Only 8 Hour Composite	Total BOD5 Total Los/Day Only Calculated	Total BOD5 Total Willigrams/L (mg/L) Optional Grab	Total BOD5 Total Los/Day Optional Calculated	Solids (Residue) Total suspended (TSS) Willigrams/L (mg/L) Optional Grab	Solids (Residue) Total suspended (TSS) Los/Day Optional Calculated	Fecal Coliform MP/100ml Optional Grab	TKN Total Willigrams/L (mg/L) Optional Grab	Nitrate + Nitrite Total Willigrams/L (mg/L) Optional Grab	Ammonia Total Willigrams/L (mg/L) Optional Grab
		IN1	IN1	IN1	002	002	002	002	002	002	002	002
1-Th	4/1/21	3220										
1-F	4/2/21	3140										
1-Sa	4/3/21	1860										
2-Su	4/4/21	1840										
2-M	4/5/21	1710										
2-T	4/6/21	1610										
2-W	4/7/21	1970										
2-Th	4/8/21	1850										
2-F	4/9/21	1640										
2-Sa	4/10/21	1980										
3-Su	4/11/21	1570										
3-M	4/12/21	3360										
3-T	4/13/21	3950										
3-W	4/14/21	3730										
3-Th	4/15/21	4080	420	14.3	M	M	M	M	M	M	M	M
3-F	4/16/21	3470										
3-Sa	4/17/21	2040										
4-Su	4/18/21	2060										
4-M	4/19/21	3830										
4-T	4/20/21	3930										
4-W	4/21/21	3520										
4-Th	4/22/21	3290										
4-F	4/23/21	2010										
4-Sa	4/24/21	430										
5-Su	4/25/21	1650										
5-M	4/26/21	3430										
5-T	4/27/21	2450										
5-W	4/28/21	2490										
5-Th	4/29/21	2300										
5-F	4/30/21	2510										
Average Monthly		2564	420	14.3								
		DL: 16000	Report Only	DL: 50								
Maximum		4080			M	M	M	M	M	M	M	M
		Report Only			Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

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paul naves

Signature

5/11/2021 9:37:07 AM

Date



Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 03/01/2021 - 03/31/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Metered/Recorded	Total BOD5 Total Milligrams/L (mg/L) Monthly 8 Hour Composite	Total BOD5 Total Lbs/Day Monthly Calculated	Total BOD5 Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Total BOD5 Total Lbs/Day Bimonthly (Once Every 2 Months) Calculated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Solids (Residue) Total suspended (TSS) Lbs/Day Bimonthly (Once Every 2 Months) Calculated	Fecal Coliform #/100ml Bimonthly (Once Every 2 Months) Grab	TKN Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Nitrate + Nitrite Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Ammonia Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab
		IN1	IN1	IN1	001	001	001	001	001	001	001	001
1-M	3/1/21	3250										
1-T	3/2/21	3700										
1-W	3/3/21	2420	271	5.6	M	M	M	M	M	M	M	M
1-Th	3/4/21	3750										
1-F	3/5/21	3600										
1-Sa	3/6/21	1960										
2-Su	3/7/21	1750										
2-M	3/8/21	3330										
2-T	3/9/21	5330										
2-W	3/10/21	2260										
2-Th	3/11/21	7080										
2-F	3/12/21	4370										
2-Sa	3/13/21	1780										
3-Su	3/14/21	1980										
3-M	3/15/21	3730										
3-T	3/16/21	3580										
3-W	3/17/21	2330										
3-Th	3/18/21	3560										
3-F	3/19/21	3740										
3-Sa	3/20/21	2270										
4-Su	3/21/21	1690										
4-M	3/22/21	3670										
4-T	3/23/21	3460										
4-W	3/24/21	2140										
4-Th	3/25/21	3310										
4-F	3/26/21	3420										
4-Sa	3/27/21	1780										
5-Su	3/28/21	1820										
5-M	3/29/21	4130										
5-T	3/30/21	3680										
5-W	3/31/21	2730										
Average Monthly		3148.39	271	5.6	M	M	M	M				
		DL: 16000	Report Only	DL: 50	<= 45	Report Only	<= 45	Report Only				
Weekly Average					M		M					
					<= 65		<= 65					
Maximum		7080							M	M	M	M
		Report Only							<= 400	Report Only	<= 10	Report Only
Monthly geometric mean									M			
									<= 200			

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP



Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 02/01/2021 - 02/28/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Metered/Recorded	Total BOD <sub>5</sub> Milligrams/L (mg/L) Monthly 8 Hour Composite	Total BOD <sub>5</sub> Lbs/Day Monthly Calculated	Total BOD <sub>5</sub> Milligrams/L (mg/L) Optional Grab	Total BOD <sub>5</sub> Lbs/Day Optional Calculated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Optional Grab	Solids (Residue) Total suspended (TSS) Lbs/Day Optional Calculated	Fecal Coliform H/100ml Optional Grab	TKN Milligrams/L (mg/L) Optional Grab	Nitrate + Nitrite Milligrams/L (mg/L) Optional Grab	Ammonia Milligrams/L (mg/L) Optional Grab
1-M	2/1/21	2970										
1-T	2/2/21	3450										
1-W	2/3/21	2120	221	3.9	M	M	M	M	M	M	M	M
1-Th	2/4/21	3110										
1-F	2/5/21	3190										
1-Sa	2/6/21	1560										
2-Su	2/7/21	1580										
2-M	2/8/21	2730										
2-T	2/9/21	2610										
2-W	2/10/21	1830										
2-Th	2/11/21	2550										
2-F	2/12/21	1350										
2-Sa	2/13/21	940										
3-Su	2/14/21	910										
3-M	2/15/21	1110										
3-T	2/16/21	1810										
3-W	2/17/21	1770										
3-Th	2/18/21	1930										
3-F	2/19/21	2560										
3-Sa	2/20/21	1310										
4-Su	2/21/21	1070										
4-M	2/22/21	3260										
4-T	2/23/21	2930										
4-W	2/24/21	1460										
4-Th	2/25/21	2950										
4-F	2/26/21	3570										
4-Sa	2/27/21	1540										
5-Su	2/28/21	1480										
Average Monthly		2130.36	221	3.9								
		DL: 16000	Report Only	DL: 50								
Maximum		3570			M	M	M	M	M	M	M	M
		Report Only			Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only	Report Only

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

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 information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

paul naves

Signature

3/11/2021 2:40:55 PM

Date



Permit Number: ST0005397

Permittee: LIBERTY SCHOOL DISTRICT 362

Facility County: Spokane

Receiving Waterbody:

Monitoring Period: 01/01/2021 - 01/31/2021

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Continuous Metered/Recorded	Total BOD5 Total Milligrams/L (mg/L) Monthly 8 Hour Composite	Total BOD5 Total Lbs/Day Monthly Calculated	Total BOD5 Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Total BOD5 Total Lbs/Day Bimonthly (Once Every 2 Months) Calculated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Solids (Residue) Total suspended (TSS) Lbs/Day Bimonthly (Once Every 2 Months) Calculated	Fecal Coliform H/100ml Bimonthly (Once Every 2 Months) Grab	TKN Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Nitrate + Nitrite Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab	Ammonia Total Milligrams/L (mg/L) Bimonthly (Once Every 2 Months) Grab
		IN1	IN1	IN1	001	001	001	001	001	001	001	001
1-F	1/1/21	1390										
1-Sa	1/2/21	2360										
2-Su	1/3/21	8080										
2-M	1/4/21	8150										
2-T	1/5/21	7210										
2-W	1/6/21	8400	263	18.42	M	M	M	M	M	M	M	M
2-Th	1/7/21	8040										
2-F	1/8/21	6290										
2-Sa	1/9/21	3180										
3-Su	1/10/21	1090										
3-M	1/11/21	3250										
3-T	1/12/21	3100										
3-W	1/13/21	2660										
3-Th	1/14/21	6980										
3-F	1/15/21	3900										
3-Sa	1/16/21	3000										
4-Su	1/17/21	1800										
4-M	1/18/21	1610										
4-T	1/19/21	2520										
4-W	1/20/21	2560										
4-Th	1/21/21	2670										
4-F	1/22/21	2460										
4-Sa	1/23/21	1190										
5-Su	1/24/21	1210										
5-M	1/25/21	2990										
5-T	1/26/21	2280										
5-W	1/27/21	1850										
5-Th	1/28/21	1870										
5-F	1/29/21	1780										
5-Sa	1/30/21	1630										
6-Su	1/31/21	1190										
Average Monthly		3441.61	263	18.42	M	M	M	M				
		DL: 16000	Report Only	DL: 50	<= 45	Report Only	<= 45	Report Only				
Weekly Average					M		M					
					<= 65		<= 65					
Maximum		8400							M	M	M	M
		Report Only							<= 400	Report Only	<= 10	Report Only
Monthly geometric mean									M			
									<= 200			

Reporting Codes Used: M - Monitoring Is Conditional/Not Req This MP

## Overall DMR Notes/Comment

On 1/13/21 the windstorm knocked out our control CPU I had to research to get it reset on 1/22/21

**From:** [Rick Brash](#)  
**To:** [Joy, Shara-Li \(ECY\)](#)  
**Subject:** Liberty School District #362 Permit Renewal  
**Date:** Wednesday, January 26, 2022 10:19:46 AM  
**Attachments:** [Liberty School District Permit Application due 2-28-22.pdf](#)  
[BiosolidsAnatekLabs2021.pdf](#)

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**THIS EMAIL ORIGINATED FROM OUTSIDE THE WASHINGTON STATE EMAIL SYSTEM - Take caution not to open attachments or links unless you know the sender AND were expecting the attachment or the link**

Here is the application for Liberty School District #362. The original, signed application was also mailed out today.

Please let us know if you need anything else.

Thanks,

**Rick Brash**

Transportation Facilities Grounds Director  
Liberty School District # 362  
29818 S. North Pine Creek Road  
Spangle, WA. 99031  
(509)-245-3217 Bus Garage  
(509)-245-3288 Fax